

IV Building Foundations for Daily Life

1 Measures for a stable life

So that persons with disabilities can lead socially independent daily lives adapted to their skills and aptitudes, the Services and Supports for Persons with Disabilities Act was partially enacted in April of 2006 and enforced completely in October. This law brings, among other things, support and benefits related to necessary disability welfare services.

In this environment the coalition government reached an agreement in September of 2009, abolishing the Services and Supports for Persons with Disabilities Act and creating a comprehensive system without "blind spots" that is based on the recipient's ability to pay. This system was founded by Cabinet decision in December of the same year. Under the "Ministerial Board for Disability Policy Reform," a "meeting promoting disability reform" has been held since January of 2010. Members are persons with disabilities, persons related to their welfare and well-informed persons. They deliberated about disability reform. While thoroughly seeking out, one after another, the opinions of persons with disabilities and those related to them, surveys related to the foundation of a new system are done regarding measures for the social security and welfare of persons with disabilities.

【Main Measures, etc.】

- During the time between the abolishment of the Services and Supports for Persons with Disabilities Act and the foundation of the new system, charges for low-income recipients (tax exemption of municipal taxes) for support devices and welfare services for persons with disabilities were abolished beginning in April of 2010.

■ Chart 11 Lessening of the Financial Burden of Recipients (in yen)

○ The coalition government agreed to abolish the *Law for Supporting the Independence of Persons with Disabilities* and to create a new comprehensive system without “blind spots” based on the recipient’s ability to pay.
 ○ As a first step towards this need-based system, charges for using support devices and disability welfare services were abolished for low-income disabled persons (non-taxable by municipal taxes), etc. in the FY 2010 budget.
 ○ Date the law takes effect: April 1st, 2010
 ○ Necessary budget: 10.7 billion yen.
 ○ Numbers of beneficiaries of this burden-lessening effort:
 - welfare services: 410,000 (disabled persons: 390,000; disabled children: 20,000) (estimation based on National Health Insurance data, July 2009)
 support devices: 160,000 items (estimation based on the actual results of FY 2008)

(Note: List of existing maximum charges) *As a rule, 10% of costs are charged. However, the following maximum charges are set.)

Classification	Household on Welfare	Household non-taxable by municipal taxes		General (household taxable by municipal taxes)				Household scope	
		Low-income 1	Low-income 2	Municipal taxation on income basis				Adults	Children
				less than 160,000 yen	less than 280,000 yen	less than 460,000 yen	greater than 460,000 yen		
Welfare services (residents and day patients) (adult)	0 yen	1,500 yen	3,000 yen Day-patient: 1,500 yen	9,300 yen	37,200 yen			The person him/herself and his/her spouse※	As registered on the resident register※
Welfare services (residents and day patients) (child)	0 yen	1,500 yen	3,000 yen Day-patient: 1,500 yen	4,600 yen	37,200 yen				
Welfare services (admission in institutions etc.) (persons more than 20 years of age)	0 yen	Individual exemptions 0 yen to 15,000 yen	Individual exemptions 0 yen to 24,600 yen	37,200 yen					
Welfare services (admission in institutions etc.) (persons less than 20 years of age)	0 yen	3,500 yen	6,000 yen	9,300 yen	37,200 yen				
Supportive devices	0 yen	15,000 yen	246,000 yen	37,200 yen			Responsible for all charges		

※ Concerning disabled persons of less than 20 years of age and disabled children admitted in institutions, the person with custody (guardian, etc.) falls under the category of 'household.'

