

How do we work for "wicked problems" in local community?  
The analysis of bureaucrat-led network in local disability policy in Japan

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## 1. Introduction

The central government of Japan is making discretion shift to the local government with authority in the field of disability policy in recent years. Once, the central government decided the contents of service unitary and uniformly. But it is more desirable to provide services responding to the needs where persons with disabilities are familiar with. This idea serves as a backdrop to delegation of power.

In Japan, the laws only stipulated the national minimum until law was revised in 2006 when the mechanism of taking individual needs into consideration was introduced to local government as a part of its discretion. In that revision, the authority of the local optimum was given to the local government in the disability policy. But, not a few local governments do not utilize this power but perform office work entrusted by the central government until now.

While the local government is expected to control the disability policy at local level as a subject with discretionary authority, big confusion is arising. Many local governments are racking their brains especially for addressing what is called a "wicked problem" i.e. problem which is complexed and cannot be solved easily.

So, in this paper, the bureaucrat-led network specified in the law in 2006 is analyzed. In order to carry out the bottom-up of the local government's disability policy, it argues about the possible role and function of this network. The subject of this network is also discussed from the viewpoint of leadership. Finally, it will discuss how the local government should utilize the discretion for the solution of a "wicked problem" and improvement of local disability policy.

## 2. What is a "wicked problem"?

The caseworker of the front line is taking pains over the "difficult cases." The "difficult cases" in this paper are defined as "cases" which are "difficult" to solve with the existing community resources.

For example, let us assume a household of a mother of dementia and a child with schizophrenia. Both tend to lock themselves inside, and the mother saved up garbage in the house, and it had become a trouble with the neighborhood. They refuse to make a

good relationship with the neighborhood from the beginning. What is worse, since the problem is complicated, the supporters also hesitated to make an intervention. In such a case, two or more problems have overlapped. As elderly people and persons with disabilities are dealt with by different sections of the municipality, each section cannot solve the mother's case and the child's case synthetically. Thus, "Wicked problem" can be defined as difficult cases that are cross-cutting and can hardly apply standard solutions.

Until very recently, it was considered that "the troublesome case which is hard to solve in the community" was caused by a troublesome individual. As a result, in many cases, he/she was labeled and analyzed their individual factors based on the medical model of disability. However, the social model of disability offers a different viewpoint. The social model defines the "difficult cases" not as an individual problem but as a social matter of the community. From this viewpoint, "difficult cases" should not be solved by correcting an individual's behavior, but as a part of community challenges.

Rittel and Webber (1973) analyzed this "difficult case" from a viewpoint of "wicked problem", and pointed out the following ten elements of "wicked problem."

The 10 properties of wicked problems (Rittel and Webber 1973)

1. There is no definitive formulation of a wicked problem.
2. Wicked problems have no 'stopping rule', i.e. no definitive solution.
3. Solutions to wicked problems are not true-or-false, but good-or-bad.
4. There is no immediate and no ultimate test of a solution to a wicked problem.
5. Every (attempted) solution to a wicked problem is a 'one-shot operation'; the results cannot be readily undone, and there is no opportunity to learn by trial-and-error.
6. Wicked problems do not have an enumerable (or an exhaustively describable) set of potential solutions, nor is there a well-described set of permissible operations that may be incorporated into the plan.
7. Every wicked problem is essentially unique.
8. Every wicked problem can be considered to be a symptom of another problem.
9. The existence of a discrepancy representing a wicked problem can be explained in numerous ways.
10. The planner has no 'right to be wrong', i.e. there is no public tolerance of experiments that fail.

These concepts of "wicked problem" which came from the field of urban policy analysis at first are now also recognized in business scene (Camillus 2008, Head and Alford 2008) and the field of a social care (Glasby and Dickinson 2008). How to address such wicked problems has been the matter of argument of these fields. From the next section, it is discussed how wicked problems have been solved and/or neglected in disability policy of

Japan.

