

Chapter IV Building Foundations for Daily Life

1 Measures for a stable life

In order 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 act brings, among other things, support and benefits related to necessary disability welfare services.

After the administration of the following act, in order that it may become effective, and in order to ensure critically harmonious changes, a succession of policies are being enacted to decrease the cost for users and the strengthen the managerial foundation for employers.

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 experts. 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 health and welfare of persons with disabilities.

In light of the matters presented by, The Ministerial Board for Disability Policy Reform, The Persons with Disabilities Systems Fundamental Direction Reforms Promotion and in also keeping in reference the field of health welfare for persons with disabilities, in June of 2006 the Cabinet decided to abolish the Services and Supports for Persons with Disabilities Act.

Accordingly, under the temporary name of The Persons with Disabilities General Welfare Act was enacted. According to this act, financial support that better meets the needs of the lifestyle systems without blind spots will go into effect. Due to the large number of persons with disabilities that participated in The General Welfare Department Panel, over the course of two years of debate finally in August of 2011 the, "Recommendations of the General Welfare

Committee on the overall framework of The Persons with Disabilities General Welfare Act” was drafted.

Afterwards, the Democratic Party Ministry of Labor, Health and Welfare Persons with Disabilities Department Working Team began to analyze the reforms on laws regarding persons with disabilities that were made in July of the same year, as well as the recommendations previously mentioned during The General Welfare Department Meeting.

Furthermore, on March 12th of 2012 the Ministerial Board decided to replace the, “Person with Disabilities Independence Support Act” with the new act that provides general support for the daily life and social participation, “The Comprehensive Support for Persons with disabilities Act.”

This act formed part of a larger bill the headquarters decided on that proposes to provide welfare for persons with disabilities policy reform that aims to promote a more harmonious coexistence on the behalf of persons with disability in their regional communities On the following day of the 13th, the Cabinet decided to support the bill and thus it was submitted to National Diet. The outline of the bill is summarized in diagram 5.

In addition, in order to fulfill support for societal participation for persons of disabilities in the meantime until the corrections to the system are fully realized, in December of 2010 changes were made to the Persons with Disabilities Support and the Child Welfare Act. Accordingly, adjustments were made to ensure that the laws were coincided with the principle of the ability to pay for potential beneficiaries of the system. As well, support for children with disabilities was enhanced and counseling support was conducted. Moreover, in April of 2012 the following measures began to be fully enacted. A summary of the following corrections can be seen in diagram 30.

【Main Measures】

- During the time between the reforms of the system, in order to fulfill support for societal participation of persons with disabilities, legislation was proposed by the National Diet. Accordingly, in light of analysis of the Ministerial Board for Disability Policy Reform, the bill proposed to address issues regarding support for active participation in society on the behalf of persons with disabilities during the period of reform by focusing on amending persons with disabilities health welfare policy. In December 2010, the bill became complete and furthermore,

the Persons with Disabilities Independence Support Act was amended. The contents of the amendment are summarized in diagram 30.

- In regards to public rental housing outfitting, in order to provide housing in connection with general services to persons with disabilities, and in promotion of service providing via total coordination with persons with disabilities facilities, in 2010 support for innovative urban development and residential development initiatives centering on persons with disabilities was realized.

- Initiatives to prevent abuse of persons with disabilities

(1) Persons with Disabilities Abuse Prevention Measures Project

From 2010 the Ministry of Labor, Health and Welfare administered the creation of the, “Persons with Disabilities Abuse Prevention Measures Project,” to support initiatives for the prevention of persons with disabilities abuse. In 2011 the administration of the project went national and gradually spread to municipalities countrywide.

Fundamentally, in order to fulfill a cooperative framework with institutions of concern on a local level, visitations of persons with disabilities who became victims of abuse in the past, training regarding the prevention of abuse of persons with disabilities and studies on past cases of persons with disabilities are being conducted

(2) Cultivation of the next generation of bureaucrats that will protect the human rights of persons with disabilities and work to prevent persons with disabilities abuse.

Training is being conducted by the country throughout the entire nation to cultivate government leaders that deal with persons with disabilities abuse and rights protection issues.

- From October 2006, according to the Persons with Disabilities Consultation Support Program for Persons with Disabilities general support response consultation for persons with disabilities and parents of children with disabilities has been in effect.

Among regional life support projects, there is in place measures to strengthen the effectiveness of consultation support projects by national municipalities.

- Consultation support systems are among the first of various support systems created that were deliberated upon by related parties. At municipalities across the country, self-reliance support conferences are being held and at prefectural and city governments auto-support conferences are also being held.

- Support mechanisms are under way that allow persons with disabilities and parents of children with disabilities to more adequately make use of persons

with disabilities welfare services due to the creation of service plans drawn up by consultation support specialists.

- Rehabilitation consultation centers across the country at prefectural and municipal governments have been set up that aim to inform and provide specialized technological support for municipalities. The specialists include specialists on persons with physical disabilities, mental and psychological difficulties and on issues regarding children.