- Regarding care-homes and group-homes, from October of 2009 it became possible for persons with physical disabilities to use them as well (for persons under 65 or who have used disability welfare services before turning 65).
- Elderly Housing Support Centers are acting as guarantors for the rent on lodgings for persons with disabilities; in addition to rent debt, the guarantee also covers expenses required to return properties to their original state, also taking care of any legal fees. Thanks to this, landlord concerns disappear, supporting smooth access to rental properties for persons with disabilities. Also, from fiscal 2009, guarantees for rent arrearage were extended from 6 to 12 months. In addition, persons with relatively mild disabilities also became eligible for this guarantee.
- Regarding public rental properties, in order to provide properties equipped with services related to the lives of persons with disabilities, infrastructures in tune with those of disability welfare are being developed. Meanwhile, major programs concerning the housing of persons with disabilities have been funded from in fiscal 2010.

- Regarding public housing, it is being juxtaposed with group-homes aimed at fostering life for persons with disabilities in common environments. Since in fiscal year 2010, conversion funds have been provided to turn public housing into group-homes for persons with physical disabilities.

- When laying down Welfare Plan for People with Disabilities, metropolitan, prefectural and municipal administrations have set numerical targets for fiscal 2011, as well as target quantities of required services related to these targets, all from the standpoint of promoting community life and the transition to general employment.

- In order for released prisoners with disabilities hindering their independence to be able to receive welfare services after their release, in fiscal 2009 certified social workers in prisons and some juvenile training schools started to provide consultation/assistance of welfare. Meanwhile, "community life stabilizing support centers" have been established in all prefectures. Thanks to the collaboration of these centers with probation officers, a system that supports reintegration into society is being constructed.

Chart 12 Forecast of Service Users

Numerical Targets

◦ Transition from welfare institution to community life

Entry		Numbers	Idea
Persons admitted as of October 1st, 2005		146,000 persons	
Target Numbers	Persons transferred to community life	21,000 persons 14.5%	Out of the above figure, number of persons transferred to local group-homes and care-homes Number of persons transferred to community life as of October 1st, 2005 divided by number of persons in institutions
	Reduction in number of persons admitted	12,000 persons 8.3%	Reduction at the end of fiscal year 2011 Reduction number as of October 1st, 2005 divided by number of persons in institutions

◦ Transition from welfare institution to general employment

Entry		Numbers	Idea
Persons who shifted to yearly general employment as of October 1st, 2005		2,000 persons	In fiscal year 2005, number of persons discharged from welfare institutions and shifting to general employment
Target Numbers	Persons shifting to yearly general employment	10,000 persons 4.0 times	In fiscal year 2011, number of persons discharged from welfare institutions and shifted to general employment Rate represented by target numbers of fiscal year 2011 compared to actual results of fiscal year 2005

※the new target for the reduction in number of persons with mental disorders who can be discharged is currently being studied

(Expected volume of new system services)

◦ Home-visits services

Types	FY2009	FY2010	FY2011
Home nursing-care	3,844,000 hours	4,257,000 hours	4,821,000 hours
High-level home nursing-care			
Movement support	126,000 persons	138,000 persons	151,000 persons
Severely disabled persons' comprehensive care			

◦ Daytime activity services

Types	FY2009	FY2010	FY2011
Daily life support	2,049,000 man-days 108,000 persons	2,627,000 man-days 138,000 persons	3,800,000 man-days 189,000 persons
Independence training (skills training)	50,000 man-days 4,000 persons	63,000 man-days 4,000 persons	92,000 man-days 6,000 persons
Independence training (life training)	217,000 man-days 12,000 persons	273,000 man-days 15,000 persons	391,000 man-days 38,000 persons
Employment support	398,000 man-days 20,000 persons	474,000 man-days 24,000 persons	605,000 man-days 30,000 persons
Work stability support (type A)	183,000 man-days 9,000 persons	235,000 man-days 11,000 persons	323,000 man-days 15,000 persons
Work stability support (type B)	1,344,000 man-days 71,000 persons	1,704,000 man-days 90,000 persons	2,348,000 man-days 118,000 persons
Medical treatment	3,000 man-days 3,000 persons	3,000 man-days 3,000 persons	7,000 man-days 7,000 persons
Day-care for infants	295,000 man-days 42,000 persons	324,000 man-days 46,000 persons	359,000 man-days 49,000 persons
Short-term hospitalization	220,000 man-days 32,000 persons	242,000 man-days 36,000 persons	280,000 man-days 40,000 persons

