

INTERNATIONAL FORUM ON DISABILITIES TO MARK THE END YEAR  
OF THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS

# OSAKA FORUM



大阪フォーラム

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**The 12th Rehabilitation International  
Asia and the Pacific Regional Conference**

**The Campaign 2002 to Promote  
the Asian and Pacific Decade of Disabled Persons**

**The 25th National  
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**International Research Meeting  
on Vocational Rehabilitation**

Sapporo

Tokyo

Osaka

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— 抄録集 —

PARTNERSHIPS FOR DISABILITY RIGHTS

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*Oct. 21 Keynote Speech 1 (KS-1)*

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## **Contributions by RI and RNN in Asia and the Pacific Region: Past, Present and Future**

**FANG, Sin Yang Harry**

Director, Hong Kong WHO Collaborating Centre for Rehabilitation, Hong Kong Joint Council for the Physically and Mentally Disabled (Hong Kong SAR, China)

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RI is celebrating its 80<sup>th</sup> anniversary at this Osaka Forum, and for being a major force in international rehabilitation and disability advocacy almost from the day of its founding in 1922. The RI Regional Committee for Asia and the Pacific was established in 1972, and I was its Chair from 1972-1980. The succeeding chairpersons are Professor Charlotte Floro of Philippines, Professor Tsuyama of Japan, Mr. M. B. Lee and Peter Chan of Hong Kong, and now Professor Ryo Matsui of Japan. RI Regional Committee has been a very dynamic regional structure, not only within the RI family, but also within the wider network of the Region. The RI Regional Committee has a long tradition in uniting governmental organizations and national NGOs of and for people with disabilities, as well as rallying experts and specialists for the advancement of disability endeavors. Its regional conferences have been regarded as major regional platforms in advancing disability causes. It is also instrumental in supporting and launching community based rehabilitation projects in the region. Its most significant contribution to the Region is its sponsorship of the first International Abilympics, and its continued active support for the International Abilympics Federation. RI is also a staunch supporter of the Asian and Pacific Decade of Disabled Persons, 1993-2002, with close and active partnership with the Regional NGO Network. It is very pleasing to note that RNN Campaigns in 1995, 1996, 1997, 1998 and 2002 were hosted by a RI member in conjunction with a RI Regional Conference, World Congress or RI World Meetings. The efforts made by RI and RNN to promoting the Asian and Pacific Decade can hardly be understated given the severe challenges in the Region, including the regional financial crises, political instability, war and terrorism and racial conflicts. Within the INGO sector, we are also facing severe leadership and financial challenges. Given such a background, the impacts made by RI and RNN are really amazing. Today we pronounce firmer commitment and stronger solidarity to pursue an “inclusive, freedom of barriers and rights based” extended Decade, and an International Convention on the Rights of People with Disabilities. However, can we deliver what we profess? For some time I thought Rehabilitation International is dying when solutions to our financial problems are not within sight. As I am rehabilitating myself from a ‘stroke’, I see also the other side of the regional and world scenario, and new hope for RI and the region. I am going to share my vision and hope with fellow participants of the Osaka Forum.

## アジア太平洋地域におけるRIおよびRNNの貢献－過去・現在・未来－

### FANG, Sin Yang Harry

Director, Hong Kong WHO Collaborating Centre for Rehabilitation, Hong Kong Joint Council for the Physically and Mentally Disabled (Hong Kong SAR, China)

この大阪フォーラムで80周年迎えるRIは、1922年の創立以来、国際的なリハビリテーションおよび障害者権利擁護活動の中核を担ってきた。RIアジア太平洋地域委員会は1972年に設立され、1972年から1980年まで私が委員長を務めた。その後、フィリピンのシャーロット・フローロ教授、日本の津山直一教授、香港のM. B. リー氏とピーター・チャン氏が歴任し、現在は日本の松井亮輔教授が委員長に就任されている。RIアジア太平洋地域委員会は、RIグループ内に止まらず当地域の広範なネットワークのなかで極めて組織的な活動を展開してきた。同地域委員会は長年にわたり、政府諸機関と障害者のための各国NGO団体との橋渡しを行うとともに、有識者や専門家を結集し、障害者施策の発展を図ってきた。同地域委員会が開催する地域会議は、障害者運動の発展における地域の中核的役割を果たしてきた。さらに、CBRプロジェクトの支援や立ち上げにも貢献してきた。同地域委員会が当地域で果たした最大の貢献は、第1回国際アビリンピックの開催であり、爾来、国際アビリンピック連盟を積極的に支援してきたことである。RIはまた、「アジア太平洋障害者の十年」（1993年～2002年）を推進するにあたり、そのゆるぎないサポートと、地域NGOネットワークとの緊密かつ活動的なパートナーシップを保ってきた。1995年、1996年、1997年、1998年、2002年のRNNキャンペーンが、RI地域会議や世界会議、RI世界ミーティングと連携して、RIメンバーの主催により実施されてきたことを大変喜ばしく思う。当地域を取り巻く経済危機や政情不安、戦争、テロ、民族紛争といった深刻な問題を考えれば、「アジア太平洋障害者の十年」の推進に向けたRIとRNNの努力は想像を絶するものである。国際NGOセクターにおいても、われわれはリーダーシップや財政の面で厳しい問題を抱えている。こうした背景のなかでRIとRNNが与えた影響は驚くべきものがある。次の「十年」のテーマ「インクルーシブ、バリアフリー、権利に根ざした社会（inclusive, freedom of barriers and rights based）」を追求するうえで、また「国際障害者権利条約」の実現に向けて、われわれはさらなる責務を果たし、結束を強めていくことをここに表明する。だが、果たして、公言どおりにいくであろうか。RIの財政問題の解決策を見出せないときなど、私はRIが消滅していくのではないかと案じたこともあった。しかし、私自身が「脳卒中」のリハビリテーションに励むなかで、アジア太平洋地域や世界のシナリオの別の側面や、RIとアジア太平洋地域に対する新たな希望が見えるようになったことも事実である。私のビジョンや希望を、大阪フォーラムにご参加の皆様にご紹介したいと思っている。

Oct. 21 *Keynote Speech 2 (KS-2)*

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## **Critical Issues Related to Policy and Planning of Community Based Rehabilitation in Asia**

**THOMAS, Maya**

Policy Advisor and Consultant, Disability and Rehabilitation, Editor, Asia Pacific Disability Rehabilitation Journal (India)

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Community Based Rehabilitation (CBR) has undergone many shifts and changes in the way it is conceptualized and practiced in different parts of Asia in the last two decades. THE primary shift has been a medical focus to a social one. This has also raised many questions and controversies that need to be debated more widely if CBR is to survive and grow in the future. This paper deals with some of these issues, namely, the role and involvement of people with disabilities and the community in CBR, the potential in the social model to ignore the 'real' rehabilitation needs of people with disabilities, the neglected minority groups in CBR, the role of volunteers in CBR and the importance of cultural factors in CBR. Although the paper relies mainly on the experience of the authors in policy development, planning, training and evaluation of CBR programs in south Asia over the past 15 years, the issues raised and the lessons learnt would be pertinent to CBR programs in most of the developing world.