### **3. Lack of framework for “wicked problems”**

In Japan, there is still no law which secures community living of persons with disabilities as a right which is stated by article 19 of the Convention on the Rights of Persons with Disabilities. While western countries have promoted deinstitutionalization since the 1960s, the opposite trend has been overwhelmed in Japan. The number of residential institutions and mental hospitals increased rapidly during the time. As it is not the purpose of this paper to analyze its background in detail, a brief chronological explanation is given here. . It was the 1990s that a source of revenue became to be sharply invested in the community care. However, most of the persons with disabilities but in big cities still had only two choices: i.e. "totally cared by his/her family" or "sent to a residential institution for his/her lifelong care". Public responsibility covered only institutions and a source of revenue was greatly invested in these institutions that promoted segregation, e.g. residential institutions for the persons with disabilities, special schools, and mental hospitals.

After the International Year of Disabled Persons in 1981, the disability movement for the community living has progressed certainly in Japan. Thanks to the movement of persons with cerebral palsy (Aoi Shiba no Kai) and the influence of the independent living movement from the United States, more and more persons with disabilities came out of the institution and started to live in the community.

However, the "wicked problems" still depended on the easy solution of choosing family care or institutionalized care. It is the Independence Support Law for Persons with Disabilities (ISLD) <sup>1</sup>enacted in 2006 which does not rely on this easy solution, and the framework for considering solutions at community level was incorporated in this law.

### **4. ISLD and the local optimum**

In history of disability policy in Japan, while the national minimum was stipulated in related laws, the local government was not given the local optimum for making the best solution in each community. In response to the trend of the decentralization reform of the 1990s, a certain amount of revenue and discretionary authority was given to the local government when the nursing care insurance was introduced in 2000.

Gradual reform of disability welfare progressed after the year 2000. The system which accepts a fixed local optimum was introduced by ISLD enacted in 2006. Following

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<sup>1</sup> In this paper, the name of this law is not a translation of the Japanese government, and translation faithful to the meaning of a Japanese name is used for it. For the detail of the Japanese government translation, see the following webpage.  
<http://www.cas.go.jp/jp/seisaku/hourei/data/sspd.pdf>

points were revised in these six years.

- Change from an administrative order system to a contract-based system: the option of service is granted to service users.
- Deinstitutionalization: the deinstitutionalization discharging persons with disabilities from residential institution and/or mental hospital into community is introduced with the numerical target and the deadline.
- Decentralization of power to municipalities: regarding physical and intellectual disabilities it started in 2003, psychiatric disabilities in 2006. The authority of casework and policy execution was transferred to the municipalities.
- Transition of the roles of prefectures: prefectures became the supervisors of municipalities which means prefectures are no longer responsible for casework and policy planning..
- Arrangement of system of laws, and introduction of a local optimum: A national minimum framework is arranged so that municipalities can develop the policy as implementers. The central government made the regional life support project of which the municipalities are authorized to do discretionary authority exertion and to develop the policy to meet the exact need of the community.

On the other hand, this law was also a part of reform caused by the financial problem. Since the budget to cover community living of persons with disabilities became short under the tight national fiscal policy, the law asks service recipients to be taken ten percent of the service cost they use. The central government also had an intention to merge the disability policy with elderly people's nursing care insurance in order to overcome a financial crisis. According to the government's original intention, by lowering the age of insurers of nursing care insurance from forty years old to twenty, the premium was expected to support the finance of disability welfare policy. But, service users' movement opposed strongly this idea of merger and the government gave up introducing it at present.

Looking at the contents of services, the unitary national minimum standard was set by this law about home-based services including personal assistant care. The regional life support project which municipality can operate with its own discretionary according to the actual condition was founded to cover specific fields, such as transfer support and day activities. In order to achieve a local optimum, the municipality is supplied with the package of subsidy from the central government which municipality can use under its discretionary authority. In order that the municipality might implement a policy actively by itself, the function of a social planning is also incorporated in the project scheme.

## 5. Consulting project and consulting support

As mentioned above, the municipality bears a local optimum. What change will happen? What kind of authority is transferred to the municipality in fact? What is the municipality expected? Can the local government reply to those expectations actually? In order to reply to these questions, let us raise an example of the difference between "consulting project" and "consulting support".