◦ Resident system services

Types	FY2009	FY2010	FY2011
Community life support	59,000 man-days	68,000 man-days	83,000 man-days
Community life nursing	59,000 persons	68,000 persons	83,000 persons
Institutional admission support	60,000 man-days 60,000 persons	81,000 man-days 81,000 persons	129,000 man-days 129,000 persons

◦ Counseling support

Types	FY2009	FY2010	FY2011
Counseling support	16,000 man-days 16,000 persons	21,000 man-days 21,000 persons	29,000 man-days 29,000 persons

(Expected volume of old system services)

◦ Daytime activity services

Types	FY2009	FY2010	FY2011
Old system outpatient service	1,030,000 man-days 41,000 persons	658,000 man-days 26,000 persons	139,000 man-days 4,000 persons
Old system admitted patient service	1,504,000 man-days 59,000 persons	1,055,000 man-days 41,000 persons	201,000 man-days 70,000 persons

◦ Resident system services

Types	FY2009	FY2010	FY2011
Old system admitted patient service	65,000 man-days 65,000 persons	45,000 man-days 45,000 persons	8,000 man-days 8,000 persons

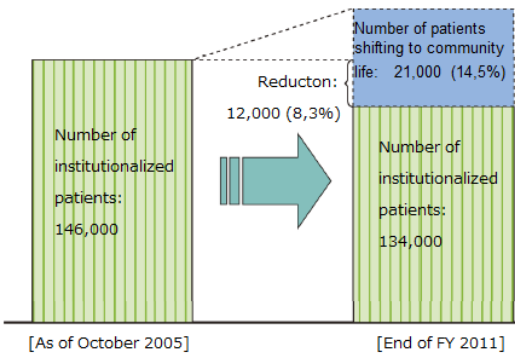
(Note 1) "hours" are average monthly service hours offered.

(Note 2) "man-day" = "number of monthly users" x "monthly average days of use per person"

Source: Ministry of Health, Labour and Welfare

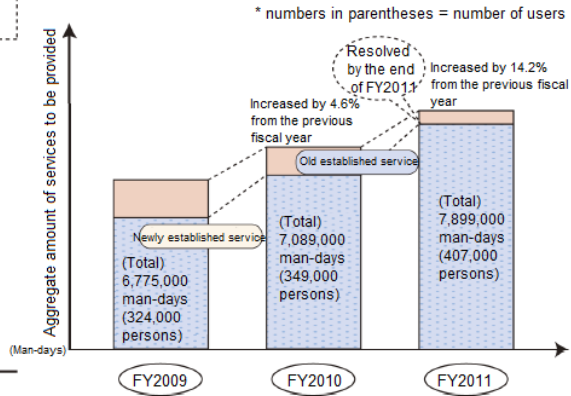
[Numerical Target] Transition from welfare institution to community

○Regarding the transition of institutionalized patients to community life, among currently institutionalized patients (146,000), 21,000 (approx. 14.5 %) will be shifted to community life by 2011; considering incoming patient trends, the number of currently institutionalized patients is expected to be reduced by 12,000 (about 8.3%).



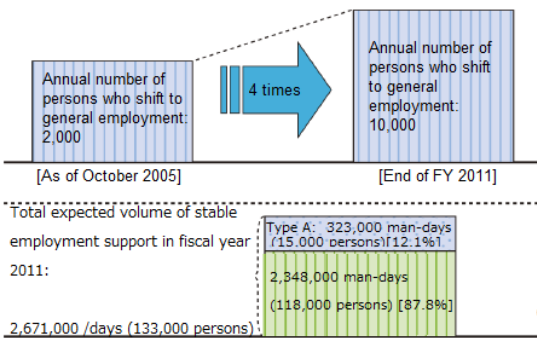
Changes in expected volume of Welfare Service for Persons with Disabilities (daytime activity services)