## アジアにおける地域に根ざしたリハビリテーション(CBR) 政策・計画の重要課題

THOMAS, Maya

Policy Advisor and Consultant, Disability and Rehabilitation, Editor, Asia Pacific Disability Rehabilitation Journal (India)

この20年間に、アジアの各地において概念化され実施されてきたCBR（地域に根ざしたリハビリテーション）の方法は、多様な変化を遂げてきた。その主要なものは、医療的焦点から社会的焦点への変化である。それはまた、CBRが今後存続し発展を遂げて行く上でさらに討議されねばならない多くの課題や論点を提起している。本論文では、これらのうちのいくつかの課題、具体的には、CBRにおける障害者ならびにコミュニティの役割と参画、障害者の「真の」リハビリテーションニーズを無視する社会的モデルの潜在的問題（可能性）、CBRにおいて無視されてきたマイノリティ・グループ、CBRにおけるボランティアの役割、CBRにおける文化的要因の重要性などについて取り上げる。本論文は、主として筆者が過去15年間従事してきた南アジアにおけるCBRプログラムの政策立案、計画、養成・訓練及び評価の経験に基づいているが、提起された問題及び得られた教訓は、ほとんどの開発途上国におけるCBRプログラムにあてはまるものと考えられる。

Oct. 21 *Panel Discussion (PD-1)*

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## **Toward the Adoption of UN Convention on the Rights of Persons with Disabilities**

**DENG, Pufang**

Chairman, China Disabled Persons Federation (China)

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China, as one of initiators and active players in launching the first Asia and Pacific Decade of Disabled Persons would like to see that with the joint efforts of the Governments of States and civil society in particular organizations of people with disabilities of the countries in the region, remarkable progress has been achieved with regard to the status of people with disabilities in the region in the past decade. It is pleasant and encouraging development.

We welcome the new initiative to launch the second Asia and the Pacific Decade of Disabled Persons and have been prepared to make contribution to the implementation of the Decade in our region.

Meanwhile, we also realize that much more efforts must be made for the full realization of Equality, Full Participation and Sharing of people with disabilities. To greatly promote our work and realize our goals, we need more amicable partnership of the Government, civil society, NGOs particularly disabled persons organizations. Aiming at a Convention of Rights for people with disability, the United Nations General Assembly adopted the 56/168 resolution end of last year and its Ad hoc Committee has already held a work meeting in New York in July 2002. Representatives of Governments the American, European, African and Asian countries and international NGOs of disabled persons attended this meeting. No party had objection to the idea of having a legally-binding convention for the protection of rights and inclusion and full participation of PWDs. It is believed that the Ad Hoc Committee will continue its process in this regard and will expect to start the work of drafting the Convention in the years to come.

Asia and the Pacific is the most active and fast-developing region with the largest population of PWDs in the world. Our work and progress is of importance of impacting on disability movement worldwide. To promote our common cause and to have a bigger influence in the world affairs, more dialogue and coordinated stand at higher level will be needed among our GOs and NGOs of all countries in our region so that we can expect to have a bigger voice.

It is our sincere hope that through our initiative of Asia and the Pacific region, the joint efforts with international community, with partnership of our disabled people's organization and the Governments and NGOs, we could have a Convention on Rights for PWDs in the near future.

10月21日 パネルディスカッション (PD-1)

## 障害者権利条約制定に向けて

**DENG, Pufang**

Chairman, China Disabled Persons Federation (China)

初めての「アジア太平洋障害者の十年」を立ち上げるにあたり、主導的かつ積極的な役割を果たした中国は、各国政府と市民団体、特に地域各国における障害者組織との協力のもとに、過去10年間にアジア太平洋地域の障害者の地位が著しく向上する様子を目の当たりにしたいものであった。これは喜ばしくも勇気づけられる進歩である。

我々中国は、第2次「アジア太平洋障害者の十年」の開催に向けて新たなイニシアティブを取ることを約束し、この地域における「障害者の十年」の実施に寄与するべく準備にあたっている。

その一方で、障害者の平等と完全参加およびシェアリングを完全に実現するためには、並々ならぬ努力を払っていかなければならないことも、我々は痛感している。この我々の取り組みを大幅に発展させ、目標に到達するためには、政府、市民団体、特に障害者NGOとの間でより友好的なパートナーシップが必要とされる。障害者権利条約の策定を目指し、昨年暮れに国連総会決議56/168が採択された。また、その専門委員会の作業部会が2002年7月、ニューヨークで開かれ、アメリカ、ヨーロッパ、アフリカ、アジア諸国の政府代表と国際障害者NGOが参加した。障害者の権利保護、インクルージョンおよび完全参加に関して法的拘束力をもつ国際条約を策定することに異議を唱えるものはない。専門委員会は引き続きこの問題に取り組み、近い将来に権利条約の起草に取り掛かるものと思われる。

アジア太平洋地域は、障害者の人口が世界で最も多く、活気にも溢れ、急速に発展を遂げつつある地域である。我々の取り組みと成果は世界中の障害者運動に重要な影響を与える。我々の共通の目的を推し進め、世界の中でより大きな影響力を発揮するために、アジア太平洋地域におけるすべての国々の政府組織とNGO間でハイレベルな対話と見解の調整を促進していく必要がある。そうすることで、より大きな発言力を期待することができるであろう。

国際社会との協調や、障害者組織、政府、NGO間のパートナーシップを通じて、アジア太平洋障害者の十年に積極的に関わっていくことで、近い将来、障害者権利条約が制定されることを切に希望している。



## **Convention on Rights of Disabled Persons**

**MALINGA, Joshua T.**

Chairperson, Disabled Peoples' International (The Republic of Zimbabwe)

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It should be based on human rights and not on anti - discrimination.

That means that physical, attitudinal, social and environmental barriers should be part of national laws and not a UN Convention.

It should be about the right to life etc and about whether we are part of the human race or not.

It should address basic human rights - thus right to shelter, food, clothing and education.

10月21日 パネルディスカッション (PD-1)

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## 障害者権利条約

**MALINGA, Joshua T.**

Chairperson, Disabled Peoples' International (The Republic of Zimbabwe)

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障害者権利条約は人権に基づくものであり、非差別に基づくべきではない。

すなわち、物理的障壁、人々の態度による障壁、社会的障壁および環境的障壁は国内法の領域であり、国連条約の領域ではないことを意味する。

権利条約は生きる権利等に関するものであり、人間としての存在が認められるか否かに関するものである。

権利条約は基本的人権、すなわち、衣食住および教育に関する権利を唱ったものでなければならない。

Oct. 21 *Panel Discussion (PD-1)*

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## **Toward the Establishment of a UN Convention on the Rights of Persons with Disabilities (MEXICO)**

**FLORES H., Victor Hugo**

Head of the Mexican President's Office (Mexico)

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The vision of the President of Mexico, a new and improved kind of relation between Mexicans, is based on a new culture of social integration, without discrimination, of inclusive social policies with equal opportunities for all citizens.

