Chapter 6  Establishment of Foundations for Daily Life

1  Measures for Stability of Life

As for measures for disability health care and welfare, necessary revisions to each of the categories of physical disability, intellectual disability and mental disability have been made, focusing on “Regional Living Support,” which supports independent living for persons with disabilities in communities where they live, working toward to build of systems to provide services mainly through the municipalities that are most familiar to the inhabitants. The “Services and Supports For Persons with Disabilities Act” was established as an integrated system that includes persons with mental disability who have not been included within the scope of the “Assistance Benefit Supply System” in addition to persons with physical and intellectual disabilities. Also, in order to respond to issues including deinstitutionalization and job assistance and for persons with disabilities, and to enable them to live independent daily and social lives, drastic reconsideration of welfare facilities and project schemes was carried out to be able to receive necessary welfare services, consultation support and the like for persons with disabilities. Afterwards, discussions toward performing measures including provision of support without any gaps in the system and development of regional living support schemes on the basis of individual needs were held, and in August 2011, the so-called “Framework Proposal” concerning the said systemic reform was compiled. Based on this Framework Proposal, the “Act on Development of Relevant Acts to Take New Measures for Disability Healthcare and Welfare toward the Realization of Coexistence in Regional Society,” including the determination to reform the Services and Supports for Persons with Disabilities Act into the Act on Comprehensive Support for Persons with Disabilities, was enacted, and became effective on April 1, 2013 (part of the Act became effective on April 1, 2014).

In addition, the “Act on Comprehensive Support for Persons with Disabilities” shall be reviewed, in principle, in three years after it becomes effective and the required action shall be taken based on this result.

Accordingly, a working group consisting of experts was established in December 2014 to narrow down points to be discussed about how the disability welfare service should operate. The points to be narrowed down by the working group shall be discussed by the Social Welfare Council’s Subcommittee on Persons with Disabilities.

[Main Measures]

(1) Upon the “Act on Comprehensive Support for Persons with Disabilities” coming into effect in FY2013, it was determined that patients suffering from intractable diseases should be included in the scope of welfare services for persons with disabilities. As for the diseases included in the scope of this welfare system, 130 diseases in the scope of Dwelling Living Support Projects were included as an immediate step. However, the designated diseases were reviewed and expanded to 151 diseases (becoming effective on January 1, 2015) based on the review of the Designated Intractable Diseases to be included in the scope of Medical Expense Subsidies for Intractable Diseases. In the future, the scope shall be expanded to about 300 diseases by the summer of 2015 based on review of the Designated Intractable Diseases.
(2) Upon the partial revision of the Services and Supports for Persons with Disabilities Act coming into effect in December 2010, it was determined that community transfer support and community settlement support should be provided as individual benefits and transfer to community lives for persons with disabilities is being further promoted. With a view to widely provide support for persons who need support for transfer to community lives, persons with disabilities in facilities including public assistance facilities and correctional institutions in addition to persons with disabilities in support facilities for persons with disabilities or mental hospitals were to be included within the scope of community transfer support from April 1, 2014. From the perspective of meeting various needs of persons with disabilities living in communities close to them, the persons with intellectual or mental disabilities with behavioral disorders were included in the scope of visiting care for persons with severe disabilities in addition to the current scope of persons with severe physical disabilities.

(3) Efforts are in progress to raise wages according to the “Plan to Raise Wages” established in FY2012. In the “Plan to Raise Wages”, efforts have been made focusing on the efforts from past programs that had been relatively effective, including the utilization of business management methods by consultants, and the strengthening efforts of each factory to prepare a “Program to Raise Wages” and strengthening cooperation between prefectures and associations to increase joint order acceptance has been conducted.

(4) 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 programs for disability welfare that list numerical targets, the expected amount of services in accordance with the basic guidelines the national government specifies. Based on the “Arrangement of Discussions on Promotion of Lives of Persons with Disabilities in Communities” (report by Meetings on Promotion of Lives of Persons with Disabilities in Communities on October 11, 2013), the provisions are developed including specifying the direction to develop the bases where functions necessary for regional living support for persons with disabilities.