* Child day-care, short-term hospitalization and medical nursing are not included.
* "man-day" = Number of monthly users x Average number of days used (per person and per month)

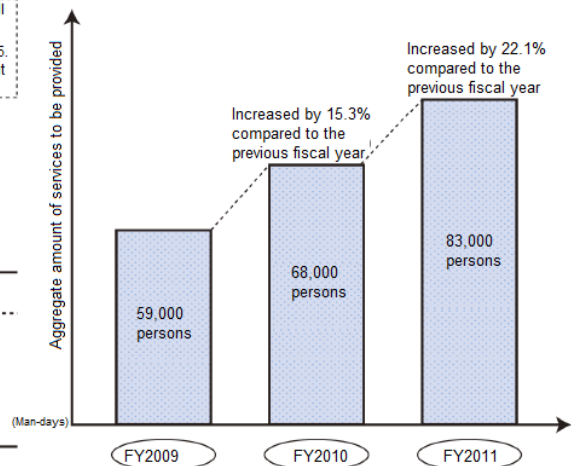


[Numerical Target] Transition from welfare institution to general employment

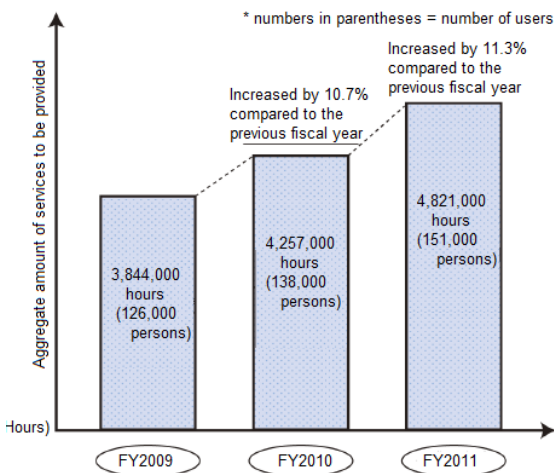
○Regarding transition to general employment, the number of persons who will shift to general employment during fiscal year 2011 is expected to be four times higher than the general employment transition result in fiscal year 2005. Additionally, of the total expected volume of stable employment support, about 12% is Type A employment support.



Changes in expected volume of disability welfare services (group-homes and care-homes)



Changes in expected volume of Welfare Service for Persons with Disabilities (home-visit services)



Source: Ministry of Health, Labour and Welfare

- In September of 2009 the reform period reached the halfway point. In preparation for this, in April of 2009 the Ministry of Health, Labour and Welfare held "investigative meetings on how the coming mental health, treatment and welfare should be," this in order to investigate the outcome of the reforms up until that point and to study the establishment of upcoming key measures. In September of 2009 they put together a report.
- The Ministry of Health, Labour and Welfare evaluated the following programs in fiscal year 2010: programs improving the quality of treatment given in times of acute hospitalization; foreign programs improving the quality of mental health treatment techniques; programs improving home-visit nursing for home treatment, and programs promoting the transition towards community life for persons with psychiatric disabilities. Beyond that, from fiscal year 2010 the already-existing "task force on special measures supporting the transition to community life of persons with psychiatric disabilities" is being enlarged, becoming the "task force supporting the transition to community life and the stabilization of persons with psychiatric disabilities." It offers comprehensive welfare support and treatment to persons who had suspended their treatment, allowing them to continue their community life.
- The Ministry of Health, Labour and Welfare established the "task force for implementing support structures for persons with developmental disabilities," in cooperation with the "task force promoting comprehensive special needs education" established by the Ministry of Education, Culture, Sports, Science and Technology. Beginning in fiscal year 2010 "mentor parents" activities are being developed: parents of children with developmental disabilities (of any age) bring psychological support to other parents in the same situation. Meanwhile, research groups are developing assessment tools to master the early discovery and requisite support of developmental disabilities, thus rendering more complete the support structure of children with developmental disabilities of any age and their families.
- "Support Centers for persons with Developmental Disabilities" were founded in order to promote the early discovery of such disabilities, as well as early and comprehensive support for persons with such disabilities and their families. By fiscal year 2009, 64 centers were established.
- 154 Japanese athletes participated in the "21st Summer Deaf-lympics," winning five gold medals, six silver medals and nine bronze medals for a total of twenty medals. In Japan, the "Tokyo 2009 Asia Youth Para-games" were held with 133 Japanese athletes winning 65 gold medals, 36 silver medals and 22 bronze medals for a total of 123 medals. Also, the "Oita