A worthy fact to emphasize is that in December 2000, the President Fox, established at the level of the Presidential Cabinet, the Office for the Promotion and Social Integration for Persons with Disabilities, which I have chaired since the very beginning, with the mission of impel the public policies fomenting the social integration of Persons with Disabilities.

Also, in February 2001, through a new Decree, the President created the "National Consultative Council for the Integration of Persons with Disabilities", where the wills of Government and Society joined in the development of a culture of integration of children, men and women with disabilities

The whole world has witnessed the great commitment of our country toward this issue, since during the 56th United Nations' General Assembly, President Fox emphasized the policies to support the Persons with Disabilities. I shall mention that, as far as we know he has been the first Head of State in the whole history of the United Nations that has directed a message in this regard.

On September 2001, was when arose a Plan of Action including The Mexican initiative for the future elaboration of a Comprehensive and Integral International Convention to promote and protect of the rights and dignity of Persons with Disabilities. With these facts, lobbying began at the UN headquarters, together with meetings of several cosponsor of the Mexican initiative, ending with the Project of Resolution approval in December 19, 2001.

With the purpose of knowing recommendations from leaders around the world, regarding the Mexican document, a meeting of experts was held in Mexico City from June 11 -14, 2002, the experts examined options for the pursuit of this meeting and glimpsed recommendations for the works of the Ad hoc Committee.

The Committee gathered from July 29 to August 9 2002 in the United Nations Headquarters, heard the voices of all the countries delegates as well as those from Organizations of and for Persons with Disabilities with consultative status at the UN. The Secretary-General was asked to implements the measures to assure that the accessibility to the UN building, including technology and documents to be prepared for all.

## 国連障害者権利条約(メキシコ案)の制定に向けて

**FLORES H., Victor Hugo**

Head of the Mexican President's Office (Mexico)

メキシコ大統領が構想するメキシコ人同士の新しく改善された関係とは、差別のない社会統合という新たな精神文化を基本においたもので、すべての市民に対する機会均等をともなうインクルーシブな社会政策を目指している。

2000年12月、フォックス大統領が大統領閣僚レベルで障害者の権利促進と社会統合に向けてオフィスを設置したことは特筆すべき事実である。私は当初からその議長を務めており、障害者の社会統合を実現するための社会政策を推進する使命を負っている。

さらに、2001年の2月、新しい法令により、大統領は「障害者統合のための国家諮問委員会」を設立した。そこでは、障害をもつ子どもや男女を統合する文化を醸成するうえでの政府および社会の意向がまとめられた。

第56回国連総会でフォックス大統領が障害者支援政策を強く主張して以来、この問題に関してわが国が果たしてきた並々ならぬ役割は全世界の知る事となっている。この問題に関して直接声明を述べた国家元首は、国連の歴史上我々の知る限り彼が初めてであったことを申し添える。

2001年9月、「障害者の権利と尊厳の推進と保護に関する包括的かつ全面的な国際条約」制定に向けた今後の作業に対するメキシコ政府のイニシアティブをはじめとした活動計画が提起された。これを受け、国連本部でロビー活動が始まり、メキシコ政府案の共同支援者との会合が催され、2001年12月19日に決議案採択プロジェクトとして実を結んだ。メキシコ政府案に関して世界中の政府首脳からの勧告を検討する目的で、2002年6月11日から14日までメキシコシティーで専門家会議が開かれ、専門家たちはこの会議のフォローアップのオプションを協議し、特別委員会における作業のための勧告も検討した。

2002年7月29日から8月9日まで国連本部で特別委員会が開催され、各国代表並びに国連の顧問的立場にある障害者組織・当事者組織の代表から意見を聞いた。そのなかで、国連ビルへのアクセシビリティのほか、技術面、文書面のアクセシビリティをすべての者に提供するための措置を講じるよう国連事務総長に対して要請があった。

*Oct. 21 Panel Discussion (PD-1)*

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## **Towards the Adoption of a UN Convention on the Rights of Persons with Disabilities**

**MASSIE, Bert William**

Chairman, Disability Rights Commission, Chairman's Office (London, England)

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The paper considers the importance of a Convention in countries which already have civil rights legislation to protect disabled people from discrimination. It will emphasise that disabled people travel and improving facilities throughout the world is important to all disabled people including those living in countries which have good access and other provisions for disabled people. However, even in those countries, legislation is usually inadequate. A comprehensive and positive Convention could result in further legislation to supplement current national legislation. Finally, the paper discusses the fragility of civil rights legislation. In all countries, including those that pride themselves on being a democracy, there is always the possibility that a future Government will weaken or repeal existing legislation protecting the rights of disabled people. A UN Convention would provide a valuable tool in preventing this from happening.

## 国連障害者権利条約(メキシコ案)の制定に向けて

FLORES H., Victor Hugo

Head of the Mexican President's Office (Mexico)

メキシコ大統領が構想するメキシコ人同士の新しく改善された関係とは、差別のない社会統合という新たな精神文化を基本においたもので、すべての市民に対する機会均等をとまうインクルーシブな社会政策を目指している。

2000年12月、フォックス大統領が大統領閣僚レベルで障害者の権利促進と社会統合に向けてオフィスを設立したことは特筆すべき事実である。私は当初からその議長を務めており、障害者の社会統合を実現するための社会政策を推進する使命を負っている。

さらに、2001年の2月、新しい法令により、大統領は「障害者統合のための国家諮問委員会」を設立した。そこでは、障害をもつ子どもや男女を統合する文化を醸成するうえでの政府および社会の意向がまとめられた。

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The paper considers the importance of a Convention in countries which already have civil rights legislation to protect disabled people from discrimination. It will emphasise that disabled people travel and improving facilities throughout the world is important to all disabled people including those living in countries which have good access and other provisions for disabled people. However, even in those countries, legislation is usually inadequate. A comprehensive and positive Convention could result in further legislation to supplement current national legislation. Finally, the paper discusses the fragility of civil rights legislation. In all countries, including those that pride themselves on being a democracy, there is always the possibility that a future Government will weaken or repeal existing legislation protecting the rights of disabled people. A UN Convention would provide a valuable tool in preventing this from happening.

