

## **Chapter 3 Status of Implementation of Measures for Persons with Disabilities**

### **Part 3 Building the Foundation for Daily Life**

#### **1. Measures for Stability of Life**

##### **[Main Measures]**

<Overview of the Act on Comprehensive Support for Persons with Disabilities>

- (1) Providing an integrated service that does not depend on the type of disability

Following the enforcement of “Act on Comprehensive Support for Persons with Disabilities” in FY 2013, the welfare service for persons with disabilities is also provided for patients with intractable/rare diseases, etc. The applicable 130 diseases (intractable/rare diseases, etc.) were determined according to the diseases covered by the program ‘Support for Residential Life of Patients with Intractable/rare diseases’. It was reviewed in light of the examination status of designated intractable/rare diseases that require medical expenses assistance, and accordingly was increased to 151 diseases from January 1, 2015 and 332 diseases from July 1, 2015. After further review of the examination status of designated intractable/rare diseases, the number was increased to 358 diseases from April 1, 2017.

- (2) Community living-oriented service system

From the viewpoint of expanding the scope of Community Transition Support to those who need assistance for the same, persons with disabilities who are in protective facilities, correctional facilities, etc. shall also be subject to Community Transition Support in addition to persons with disabilities admitted to support facilities for persons with disabilities or persons with mental disabilities admitted to psychiatric hospitals, through the “Act on Comprehensive Support for Persons with Disabilities”, from April 1, 2014. It is also to be noted that in addition to persons with severe physical disabilities, persons with mental disabilities and intellectual disabilities shall also be subject to home visit care, from the viewpoint of responding to the various needs of persons with disabilities with regard to living in familiar communities.

- (3) Strengthening employment support

Support is given to ensure general employment to the maximum possible extent to persons with disabilities so that they can live independently in a community. In addition, for the benefit of those who face difficulty in general

employment, support is provided to improve the standard of pay of Employment Continuation Support Type B organizations.

The number of persons who have transitioned from employment-based disability welfare service to general employment has increased by 9.3 times (1,288 persons in 2003 -> 11,298 persons in 2015) and the users of employment-based disability welfare service have increased by 3.1 times (97,026 persons in 2003 -> 298,178 persons in 2015).

(4) Promotion of planned service infrastructure development based on disability welfare plan

With a view to implementing the development of well-planned service provision systems for the future in order for persons with disabilities to receive necessary services, the “Act on Comprehensive Support for Persons with Disabilities” prescribes that municipalities and prefectures shall formulate welfare plan for persons with disabilities that list numerical targets, the expected amount of services in accordance with the basic guidelines the national government specifies.

<Promotion of improvement of accessible consultation support system>

(5) Support to Municipalities and efforts by Prefectures

To provide municipalities with special technical support and information, each prefecture has rehabilitation counseling centers, where counselors for persons with physical disabilities, intellectual disabilities, handicapped children and mental welfare are arranged. There are 77 recovery consultation offices for persons with disabilities, 84 recovery consultation offices for persons with intellectual disabilities, 209 child guidance centers, and 69 mental health and welfare centers, as of April 2016.

<Promotion of protection of rights>

(6) The adult guardianship system

There are persons with severe intellectual disabilities or mental disabilities who are using the disability welfare service or intend to use it and there are cases when the adult guardianship system is deemed difficult to be availed unless assisted with subsidies. To subsidize all or part of the expenses required for petition and guardian remuneration in such cases, a project to support use of the adult guardianship system has been implemented. The project has been positioned as indispensable for municipality and community living support project from the year 2012. As of April 1, 2016, 1,470 Municipalities (84%) have implemented it.

The “Act on Comprehensive Support for Persons with Disabilities” prescribes to provide training to foster and utilize human resources so that can appropriately perform the tasks of guardianship, curatorship and assistance, guardianship support projects for juridical persons in the adult guardianship system shall be specified as essential items of Regional Living Support Projects of municipalities. In addition to this, the Act imposes an obligation of designated businesses sectors for welfare services for persons with disabilities to provide services, while taking into account decision-making support for persons with disabilities and taking into account the needs of persons with disabilities at all times.