- 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 formulating the Welfare Plan for Persons with disabilities, metropolitan, prefectural and municipal administrations have set numerical targets for fiscal 2014, 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 and discharged juveniles 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 and 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.

- Councils of social welfare in prefectures and cabinet-order designated cities and operations at municipal councils of social welfare are working to ensure the support and assistance of people who have an impaired sense of judgment due to dementia, mental disabilities and psychological disabilities. The aim is to help these people live and participate in society freely and indecently. In order to achieve this, the councils of social welfare are working to implement welfare services and economic support mechanisms as part of the overall enforcement of the independence support project.

- The Ministry of Health, Labor 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

■ Chart 31 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	Out of the above figure, number of persons transferred to local group-homes and care-homes
		14.5%	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	Reduction at the end of fiscal year 2011
		8.3%	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	In fiscal year 2011, number of persons discharged from welfare institutions and shifted to general employment
		4.0 times	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			
Severely disabled persons' comprehensive care	126,000 persons	138,000 persons	151,000 persons

- Daytime activity services

Types	FY2009	FY2010	FY2011
Daily life support	2,049,000 man-days	2,627,000 man-days	3,800,000 man-days
	108,000 persons	138,000 persons	189,000 persons
Independence training (skills training)	50,000 man-days	63,000 man-days	92,000 man-days
	4,000 persons	4,000 persons	6,000 persons
Independence training (life training)	217,000 man-days	273,000 man-days	391,000 man-days
	12,000 persons	15,000 persons	38,000 persons
Employment support	398,000 man-days	474,000 man-days	605,000 man-days
	20,000 persons	24,000 persons	30,000 persons
Work stability support (type A)	183,000 man-days	235,000 man-days	323,000 man-days
	9,000 persons	11,000 persons	15,000 persons
Work stability support (type B)	1,344,000 man-days	1,704,000 man-days	2,348,000 man-days
	71,000 persons	90,000 persons	118,000 persons
Medical treatment	3,000 man-days	3,000 man-days	7,000 man-days
	3,000 persons	3,000 persons	7,000 persons
Day-care for infants	295,000 man-days	324,000 man-days	359,000 man-days
	42,000 persons	46,000 persons	49,000 persons
Short-term hospitalization	220,000 man-days	242,000 man-days	280,000 man-days
	32,000 persons	36,000 persons	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	81,000 man-days	129,000 man-days
	60,000 persons	81,000 persons	129,000 persons

- Counseling support

Types	FY2009	FY2010	FY2011
Counseling support	16,000 man-days	21,000 man-days	29,000 man-days
	16,000 persons	21,000 persons	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	658,000 man-days	139,000 man-days
	41,000 persons	26,000 persons	4,000 persons
Old system admitted patient service	1,504,000 man-days	1,055,000 man-days	201,000 man-days
	59,000 persons	41,000 persons	70,000 persons

- Resident system services

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

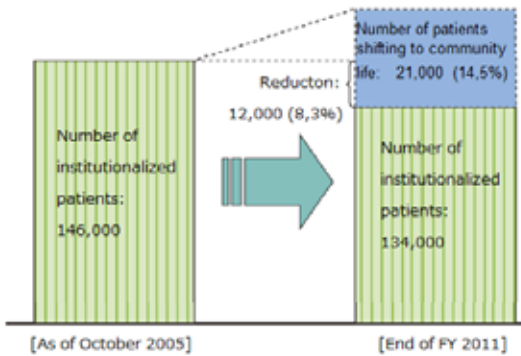
(Note 1) "hours" are average monthly service hours offered.

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

Source: Ministry of Health, Labour and Welfare

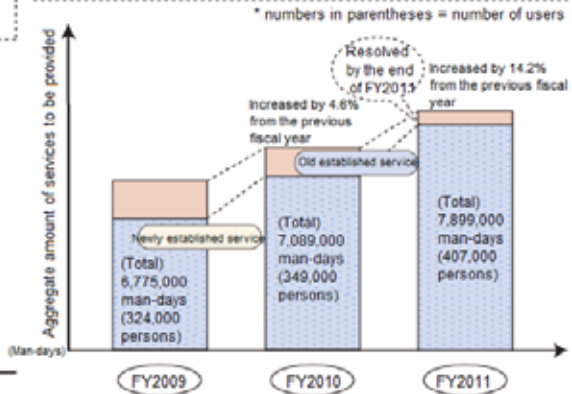
[Numerical Target] Transition from welfare institution to community

○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%).