10月21日 パネルディスカッション (PD-1)

## 国連・障害者権利条約の採択に向けて

**MASSIE, Bert William**

Chairman, Disability Rights Commission, Chairman's Office (London, England)

本論文では、障害者を差別から守る市民権法が既に制定されている国々における条約の重要性について考察する。障害者も旅行をするものであり、従って、障害者のためのアクセスが良く、その他の設備も整っている国々に住む者を含め、全ての障害者にとって、世界中の設備を向上させることが重要である。しかし、このような国々においてさえ、法律は通常十分に整備されているとはいえない。包括的かつ積極的な条約が採択されるならば、現行の国内法を補うさらに進んだ法律の制定につながるだろう。最後に、本稿では市民権法のもろさについて取り上げる。政府が将来、障害者の権利を保護する法律の実効性を弱めたり撤廃したりする可能性は、民主主義国家であると自負する国々をはじめ、すべての国で常に存在している。国連条約はこうした事態の発生を防止する貴重な一手段となるであろう。

Oct. 21 *Panel Discussion (PD-1)*

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## **Towards the Establishment of a UN Convention**

**LINDQVIST, Bengt**

Special Rapporteur on Disability of the United Nations Commission for Social Development (Sweden)

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Thanks to the Mexican initiative in the General Assembly of the United Nations we have now the unique opportunity to participate in the elaboration of a binding agreement between states on measures to promote and protect the rights of persons with disabilities. The question now is how we can best make use of this golden opportunity.

A convention on the rights of persons with disabilities could be designed in different ways. There seems to be consensus that we want a human rights convention. The overall goal would then be to agree on measures, which would make it possible for persons with disabilities to enjoy and exercise their human rights. Even so, there are several ways to do this.

In my presentation I will discuss different formats and ways to develop the contents of the convention. I will also discuss the role of the convention in relation to the six major UN conventions and the Standard Rules and other disability-specific documents.

10月21日 パネルディスカッション (PD-1)

## 国連協定の策定に向けて

LINDQVIST, Bengt

Special Rapporteur on Disability of the United Nations Commission for Social Development (Sweden)

国連総会におけるメキシコの発議により、私たちはいま、障害者の権利を促進し保護する施策に関し国家間で拘束力のある協定を策定するたぐいまれな好機を迎えている。問題は、どうすればこの千載一隅の好機をもっとも活かすことができるかということである。

障害者の権利に関する協定は、様々な方法で策定することが可能である。人権に関する協定が必要であるという点でコンセンサスは得られていると考えてよい。そこで、障害者が自分たちの人権を享受し、行使できるようにする施策における合意を得ることが全体の目標となってくる。しかし、それでもなお、その方法は様々である。

私は、この協定内容の立案に関する様々な形式および方法について考察する。さらに、6つの主要な国連条約および国連基準規則やその他の障害者に関する文書との関連における本条約の役割についても述べる。

## **The Concept of Social Rehabilitation**

**KEMPPAINEN, Erkki**

Legal and Policy Adviser, STAKES (National Research and Development Centre for Welfare and Health) (Finland)

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In everyday language the term “social rehabilitation” encompasses a very broad concept; that is why it is often difficult to understand. On the basis of general experience we can mention at least three meanings of “social” with regard to “rehabilitation”. These are 1) the context of social rehabilitation, 2) the social aspect of any kind of rehabilitation, and 3) specific social rehabilitation. The term rehabilitation seems to refer sometimes to the process of attaining functioning ability, sometimes to professional activities which help a person to achieve better functioning ability.

The most general motivations and objectives of social rehabilitation are human rights and the equalization of opportunities. Human rights highlight equality and nondiscrimination. Nondiscrimination implies accessibility. This is the context of social rehabilitation.

An issue which makes it difficult to understand social rehabilitation is that in almost all rehabilitation there is a social aspect. It is usual that family and community are involved. The aim of all rehabilitation is to find ways for people to participate in the community and in social life, for example, at home or in working life. In this sense educational, medical and vocational rehabilitation all have social aspects: it is important to take the social aspect in rehabilitation into account.

Then there are specific methods. Social functioning ability is something distinct from the environment. For the rehabilitation process it is not always sufficient that the environment be accessible, friendly, etc. Specific methods are needed to help to develop social functioning. Hence, there is a need to promote an accessible environment in all its forms and social functioning ability at the same time.

In this perspective we could have two meanings for social rehabilitation: social rehabilitation as a general concept, including the improvement of the conditions of social functioning ability, and specific social rehabilitation as the process of attaining or enriching social functioning ability.

## 社会リハビリテーションの概念

KEMPPAINEN, Erkki

Legal and Policy Adviser, STAKES (National Research and Development Centre for Welfare and Health) (Finland)

日常語としての「社会リハビリテーション」という用語は非常に幅広い概念を包含している。そのために、この用語の理解には、しばしば困難を伴う。「リハビリテーション」との関わりにおける「社会的」という用語の意味を、少なくとも3つ挙げることができる。1) 社会リハビリテーションの背景、2) あらゆる種類のリハビリテーションの社会的側面、3) 狭義の社会リハビリテーションである。リハビリテーションという用語は、時には社会生活力を獲得するプロセスを意味し、また時にはその能力を高めることを助ける専門家の活動を意味することもあると考えられる。

社会リハビリテーションの最も一般的な動機及び目的は、人権と機会の平等化である。平等と非差別は、人権の最も重要な部分である。そして非差別はアクセシビリティを意味する。これが、社会リハビリテーションの背景となる考え方である。

社会リハビリテーションの理解を困難にしているのは、殆どすべてのリハビリテーションが社会的側面を持つという点である。リハビリテーションには通常、家族やコミュニティーが関与している。すべてのリハビリテーションの目的は、例えば家庭や仕事などにおいて、人々が地域生活や社会生活に参加する方法を見つけることにある。この意味において、教育的、医学的、そして職業的なリハビリテーションはすべて、社会的側面を持っている。従って、リハビリテーションの社会的側面を考慮することが重要である。

そして、社会リハビリテーションには固有の方法がある。社会生活力は、環境とは全く別個の問題である。リハビリテーションの過程において、環境がアクセシブルで友好的なだけでは十分ではない。社会的機能の発達を助ける具体的な方法が必要である。それゆえ、あらゆる形態のアクセシブルな環境づくりを進めると同時に、社会的生活力の発達を促進することも必要である。

このような観点から、社会リハビリテーションには2つの意味があると言える。ひとつは社会的生活力に関わる諸条件の改善を含む、広義の社会リハビリテーションであり、もうひとつは社会生活力を獲得する、あるいはより高めるプロセスとしての、狭義の社会リハビリテーションである。



## **The Changing Concept of Disability and Its Relevance to Societal Attitudes Towards People with Disabilities in Asian and the Pacific**

**KWOK, Joseph**

Associate Professor, Department of Applied Social Studies, City University of Hong Kong (Hong Kong SAR, China)