Further, based on the “the Act on the Promotion of the Adult Guardianship System” (2016, Act No.29), a “Basic Plan for Promotion of the Adult Guardianship System” (March 24, 2017 Cabinet decision) was decided based on the discussions of “the Commission on Promotion of the Adult Guardianship System”. According to the plan, there shall be systematic and comprehensive promotion of measures to promote the use of the adult guardianship system. Measures shall include improvement of systems and operations for the users to realize the merits, establishment of regional collaboration networks for advocacy of rights, etc. These measures are intended for appropriate support emphasizing on not just asset management of adult wards, but also decision-making support and personal protection. At the same time, the system that establishes the restrictions on the rights of adult wards, etc. (termed as ‘disqualification clause’) is examined and necessary review is carried out.

#### (7) Persons with disabilities as consumers

To prevent consumer troubles of the elderly and persons with disabilities, “Network Liaison Council for watching elderly consumers and consumers with disabilities” was held in March 2017, comprising of elderly persons group, welfare-related organizations, consumer organizations and Government agencies besides disabled persons organizations.

The National Consumer Affairs Center of Japan posted “the latest information on watching” in the mail magazines and website to tell persons with disabilities and surrounding people about malicious business methods and one-point advice, and prepared “the 2017 DAISY version of basic knowledge on consumers’ life” in which up-to-date consumers’ life was briefly compiled, and distributed to the Consumer Centers around the country.

Further, the amended Consumer Safety Act of 2014 that was enforced from April 2016 has included the stipulation that local governments can establish

“Local Council for Ensuring the Safety of Consumers”, to build a network in the community for watching elderly persons and persons with disabilities.

<Promotion of measures to prevent abuse of persons with disabilities>

(8) “Act on the Prevention of Abuse of Persons with Disabilities and Support for Caregivers” (2011, Act No.79) has been enforced from October 2012 and the MHLW has taken efforts towards preventing abuse of persons with disabilities; the efforts include community living support project that works towards developing and enhancing the collaboration system of related organizations in a community, support to Prefectures and Municipalities in activities such as home visits for persons with disabilities who have been abused in the past, training to prevent abuse of persons with disabilities, analysis of cases of abuse, etc. In addition, training is given to persons, who take up leadership roles in each Prefecture, about prevention of abuse of persons with disabilities, advocacy of rights and method of supporting persons with strong behavioral disabilities.

<Enhancement of measures for children and persons with developmental disabilities>

(9) Improvement of support system for persons with disabilities

The MHLW has established “Project for improving the support system of persons with developmental disabilities” under the community living support project, for improving the support system in case of consistent developmental disability from infancy to old age, supporting complicated cases and providing appropriate medical treatment. In this improvement project, the Prefectures, etc. place Regional Support Managers for persons with developmental disabilities in places like Support Centers for persons with developmental disabilities that are the region’s core, and promote the strengthening of support to Municipalities and business projects and collaboration with medical institutions. In addition, Prefectures, etc. work towards improving the family support system through programs such as Parent program and conduct trainings for promoting the introduction of assessment tools specific to developmental disabilities.

In addition, from 2017, the MHLW supports Prefectures in establishing “Regional Support Councils for persons with disabilities” and assists in the inspection of support system development status of every sphere of disability, health and welfare or municipalities; it also assists in the inspection of the activity status at support centers for persons with developmental disabilities.

(10) Development of support methods and dissemination of information

The MHLW has implemented “Community living support model project for children with developmental disabilities” for developing the method of supporting children with developmental disabilities and supporting the collaboration of related fields and developing seamless support.

(11) Early support for developmental disabilities

From the year 2011, the MHLW has been striving to enhance the support system for children with developmental disabilities in a region; these efforts include visits by specialists with expert knowledge about developmental disabilities to places like day care centers and after-school children clubs, financial support for dispatching “visiting specialists” who offer support such as advice to facility staff and parents regarding early detection of disabilities and early support.