(5) 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.

(6) "Liaison Meetings on Networks for Watching Elderly Consumers and Consumers with Disabilities" where members of associations of elderly persons and persons engaged in welfare services, consumer organizations and administrative agencies, in addition to associations of persons with disabilities, are serving as members have been held since 2007. Schemes have been drawn up for sharing of information on consumer troubles and provision of information on new types of dishonest business practices and ways to cope with them. The 10th Liaison Meeting on Networks for Watching Elderly Consumers and Consumers with Disabilities, held in June 2014, resulted in a mutual agreement to take actions including “disseminating information in order to prevent consumer problem for elderly persons and persons with disabilities” and “looking out to prevent consumer problem through close cooperation among various entities. In addition, the members were informed of audio-visual materials for care personnel (with subtitles) to watch, created in March 2014 to prevent consumer troubles for persons with disabilities. Also, in response to the request from the organizations of persons with visual disabilities, a DAISY version of the Summary of White Paper on Consumer Affairs 2014 was created and distributed to the braille libraries across the country. The National Consumer Affairs Center of Japan provided supports, such as e-mail newsletters and website articles which include information on dishonest business practices, for looking out for persons with disabilities and persons around them. Furthermore, the “Bill on the Partial Revision of the Act against Unjustifiable Premiums and Misleading Representations” that also revises part of the Consumer Safety Act was submitted to the Diet in March 2014 and enacted in June of the same year. This Act stipulates that the local public entities can organize a Regional Committee for Ensuring Consumer Safety intended to carry out watch-over activities for consumers who need special attention in their life including persons with disabilities. A relevant Cabinet Office Ordinance and guidelines were released in March 27, 2015 in preparation for the enforcement of this Act.

(7) The Ministry of Health, Labour and Welfare is developing and enhancing systems for regional cooperation among entities, as an effort toward abuse prevention for persons with disabilities in Regional Living Support Projects. Also the ministry supports prefectures and municipalities that provide home visits for persons with disabilities who have been abused in the past, training relating to abuse prevention for persons with disabilities and analysis of cases of abuse.

(8) It is expected that in the future, due to the fact that persons with disabilities will keep aging and the degree of disabilities will become more severe, more persons with disabilities who need nursing care will begin to occupy group homes and more cases of persons with disabilities need nursing care after occupying group homes. The enforcement of the Comprehensive Support for Persons with Disabilities Act in FY2014 redefined previously unified care homes into group homes, and group
homes have been classified into two types, those “Inclusive of Nursing Care Services,” which provide nursing care as group homes, and those “Using Outside Services,” which utilize outside committed in-home long-term care service officers for in-home nursing care. Also, the creation of “Satellite Housing,” which utilizes a room in an ordinary apartment under certain set conditions, has enabled to provide more flexible services.

(9) Pursuant to the Act on Support for Persons with Developmental Disorders, in order to develop consistent support systems that cover each phase in life from infancy to adulthood for persons with developmental disorders, the Ministry of Health, Labour and Welfare has conducted “Projects for Development of Support Systems for Persons with Developmental Disorders” from FY2005. And since FY2013, these Projects have been included in Regional Living Support Projects and specified as “Development of Support Systems for Persons with Developmental Disorders.”

(10) 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”.

(11) Income security for persons with disabilities plays a vitally important role in encouraging the economic independence of persons with disabilities. There are systems for basic disability pensions and employees’ disability pensions (disability mutual aid pensions), and there are extra expense because of disability, various allowance systems to support these burdens.