Before the enactment of ISLD, "consulting project" existed at municipal level. When persons with disabilities who potentially have a certain need visited the municipal office for "consulting", the officers "heard their stories." If the existing administrative services were applicable to solve it, the officer would make a decision to provide the service.

But, the service for which the persons with disabilities ask "might not exist" in the community. In that case, what happens? Local government officers are obliged to carry out the work provided in any national laws. This means, conversely, they do not have to do anything that is not written in the national laws.

Before ISLD, the disability welfare laws stipulated the duty of the local government, as follows.

"Identify persons with physical disabilities or provide consulting services, and then give them necessary instructions to enhance their welfare". (Article 9 of Law for the Welfare of People with Physical Disabilities)<sup>2</sup>

In this old law, the obligation of the municipality was to give "necessary instructions to enhance their welfare." This could be misinterpreted that the municipality was obliged only "to tell the information". When there was service for which a person with disabilities asks, officers can recommend "you can use this service". If the service did not exist, they can tell just "since there is no service, please give it up." There were actually not a few local governments who made such a kind of "instruction."

On the contrary, ISLD stipulates the local government's obligations more actively;

"Municipalities shall provide necessary Payment for Services and Supports for Persons with Disabilities and community life support service comprehensively and systematically ....so that the persons with disabilities can live in the place which they chose for themselves, or persons (adults) and children with disabilities (hereinafter referred to as "persons with disabilities, or others") can live independent daily or social life according to their respective abilities and aptitudes." (Article 2 of ISLD)

In order for the persons with disabilities to be able to "live independent daily or social life", the municipalities are required to provide various services "comprehensively and systematically". Among the responsibilities, this law defines the consulting support as

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<sup>2</sup> The articles of ISLD in this paper are quoted from the following web pages.  
<http://www.cas.go.jp/jp/seisaku/hourei/data/sspd.pdf>

follows.

"The term "consultation support" as used in this Act means to provide all the following benefit; and the term "consultation support business" as used in this Act means the business which conduct consultation support.

(i) To provide consultation to persons with disabilities, or others, guardians of children with disabilities, or caretakers of persons with disabilities, or others; to offer necessary information and advice; and as well as to provide communication and coordination among such persons, municipalities and the designated welfare service business operators for persons with disabilities prescribed in paragraph 2 of Article 29, and afford the other benefit prescribed in Ordinance of the Ministry of Health, Labour and Welfare comprehensively, for various problems concerning the welfare of persons with disabilities, or others in communities."

The municipalities not only give "instruction", information service and advice, but also according to this law, should "afford the benefit comprehensively".

Before ISLD was enforced, even if the municipalities could not provide services, "instruction" referred to as "since there is no service, we have no way." was allowed. According to ISLD, however, to "afford the benefit comprehensively" beyond giving such an "instruction" should be pursued by the municipalities.

This change is a big challenge for the municipalities. In order to "afford the benefit comprehensively", only "consulting service" does not make sense. If there is no service in the area, the municipalities as implementer of "consulting support", should take actions in collaboration with the service providers of the area and so forth to create a certain service to satisfy the need of persons with disabilities.

## **6. The municipalities' management of disability welfare measures**

There was a big change about consulting support by ISLD. But, looking at the actual situation of management of the municipalities, it seems difficult to respond to the above-mentioned policy reform enough. The local government's personnel management system is one of the largest reasons. Some big cities have experts in the disability field. However, in the most of municipalities, the general officers/staffs who are not aware of welfare policy are responsible for policy implementation. Why does it happen?

Around twenty years ago, Japan introduced disability-related national certifications, such as Certified Social Worker and Psychiatric Social Worker. To obtain these national qualifications, three years or more of training at university and/or vocational school is the pre-requisite, which includes the fundamental knowledge for the implementation of social policies such as community social work and social diagnosis. Actually a large number of certified professionals have been produced.

But in fact, there are not so many certified experts who utilize their knowledge for

day-to-day management and macro social work of the disability policy of their municipalities. The local governments, even if they employ certified professionals do not always deploy such professionals to a position with the determination authority of the disability measures.. In its background, there is a peculiar management problem to the Japanese bureaucrat system.