(12) Human Resource Development

From the year 2017, the Prefectures have been taking efforts for medical practitioners like pediatricians, who do a lot of diagnosis or are consulted at the beginning itself, in view of the importance of early detection of developmental disabilities and early support. Based on the country’s training for developmental disabilities, the efforts include conducting trainings to improve the ability to deal with developmental disabilities and nurturing medical professionals so that they can diagnose and treat developmental disabilities to a certain level in any region.

<Support for Deaf Persons, etc.>

(13) Support for deaf persons

From FY2013, “Projects for Education and Training for Interpreters and Assistance Workers for Blind and Deaf Persons” and “Projects on Dispatching Interpreters and Assistance Workers for Blind and Deaf Persons,” which provide support for communication and traveling are implemented as essential items of services provided from prefectures through Regional Living Support Projects prescribed in the Act on Comprehensive Support for Persons with Disabilities. Since FY2015, the enhancement of support for communication to blind and deaf persons has been pursued by implementing the “Training Project for Fostering PC Instructors for Blind and Deaf Persons.”

(14) Support for severe behavioral disabilities

In 2013, MHLW established “a training course to develop human resources

who support persons with severe behavioral disorders,” and in 2015 reviewed “the point-addition system for service providers for persons with severe disabilities” through the revision of compensations for welfare service, evaluated compensations for persons who have completed an activity-supporter training course for persons with severe behavioral disorders, and mandated that activity supporters should receive training at training schools that foster activity supporters, thus improving support for persons with severe behavioral disorders.

(15) Support for patients with intractable/rare diseases

In the “Act on Comprehensive Support for Persons with Disabilities” that was enforced in April 2013, persons with intractable/rare diseases have been added to the definition of persons with disabilities and have been subject to disability welfare services, etc. These newly subjected persons with intractable/rare diseases, irrespective of whether they have persons holding a physical disability certificate or not, became entitled to receive the disability welfare services, etc. (support for children with disabilities based on the Child Welfare Act in the case of children with disabilities) recognized as necessary in municipalities after undergo procedures such as authorization of disability level classification as required (disability support classification from April 2014). It should be noted that the scope of target diseases (intractable/rare diseases, etc.) in “Act on Comprehensive Support for Persons with Disabilities” has increased to 358 diseases from April 1, 2017

<Promotion of Sports>

(16) Promotion of popularization of sports for persons with disabilities

According to the Sports Agency commissioned survey of 2015, the rate of implementation of sports/recreation at least once a week for persons with disabilities (adults) is 19.2% (general implementation rate for adults is 42.5% (Sports Agency survey of 2016)). Since it is necessary to take steps to popularize sports for disabled persons even more, projects have been implemented from the year 2015 in some Prefectures and Government Ordinance designated cities; projects that are being implemented include a system of collaboration and cooperation of parties associated with sports and parties associated with disability welfare to work together to promote sports for persons with disabilities. There are also projects implemented since 2016 to effectively utilize special needs schools and promote the creation of sports bases for persons with disabilities in a region.

In addition, steps will be taken towards the promotion of “Special Project

2020” which shall be a nationwide celebration of sports, culture and education in special needs schools across the country in the year 2020.

(17) High performance sports for persons with disabilities

The MEXT has been actively and continuously working for Paralympic athletes’ high performance in the year 2016 and has distributed budgets necessary for each sports organization towards activities to support the athletes.

Towards high prospective sports/events to win medals in the Paralympics games, the “High Performance Support Project” strategically and comprehensively has provided technical and advanced supports in various areas, with regard to athlete support, research and development, etc.

<Promotion of cultural activities>

(18) The “16<sup>th</sup> National Art/Cultural Festival for Persons with Disabilities – Aichi Carnival” (2016) was held at Aichi Prefecture with an aim to contribute to the promotion of independence and social participation of persons with disabilities, enrich their lives as well as deepen the citizens’ understanding of disability.

