

Summary of Discussions

Challenges Based on the Status of Implementation of
the Basic Program for Persons with Disabilities (Third)

September 2015

Commission on Policy for Persons with Disabilities

Monitoring of the Status of Implementation of the Basic Program for Persons with Disabilities (Third)

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The Convention on the Rights of Persons with Disabilities (hereinafter the “CRPD”) was ratified by the Japanese Government in January 2014, and took effect in February 2014. Within two years after ratification of the CRPD, the States Parties are required to submit a report on the status of implementation of the CRPD to the United Nations Committee on the Rights of Persons with Disabilities. When preparing the government report, the Japanese Government is required to collect the views of the Commission on Policy for Persons with Disabilities (hereinafter the “Policy Commission”), which monitors the status of implementation of the Basic Program for Persons with Disabilities, and reflects them in the government report. The Policy Commission has therefore monitored the Status of Implementation of the Basic Program for Persons with Disabilities (Third) to enable the Japanese Government to submit the government report under the CRPD.

Before conducting the monitoring, the Policy Commission invited Ron McCallum, Professor Emeritus, University of Sydney, who has worked as the former chairperson of the United Nations Committee on the Rights of Persons with Disabilities, to deliver a lecture on the viewpoints of examination of governmental reports by the UN Committee on the Rights of Persons with Disabilities, as well as on the constructive dialogue that took place between the UN Committee and the States Parties. The Policy Commission then exchanged opinions with Mr. McCallum so that all members of the Policy Commission would share a unified mindset with regard to the monitoring.

Basically, information on the current status of implementation of the Basic Program for Persons with Disabilities (Third) was collected from relevant ministries and agencies, and discussions were undertaken with regard to the monitoring work.

In particular, the following four themes were considered as important theme for the monitoring: “support for decision making, etc., including adult guardianship system”; “support for the hospital-to-community transition of persons with mental disabilities, persons with severe disabilities, etc. in need of medical care”; “the inclusive education system, employment, etc.”; and “information accessibility.” The Policy Commission therefore decided to separately hold four working sessions to discuss each theme in parallel with discussions at Policy Commission meetings.

Three or four members of the Policy Commission worked as coordinators for each working session. These coordinators gained the participation of persons with detailed knowledge of each theme, including persons with disabilities, representatives of related organizations and experts [in the field]. The coordinators then collected opinions from the participants while engaging in detailed discussions during the working sessions.

At the Policy Commission meetings, discussions were held concerning cross-sectional themes such as “women with disabilities” and “statistics concerning persons with disabilities.” In particular, all members of the Policy Commission held detailed discussions concerning “support for the hospital-to-community transition of persons with mental disabilities” and “the inclusive education system,” which had been discussed during the working sessions.

Since May 2015, the Policy Commission conducted 13-time-discussion in total—eight times over the four working sessions, and concurrency five times (on all themes) based on the results of the working session discussions. Subsequently, the Policy Commission compiled a “Summary of Discussions —Challenges Based on the Status of Implementation of the Basic Program for Persons with Disabilities (Third).” In the summary of the discussions, opinions presented from relevant ministries and agencies were also included in addition to opinions presented from members of the Policy Commission.

This year is an intermediate year of the Basic Program for Persons with Disabilities (Third). Therefore, the Policy Commission expects that respective ministries and agencies will implement related measures of the Basic Program in full consideration of the “summary of discussions” during the remainder of its implementation period.

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* The “Status of Implementation of the Basic Program for Persons with Disabilities (Third)” is not attached hereto

III Basic Trends in Measures by Field

1. Support for daily life

(1) Support for decision making, etc., including adult guardianship [WS I]

[Discussions] Adult guardianship system violates the CRPD?

- 1) The CRPD denies substitute decision-making. Therefore, adult guardianship system, including the right to rescind, which is a protective vicarious framework, may violate the CRPD.
- 2) Decision making involves a variety of issues, ranging from simple to sophisticated/legal. For matters that cannot be understood, decisions cannot be made. When decision making is necessary for any important matter that causes irrevocable disadvantage to a person concerned, protection of his/her rights under adult guardianship system is necessary. Therefore, adult guardianship system in fact does not violate the CRPD.

(Ministry of Justice (MOJ))

The MOJ understands that Japan's adult guardianship system does not violate the CRPD. Under the Civil Code, a guardian must respect the will of the person concerned (the adult ward) and consider his/her mental and physical condition and living circumstances (Article 858 of the Civil Code). Furthermore, the Civil Code provides various measures to protect the interest of the person concerned, thereby respecting the rights, will and preferences of the person concerned (Article 12, paragraph 4 of the CRPD). If surrogate authority is not granted to guardians without exception, even when decision making by the person concerned is practically impossible (for example, he/she suffers from serious dementia, etc.), the person concerned cannot in effect conduct any legal acts, and therefore would not be protected at all.

[Discussions] The adult guardianship system itself has limitations?

- 1) Even if it is difficult to confirm the will of the person concerned and substitute decision-making is conducted by necessity, adult guardianship should be considered to be limited and used as a last resort, and operation of the system, including support for decision making, should be improved.
- 2) The reality is that a legal professional can abruptly be appointed as an adult guardian but cannot provide support for decision making. It is therefore necessary to develop a system in which an adult guardian is not left alone to provide support by himself/herself; rather, family members and affiliates who are familiar with the everyday life of the person concerned and/or decision-making supporters, including welfare professionals, gather around the person concerned on a continuous basis in order to consult and coordinate with each other.