The local government's personnel policy follows that of the central government which mainly employs the general officers (officers who are not experts to any specific fields) as high level officers. Therefore, the local government's general officers usually move to another position every few years. This is not an exception in the field of disability policy. In many local governments, the disability policy is actually managed by the unskilled officers with limited experiences of 1-3 years.

That is, the local government's disability policy is performed by the general officers who are not experienced in the support of the persons with disabilities, nor know a service user's life physically. And the officer in charge moves every a few years.

Furthermore, the demarcation between the central and local governments was also performed based on this personnel system. Before ISLD, the local government had to do nothing but only the office work fulfilling national minimum which was commissioned by the central government. The local government personnel has to follow the national laws, the ministerial ordinances and a prefectural and municipal ordinances, etc. In other words, it is not necessary for them to work in a domain not mentioned these regulations, and sometimes such an action is considered as deviation as public servant.

Because of the above-mentioned personnel-affairs limitations, practice of the macro social work in the municipalities has been meant to develop social planning called "local plan for the persons with disabilities" from the 1990s. In this "local plan for the person with disability" plan, the municipalities set up the numerical target about implementation of services for the persons with disabilities at municipal level. That target was estimated based on that of the central government. Before ISLD was appeared, a source of revenue for disability services was not transferred to the local government, and the implementation of the local plan was not obligation, either. Of course, many certified experts participated in the elaboration of this local plan. But in fact, most of such plans did not get connected with the day-to-day practices in the field because there were various obstacles like a limitation of source of revenue at municipal level, centralized authority power, and a weak legal background.

However, in ISLD, the new measure for exceeding such limitations is introduced. It is the Community Independence Support Council (CISC) which is a main theme of this paper.

## **7. What is CISC?**

The ISLD asks the municipalities for installation of "Community Independence

Support Conference (CISC)." The prefectures are asked for installation of the "Prefecture Independence Support Conference." This CISC has three targets, namely "evaluation of management of the consulting support project", "response to difficult cases", and "making support network in the community." (fig.1)

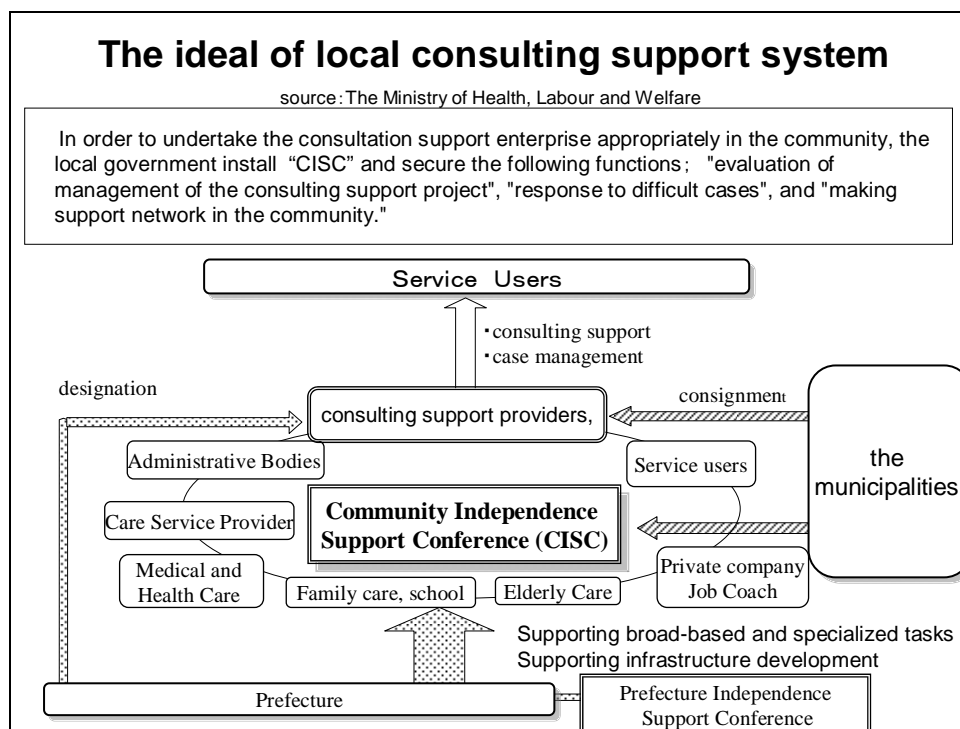


Figure 1: The image of Community Independence Support Conference (CISC)

Fig.1 drawn by the Ministry of Health, Labour and Welfare shows CISC as a place where consulting support providers, administration officers, persons with disabilities, their families, other supporters, and the organs concerned meet together at municipal level.