(19) “Basic policy for Promoting Measures related to Preparations for and Management of the Olympic Games in Tokyo in 2020” (Approved by the Cabinet on November 27, 2015) states that the attractions of Japanese culture should be demonstrated. In March 2016, “The Relevant Ministries Liaison Council for building the Momentum through Culture toward the Tokyo Olympic and Paralympics Games in Tokyo in 2020” was held by the relevant ministries, the Tokyo Metropolitan Government and The Tokyo Organizing Committee of the Olympic and Paralympic Games. Therein, focusing after 2020 on utilizing Japan’s diverse cultures with all its regional variety, “beyond 2020 program” was recognized as a cultural program for eliminating the barriers faced by persons with disabilities and the certification started from January 2017 to deploy the program all over Japan.

<Promotion of Research and Development of Welfare equipment>

(20) Development project for practical use of welfare equipment is being promoted, based on the “Act for the Promotion of Research, Development and Dissemination of Social Welfare Equipment” (1993, Act No.38). For this project, the R&D expenses have been subsidized, through the New Energy and Industrial Technology Development Organization (NEDO), for private

companies and others that are engaged in the development of practical use of welfare equipment with excellent technology and original ideas with the aim of raising QOL of the elderly, persons with disabilities and care providers. 222 themes have been adopted until 2016.

<Promotion of standardization of welfare equipment>

(21) To promote the development and dissemination of better welfare equipment, the standardization of welfare equipment that follow Japanese Industrial Standards (JIS) has been promoted from 2004 to 2016. By 2016, 36 standards were established including JIS Z8071 (guidelines for accessibility consideration in the standards) and studies are in progress for creating cross-cutting evaluation criteria for accessible designs.

<Improvement of Quality of Service>

(22) Improvement in the treatment of disability welfare workers

It is necessary to take measures to secure personnel with expertise relevant to disability characteristics, to facilitate detailed support for users of disability welfare services, etc., according to their disability characteristics, severity and age.

For this reason, in addition to the establishment of “Supplement to Improvement in the treatment of welfare and nursing staff” in the disability welfare service compensation revision of 2012 (hereinafter referred to as “compensation revision”), the supplement has been increased in the compensation revision of 2015 and efforts have been taken to improve to an equivalent of an average of 27,000 JPY per month per staff.

To work towards further improvement, temporary compensation revision has been done to improve the monthly average to an equivalent of 10,000 JPY per staff, for business establishments that have set up a mechanism for career improvement of staff, to eliminate wage differences with competing industries. This is based on the “Nippon 100 Million Total Participation Plan” decided by the Cabinet in June 2016.

<Training and securing of Specialization>

(23) Certified Social Workers, Certified Care Workers

For the benefit of persons who find difficulty in their everyday lives due to physical or mental disabilities, the number of qualified registered certified social workers with expert knowledge and skills who support with consultation related to welfare is 208,261 (end of March 2017) and the number of qualified registered certified social workers with expert knowledge and skills who



provide long-term care (including sputum suction) and guidance on long-term care according to the physical and mental conditions of patients is 1,503,574 (end of March 2017).

(24) Psychiatric Social Workers

The number of qualified Psychiatric Social Workers who provide consultation and assistance related to social reintegration of persons with mental disabilities is 76,200 (end of March 2017).

(25) Physical therapists, Occupational therapists

With regard to physical therapists and occupational therapists with expertise in physical therapy and occupational therapy for restoring the basic moving ability, applied moving ability or social adaptation ability of persons with physical and mental disabilities, the training facilities for physical therapists is secured with a capacity of 14,012 persons and the training facilities for occupational therapists is secured with a capacity of 7,533 persons, as of April 2016.

## **2. Measures on Health Care and Medical Treatment**

### **[Main Measures]**

<Prevention and early detection of diseases that cause disability>

(1) Health checkups are important as they provide opportunities to prevent onset of diseases by early detection of risks and prevent exacerbation by early detection of diseases. They also provide the opportunity to link with health guidance as required.

Mass screening tests are conducted for newborn babies for early detection and treatment and hearing tests for early detection and treatment of hearing impairment.

Thorough checkups are done for all eighteen-month-old babies and three-year-old infants, who are in the most critical ages in terms of physical and mental development.

At schools, health checkups are conducted for school children at the time of their enrolment and then every year.

At workplaces, employers are obliged to have employees undergo health checkups at the time of employment and thereafter periodically, for securing their health.