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The term disability has undergone substantial changes in meaning since United Nations General Assembly adopted the *Declaration on the Rights of Disabled Persons* in 1975, and the launch of the *International classification of Impairment, Disability and Handicap* (ICIDH) by WHO in 1980. For the past two decades, there have been ongoing debates on how the term disability should be framed and interpreted. By the end of the last Millennium, there has been some consensus that the term disability has reinforced prejudice rather than inclusion in the society. The main reasons identified are that the ICIDH framework is influenced by a medical model and a deficit approach. As a result, WHO carried out a major revision exercise and finally released a new version in 2001, the *International Classification of Functioning, Disabilities and Health* (ICF). ICF has adopted a biopsychosocial approach, and disability is no longer a single dimension deficit based concept, and is linked to another concept functioning to form a conceptual continuum. In spite of WHO's intensive efforts in promoting ICF to the world, it seems that ICF has not taken a firm rooting in most countries in areas of policy, legislation and service delivery, not to mention that it has little impact in public perception of the term disability and public attitude towards people with disabilities. In Asia and the Pacific Region, the term disability is still an alien concept in most non-English speaking cultures, which are still in search for an equivalent translation to reflect the evolving meaning of this term. Countries in the Region are still using a range of approaches to find answers to the questions of what is a disability, and who are people with disabilities to meet specific purposes, such as drafting of policy provisions and legislation. Society's understanding of disability and its attitudes towards people with disability are still influenced by many factors, such as socioeconomic, cultural, and religious factors, as well as media reporting. Recent international forums in deliberating on an international convention on the rights of people with disabilities have highlighted the importance to incorporate a rights based dimension in the understanding of the term disability, rather than focusing on the functioning and disability continuum as adopted by ICF. These deliberations would have a significant impact on the Region, and may lead to a major search for a common approach in the use of the term disability and its equivalent culture based translation.

## 変容する障害概念とアジア太平洋地域の 障害者に対する社会の態度との関連性

KWOK, Joseph

Associate Professor, Department of Applied Social Studies, City University of Hong Kong (Hong Kong SAR, China)

1975年国連総会の「障害者の権利に関する宣言」採択、1980年のWHOによる国際障害分類（ICIDH, *International classification of Impairment, Disability and Handicap*）発表以来、「障害（disability）」という用語は大きく変容した。この二十年間「障害」という用語をどのように定義し解釈すべきかについて議論が行われてきたが、「障害」という用語は社会への包摂よりも偏見を助長するという見方が、2000年末時点ではコンセンサスを得ていた。ICIDHの枠組みは医学的モデルおよび身体欠陥からのアプローチに影響されているというのがその主な理由である。この結果、WHOは大幅な改訂作業に取りかかり、2001年に新国際生活機能分類（ICF, *International Classification of Functioning, Disabilities and Health*）を発表した。ICFは生物・心理・社会的アプローチを採用しているが、そこでの障害とは、身体欠陥に基づく単次元の概念ではなく、もうひとつの概念である生活機能（functioning）とともに概念の連続体を形成している。WHOはICFを世界に普及させるために徹底した努力を行った。しかし、ICFは一般市民の「障害」という用語に関する認識及び障害者に対する態度にほとんど影響を及ぼしていないのは言うまでもなく、政策、立法及びサービスの提供等において、ICFは多くの国で根付いていない。アジア太平洋地域のほとんどの非英語文化圏において、「障害」という用語はまだ異質の概念であり、この用語の変容する意味を反映するにふさわしい訳語が模索されている。政策（条項）や法案の作成等、特定の目的にかなう障害や、障害者の定義は何か。アジア太平洋地域の国々は、様々なアプローチを用いてその答えを見出そうとしている。社会の障害への理解と障害者に対する態度は、社会経済的、文化的および宗教的要因ならびにマスコミの報道など、多くの要因に影響される。国際会議の場で障害者の権利について審議する最近の国際フォーラムでは、「障害」という用語を理解するにあたり、ICFが採択したような生活機能と障害の連続体に焦点を合わせるよりも、権利という次元を加えることの重要性が強調されている。これらの審議はアジア太平洋地域に大きな影響力を持つと予想され、その結果、「障害」という用語の使用法と、それに匹敵する文化に根ざした訳語に対する共通のアプローチを模索する気運は高まるであろう。

## **International Classification of Functioning, Disability, and Health (ICF) and Its Practical Implication**

**SATO, Hisao**

Professor, Japan College of Social Work (Japan)

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In May 2001, the World Health Assembly of the WHO approved the final version of the new International Classification of Functioning, Disability and Health (ICF). It was more than 20 years since the first version, the ICIDH, the International Classification of Impairments, Disabilities and Handicaps, was published in 1980. And more than 10 years since the inception of the revision activities of the ICIDH initiated by WHO with the first experts meeting on the ICIDH held in November 1990 in Strasburg, France. Now an acronym ICF is officially used instead of ICIDH or ICIDH-2, the latter has been widely used to designate various draft versions for new ICIDH, but now abandoned.

ICF has moved away from a “consequences of disease” model of ICIDH to a “man and environment interaction” model in understanding the disability phenomenon. ICF reflects not only the negative aspects (Disability) but also the positive aspects (Functioning) of human being. The neutrality of ICF assures equal priority for physical and mental impairments/disabilities.

ICIDH had impacted disability policies and direct intervention through its (a) separation of disability and disease, (b) identification of three dimensions of disablement, and (c) understanding the “relative independence” (Satoshi Ueda) between dimensions. ICF inherited these strengths.

With many improvements such as introduction of Environmental Factors in the model as well as the classification, use of positive terms, operational definitions in each of more than 1400 categories, etc., ICF will have more great impact. And ICF will hopefully be used not only as the model but also as a tool to describe the detail situation of persons with a disability. In this paper I will discuss on ICIDH and its revision process, conceptual framework of ICF, classifications of Body Functions and Structure, Activities and participation and Environmental Factors, and application of ICF in policies and rehabilitation.

My presentation will require a PC for PowerPoint presentations.

## 国際生活機能分類 (ICF) とその実践的意義

佐藤 久夫

日本社会事業大学教授

2001年5月、WHOの世界保健総会は新しい国際生活機能分類 (ICF) の最終版を承認した。これは初版のICIDH、国際障害分類が1980年に出版されてから20年以上、また1990年11月にフランスのストラスブルグでWHOが最初のICIDH専門家会議を開いて改定活動を開始してから10年以上たっていた。今ではICIDHやICIDH-2にかわって略称は公式にICFとされている。ICIDH-2という表現はさまざまな改定版の名称として広く使われてきたが、今では使われない。

障害現象の理解において、ICFはICIDHの「病気の諸帰結」モデルから「人間・環境相互作用」モデルへと転換した。ICFは人間の否定的な側面 (障害) だけでなく、肯定的な側面 (生活機能) も反映する。ICFの中立的性格により身体面の障害と精神面の障害が等しく重視される。

ICIDHは、障害者政策と直接支援において、病気と障害の分離、障害の3つの次元の認知、および各次元間の「相対的独立性」(上田) の理解によって、影響を与えてきた。ICFはこれらの長所を引き継いでいる。

モデルと分類への環境因子の導入、肯定的用語の利用、1400以上の全項目への操作的定義の付加など、多くの改善があり、ICFはさらに大きな影響を与えられると思われる。ICFは概念モデルとしてだけでなく、障害者の詳しい状態を記述する手段として利用されることが期待される。