Before, persons with disabilities and their families were merely petitioners to the local government through the "petition" to lawmakers or the mayor, "request letters", or a "collecting signatures". That is because they were excluded from the local government's disability policy formation process. But this CISC calls for that the municipalities should argue how their disability policy should be, together with persons with disabilities and their family. This means that CISC has a "possibility" to invite these stakeholders who are excluded so far to the municipalities' disability policy formation process.

Some advanced municipalities have already regarded this CISC as a place of the "expanded care management meeting." These municipalities also place various sectional meetings under this CISC, such as meeting to discuss the difficult cases in the community, the advocacy of persons with disabilities and their families, and municipal



support for those who are deinstitutionalized.

CISC includes a "possibility" of exceeding the limitations described above. When municipal officer in charge has an opportunity to discuss with the stakeholders, such as persons with disabilities and their families, the concrete solution of the "difficult cases" (that is, "wicked problem") in the community can get started. The implications of having such a discussion as a part of the municipalities' obligations with legal basis are large. Before, solution of the "wicked problem" was owed to vulnerable support system based on individual goodwill and enthusiasm. But, the municipalities can recognize a "wicked problem" within a legally stipulated framework, CISC. When the municipalities formulate their disability policy, it is "possible" to take it into account to solve "wicked problems."

Rothman(2001), the theorist of macro social work, explains that there are the three modes in community intervention approach: locality development, social planning/policy, and social action. He arranges being set to bimodal and intermixed by the object subject about these three modes.

It can be concluded that CISC is an intermixed point where these three modes are each other interwoven with. Because the municipalities are obliged to install CISC by law, CISC can be regarded as a network of bureaucrat-led. The municipal officers in charge take part in the CISC process, so that outcomes of CISC can be reflected easily in the municipal disability plan. CISC also has an aspect of social action as it urges the persons with disabilities and their families to participate in it. Furthermore, because CISC addresses "wicked problems" unsolvable by existing services in the community, CISC also has a role of community development.

In the former disability policy of Japan, the three modes which Rothman raises were fragmented. CISC brings a "possibility" for operating them in an organized and "intermixed" way. However, it still remains as "possibility". Why?

It is because ISLD entrusted discretion to the municipalities that they can decide the characteristics of outcomes and process of CISC by themselves. In other words, the law, ISLD, only offers the framework that enables to perform macro social work. Since it depends on the municipalities' will of how this framework is activated, CISC has merely the "possibility". Thus, CISC could become a chance of local optimum pursuit, as well as a risk of expansion of the disparity of the service supply among different municipalities.

## **8. The container of a consensus building at community level**

How discretion of CISC is used at municipal level links tightly with the problem of personnel system of local government.

As already discussed, in most of municipalities, non-experts are engaged in the disability policy and these officers in charge move in a few years. It is quite difficult for these unskilled officers to understand the criteria of CISC for a short period of time, and

perform macro social work by his/her hand.

Then, is it possible that the experts in the community other than the municipal officers perform macro social work? It is totally a matter of individual goodwill whether the benefit of an overall community is considered without their giving priority to the interest of them own and their organizations.

It is also unclear whether persons with disabilities and their families are capable to manage CISC. While they may be aware of their own needs of their life support, they are not always able to figure the content of support required. Even if the support target is set, only a few persons with disabilities and their families have practical knowledge of how to utilize a limited budget and social resources.

What is needed for reaching a consensus among multi-stakeholders toward fixed policy formation through overcoming each actor's limitation and sharing each actor's concerns? The local disability plan before ISLD was not a kind of social action plan as it did not expect multi-stakeholder's collaboration and satisfaction. On the other hand, in CISC, each actor argues about "wicked problems" as a common subject, and it is possible to formulate agreement among the actors. Thus, CISC has a possibility of functioning, as a container of the agreement formation where each actor complements mutually, takes advantage of the colleagues' strengths, and makes a new policy. Where this container functions well, CISC can become a driving force for formation of sustainable community support system for persons with disabilities.