- 3) It is difficult to confirm the will of the person concerned and make decisions that reflect his/her will. Although it is a medium- or long-term challenge, I believe that it is necessary to accumulate model cases initially and promote support for decision making.
- 4) The precondition for using adult guardianship system is that the person concerned has no capacity for judgment. Although the obligation to consider his/her mental and physical condition and living circumstances is imposed, it is not clear how the will of the person can be respected. Therefore, one urgent challenge is to hold discussions on this issue. I believe that the relationship between the current adult guardianship system and the CRPD can be discussed only after research and verification of the current adult guardianship system is carried out repeatedly.

[Discussions] The burden on family courts is heavy?

- 1) Isn't it too burdensome for family courts to conduct supervisory activities in addition to their primary activities? In many overseas countries, administrative organizations conduct supervisory activities. It would be realistic for Japan to establish a measure to be implemented over a medium- or long-term period under which organizations with knowledge of support for decision making support corporate guardians and/or adult guardians, etc.
- 2) I believe that guidelines or suchlike pertaining to support for decision making (dealing with three areas: daily life, life planning, and when life is threatened) could be established in line with the intentions of the person concerned. I also believe that even if conflict occurs among related parties in connection with support for decision making, such conflict could be resolved by organizations in charge of coordination and judgment, if such organizations were established.
- 3) It may be possible to share the burden of providing support for decision-making by taking the following approach. That is, by increasing support provided by municipal governments for on-site decision making, and waiting until the final stages of decision-making before family courts perform their functions and roles.

(2) Support for the hospital-to-community transition of persons with severe disabilities, etc. in need of medical care [WS II]

[Discussions] Living in communities should be possible in all cases?

- 1) I hope that 24-hour medical care and nursing care would be guaranteed for all persons with severe disabilities so that they can live in a manner befitting human dignity, irrespective of which communities they live in.
- 2) Housing support in communities such as group homes is highly evaluated. However, the current level of compensation is too low for caregivers to provide medical care, including sputum suction, to persons in need of such care.
- 3) General consultation desks, which respond to inquiries about medical care and welfare depending on the patient's condition and the change in living conditions, and about related measures for patients with progressive intractable diseases, should be established in communities.

[Discussions] How should children in need of medical care be supported?

- 1) Constant nursing care must be provided to children in need of medical care. However, as some municipalities have very strict rules about the provision of welfare services, parents of such children who cannot fully avail of those services are left to bear an excessive nursing care burden.
- 2) Medical type facilities for children with disabilities provide medical care (24 hours, 365 days), but only inside the facilities themselves. Considering their child's welfare, parents of children in need of medical care find it difficult to send their children to such and must bear the burden of medical care themselves.
- 3) The condition under which recuperation can be used is a degree of disability amounting to five or more. Therefore, children with progressive intractable diseases can use medical type facilities, but may not be able to utilize care for daily life.
- 4) According to a survey, 70% or more of parents are required by schools to attend to their children while at school. Almost all of the parents attending to their children at school also provide medical care to them. It is my wish that training costs will be subsidized and a subsidy should be provided for the establishment of a medical care implementation system so that various procedures, including sputum suction, may be utilized to the maximum extent possible and medical care can be provided at childcare and education facilities.

2. Health care and medical treatment

(1) Support for the hospital-to-community transition of persons with mental disorders [WS II]

[Discussions] Systems, including the Act on Mental Health and Welfare for the persons with Mental Disorders (hereinafter the “Mental Health and Welfare Act”), and their operations, should be improved?

- 1) It is necessary to re-examine the adequacy of Article 33 of the Mental Health and Welfare Act, which sets out the provisions concerning involuntary hospitalization for medical care and protection.
- 2) In the case of involuntary hospitalization for medical care and protection, citizens exert power over other citizens. It is difficult to obtain the international community’s understanding of the practice.
- 3) Some people say that the increased number of cases of involuntary hospitalization for medical care and protection suggests a tendency to take the will of the persons concerned into account less. On the other hand, others say that it is premature to conclude that the will of the persons concerned is disregarded and their rights are infringed upon in many cases in consideration of the fact that the number of days of hospitalization has become shorter and the frequency of hospitalization has increased under the concept that emergency intervention is necessary when symptoms worsen. Therefore, this matter must be re-examined.
- 4) The special provision of the Medical Service Act provides that one psychiatrist must be allocated for every 48 beds. However, I believe that an appropriate number of psychiatrists should be allocated in consideration of the type/extent of psychiatric care required.
- 5) Under the designated psychiatrist system, applications for improving treatment, etc. may be submitted to the Mental Health Review Board. Under the system, however, the right to restrict the acts of hospitalized patients is concentrated on only one designated psychiatrist.
- 6) It is absolutely necessary to ensure that defenders of patients’ rights are independent from family members or medical care professionals involved in such treatment to protect the rights of patients in psychiatric wards.
- 7) The results of examinations made by the Mental Health Review Board are as follows: the number of cases for which the Board determined “it is appropriate to transfer the patient concerned to another type of institution” or “continued hospitalization is no longer necessary,” numbered nine out of all 260,000 applications; and the ratio of cases for which the Board determined “continued hospitalization is no longer necessary” was 5.8% for all 308 applications for treatment improvement. Although some people say that the designated psychiatrist has made the correct judgment, I believe that the number or the ratio of applications accepted is too small. The results of examinations may indicate that the Board has not fully performed their examination function. This matter should be re-examined.
- 8) Article 10, subparagraph 3, of the Ordinance for Enforcement of the Medical Service Act provides that patients with mental illness shouldn’t be hospitalized in medical wards other than psychiatric wards. Even now, some medical care professionals of other departments refuse to treat patients with mental illness, although this practice is beginning to decrease.
- 9) In the case of dementia, the actual conditions of social hospitalization for psychiatric medical treatment are accepted. However, such conditions should be improved.
- 10) In the past, many psychiatric hospitals may have accepted long term social hospitalization. At present, however, they have changed their manner of treatment based an examination of former treatment methods. It is necessary to conduct surveys, including the “Report on the Results of Survey of Use of Psychiatric Beds,” on a continuous basis, and discussions should be carried