International Wheelchair Marathon" is held every year in Oita prefecture. In the 29th marathon more than 250 wheelchair racers representing fifteen countries participated.

- The "9th National Shizuoka Festival of Disabled Persons Art and Culture" (FY 2009) was held in Shizuoka Prefecture. Its mission was to develop independence and participation of persons with disabilities in society, as well as to develop a better public understanding and awareness of disabilities.
- The task force developing the practical use of wellness equipment, based on the Welfare Equipment Law, aims to raise the quality of living of persons with disabilities, the elderly and their caretakers. The independently-administered New Energy and Industrial Technology Development Organization (NEDO) subsidizes the research and development expenditures of private companies that are applying the practical use of advanced technology to ingenious wellness equipment.
- In order to encourage the development and diffusion of wellness machines that would be truly helpful for persons with disabilities—and in order to encourage adequate information collaboration between wellness machine needs and new technology research—in fiscal year 2009 the Association for Technical Aid was entrusted with the construction of a "system to collect and dispatch information concerning independence and support machines for disabled persons."
- Wellness tools are being standardized using Japanese Industrial Standards (JIS), following the international standardization movement. In fiscal year 2008 five standards related to movement and vehicle boarding lifts (JIST9241-1 to 5) were created, as well as a portable wheelchair slope standard (JIST9207). In addition, in the interests of security the standard of home-use electronic nursing beds was revised to include standardized handlebars (JIST9254).
- Specialized welfare professionals such as social welfare workers are being trained and protected. Meanwhile, rehabilitation professionals such as physical therapists who use specialized knowledge and techniques are being protected, while the quality of their services is increasing.