In order to realize the above-mentioned ideal, there are some barriers. The question "who takes the leadership of this consensus building" should be considered as one of the biggest solutions of the barriers.

It is certain that the municipalities are obliged to install CISC. The municipalities, however, are only obliged its installation (setup of a "container"). As discussed above, the outcome and the process are left to discretion of the municipalities.

This discretion given to the municipalities can be resulted in both directions: order function and dysfunction. If the municipal officers in charge of CSIC notice the possibility of this "container" and collaborate with the stakeholders, the function of this "container" can be maximized efficiently. If it goes well, community development and social action may also be born from this "container." On the other hand, imagine a case where the municipal officer in charge wants to minimize his/her own work as much as possible. In that case, what may happen? As mentioned above, municipalities are responsible only for its installation. That means, the officer in charge interprets discretionary authority in a different way: he/she may set up CISC whose meeting is held only once every year, only giving explanations on government policies without having a substantial discussion. As a result, the function of CISC is weakened.

The order function and dysfunction of discretionary authority of the administration bureaucrat are explained in full detail also in Lipsky's "bureaucracy of a street level." Lipsky indicated that the bureaucrat of a street level has "two interrelated facets of

their positions: relatively high degrees of discretion and relative autonomy from organizational authority"(Lipsky, 1980, p13). To be sure, the officer in charge of CISC also has "relatively high degrees of discretion" about how the organization is managed, and he/she has "autonomy" related to his/her own judgment and management. So, the outcomes of CISC may depend to a larger extent on how the officer in charge of CISC understands and demonstrates these "discretion" and "autonomy."

The question how the officer in charge should treat the concept of "discretion" and "autonomy" could be answered by thinking of the leadership that he/she takes in fact. To think of this leadership problem, there is theory used as the auxiliary line which helps our understandings. It is called "the street level leadership theory". Based on this theory, the following chapters will discuss the methodology for maximizing a possibility that CISC can achieve.

## **9. Street-Level Leadership**

Janet Coble Vinzant and Lane Crothers (1998) performed a participant observation to the policemen and social workers who work on a street level, and they discover that they are "street-level leaders." Vinzant and Crothers used the existing "leadership" framework, examined the contents of the discretionary selection in the purpose and method which the bureaucrat of a street-level is employing actually, and discussed their justification.

The following four points are pointed out about the reason the street-level workers have achieved leadership (Vinzant and Crothers, 1998, p5-6).

- (1) street-level workers exercise discretion and judgment in complex, fluid environments.
- (2) Choices made by workers are often difficult and have important consequences for individuals, organizations, and communities.
- (3) Frontline workers decide what to do and how to do it based on a range of circumstantial and other factors in the context of value, norms, and other constraints.
- (4) The exercise of that power must be legitimate if the leader's choices and behavior are considered to be an act of leadership.

Moreover, Vinzant and Crothers (1998, p42-44) indicate that the environment of administrative discretion of the present age differs from that of Lipsky's important insights in the following four points.

- (1) Organizational and managerial pressure: public servants are responding to new management approaches which "emphasize decentralization, teamwork, ongoing improvement and attention to quality, and an emphasis on customer satisfaction."
- (2) Political pressure: "antigovernment mood creates new and sometimes