本報告では、ICIDHとその改定経過、ICFの概念枠組み、心身機能・構造、活動と参加および環境因子の分類、政策とリハビリテーションへのICFの適用について論じる。

## **Subjective Dimension of Functioning and Disability: Its Implication for Rehabilitation and Empowerment (Report of the International Study Group)**

**UEDA, Satoshi**

Vice President, Japanese Society for Rehabilitation of Persons with Disabilities (Japan)

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ICF was a great improvement over ICIDH with adoption and integration of many criticisms and recommendations such as looking at positive aspects of person with disability and introducing environmental factors. However, all three levels (Body functions/structure, Activity, and Participation) and contextual factors belong to the objective world, or the objective dimension of human life. There is another, no less important one, the subjective world, or the subjective dimension of functioning and disability, that is missing from both ICIDH and ICF. This “missing dimension” is indispensable for the understanding of a person with disability as a human being and his empowerment. ICF itself, in its Annex 8, defines the measurement of ‘subjective well-being’ as one of the important future tasks of ICF development.

An International Study Group on the Subjective Dimension of Functioning and Disability was formed with approval by WHO ICD/ICF Collaborating Centre Heads’ Meeting in Bethesda, September, 2001 with six members from the five continents of the World: Marijke W. de Kleijn-de Vrankrijker (the Netherlands), Ros Madden (Australia), Janice Miller (Canada), David Gray (USA), Sebenzile Matsebula (South Africa) and Satoshi Ueda (Japan, Chair), as well as WHO Secretariat (Bedirhan Ustun).

The Group has conducted, among other things (1) Discussion on the concept and its practical implication based on the ‘Position Paper’ prepared by the Chair; (2) Preliminary data collection on the inter-relationship between the objective and subjective dimension of functioning and disability; (3) Preliminary survey of the relevant literature. and (4) Discussion on the future strategy.

The study is still on-going, and the discussion is now focused on several issues including (1) the naming of the key concept (‘subjective’, ‘experiential’ or ‘existential’?), (2) the relationship with the concept of ‘quality of life’, (3) the framework of the classification and (4) the definition of the concept. It is sure that the definition will include not only negative aspect (‘disability experience’), but also positive aspect (‘psychological coping skills’) of the mind of a person with disability.

## 生活機能と障害の主観的次元－リハビリテーションとエンパワーメントにおける意義（国際研究グループ報告）

上田 敏

日本障害者リハビリテーション協会 副会長

ICF（国際生活機能分類、2002）はICIDH（国際障害分類、1980）に比べ、障害のある人のプラスの面を重視すること、環境の影響を重視することなどの点で、多くの建設的批判に応え、それらを統合して新しい障害観をうちたてることに成功した。しかしICFの生活機能の3つのレベル（心身機能・構造、活動、参加）も、2つの背景因子（環境因子、個人因子）も、客観的世界に属する「生活機能と障害の客観的次元」のみに関するものである。実はそれに劣らず重要なものに「生活機能と障害の主観的次元」（The Subjective Dimension of Functioning and Disability）があり、これはICFにもICIDHにも欠けている。この「欠落した次元」は障害のある人を人間として理解し、その主体性を尊重しエンパワーメントをはかるために不可欠な概念である。現にICFにおいても付録に「主観的安寧（Subjective Well-being）」の測定が、ICFの今後の重要課題の一つとして挙げられている。

「生活機能と障害の主観的次元に関する国際研究グループ」が2001年9月ベセスダにおけるWHO国際疾病分類・国際生活機能分類センター長会議において設立を承認された。これは世界の5大陸の6人の委員（オランダ：Marijke W. de Kleijn-de Vrankrijker、オーストラリア：Ros Madden、カナダ：Janice Miller、アメリカ：David Gray、南アフリカ：Sebenzile Matsebula、日本：上田 敏、委員長）、ならびにWHO事務局（Bedirhan Ustun）からなっている。

この研究グループはこれまで、1) 委員長起草による「基本的文書」にもとづく基本概念とその実践的意義に関する討論、2) 主観的次元と客観的次元の相互関係に関する予備的研究、3) 関連文献の予備的レビュー、4) 今後の研究戦略に関する議論を行ってきた。

現在研究はなお進行中であるが、基本的な問題についての議論の要点は、1) 名称の問題（「主観的」、「経験的」、「実存的」、等）、2) QOL概念との異同、3) 分類の枠組、4) 基本概念の定義、に示ばられてきている。定義についていえば障害のある人の心のマイナス面（「障害体験」）だけでなくプラスの面（「心理的コーピング・スキルズ」）が含まれることはまちがいない。



## **Inclusive Education : A Ray of Hope for Children with Disability**

**TULI, Uma**

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Government of India (India)

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Keeping in view the objective of education for all, all the countries today are aiming at inclusion of children with special needs into regular schools. Inclusive Education of disabled children means education in the least restrictive environment along with their normal peers in a regular school setting so that they develop like all other school children. Such development means social inclusion also. For this, appropriate and flexible curriculum for all within the classroom is necessary. This means that we have moved from segregation to integration and now inclusion. To make inclusion successful we have to use technology assisted teaching aids and learning materials. At the same time, we have to promote teacher-training and parents' involvement so that good practices can be maintained within the classroom and outside. Simultaneously, transport and enabling environment has to be developed to make it barrier free and accessible to all. This requires convergence of policy, law, government education system, private schools, voluntary organizations and parents' self help groups. Legal status in India now encourages us to meet the challenges of inclusion. Attitudinal barriers are being removed, awareness is being created and accessibility in infrastructure is consciously introduced and teachers are being trained in management of disability in class rooms. Components of inclusive education are effective educational services, required assistive devices, supplementary aids and regular and special education teachers working together. Learning has to be both activity and community based. To conclude, by following convergence and becoming partners in action we can have effective inclusive education.

**Key phrases:** Social and educational inclusion; no inhibitions; civil and human rights; segregation and integration to inclusion; appropriate and flexible curriculum for all; reshape and remodel society; learning materials; least restrictive environment, non-discriminatory attitudes; cost-effectiveness of entire education system; greater appreciation of each other; transport and enabling environment; parents' involvement; co-operative learning; technology assisted teaching aids; good practices; strategies of inclusion; global and national perspectives; legal position status to India; challenges of inclusion; components of inclusive education and convergence for effective inclusion.