out based on the latest accurate statistics.

(Ministry of Health, Labour and Welfare (MHLW))

Involuntary hospitalization for medical care and protection is carried out when a person is diagnosed by a designated psychiatrist as having a mental disability that requires hospitalization for medical care and protection, but the same person is not able to make an appropriate judgment on the necessity of hospitalization due to his/her mental disorder. When involuntary hospitalization for medical care and protection is to be carried out, the hospital is obligated to inform the person concerned in writing of the medical examination by the designated psychiatrist and the hospitalization order. The hospitalization procedures are rigorously designed from the viewpoint of the protection of human rights. Furthermore, a framework is in place under which the appropriateness of hospitalization is examined by the Mental Health Review Board.

When involuntary hospitalization for medical care and protection is to be carried out, a medical examination by the designated psychiatrist as well as the consent of the patient's family, etc. are required. The foregoing was determined by comprehensively considering the following. Due to the fact that it is necessary to protect the rights of persons with mental disorders, and also because increased importance is being placed on informed consent, a procedure that offers sufficient explanations to family members, etc. living together with the person concerned and that secures agreement regarding hospitalization is desirable. After revision of the related law, the patient's family, etc. is allowed to file an application for discharge from the hospital.

As for community life support services, the MHLW will make efforts to enhance medical care/welfare services in communities based on the direction indicated in the report compiled by the "advisory board for detailed measures toward the hospital-to-community transition of long-stay inpatients with mental disorders."

[Discussions] How should local infrastructure in communities be enhanced?

- 1) When persons with mental disorders live in communities, social support for their families is insufficient.
- 2) The CRPD requires that measures by which persons with mental disorders need not be hospitalized be taken from the viewpoint of guaranteeing their right to live in communities. Therefore, it is important to facilitate the hospital-to-community transition of persons who are long-stay inpatients and develop resources to enable those with mental disorders to live in communities.
- 3) Psychiatric care itself needs to be expanded to communities. It is necessary to increase expenditure on community care and the number of personnel, and to create "mobile teams" who visit persons with mental disorders living in communities and provide welfare and medical care services to them.
- 4) The number of business operators who have withdrawn from providing support for the transition to community life has increased due to unprofitability of the business as a result of low compensation. Therefore, it is my hope that the reasons why the number of service users is small should be analyzed once again and a budget for compensation suitable for addressing the particular features of mental disorders should be arranged.
- 5) I strongly hope that professionals will support persons with mental disorders in community life.
- 6) Persons with mental disorders find it extremely difficult to settle in private-sector housing.
- 7) Hospital-to-community transition cannot be achieved if the physical space or equipment is simply moved from the hospital room to the dwelling facility. Once psychiatric wards have lost their social role, they should be closed, and shouldn't be used for segregating or accommodating people for different purposes.

(MHLW)

When persons with mental disorders who have been hospitalized for a long time are discharged, their transition must, in principle, be made directly to community life (their home, private apartment, or group home). Group homes on the premises of mental hospitals are permitted on a trial basis, to be established as a transitional place of residence for those who feel uneasy about directly transitioning to communities, even if support is provided for their discharge from hospitals. The conditions for establishing and operating such group homes include the following: that persons use them voluntarily even when third parties are involved; that such group homes are physically independent from hospitals; and that the period of use should be two years or less in principle.

3. Education, cultural and art activities, sports, etc.

(1) The inclusive education system [WS III]

[Discussions] How is inclusive education progressing?

