

Chapter 5 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, working toward building 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. Thereafter, in “The General Welfare Subcommittee” under the Council for Promotion of System Reform for Persons with Disabilities, discussions were made about the provision of supports without gap in the systems and the improvement of regional living support systems according to the individual needs, and the so-called “Framework Proposal” 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 contents that “the Services and Supports for Persons with Disabilities Act” is transformed into “the Act on Comprehensive Support for Persons with Disabilities,” was enacted, and enforced on April 1, 2013 (part of the Act became effective on April 1, 2014).

Toward the review within three years of the implementation (April 2016) as stated in the appendix of the “Act on Comprehensive Support for Persons with Disabilities,” the Social Welfare Council’s Subcommittee on Persons with Disabilities deliberated from April to December 2015 and summarized a report on future efforts. To respond to matters, which require a legal reform, out of those included in the report, the Cabinet decided on March 1, 2016 “a bill on the Act on Comprehensive Support for Daily and Social Life of Persons with Disabilities and a bill on Partial Revision of the Child Welfare Act,” and submitted it to the 190th Diet.

[Main Measures]

- (1) Following the enforcement in FY 2013 of the “Act on Comprehensive Support for Persons with Disabilities,” it was decided that the scope of welfare service for persons with disabilities shall include patients with incurable diseases. The number of applicable 130 diseases (incurable diseases, etc.) that require the Support for Residential Life of Patients with Incurable Diseases was reviewed in light of the situations of the designated incurable diseases that require medical expenses assistance, and accordingly was increased to 151 from January 1, 2015, and after the further review of the situations of those designated incurable diseases, the number was increased to 332 from July 1,

2015.

- (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) 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. In May 2014, following the discussion in the Subcommittee of Social Security Council for Persons with Disabilities, the basic guidelines were revised to formulate the Fourth Program for future three years from FY 2015 to 2017.
- (4) To provide municipalities with special technical and information, local governments have rehabilitation counselling centers, where counsellors for persons with physical and 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, 208 child consultation centers, and 69 mental health and welfare centers, as of April 2015.
- (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) To prevent troubles of consumers of the elderly and persons with disabilities, “the liaison council for watching consumers of the elderly and persons with

disabilities” networked by the group of persons with disabilities, the elderly group, welfare-related organizations, consumer group, and administrative organizations, has been held since 2007. In “The 11th liaison council for watching consumers of the elderly and persons with disabilities” held in September 2015, the groups decided that “they shall actively provide information on prevention of troubles to consumers of the elderly and persons with disabilities” and “various entities shall closely cooperate to ‘watch’ and prevent consumers’ trouble.” Further, to promote watching activity by various entities, the number of watching groups has been increased, and in March 2016, the 12th follow-up meeting was held.

Also, following the change of the consumer hotline number to three digits, the revised version of the 2013 audiovisual education materials (with credits) was prepared for the watchers who engage in preventing consumers’ troubles.

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 2015 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.

- (7) In June 2014, “The Partially Revised Act on the Act against Unjustifiable Premiums and Misleading Representations,” including part of the Revised Consumer Safety Act, was enacted. The Act stipulates that local governments can organize “Local Council for Ensuring the Safety of Consumers” to watch consumers with disabilities and those who particularly need consideration on their consumer life. Toward the enforcement from April 1, 2016 of the same Act, The National Consumer Affairs Center of Japan publicized Relevant Cabinet Office Ordinances and guidelines on March 27 2015, and explained the contents in the local governments’ section heads meeting, regional municipalities’ meeting hosted by local governments, and consumer groups meeting.
- (8) MHLW 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. Furthermore, the Center trained local governments’ personnel who play a major role in each local government on how to protect persons with disabilities from abuse, protect their rights, and support persons with severe behavioral disorders.
- (9) For patients with developmental disorders, MHLW arranged regional support managers in “The Support Centers for Persons with Developmental Disorders” through the regional livelihood support program, part of the “the support systems for persons with developmental disorders.” The managers are to improve supports, respond to difficult cases and provide proper medical care for such patients from their babyhood/infancy stage to adult stage. Thus, MHLW

supported municipalities and care providers and linkage with medical institutions, and also held seminars in local governments to improve family support systems through the parent program and to promote introduction of assessment tools specifically used for patients with developmental disorders.