<Treatment of diseases that cause disability>

(2) Based on the “Act on Medical Care for Patients with Intractable/Rare Diseases” (2014, Act No.50) that was enforced on January 1, 2015, 330 diseases have been specified so far as diseases eligible for subsidy in medical expenditure. In the year 2016, “Medical treatment provision system for intractable/rare diseases (Report)” was compiled by the *Committee* on Measures against Intractable/Rare Diseases, Working Group on Disease Control, Health Sciences Council. There is a future plan based on this report, to issue a notice to Prefectures to present concrete model cases so that the necessary medical provision systems can be established in the Prefectures.

<Medical treatment and medical rehabilitation for persons with disabilities>

(3) Based on the “Act on Comprehensive Support for Persons with Disabilities”, medical treatment to abate physical disability condition (medical treatment for rehabilitation and medical treatment for development) and continuous medical treatment for mental disabilities (ambulatory medical services for mental health) are specified as medical services for the support of independence of persons with disabilities; the individual payment of these medical expenses is partially or fully supported by the Government.

<Early detection and treatment of mental illness>

(4) As of end of June 2015, the number of psychiatric hospitals in Japan is 1,639 with about 340,000 beds in them, which accounts for 20% of the number of beds in all hospitals. As of end of June 2014, the number of patients hospitalized in psychiatric hospitals was about 290,000, of which about 155,000 patients were arbitrarily hospitalized, 132,000 were hospitalized for medical treatment and protection and about 1,500 persons were involuntarily hospitalized; For involuntarily hospitalized patients, a system in which medical expenditure is borne by public expenditure has been established.

<Status of efforts for mental health and medical welfare measures>

(5) The “Act to Partially Amend the Act for the Mental Health and Welfare of the Persons with Mental Disorders”, which incorporates formulation of guidelines for ensuring provision of medical treatment for persons with mental disabilities (MHLW Notice), deletion of provision regarding guardianship and review of hospitalization for medical treatment and protection, was established on June 13, 2013 and promulgated on the 19<sup>th</sup> of the same month.

Further, in anticipation of the enforcement of this Act in April 2014, a “Study committee on guidelines for ensuring provision of medical treatment for

persons with mental disabilities” was held from July 2013, “Guidelines for ensuring the provision of good quality and proper medical services for persons with mental disabilities” was promulgated in March 2014.

In this guidelines, community transition of persons with mental disabilities who have been hospitalized for a long time was considered as a subject of continued study, therefore, “Study meeting for concrete measures for community transition of persons with mental disabilities who have been hospitalized for a long period” was held from March to July of 2014 and a future course of action was compiled.

“Study Committee for an ideal approach to mental health and medical welfare in the future” comprising of experts was held from January 2016. This was for the purpose of studying the ideal approach to mental health and medical treatment in communities for preparing a new medical care plan from the year 2018, as well as conducting a study based on the review provision that was targeted at 3 years after the enforcement (April 2017) of the 2013-amended Mental Health and Welfare Act. The Study Committee discussed about handling the issues that came to light from the inspection and investigation of the incident at the Sagamihara Disabled persons’ facility on July 26, 2016. The Committee also discussed about reviewing the system of designating doctors in light of the cancellation of designation of mental health care doctor designated with a fraudulent case report. The Study Committee compiled a report based on these discussions.

Based on the contents of this report, a Bill on Partial Amendment of “Mental Health and Welfare Act” was decided by the Cabinet on February 28, 2017 and submitted to the 193<sup>rd</sup> session of the National Diet.

#### <Promotion of Research and Development>

(6) Research is being done on the causes of disability, prevention, early detection, medical treatment and rehabilitation, to prevent diseases, etc. that cause disabilities and establish fundamental treatment methods, etc.

“The policy research program for intractable/rare diseases” that conducts research directly related to the policies such as establishing the medical guidelines and “Intractable/Rare Diseases Practical Research program” that conducts research on the elucidation of pathology and drug discovery were implemented in the year 2016 in continuation with the previous year to establish treatment for intractable/rare diseases. While working with mutual collaboration, efforts are being taken through these programs to promote research on the development of treatment methods for intractable/rare diseases.