## インクルーシブ教育: 障害児に希望の光を

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万人のための教育という目標を視野に入れつつ、現在、世界各国は、特別なニーズをもつ子供たちの通常学校へのインクルージョンを目指している。障害児のインクルーシブ教育とは、できる限り制約の少ない環境の下、通常の学校で障害のある子どもとない子どもと一緒に教育を受け、他の全校児童と同様に成長することを意味する。このような成長は社会的インクルージョンともいえる。このためには、クラスの全生徒を対象とした適切かつ柔軟なカリキュラムが必要である。これはつまり、私たちが分離から統合へ、そして今や、インクルージョンへと移行していることを意味している。インクルージョンを成功させるためには、テクノロジーに支えられた福祉機器や学習教材を活用しなければならない。同時に、教室の内外ですぐれた実践を維持するためには、教員養成や親の参加も推進していく必要がある。また、万人にとってバリアフリーで利用しやすい交通環境や設備の整った環境を開発しなければならない。そのためには、政策、法律、政府の教育制度、私立学校、ボランティア団体、親たちの自助グループを収束する必要がある。インドの法制の現状から、私たちはインクルージョンに伴う課題の克服を求められている。現在では、人々の態度に見られる障害は取り除かれ、意識が確立され、インフラ面のアクセシビリティが意識的に導入されており、教師たちは教室において障害にどう対応するか訓練を受けている。インクルーシブ教育は、効果的な教育サービスや必要な福祉機器や補助装置、そして、通常教育及び特殊教育に携わる教師たちの連携により成り立っている。学習は活動ベースとコミュニティ・ベースの双方から行なわれなければならない。結論としては、こうした要素を収束し、実践面で連携することにより、効果的なインクルーシブ教育を実現することができる。

キーワード：社会的・教育的インクルージョン；バリアフリー；公民権・人権；分離から統合、インクルージョンへ；万人のための適切かつ柔軟なカリキュラム；社会の再形成、再モデル化；学習教材；できる限り制約の少ない環境、差別のない態度；教育システム全体の費用効果；より高い相互評価；交通環境や設備の整った環境；親たちの参加；協力学習；テクノロジーに支えられた福祉機器；すぐれた実践；インクルージョン戦略；世界的・国家的展望；インドの法制の現状；インクルージョンに伴う課題；インクルーシブ教育を実現するための要素と効果的インクルージョンに向けた収束

## **FROM SPECIAL TO INCLUSIVE EDUCATION**

**JONSSON, Ture**

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“Knowledge itself is power”! For centuries rulers and the elite in societies have kept the masses away from this the most powerful of all weapons. In today’s world basic education is regarded to be one of the most important instruments to combat poverty. And still big groups of people are excluded from this basic human right in many countries. We can just mention girls, ethnic and other minority groups including many people with disabilities. But the situation is changing rapidly. “Nothing about us without us”. All people want to have a say in matters effecting their own lives - want to be empowered! Empowerment means providing people with the resources, opportunities, knowledge and skills to increase their capacity to determine their own future, and to participate in and affect the life of their community. Through a number of UN initiatives during the last decades we have got important instruments to create the dream of a “Society for All”.

“Education for All” is one of them. It started with the Jomtien World Conference in 1990. “The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system...” It was followed up by the UN Standard Rules and especially the Salamanca Statement: “We call upon all governments and urge them to adopt as a matter of law or policy the principle of Inclusive Education...”

Main elements of Inclusive Education comprise:

- A Human Rights issue (“Education for All” means ALL children, not almost all!).
- Education for All in a School for All (Disabled and non-disabled children learning together in regular schools: learning to know, learning to do, learning to be and learning to live together).
- Togetherness (Enabling all to participate together in society from the beginning;)
- Breaking barriers (Familiarity and tolerance reduce fear, prejudices and rejection; a two-way approach in our attempts to attain the ideals of peace, freedom and social justice)

Preconditions for successful Inclusive Education are:

- Change of negative attitudes
- Political will and support
- School reform: flexible curricula, support services, revised teacher training and regarding parents as partners

## 特殊教育からインクルーシブ教育へ

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「知識は力である」といわれる。社会の支配者やエリートは何世紀にもわたって大衆の手からこの最も強力な武器を隔離してきた。今日の世界において、基礎教育は貧困と闘うための最も重要な手段の一つである。この基本的な人権をいまだに多くの国々の多くの人々が享受できないでいる。女性や、少数民族、多くの障害者を含むその他マイノリティ・グループはその一例である。しかし状況は急速に変化している。「われわれに関することをわれわれに関係ないところで決めるな」。すべての人々は、自らの生活に影響を及ぼす事柄に対して発言権を持つことを求めている。「権利を与えてほしい!」と願っている。権利を与える (Empowerment) とは、人々が自らの将来を決める能力を高め、彼らがコミュニティに参加し、コミュニティの生活に影響を与えることができるよう、資源、機会、知識及びスキルを提供することである。われわれは、過去数十年間における数々の国連のイニシアチブを通じて、「万人のための社会」という夢を創造するための重要な手段を手にした。

1990年のJomtien国際会議に端を発する「万人のための教育」はその一つである。この会議では、「障害者の学習ニーズに対する特別な配慮が必要である。教育システムに不可欠なものとして、すべてのカテゴリの障害者が等しく教育を受けられるようにするための施策を講じる必要がある…」と謳われ、その後国連の標準規則として、特にサラマンカ声明によってフォローされた。「われわれはすべての政府に対し、インクルーシブ教育の原則を法律上及び政策上の問題として採用することを強く要求する…」

インクルーシブ教育の要点:

- ・人権問題 (「万人のための教育」とは、ほとんどの子供たちではなく文字どおり「すべての」子供たちを対象にした教育を意味する!)
- ・学校内におけるすべての子供たちを対象とした万人のための教育 (障害児と非障害児が通常の学校で共に知り、共に行動し、共存・共生することを学ぶ)
- ・協力・連帯 (すべての人が初めからともに社会参加できるようにする)
- ・障壁の打破 (親密さと寛容さは人々の持つ恐れ、偏見、拒絶の感情を和らげる。これらは平和、自由、及び社会正義の理想を実現するための試みにおける二方向のアプローチである)

インクルーシブ教育が成功するための前提条件:

- ・消極的な態度を変えること
- ・政治的な意志及び支援
- ・学校改革: 柔軟なカリキュラム、サポート・サービス、教員教育の変更と親のパートナー化

## **Right for All Children with Disabilities to Receive Appropriate Education and Special Needs Education in Japan**

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In 1947, according to the new Constitution, the Fundamental Law of Education and School Education Law were promulgated, and the so-called 6-3-3-4 new system was established with nine years of elementary and lower secondary education being made compulsory. In 1948, special education of schools for children with blind and deaf was compulsory. At last in 1979, special education for the otherwise children with severely physical and mental disabilities was compulsory.

All infants with disabilities, who want early Intervention or preschool education, can receive appropriate services which are supplied in day care centers or residential facilities according to the Child Welfare Law, or another services which are supplied in kinder gardens affiliated to special schools for children with disabilities according to the School Education Law.

All children with disabilities can receive appropriate and free education from age six, provided under the Order for Enforcement of School Education Law. Pupils with mild and moderate disabilities, except who may receive inclusive education in regular classes, are placed at special classes in elementary schools and lower secondary schools. Pupils with severe disabilities, except who may receive inclusive education, are placed in the course of elementary education and lower secondary education of special schools for children with disabilities. Also children with mildly and moderately intellectual disability, who can not satisfy their needs in special classes in elementary schools and lower secondary schools because of their socially profound inadaptability, are placed in special schools for children with intellectual disability.