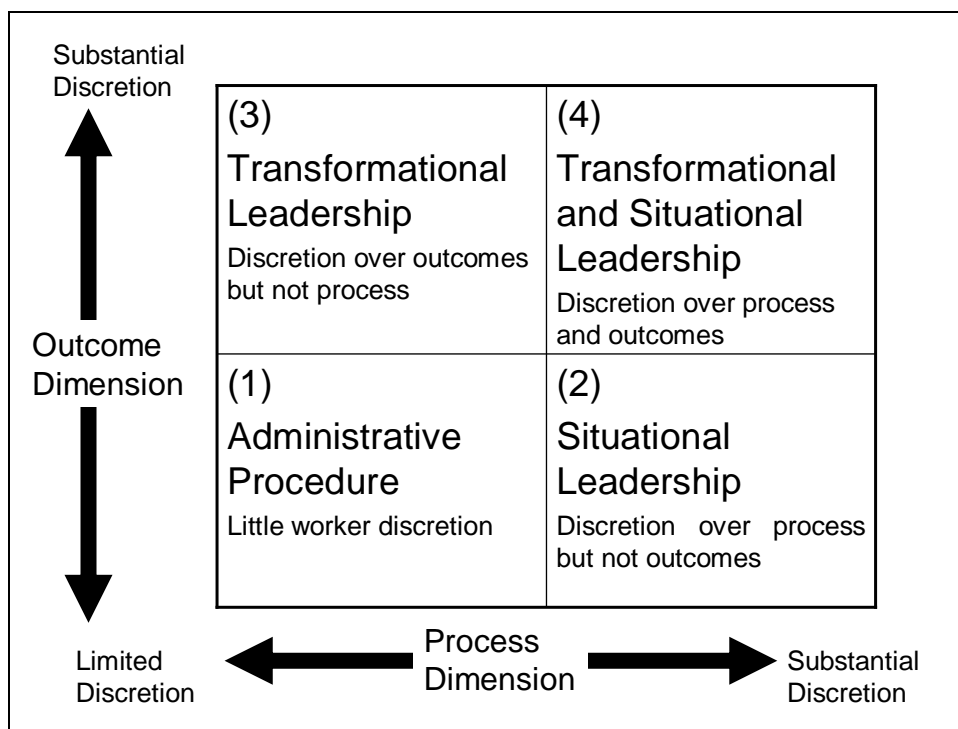
conflicting pressures on public agencies with regard to the exercise of discretion".

(3) Changing public and community expectations: individuals "have generally become more demanding and less tolerant of bureaucratic rigidity."

(4) Changing nature of the problems street-level workers confront: "public servants are being asked to solve "wicked" problems" which are "problems with no solutions, no agreed-upon definitions, and no tests to measure the efficacy of programs intended to deal with them."

Furthermore, Vinzant and Crothers (1998, p91-93) point out the following four dimensions about the leadership which street-level workers can take: (table.1)

Table 1: Dimension of Street-Level Leadership (Vinzant and Crothers 1998, p91)



**Administrative Procedure (quadrant 1):** "workers exercise little discretion in either the process or outcome dimensions."

**Situational Leadership (quadrant 2):** "street-level leaders exercise discretion over how to solve a situation, but the specific goal they are to attain is relatively clear." For example, when a social worker took custody of a child by the court order, "the outcome to be sought is known; however, the individual has choices over how to achieve the goal."

**Transformational Leadership (quadrant 3):** "street-level leaders have discretion over what outcome ought to be achieved, but little discretion over the process by which the goal is to be achieved once it has been chosen." For

example, after stopping a suspected drunk driver, police officer has discretion "whether the person ought to be arrested with incomplete information. Once they make the decision that a person probably intoxicated, however, officer discretion is severely limited; they are obliged to arrest the person."

**Transformational and Situational Leadership (quadrant 4):** "workers make discretionary choices about both the goals to be achieved and the means to reach them". The worker who decides the purpose and a method "led" the community by choosing a particular course for the situation, and "led" the relevant actors by gaining their support for the decision".

In short, Vinzant and Crothers conclude that the street-level workers have achieved leadership except quadrant 1.

## 10. SLL theory for working on "wicked problems"

Vinzant and Crothers mention the following merits by re-catching with "leadership" behavior of the public servant who stands on the front line.

**Redefine their self-images and expectations:** "street-level leaders need to think of themselves as operating in the context of a wide range of pressures, norms, and expectations as they do their jobs" (Vinzant and Crothers 1998, 152-153).

**Re-conceptualization:** "Street-level leaders should be managed and treated, then, as important resources and responsible decision makers who will be held accountable for their choices" (Vinzant and Crothers 1998, 158).