- 1) Discussions should be held about the goal of inclusive education, the indicators for monitoring its progress and how to promote it while taking the foregoing factors into account.
- 2) The following data will be helpful for discussing progress: Data collected from nurseries, elementary schools, junior high schools, and high schools, as well as those collected separately from special needs education schools or classes for special needs education. If possible, those data categorized by type of disability will be beneficial. Descriptions concerning the actual conditions of interaction between students attending special needs education schools or classes for special needs education and students without disabilities will be also helpful. As individualized education support plans and individualized teaching plans serving as qualitative data are important, I recommend that these data should be analyzed, including the evaluation by individuals with disabilities themselves who used them.
- 3) To prevent individualized education support plans from being “pie in the sky,” the whole process, from preparation to utilization, should be visualized.
- 4) Plans to use assistance for facility admission and plans to use services are required to be made by closely coordinating consultation support for disabled children and individualized education support plans.
- 5) As for liaison councils for special needs education, it is necessary to investigate the actual conditions of how they are established and analyze how their functions are performed.
- 6) When making reports on the progress of inclusive education, attention should be paid to the fact that children with various kinds of disabilities jointly receive education and how their respective needs can be satisfied.
- 7) When making reports on the progress of inclusive education, the viewpoint of whether or not children have any disability is important. In addition, attention should be paid to the kinds of difficulties children with disabilities face with regard to learning and attendance at schools and what kind of support schools provide.
- 8) Distributing education support materials to schools across the country was effective for deepening the understanding of school attendance.
- 9) As for reasonable accommodation, it is necessary to enumerate both positive and negative examples and analyze them so that anybody can understand the meaning of reasonable accommodation.
- 10) During entrance examinations at high schools, children with disabilities are excluded due to the current system of checking certificates of disabilities and school reports, etc. This is a problem that prevents the realization of inclusive education.

(Ministry of Education, Culture, Sports, Science and Technology (MEXT))

As provided in the CRPD and the Basic Act for Persons with Disabilities, inclusive education is understood to mean education in which consideration should be given such that children with disabilities as well as those without disabilities can jointly receive education as far as possible under the education philosophy of enabling children with disabilities to develop their capabilities, etc. to the maximum extent and effectively participate in a free society.

Among others, the report from the Central Council for Education, Elementary and Junior High School Education Committee, which was publicized in July 2012, makes recommendations to the effect that: it is important to establish a flexible, diversified framework that can provide the most suitable instruction for meeting educational needs at a given time, with the goal of promoting

independence and social participation; it is important to provide continuous, diverse places of learning (regular classes, special support service in resource rooms, classes for special needs education, schools for special needs education) in place.

[Discussions] Is the will of the person concerned and his/her parents respected?

- 1) With regard to respect for the will of the person concerned and his/her parents, the ideal situation would be reflected by related data showing that the acceptance ratio of children concerned by elementary and junior high schools in communities is steadily improving.
- 2) Special needs education assistants are actively allocated to children with developmental disabilities, but the same is not true for children with intellectual disabilities. This fact runs contrary to the concept of striving to make it possible for children with disabilities to jointly receive the necessary support and education in the same place as children without disabilities. I fear that the number of children with disabilities who seek specific support to attend schools for special needs education will increase contrary to the concept of the inclusive education. I believe it is necessary to consider the best balance for budget allocation among other factors, and establish a framework in which children with disabilities and their parents who wish to apply to schools in their local communities will be accepted as far as possible.

(MEXT)

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Depending on the actual conditions of children with disabilities in need of support, each local government allocates special needs education assistants to each school to support children with disabilities in their daily life and learning activities. Children with intellectual disabilities are not excluded from such programs whatsoever.

[Discussions] Is improvement of the environment promoted?

- 1) Establishment of the education consulting and support system from an early stage, enhancement of the function of schools as information centers for special needs education, and an increase in the quorum of teachers as well as improvement in the allocation and number of special needs education assistants is highly appreciated. However, further improvement in the quorum of teachers is still needed, and the number of classrooms remains insufficient.
- 2) The allocation of special needs education assistants is financed by the general account budget, including tax allocation grants, by boards of education. However, the cost should be financed by a government subsidy from MEXT.
- 3) I hope that the provision of text books meeting educational needs, including digital and audio text books, etc. for children and persons with developmental disabilities will be further increased.

(MEXT)

Expenses for allocating special needs education assistants are paid to local governments as a local grant tax depending on the actual conditions of local communities. The amount of said expenses has been increased year after year depending on the actual situation regarding the allocation of such assistants by local governments.

(2) Culture and sports

- 1) Efforts being made to improve the current situation in which the sports participation rate of persons with disabilities is lower than that of persons without disabilities are appreciated.
- 2) Some persons with disabilities aim at becoming No.1 in the world, while others simply wish to exercise in the neighborhood approximately once a week. Therefore, if the general term “sports for persons with disabilities” is used, diverse needs are difficult to identify.
- 3) Various challenges remain in regard to the promotion of cultural activities, etc. of deafblind persons.
- 4) As for barrier-free films, various ministries and agencies should cooperate on initiatives such as closed captions and audio guidance.

4. Support for employment and economic independence [WS III]

[Discussions] How should the legal employment quota be achieved?