(12) The “Basic Act on Sports” enforced in August 2011 holds up an ideal to promote spontaneous and active participation in sports by persons with disabilities. In recent years, competitiveness in para-sports has remarkably increased as seen in the Paralympic Games, so that there is an increasing necessity in further promoting the measures on para-sports not only from the perspective of welfare but also from the perspective of sports promotion. Consequently, from FY2014, the projects for para-sports with a focus on the perspective of sports promotion were transferred from the Ministry of Health, Labour and Welfare to the Ministry of Education, Culture, Sports, Science and Technology to work on the promotion of para-sports both for the improvement of competitiveness and expansion of player base. However, the projects intended as part of rehabilitation of persons with disabilities continue to be implemented by the Ministry of Health, Labour and Welfare.
The “14th Countrywide Art/Culture Festival for Persons with Disabilities - Tottori Carnival” (FY2014) was held in Tottori Prefecture in order to enrich the life of persons with disabilities, deepen public understanding and perception of persons with disabilities, and contribute to the promotion of the independence and social participation of persons with disabilities.

As for the provision of care goods through public benefits, the project for the provision of expenses for prosthetic devices, equipment for daily life (lending) is available. Since FY2013, patients suffering from intractable diseases which are defined in the “Act on Comprehensive Support for Persons with Disabilities,” have also been included. In addition, consumption tax is not to be imposed on goods that have certain properties, structures, or functions in order to make the goods available for the benefit of the use of persons with physical disabilities.

Since FY2014, the “Seeds-Needs Matching Enhancement Project” has been implemented to provide opportunities to start development of devices that accurately reflects the individual and specific needs of persons with disabilities and publicize the places of demonstration experiments on devices under development in order to promote marketing and dissemination of reasonably-priced and easy-to-use devices for persons with disabilities.

In order to promote the development and dissemination of more enhanced care goods, the formulation and standardization of objective evaluation methods and criteria are essential with a view to contribute to quality improvements including safety, to rationalize of production by ensuring compatibility and to provide of appropriate information for the purchasers. Therefore, the standardization of care goods that follow Japanese Industrial Standards (JIS) was promoted from FY2004 to FY2012 and most major items covered by nursing care insurance have been almost standardized. In FY2014, following FY2013, there were investigations on goods whose standards needed to be reconsidered from the viewpoint of the specific situation of recently produced products, international conformity and discussions on revised draft plans for equipment including mechanical lifts, nursing care beds and wheelchairs. Whereas the draft international standards for walking trolleys for elderly people, postural supports adjustable tools, free-standing handrails, etc. have been examined in pursuit of proposal through Japan-China-Korea collaboration, the preparation of JIS drafts for them is also in progress in parallel with the international standardization.

2 Measures on Health Care and Medical Treatment
In addition to performing medical examinations as prevention by early detection of diseases that cause disability and opportunity to prevent a severe disability, schools are providing safety education through all educational process so that students can respect their own lives and the lives of others, understand necessary safety information in all aspects of daily life and cultivate attitudes and abilities to safe lives.
Also, it is essential to enhance medical services for persons with disabilities and rehabilitation, to reduce disabilities and promote the independence of persons with disabilities. Based on the Act on Comprehensive Support for Persons with Disabilities, medical services to reduce or remove physical disabilities (medical services for recovery and medical services for rehabilitation) 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 and the individual payment of these medical expenses for medical services for support for independence is partially or fully supported by the government.

[Main Measures]

(1) The “Intractable/Rare Diseases Act” enacted in May 2014 and enforced in January 2015 stipulates that a disease included in the scope of medical subsidies shall be specified as a designated intractable/rare disease. As the first implementation, 56 diseases included in the scope of the study project for treatment of specific diseases were increased to 110 diseases. In the future, the scope shall be expanded to about 300 diseases including the first implementation by the summer of 2015. In addition to the medical subsidies, the survey and research projects in pursuit of overcoming of intractable/rare diseases, the basic principle of the Intractable/Rare Diseases Act, shall be promoted.