**Changing governance:** "if citizens, communities, and workers join together in pursuit of common goals, in combination with the changes in individual workers and agencies discussed above, the full potential of street-level leaders can be realized" (Vinzant and Crothers 1998, 161).

**Changing the vocabulary:** "discretion is not merely an autonomous act taken by an individual bureaucrat; rather, it is an act of organizational, political, and social leadership, and ought to be accounted for as such". (C Vinzant and Crothers 1998, 163)

If this Vinzant and Crothers' analysis could be applied to the Community Independence Support Council which is a theme of this paper, what kind of thing can be said? CISC is a place where "citizens, communities, and workers join together in pursuit of common goals". In order to cope with "a wide range of pressures, norms, and expectations", "organizational, political, and social leadership" is necessary within CISC. Therefore, if "changes in individual workers and agencies" have happened in CISC, "the full potential of street-level leaders can be realized".

How does a "wicked problem" change by using Street-Level Leadership (SLL) theory in CISC? If ten principles which Rittel and Webber (1973) pointed out are applied to SLL theory, it can read as follows.

"There is no definitive formulation of a wicked problem", "no 'stopping rule'", no "true-or-false" solution, and "no immediate and no ultimate test". Since a "wicked problem" is "one-shot operation", it means that "no definitive formulation" of a result can be performed. That is, discretion is given to the result whether what we do with a "wicked problem." Moreover, there is no "exhaustively describable set of potential solutions" and "no public tolerance of experiments that fail" in solving "wicked problem." So, discretionary authority is given also about the methodology by what kind of method to solve "wicked problems."

Summarizing the above discussion, it can be said as follows. When working on "wicked problems" in CISC, there exists "discretionary choices about both the goals to be achieved and the means to reach them." If stakeholders of CISC take street-level leadership, the discretion to decide the outcomes and purpose of CISC can be used with "the full potential ". In order to draw the "good" solution to a "wicked problem", it is indispensable that street level leadership is exercised within CISC. When the person in a position who manages CISC exercises the SLL theory which leads not only persons with disabilities but administrators, supporters, and the families of persons with disabilities, the "good" proposal which is effective on a "wicked problem" would be produced.

## **11. Conclusion**

A duty of installation is imposed upon Community Independence Support Conference (CISC) by the Independence Support Law for Persons with Disabilities (ISLD). But as seen previously, the municipalities have both the discretionary authority of what to do and how to manage CISC. Before ISLD, most of the municipalities didn't tackle with disability policy eagerly, and the personnel familiar with this field were not stationed. That is why, when ISLD introduced CISC, many municipalities got bewildered by the discretions they can use.

Solution of "wicked problems" depends on whether the municipal officers who actually manage CISC value either "following administrative procedure" or "taking leadership." According to investigation of the Ministry of Health, Labour and Welfare, only a half of municipalities have installed CISC as of April, 2008. Municipalities which didn't set up CISC raised opinions why installation has not been promoted, including "the necessity of CISC is unclear", "we can assume neither concrete procedures nor the image of the management of CISC" and so forth. These opinions come out because CISC challenges the existing local government's personnel system and the limitations of social planning as already discussed in this paper.

It is not merely the matter of "how to follow administrative procedure"; rather, the officers in charge are needed to exercises "leadership" and work on "wicked problems". The local government is puzzled about change of this stance.

If the bureaucrat-led networking, CISC, can be employed efficiently well, a conventional way of community intervention may change greatly. In CISC where social policy/planning, social action, and community development are "intermixed", the "good" solutions to "wicked problems" would appear while CISC stakeholders adopt street-level leadership theory and use discretion for creating a better methodology and achieving a good result.

The issues of leadership of the officers in charge who are not a politician have not been discussed in implementation of the disability policy at local level before. As is cleared in this paper, stakeholders' leadership may change the direction of the policy which may lead to the solution of the "wicked problems" in the community.

The Japanese local government happened to have a "container" called CISC as a means to achieve the local optimum in disability policy. In order to realize an actual local optimum, it is indispensable that each actor within CISC understands the characteristics of CISC, and exercises street-level leadership. Therefore, the leadership education to CISC management officers and reservation of sufficient budget for harnessing the discretionary authority of CISC still remain as a future subject.

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