- 1) The employment of persons with disabilities by prefectural boards of education as supervisory authorities over teachers and schools is helpful for promoting measures related to the education of persons with disabilities. Therefore, prefectural boards of education are required to achieve their legal employment quotas.
- 2) I hope that companies that fail to promote employment are encouraged to understand the current conditions regarding persons with disabilities.
- 3) Not only job assistance to persons with disabilities but also support to companies will be necessary. It is highly appreciated that the Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers has already provided various kinds of support. However, the organization is required to provide information on support and review the type of support it provides as the case may be.
- 4) Small and medium-sized enterprises (SMEs) have already received various types of support as well as new subsidies. However, this support, etc. needs to be enhanced further. I hope that employment measures will be further promoted through the publishing of figures concerning the status of implementation of the Consultation and Enlightenment Service of Employment of Persons with Disabilities.
- 5) In the future, persons with diverse disabilities, including developmental disabilities and intractable diseases, may seek to avail of consultation services. Therefore, I hope that the training of Hello Work staff will be enhanced on a continuous basis and that support for job retention after employment will be promoted.
- 6) Support to persons with acquired disabilities tends to be insufficient. I want companies to understand the necessity of facilitating return to the workplace by allowing persons with acquired disabilities a specific period of time for rehabilitation. One challenge is how to ask companies to deal with the return to work program based on the same program for government officials with acquired disabilities.
- 7) As on-the-job training and capacity development contribute to the expansion of occupational fields for persons with disabilities, I hope that such training, etc. will be fully promoted.
- 8) Before enforcement of the revised Act for Employment Promotion etc. of Persons with disabilities, it is important to inform persons with disabilities and companies of the objective of the revision and provide them with information on the “Guidelines on Prohibition of Discrimination against Persons with Disabilities” and the “Guidelines on Reasonable Accommodation,” which were published in March 2015. Companies are required to consistently comply with these guidelines.

[Discussions] How should special subsidiary companies be treated?

- 1) I hope that personnel interchange between parent companies and their special subsidiary companies will be promoted; special subsidiary companies should provide know-how regarding the employment of persons with disabilities that they have built up; and parent companies should utilize this know-how to expand the employment opportunities of persons with disabilities.
- 2) If persons with acquired disabilities are loaned out to special subsidiary companies without their consent, such cases will be regarded as a problem from the viewpoint of inclusiveness.

5. Living environment

- 1) Persons with mental disabilities find it extremely difficult to take up residence in private houses. (reiterated)
- 2) Under the Barrier-Free Law, the living environment for persons with disabilities is improved, but the number of facilities, buildings, etc. covered by the act is extremely small.
- 3) It is important to investigate the barrier-free status of facilities, etc. not covered by the Act on Promotion of Smooth Transportation, etc. of Elderly Persons, Disabled Persons (hereinafter the “Barrier-Free Law”).
- 4) I believe that the barrier-free target figures are low.
- 5) Although the number of welfare taxis is reported to have increased, this seems inaccurate. This may be because the standard of most existing welfare taxis is different from the standard expected by persons with disabilities. Therefore, it is necessary to reexamine the universal design standard.
- 6) In the case of improving barrier-free software, new systems tend to be created by introducing new technologies without considering usability by persons with disabilities, which may result in problems.

6. Accessibility to information [WS IV]

[Discussions] The provision of information should be enhanced?

- 1) The use of sign language and audio descriptions has not become common in broadcast media.
- 2) Some election broadcasts don't offer closed captions or sign language services. The live broadcasts of the Diet deliberations offer neither closed captions nor sign language services.
- 3) The displays in buses, trains, athletic fields, and other facilities other than stations are insufficient and are not used. Therefore, it is necessary to examine future policy.
- 4) Accessibility to information by persons with disabilities in broadcast media has improved; however, information accessibility in cases of emergency has not significantly improved.
- 5) During emergencies, information must be accurate, but the timely receipt of information may be more important than its accuracy in some situations.
- 6) At present, no standards exist for providing closed captions to various video materials, including videos on the Internet.
- 7) It is necessary to appoint persons with disabilities or their representatives to the panel that is authorized to determine information-related standards. The panel should be authorized to examine standards across ministries and agencies.

(Ministry of Internal Affairs and Communications (MIC))

The MIC has taken measures, including the establishment of goals, the publication of actual results and the subsidization of production costs, etc. to help disseminate the use of sign language and audio descriptions in broadcasts.

Sign language interpretation is available for election broadcasts for the election of proportional representation seats of the House of Representatives and for prefectural governor elections. Sign language interpretation and closed captions can be available for election broadcasts for the election of proportional representation seats of the House of Councilors. For single member election for the House of Representatives, sign language interpretation or closed captions may be used in videos prepared by the political party that nominates a candidate. In some elections, sign language interpretation is not used. Since sign language interpreters are not evenly distributed in all regions, one challenge is how to secure them. In the case of closed captions, captions must be recorded in a limited period of time. Therefore, the challenge is how to arrange such captions in a limited period of time.

It is also challenging to provide closed captions and sign language interpretation for live broadcasts of Diet sessions due to the importance of the deliberations that take place. We have been informed that it is difficult to provide closed captions etc. at present due to the need for accuracy and fairness in such live broadcasts. However, the MIC will continue to ask the broadcasters concerned to resolve such challenges through promotion of technological development, etc.

[Discussions] Communication support should be enhanced?

- 1) I hope that examinations will always be carried out while considering the care of persons with severe and multiple disabilities and patients with serious intractable diseases who utilize highly specific communication methods.
- 2) I hope that measures will be taken to improve information accessibility for hearing-impaired persons who have no Physical Disability Certificate.
- 3) Some local governments restrict the scope of persons who can use services as well as the purpose of use. They have not fully examined the kind of communication support that is needed at locations where persons from multiple prefectures and municipalities participate.
- 4) I hope that businesses that dispatch interpreters and assistants for deaf-blind persons will be established in all regions. Since support is necessary for various areas, including places of employment, education and daily living, cross-ministerial measures should be taken.
- 5) To ensure that persons with disabilities can avail of information and communication technologies, it is important to enhance measures for supporting the use of such technologies by persons with disabilities and develop personnel to support such uses.