(2) The medical fee revision in FY2014 promoted the acceptance of children (persons) with profound disabilities into the long-term care wards, enhancement of intensive care on newborns with profound disabilities, enhancement of acute-phase medical care for mental valuation disabilities, visiting support (outreach) to persons with mental disabilities by multidisciplinary teams, etc.

(3) The Hospital of National Rehabilitation Center for Persons with Disabilities, working toward the early discharge and social life of patients, provides training to recover one’s functions depending on the disability as well as medical social work and psychological support, and the Center also provides necessary services and information for the promotion of the health of persons with disabilities.

(4) The government comprehensively promoted measures against suicide under the “Basic Act for Suicide Prevention” (Act No. 85 of 2006) and “General Principles for Suicide Prevention Policy” based on the said Act and revised the General Principles in August 2012. Also, as for regional measures against suicide, the foundation of the “Fund for the Urgent Strengthening of Regional Suicide Prevention” established in each prefecture for the three years from 2009 through FY2011 to provide adequate measures in accordance with specific regional situations. Further, in order to strengthen regional measures against suicide, supplementary budgets have also been compiled since FY2011 and the funding for the said Fund has been extended to the end of FY2014. The Ministry of Health, Labour and Welfare is implementing a telephone counseling (Yorisoi Hotline) subsidy project that provides consultation to
persons who suffer from difficulty to live or make a living 24 hours a day, 365 days a year free of charge to help them solve their problems.

(5) Act for Partial Revision of Act on Mental Health and Welfare for Persons with Mental Disabilities was enacted on June 13, 2013 and became effective on the 19th of the same month to establish guidelines for ensuring the supply of medical care to persons with mental disabilities, to delete the provision on guardianship, and to review the Hospitalization for Medical Care and Protection. With a view toward the enforcement of the said Act in April 2014, the “Planning Conferences on Guidelines to Ensure Supply of Medical Services to Persons with Mental Disabilities” have been held since July 2013, and the “Guidelines to Ensure Supply of High Quality and Appropriate Medical Services to Persons with Mental Disabilities” (Notification by Minister of Health, Labour and Welfare) were formulated in March 2014. These Guidelines define further transfer of long-term hospitalized patients with mental disabilities to communities as an issue for further discussion which was discussed by the “Review Meeting Regarding Specific Measures for Transfer of Long-Term Hospitalized Patients with Mental Disabilities to Communities” to put together a future direction.

(6) In order to establish medical countermeasures including prevention and fundamental remedies for diseases that cause disabilities, research has been conducted relating to the causes, prevention, early detection, treatment and therapeutic care and education for disabilities. It is essential for methods for establishing prevention and early treatment of disability, forming the basis for measures for children with disabilities, and for promoting these measures comprehensively and in an organized manner. Based on the results of this research, health examinations for children aged one and a half years, health examinations for children aged three years, inspection for diseases and abnormalities including inborn errors of metabolism are being provided. As for research on intractable/rare diseases, the “Research on Measures for Overcoming of Intractable/Rare Diseases” was reorganized in FY2014 into two separate projects to be implemented: 1) “Research on Policy of Measures for Intractable/Rare Diseases” that conducts mainly policy-related research such as establishment and update of medical care guidelines, establishment of new disease concepts, and collection of know-how that contributes to improving the QOL of treated patients; and 2) “Research on Practical Application of Measures for Intractable/Rare Diseases” that pursues development of revolutionary methods of diagnosis, treatment, and prevention with an eye to clarification of pathological conditions and commercialization of pharmaceutical products and medical devices.

(7) As for nursing personnel training, financial support is provided for the internship for middle-ranking nursing personnel conducted by the prefectural governments, training for fostering high-quality nurses in their specialized fields, etc. to promote the enhancement of qualifications of nursing personnel related to rehabilitation. These can be implemented as projects under the General Fund Secured for Regional
Health Care since FY2014. In addition, measures for reemployment support, settlement encouragement, resignation prevention, etc. are implemented to secure nursing personnel.