2 Health and Medical Care Measures

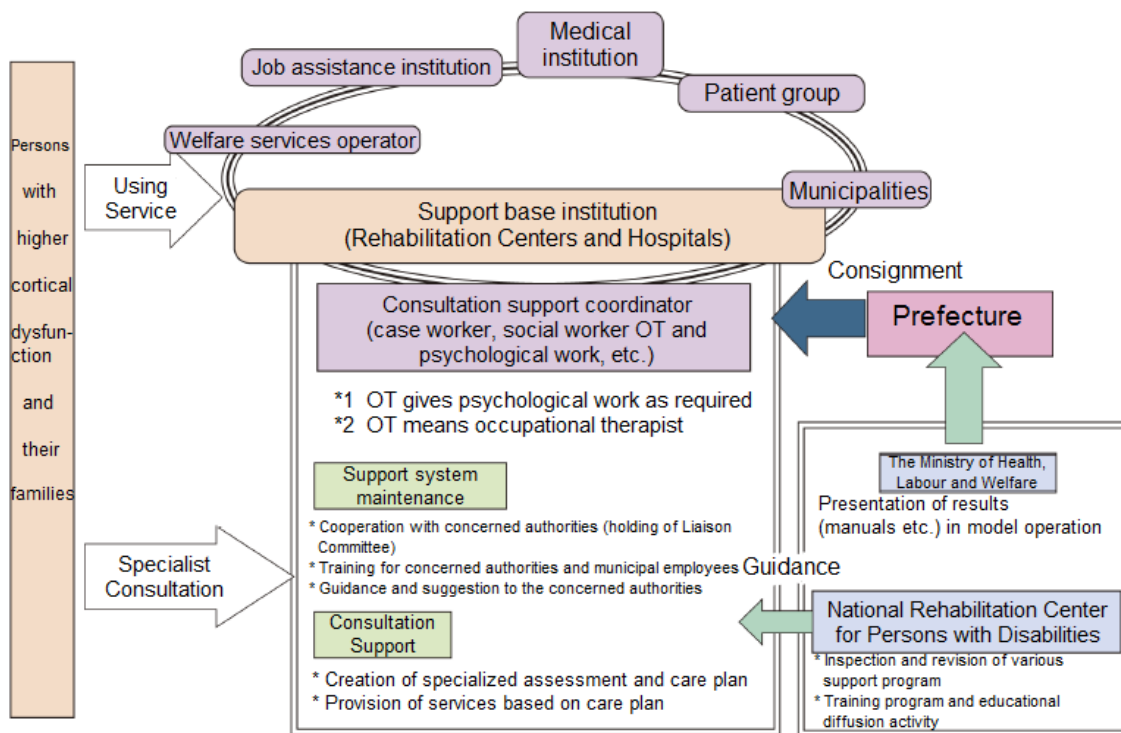
While encouraging prevention—through, for example, medical checkups—early-stage discovery and treatment of diseases causing disabilities, improvements in school security and workplace safety measures are also being developed. Beyond that, treatment and medical rehabilitation for persons with disabilities are being applied.

Comprehensive suicide-prevention measures, such as measures to build mental health, discover mental illnesses at an early stage and measures related to mental health and medical treatment, etc., are being developed based on General Principles of Suicide Prevention Policy—an comprehensive and fundamental suicide prevention policy based in the Basic Act for Suicide Prevention.

【Main Measures, etc.】

- Comprehensive medical checkups are carried out for all children at 18 months and three years, the most crucial ages in early childhood in terms of physical and mental development. Based on the results of these checkups, adequate guidance is conducted.
- Based on the results of the midterm evaluation of the "Healthy Japan 21" campaign announced in April of 2007, some goals were chosen to represent the campaign and new goals were added. In addition, since fiscal year 2008 the "National Campaign for Healthy Life Habits" has been developed, emphasizing the following points: "proper amount of exercise," "adequate eating habits" and "no smoking." In fiscal year 2009 in order to, among other things, find new and efficient ways to deal with such problems, the increased development of measures to prevent life-habit diseases was encouraged.
- Through the revision of medical treatment fees in fiscal year 2010, the evaluation of the hospital treatment of children (and adults) with extremely severe illnesses became more thorough. Also, measures were taken to establish an evaluation of hospital treatment of children with severe physical disabilities.
- In order to bring support to higher cortical dysfunction, strategic support organizations were posted in metropolitan and prefectural administrations. Other focus areas include: 1. specialized counseling concerning persons with higher cortical dysfunction through counseling support coordinators; 2. enhancement of local networks of relevant organizations; 3. the "task force for the propagation of higher cortical dysfunction support," offering training related to support techniques for higher cortical dysfunction.

■ Chart 13 Project to Support Higher cortical dysfunction (image)



Source: Ministry of Health, Labour and Welfare

- In July 2009, the government established the "Fund for Urgent Improvement of Local Suicide Prevention Measures", because of the difficult employment and economic situation, for prefectural governments to take action to prevent suicides for three years. Prefectural governments use this fund to improve consulting systems, to cultivate human resources, and so on, so that they can enhance their measures to prevent suicides.
- In order to encourage the reinforcement of suicide prevention measures urgently, the "Urgent Plan of Measures to Prevent Suicides" was adopted by the "Council for Policy of Suicide Prevention," which is consisted of the Cabinet Members, on the 5th of February, 2010.