[Discussions] How should accessibility to textbooks be improved?

- 1) It is necessary to accurately assess information support needs, ensure the accessibility of persons with disabilities to textbooks, supplemental materials, exam questions, answer sheets, teachers' oral instructions, etc., and ensure, in principle, that the above information support services are available as part of the normal curriculum.
- 2) Differences between MEXT's approaches to further publicize and promote standard type enlarged textbooks and those for other enlarged textbooks and multimedia texts exist. For the latter, it is insufficient for MEXT to only indirectly support volunteers.
- 3) To enable educational institutions' access to various types of materials, an institutional framework in which schools etc. can obtain the original data necessary to convert books into digital or Braille form from textbook publishers is necessary.

(MEXT)

As for audio texts, MEXT has been subsidizing their production costs and system operation costs for Internet delivery since FY2014. At present, if an application is filed with the voluntary group producing such texts, any student may receive them free of charge.

To further publicize and promote the use of audio texts in the future, MEXT has been organizing and operating meetings for interested persons from schools and boards of education in each of five blocks (Sendai, Tokyo, Nagoya, Osaka and Fukuoka).

[Discussions] Is administrative information more barrier-free than before?

- 1) The provision of Web accessibility assistance tools doesn't guarantee the accessibility of individual administrative information. What is required for this measure is to make administrative information itself more accessible.
- 2) I hope that government ministries and agencies and local governments will clarify how Web accessibility policies are established, what tests are conducted, and what they set out to achieve.

7. Safety and security

- 1) As for evacuation centers, consideration should be given for evacuees from the viewpoint of women with disabilities.
- 2) Methods for assisting persons with mental disabilities in seeking refuge at a time of disaster should be carefully considered.
- 3) After the Great East Japan Earthquake, a scheme to assess the extent of the influence of prolonged evacuation and the type of responses that should be taken was not formulated. It is understood that in particular, persons with developmental disabilities, intellectual disabilities and children in vulnerable situations tend to develop PTSD (post-traumatic stress disorder). Therefore, it is important to thoroughly understand the fact that there are persons in need of various forms of support.
- 4) It is necessary to investigate the actual situation concerning participation by persons with disabilities in the planning and implementation of recovery programs.
- 5) Since drugs for persons with rare diseases and patients with intractable diseases cannot be procured easily in all regions, we have devised diverse ways of storing such stockpiling such drugs for use in an emergency. Recently, however, we received instructions from the MHLW to the effect that such drugs shouldn't be left unused. Therefore, we have concerns over how to stock drugs in preparation for disasters.
- 6) I hope that information on consumer damage will be compiled separately for those with dementia and those with intellectual disabilities. In addition, such data should also be compiled by gender.

8. Eliminating discrimination and promoting advocacy

- 1) When establishing a system for preventing the infringement of rights and remedying damage suffered by persons concerned, it is necessary to clarify the procedures involved should abuse occur as well as the organization that will perform the function of damage relief.
- 2) The fact that hospitals, schools and nursery centers are exempt from compulsory reporting of maltreatment the obligation to give notice under the Act on Prevention of Maltreatment of Person with Disabilities and Support for Attendants of Person with Disabilities (hereinafter the “Persons with Disabilities Abuse Prevention Act”) is a serious problem.
- 3) With regard to the Persons with Disabilities Abuse Prevention Act, we must not only subscribe to the viewpoint that persons with disabilities may become victims but also that their families may become victims as well.
- 4) Cases concerning human-rights relief under the jurisdiction of the MOJ, cases of abuse under the Persons with Disabilities Abuse Prevention Act, and cases concerning discrimination under Act for Eliminating Discrimination against Persons with Disabilities (hereinafter the “Persons with Disabilities Discrimination Elimination Act”) which will be enforced from FY2016 overlap at some points. Is there no framework to handle such cases in a cross-sectional manner?
- 5) The provision of reasonable accommodation for persons with disabilities will cause excessive burden. Therefore, I believe that providing proper responses will be impossible unless data on actual cases is accumulated.

9. Accommodation in administrative services, etc.

(1) Accommodation for judicial proceedings, etc.

- 1) At the time of police questioning, a witness or interpreter should be allowed for persons with intellectual or developmental disabilities.
- 2) I am concerned that unless the whole process of police questioning is recorded or video-taped, only the most important part could be omitted and the interrogated person's assertion may be completely misconstrued.
- 3) I understand that even when persons with disabilities who have served out their penal servitude wish to return home, they are considered to have difficulties in community life and are sent to facilities without carefully considering the consequences thereof because such facilities can receive additional compensation. Therefore, it is necessary to verify once again whether the community life support program really benefits persons with disabilities.
- 4) It is important to prevent re-offending by inmates with disabilities who are incarcerated in correctional institutions by implementing programs that consider the characteristics of their disabilities.

(2) Accommodation for national qualifications, etc.