- (10) From FY 2013, “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 FY 2015, 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) 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.
- (12) According to the FY 2015 MEXT’s outsourcing survey, only 18.2% of persons with disabilities perform sports and recreations once or more a week as compared with 40.4% of healthy adults (the Cabinet Office survey in FY 2015). This indicates regional sports promotion is needed for persons with disabilities. Therefore, since FY 2015, MEXT has been supporting some local governments and ordinance-designated cities which have been building a cooperation system between sports-related people and welfare-service-related people to promote sports programs for persons with disabilities.
- (13) In FY 2014, the sports-related projects for persons with disabilities, such as subsidizing Japanese Para-Sports Association and holding nationwide sports competitions, were transferred from MHLW to MEXT. In November 2015, the 15th National Sports Festival for Persons with Disabilities was held in Wakayama Prefecture, with participation of about 5,500 athletes and head coaches.
- (14) Following the transfer of para-sports projects in terms of sports promotion from MHLW to MEXT in FY 2014, it was decided that MEXT shall undertake high performance sports for both Olympic and Paralympic Games. Accordingly, MEXT, which had been responsible for Olympic-related projects only, also covered Paralympic-related projects, and got actively involved with high performance for Paralympic Games in FY 2015.

Since 2015, MEXT has been implementing “High Performance Project” to distribute budgets necessary for each sports organization. Under this project, the funds are integrated under Japan Sport Council (JSC), and the government formulates policies for strategic fund-distribution by utilizing the knowledge of Japanese Paralympic Committees. JSC, based on the government policies, improves the athlete development programs by bolstering PDCA cycle with distributing budgets to sports organizations and evaluating their programs. Moreover, by targeting the prioritized sports where medals are expected in Paralympic Games, MEXT carried out Multi-Support Project to support athletes with disabilities by utilizing professional and high-level supports from various fields strategically and comprehensively. In addition, MEXT held an experts meeting to discuss how to improve the functionalities of Olympic and Paralympic high performance and R&D bases, and compiled the final report in January 2015. Toward the Olympic and Paralympic games, the report proposed shared use of the National Training Center (NTC) where top athletes have intensive and continuous trainings on the same location, and use of Japan Institute of Sports Sciences (JISS), a core organization of sports medicine and science. The report also proposed NTC’s improvement and expansion. Based on this proposal, MEXT proceeded the construction of an integrated base for the Olympic and Paralympic games, and made a basic plan for improvement and expansion of NTC in FY 2015.

(15) The “15th Countrywide Art/Culture Festival for Persons with Disabilities - Kagoshima Carnival” (FY 2015) was held in Kagoshima 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.

(16) “The basic plan to promote measures for preparation and management for the 2020 Tokyo Olympic and Paralympic Games” (decided by the Cabinet on November 27, 2015) states that Japanese cultural attractiveness should be appealed. In November 2015, with the intention of enhancing a nationwide momentum toward the Olympic and Paralympic Games through various cultural activities in Japan, including those by artists with disabilities, “The Relevant Ministries Liaison Council for Raising the Momentum through Culture toward the 2020 Tokyo Olympic and Paralympic Games” was held by relevant ministries, the Tokyo Metropolitan Government and the Tokyo Olympic Organizing Committee.

(17) Since 1993, based on the Act on the Promotion of Research, Development and Dissemination of Social Welfare Equipment, a useful welfare equipment development project has been promoted. For this project, the Ministry of Economy, Trade and Industry (METI) subsidized R&D expenses, through the New Energy and Industrial Technology Development Organization (NEDO), to private companies and others engaging in development of welfare equipment with excellent technology and original ideas to help raising QOL of the elderly, persons with disabilities, and care providers. Since the start of the program, 219

themes were adopted until 2015.