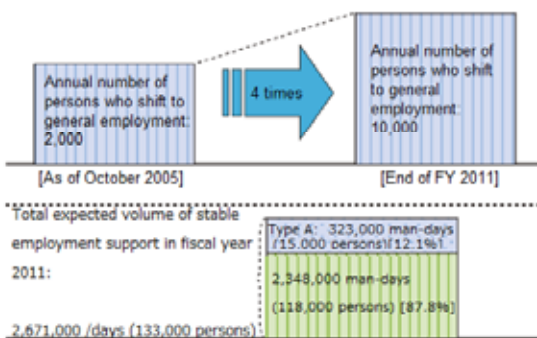
Changes in expected volume of Welfare Service for Persons with Disabilities (daytime activity services)

* 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)

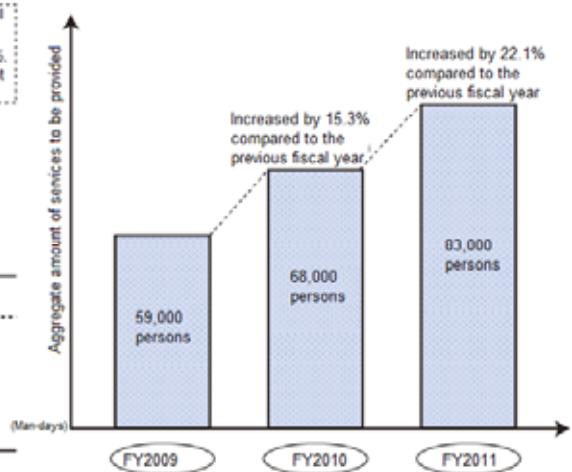


[Numerical Target] Transition from welfare institution to general employment

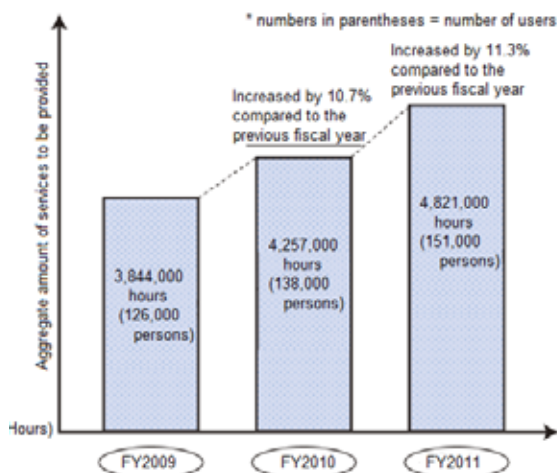
○Regarding transition to general employment, the number of persons who will shift to general employment during fiscal year 2011 is expected to be four times higher than the general employment transition result in fiscal year 2005. Additionally, of the total expected volume of stable employment support,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



- "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 2011, in prefectural and city governments and designated cities 65 of these centers were established.
- The "Oita International Wheelchair Marathon" is held every year in Oita Prefecture. In the 31st marathon 261 wheelchair racers representing sixteen countries participated.
- The "Eleventh National Saitama Festival of Persons with Disabilities Art and Culture" (FY 2011) was held in Saitama Prefecture. Its purpose was to develop independence and participation of persons with disabilities in society, as well as develop public understanding and awareness of persons with disabilities.
- The task force developing the practical use of wellness equipment, based on the Act on the Promotion of Research, Development and Dissemination of Social Welfare Equipment, 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.
- At the Welfare and Medical Service Agency from 2010, through the, "Social Welfare Promotion Assistance Program," an innovative and leading support program, is working to assist in the application of welfare equipment, research and development of technology that aids in the fulfillment of everyday life and participation in society.
- Japanese industrial standards on assistive products have been developed concerning international standardization activities. JIS of walking frame (JIS T9264) and elbow crutches (JIS T9266) were newly established in fiscal year 2012.

- Japan, China and South Korea proposed their joint proposals and 5 international standards are published through participation in the activities of ISO/TC122 (Packaging) and ISO/TC159 (Ergonomics). SC7 (Accessible Design) was established in TC173 (Assistive products) to conduct technical study on standardization of accessible design in fiscal year 2009 by Japanese proposal. In fiscal year 2010 the first meeting was held in Tokyo.
- Specialized welfare professionals such as certified social workers are being trained and secured. Meanwhile, rehabilitation professionals such as physical therapists who use specialized knowledge and techniques are being protected. Meanwhile, the quality of their services continues to show improvement.

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】

- 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
- From fiscal year 2008, “The Healthy Habits for The People Movement” was launched with a focus on the following: “Appropriate Levels of Exercise,” “Proper Dietary Life Styles,” and “Anti-Tobacco.”

In fiscal year 2010, “Smart Life Project,” a program that promoted the cooperation with various industries was started. This was among some of the counter-measures enacted to combat diseases associated with lifestyle habits.

- Through the revision of medical treatment fees in fiscal year 2012, the evaluation of the hospital treatment of children (and adults) with extremely severe disabilities 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.
- 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 for Suicide Prevention,” which is consisted of the Cabinet Members, on the 5th of February 2010.
- In September of 2010 through the, “The Suicide Policy for Suicide Prevention Task Force [TF]” at the council mentioned above, policy calling for, “Concentrated enforcement of policy efforts to prevent suicide within the year.” In fiscal year 2010 in order to bring the number of suicides down to lowest number possible, quick responsive and emergency counter-measures were carried out in coordination with related ministries, public organizations and private organizations. It was decided to extend [TF] until March 31st, 2012.