- 1) With respect to reasonable accommodations required at the time of implementation of examinations for various national qualifications, challenges will be identified by compiling data such as the following on examinees who stated their disabilities and/or required accommodations: the total numbers of such applicants including a breakdown according to disability, the particular details and number of actual cases of reasonable accommodations provided for examinations, and the number of licenses granted. I also hope that the so-called "disqualification clause" will be reviewed as necessary.
- 2) Last year, some cases occurred in which a number of persons were not able to take civil service examinations because only those who were able to respond to printed questions and commute to the place of examination by themselves were allowed to take the examinations under the relevant clauses. At present, almost half of the local governments maintain such requirements. Therefore, a common guideline for civil service examinations should be established to eliminate such practices.

(MIC)

Before implementing civil service examinations, local governments should establish candidacy requirements for such examinations in view of the specific responsibilities of the positions that they wish to recruit for.

On the other hand, the reasonable accommodation specified in Article 36-2 of the revised Act on the Promotion of the Employment of Disabled Persons that will be enforced from April 2016 applies to local governments. Therefore, the MIC has already asked local governments to take appropriate measures in consideration of the purpose of the revised act and the purpose of the guidelines on reasonable accommodation, and will provide necessary information, etc. to them in the future as well.

IV System for Promotion

- 1) Even if organizations for persons with disabilities, etc. prepare pamphlets and conduct events as publicity and enlightenment activities, their effects will be limited only to persons with disabilities and their close supporters. The challenge is how to conduct publicity and awareness-raising activities for the general public in the future.
- 2) When examining measures for persons with disabilities, it is important to gather the opinions of persons with disabilities themselves while considering the balance between those whom those measures are intended to benefit in terms of gender and the types of disabilities involved.

Statistics Concerning Persons with Disabilities

- 1) One of the problems regarding statistics concerning persons with disabilities is that a survey on disabilities has never been conducted for the entire population of Japan. Therefore, for example, the possibility of including a question on disability in the population census should be examined.
- 2) The amount of accurate statistics that can be used for monitoring and evaluating measures is insufficient both for national and local governments. If such statistics are lacking, they should be prepared.
- 3) The act of calculating detailed statistics by gender should be practiced without fail. The States Parties to the CRPD are obligated to take measures to eliminate multiple forms of discrimination as specified in Article 6 of the CRPD. Therefore, such detailed statistics by gender will be helpful for eliminating a situation where the actual conditions of multiple forms of discrimination are not known.
- 4) When taking measures to help persons with disabilities, it is necessary at first to investigate the current status of employment income, employment quota, and employment support systems, etc. to identify whether gender differences exist.
- 5) For example, concerning employment, the inclusion of a survey by gender in the Report on the Employment Status of Persons with Disabilities will have limitations. Therefore, an examination should be carried out into the possibilities of utilizing the Survey on the Employment Situation of Persons with Disabilities in order to cross tabulate data by gender.

(MHLW)

Under the system of the Report on the Employment Status of Persons with Disabilities, companies with 50 or more employees are obligated to report on whether or not they have fulfilled their employment obligations. If they fail to submit a report or submit a false report, they will be penalized. Since this is not a survey, reporting by gender is not requested. On the other hand, the Survey on the Employment Situation of Persons with Disabilities is a sample survey of business establishments with five or more employees concerning the actual conditions pertaining to persons with disabilities, including working hours, wage, etc. categorized according to gender. Therefore, from the viewpoint of investigating the actual conditions of employment by gender, it will be more appropriate to devise ways to do so using the items of the Survey on the Employment Situation of Persons with Disabilities.

Women with Disabilities

- 1) Revision of the Equal Employment Opportunity Act for Men and Women resulted in favorable effects. However, challenges remain, exemplified by the fact that there are still cases wherein the wheelchair lavatory is located only in the men's section.
- 2) Social participation by women in Japan is lower compared to other advanced countries. Opinion polls reveal that Japanese people still retain traditional attitudes toward gender-based roles. This is an additional challenge.
- 3) Positive actions are being promoted with regard to memberships of various councils and expert panels that determine the various policies of the national and local governments. Positive actions, etc. should also be promoted for the Commission on Policy for Persons with Disabilities.
- 4) Challenges remain in that necessary information concerning medical institutions is difficult to obtain. Support and arrangement of suitable environments are necessary to ensure that women with or without disabilities can give birth to and bring up children without anxiety.
- 5) A system is needed that enables women with disabilities to contact and consult a women's support desk for the victims of sexual violence and spousal violence.
- 6) With respect to the Persons with Disabilities Abuse Prevention Act, examinations should be carried out from the viewpoint of women with disabilities.
- 7) To comply with the provisions concerning "women with disabilities" as specified in Article 6 of the CRPD, it is necessary to promote the establishment of measures focused on women, such as the enhancement of descriptions and statistics from the viewpoint of women with disabilities and the standard introduction of nursing care by persons of the same gender at welfare facilities, for example.