- (18) The standardization of both care goods and accessible design that follow Japanese Industrial Standards (JIS) was promoted from 2004 to 2015. By 2015, 37 standards were established, including JIS Z 8071 (Guidelines for standard developers to address the needs of older persons and persons with disabilities), and efforts was being made to create cross-cutting evaluation criteria for accessible designs.
- (19) Based on the “Social Welfare Act,” comprehensive measures for securing social welfare workers are being promoted. For this purpose, Local Government Welfare Service Human Resources Centers that provide training and free job-placement, and Welfare Centers that improve the treatment of welfare service staff, were established.

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 have 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) Health checkups are important to detect health risks early and to provide guidance for people to prevent diseases and exacerbation. Mass screening and hearing tests are conducted for newborn babies for early detection and early treatment. 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, thorough checkups are provided, and based on the results, proper health guidance is provided. At schools, health checkups are conducted for school children at their entrance and every year. In workplaces, employers are obliged to have employees undergo health checkups at the time of employment and thereafter periodically.
- (2) On January 1, 2015, the “Incurable Diseases Act” was enacted, and in July the number of diseases, for which medical expenses are subsidized under the

specified diseases treatment research program, was increased from 56 to 306. In September, based on the same Act, the “Basic policy for comprehensive promotion of medical treatment for patients with incurable diseases” was formulated, showing the direction in which the national and local governments have to make efforts. Based on the Policy, high-quality and proper treatments for recuperation of patients with incurable diseases are being promoted.

- (3) In the FY 2014 revision of medical treatment fees, incentives were made on the promotion of acceptance of children (persons) with severe disabilities into the long-term care wards, enhancement of intensive care on newborns with severe disabilities, enhancement of acute-phase medical care for mental disorders, visiting support (outreach) to persons with mental disabilities by multidisciplinary teams, etc.
- (4) To provide information on mental disorders, MHLW established two websites on the portal site: “General mental health site for everybody” explaining emotional problems/mental disorders and introducing various support services useful for treatment and living, and “Let’s maintain heart and mind - mental support site for the young in their teens and twenties -” showing what to do when the young themselves or people surrounding them (family members or teachers) notice emotional problems of the young.
- (5) The number of suicide deaths in our country was more than 30,000 every year from 1998 to 2011, but it has been decreasing recently, less than 30,000 in 2012 for the first time in 15 years, and less than 25,000 in 2015 for the first time in 18 years.
- (6) As for suicide prevention measures, 10 billion yen was allocated to the Cabinet Office in the first supplementary budget of FY 2009, and the “Fund for the Urgent Enhancement of Local Suicide Prevention ” was created, enabling tailored measures to be implemented according to the regional situations. The fund was gradually increased and the applicable period extended. From 2015, the usage of the fund has been limited to suicide prevention measures for the evacuees and sufferers of The Great East Japan Earthquake.
- (7) MHLW has been implementing a telephone counselling program (Yorisoi-Hotline) as a supplementary project to accept consultations for 24 hours 365 days free of charge from people who complain of difficulty in living in order to provide problem solutions, including suicide prevention, in cooperation with local support groups (subsidized by MHLW to countrywide private support groups).
- (8) Because the “Article 3 of the Appendix of Revised Mental Health and Welfare Act” is supposed to be reviewed within three years (April 2017), and based on the results, necessary measures are supposed to be taken, “An Investigative Meeting on the Concept of Future Mental Health Care” by experts was held, and they discussed, in light of the Summary of July 2014, “The future direction

toward measures for enabling long-term hospitalized persons with mental disorders to be adaptable to the community life.”

- (9) Following the previous year, in FY 2015, major two issues were addressed: “The policy research program for incurable diseases,” which includes establishing and renewing the medical guidelines, defining the concept of new diseases, and collecting knowledge to improve QOL of patients with incurable diseases; and “The research program to raise medical standards for incurable diseases,” which aims at clarifying the conditions of incurable diseases, and developing innovative diagnoses, methods of treatment and preventive care, including practical use of drugs, medical equipment, etc. “The research program to raise medical standards for incurable diseases” has been executed from FY 2015 by Japan Agency for Medical Research and Development (AMED), whose role is performing R&D, and improving and subsidizing the medical field. AMED will continue the research into incurable diseases, the definition of which is rare diseases, the pathogenic mechanism and treatment have not yet been clarified, and long-term treatment is required.