List of Coordinators and Persons as a Reference at Working Sessions

[Working Session I: Support for decision making, etc., including adult guardianship system]

- Coordinators: Masahiro Tanaka, Yukinori Tamaki and Kazuhiro Nozawa
- Persons as a Reference:
Shoichi Sato (Kokugakuin University), Miyuki Tsuzuki (Japan Sun Industries)
and Mizuko Hosokawa (Toyama Ikuseikai)

[Working session II: Support for hospital-to-community transition of persons with mental disabilities and persons with severe disabilities, etc. in need of medical care]

- Coordinators: Hideki Ueno, Makoto Ohama, Yoko Kawasaki and Junichi Hirakawa
- Persons as a Reference:
Yoshikazu Ikehara (Tokyo Advocacy Law Office)
Midori Orita (Parents of artificially-ventilated children Group
<Bakubaku-no-Kai>)
Tamotsu Takeda (Atendo & Center for Independent Living - Hop)
Miyuki Yamamoto (Osaka Seishin Iryo Jinken Center)

[Working Session III: Inclusive education system, employment, etc.]

- Coordinators: Satoshi Sato, Masayoshi Tsuge and Masatsugu Tsujii
- Persons as a Reference:
Hideaki Ominami (Promotion of National Federation of Special Needs
Education), Nobuaki Tanaka (Meijo Law Offices), Hitomi Nagano (Sophia
University) and Yumi Murakami (VoiceManage)

[Working Session IV: Accessibility to Information]

- Coordinators: Fujizaburo Ishino, Shinichiro Kadokawa and Yoshiki Takeshita
- Persons as a Reference:
Takeo Kondo (The University of Tokyo), Tomoyoshi Shintani (All Japan
Association of Hard of Hearing and Late-Deafened People) and Akira
Terashima (Urawa University)

* Names of members are listed in the order of the Japanese syllabary (not alphabetical order) and in the order of first name followed by surname; titles are omitted; and names of organizations represent those that the Secretariat is aware of.

List of Speakers and Persons as a Reference for the Commission on Policy for Persons with Disabilities

[21st Commission on Policy for Persons with Disabilities]

- Ron McCallum, Professor Emeritus, University of Sydney, former chairperson of the United Nations Committee on the Rights of Persons with Disabilities

[23rd Commission on Policy for Persons with Disabilities]

- Yukiko Katsumata, National Institute of Population and Social Security Research

[25th Commission on Policy for Persons with Disabilities]

- Atsushi Nishida, Tokyo Metropolitan Institute of Medical Science

* Titles are omitted; and names of organizations represent those that the Secretariat is aware of.

Times and Dates of Meetings of
the Commission on Policy for Persons with Disabilities
and Working Sessions for the Monitoring of Status of Implementation of
the Basic Program for Persons with Disabilities (Third)

<p>May 29 (Friday), 13:30 - 17:30 [Four hours]</p> <p>The 21st Commission on Policy for Persons with Disabilities</p> <p>Speech by Ron McCallum, former chairperson of the United Nations Committee on the Rights of Persons with Disabilities</p> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> <p>“1. Support for daily life”</p> <p>“2. Health care and medical treatment ”</p> <p>“3. Education, cultural and art activities, sports, etc.”</p> <p>“5. Living environment”</p> <p>(*Excluding themes handled by working sessions)</p> </div> <p>June 29 (Monday) 13:30 - 17:30 [Four hours]</p> <p>The 22nd Commission on Policy for Persons with Disabilities</p> <p>“7. Safety and security”</p> <p>“8. Eliminating discrimination and promoting advocacy* (*excluding themes handled by working sessions)</p> <p>“9. Accommodation in administrative services, etc.”</p> <p>“10. International cooperation”</p> <p>“IV System for Promotion”</p>	<p>May 19 (Tuesday)</p> <p>10:30 - 12:30: Working Session IV (1) [Two hours] [Information accessibility]</p> <p>13:30 - 15:30: Working Session II (1) [Two hours] [Support for the hospital-to-community transition of persons with mental disabilities and persons with severe disabilities, etc. in need of medical care]</p> <p>May 22 (Friday)</p> <p>10:30 - 12:30: Working Session I (1) [Two hours] [Support for decision making, etc., including adult guardianship system]</p> <p>14:00 - 16:00: Working Session III (1) [Two hours] [Inclusive education system, employment, etc.]</p> <p>June 1 (Monday)</p> <p>10:30 - 12:30: Working Session IV (2) [Two hours] [Information accessibility]</p> <p>13:30 - 15:30: Working Session II (2) [Two hours] [Support for the hospital-to-community transition of persons with mental disabilities and persons with severe disabilities, etc. in need of medical care]</p> <p>June 5 (Friday)</p> <p>13:30 - 15:30: Working Session III (2) [Two hours] [Inclusive education system, employment, etc.]</p> <p>June 12 (Friday)</p> <p>10:30 - 12:30: Working Session I (2) [Two hours] [Support for decision making, etc., including adult guardianship system]</p>
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<p>July 10 (Friday) 13:15 - 16:15 [Three hours]</p> <p>The 23rd Commission on Policy for Persons with Disabilities</p> <ul style="list-style-type: none"> ▪ Report on the summary of discussions from each working session ▪ Exchange of opinions
<p>August 10 (Monday) 13:15 - 16:15 [Three hours]</p> <p>The 24th Commission on Policy for Persons with Disabilities</p> <ul style="list-style-type: none"> ▪ Further discussions covering all areas
<p>August 31 (Monday) 13:15 - 16:15 [Three hours]</p> <p>The 25th Commission on Policy for Persons with Disabilities</p> <ul style="list-style-type: none"> ▪ Confirmation of amendment to opinions expressed at the 24th meeting