All youths with disabilities, who want to receive upper secondary school education (the tenth grade to the twelfth grade), can be placed in special schools according to their special educational needs. In 1999, Revised National Curriculum for Special Schools mandated to enforce visiting teacher system for home bound children and otherwise because of their profound disabilities in the course of upper secondary education, as well as in the course of elementary and lower secondary education of special schools.

Resource room system became effective as a kind of the special education system in 1993, so inclusive education has been promoted in Japan. Talking of our task to be solved in near future, we must innovate our system to the special needs education in which children with specific learning disability and otherwise can receive appropriate services according to their individual educational needs in regular classes.

There are many other tasks to be solved in our special education systems on the principle of normalization, in regard to which the Report of the Committee on the Ideal Reform of Special Education in 21 Century, presented by the Ministry of Education and Science in January 2001, should be referred .

## 障害児の教育を受ける権利と日本における特別支援教育

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1947年に新憲法に基づき教育基本法と学校教育法が公布され、いわゆる6-3-3-4制教育が確立し、小学校および中学校が義務教育になった。1948年に盲学校およびろう学校教育の義務化が実施された。1979年によくその他の重度障害児の教育が義務化された。

児童福祉法と学校教育法のいずれかのサービスにより、希望するすべての幼児に早期療育と幼児教育が提供されている。前者によるサービスは、通園施設や入所の障害児施設でなされ、後者によるものは、盲学校、ろう学校および養護学校の幼稚部における教育である。

すべての障害児は、満6歳から適切で無償の教育を受けている。学校教育法施行令により、通常学級で適切な教育を受けることができる児童生徒を除き、軽度および中度の障害のある児童生徒は小学校および中学校の特殊学級で学んでいる。障害の重度な児童生徒は、小学校および中学校の通常学級で適切な教育を受けることができる児童生徒を除き、盲学校、ろう学校および養護学校の小学部および中学部で学んでいる。また、軽度および中度知的障害があり、社会適応が著しく困難なために特殊学級で教育ニーズを満たすことができない児童生徒は、養護学校で教育を受けることができる。

高等学校教育を希望するすべての障害児は、盲学校、ろう学校および養護学校の高等部で適切な教育を受けることができる。1999年の学習指導要領の改正により、重度障害を事由とする在宅児等を対象とする養護学校高等部の訪問教育の実施が、小学部および中学部と同様に可能になった。

1993年に小学校および中学校における通級による指導が、特殊教育制度として実施された。これにより日本における統合教育の促進が図られている。日本の特殊教育の課題についていえば、通常学級に在籍する学習障害児等に対しても一人ひとりの特別なニーズに応じた教育が実施できる特別支援教育へと制度を改革することである。

ノーマライゼーションの原則に基づいて解決されるべき特殊教育の課題はこの他にも多くあるが、これらについては2001年1月に文部科学省に提出された「21世紀における特殊教育の在り方に関する協力者会議最終報告」が参照されるべきである。

## **Partnership with the NGOs**

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The more formal and identifiable providers of the services needed to implement rehabilitation programmes and policies are Government and the non-governmental organizations. Government's responsibilities focus on the overall planning, development and co-ordination of services, training and manpower needs, enforcement of legislation, and provision of funding.

The non-governmental organizations are major providers of services in partnership with Government. Subvention to these organizations accounts for a significant portion of total government expenditure on rehabilitation services. Non-governmental organizations are encouraged and supported in the pioneering of new initiatives. Their devotion, enthusiasm and commitment have contributed a great deal to the development and expansion of many of the services available to people with disabilities.

Partnership is well reflected in a common, clear and persuasive mission of performing the role of social enterprise in vocational rehabilitation and employment. Government's decision on implementation of reform and re-engineering of services to internalize changes and rebuild the structure?enable enhancement of new goals of development. Non-governmental Organisations respond with full support not only providing services but also promoting positive social values and building social networks to achieve fulfillment of maximum benefits for people with disabilities.

The Hong Kong Government through a set-up of Marketing Consultancy Office (Rehabilitation) has established an alliance of around 100 Sheltered Workshops and Supported Employment Units with a manpower resource of over 8,000 disabled persons. The alliance offers varied competitive services of and products made by people with disabilities under a registered "trade mark" to big and small business organizations and governmental departments contributing to the advancement of Hong Kong's productivity, economy and the welfare of the people with disabilities.

The maintenance of a vigorous and progressive non-governmental sector, functioning in genuine partnership with Government and the commercial sector is vital to the future development of vocational rehabilitation.

## NGOとのパートナーシップ

### CHAN, Ophelia Chiu-ling

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リハビリテーション・プログラムや政策を実施するのに必要なサービスを提供する組織としてより信頼のおける正式なものは、政府と非政府組織（NGOs）である。政府は全体的な計画、サービス、研修、人的資源のニーズの開発・調整、法律の施行、資金の提供に中心的な役割を担っている。

NGOsは政府とパートナーシップを組んでサービスを提供する主要な組織である。リハビリテーション・サービスに関する政府の全支出において、NGOsに対する助成金は大きな割合を占めている。

NGOsはまた、新たなイニシアチブの先駆けとして奨励され、支援されている。NGOsの献身的で熱意ある取り組みは、障害者が利用できる多くのサービスを開発し普及させるうえで大きく貢献している。

政府とNGOs間のパートナーシップは、職業リハビリテーションと雇用の分野での社会事業を担うという、共通した明確で説得力のある使命に端的に表れている。政府は、変化を取り入れ、構造再建化を図るためにサービスの改革・リエンジニアリングを実施することを決定しており、これにより新たな発展目標を高く設定することが可能となる。NGOsは、障害者へのサービス提供に止まらず、肯定的な社会的価値づけを助長し、社会的ネットワークを構築することで障害者の最大限の福祉を実現するために全面的な支援をもつてのぞむ。

香港政府はマーケティング・コンサルタント局（リハビリテーション）を開設し、約100カ所の保護作業所と計8000人を超える障害者の人的資源を有する雇用支援ユニットを提携させた。この提携を通じて、登録「商標」のもとに障害者による競争力のある様々なサービスや製品が大小の企業や省庁に提供され、香港の生産性や経済、障害者の福祉の向上に貢献している。

政府と商業部門との真摯なパートナーシップを組み合わせながら、活発に発展する非政府部門を維持することは、職業リハビリテーションの今後の発展に不可欠である。



## **Partnership between PWDs and Carer-Givers / Parents**

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In the parallel session on Vocational Rehabilitation, some aspects on partnership in regard to vocational rehabilitation will be discussed. In my presentation, new partnership between PWDs and VR services providers and their parents are focused, based on recent development in Japan in this regard.

The mutual relationship is essential for the partnership between PWDs and their carer such as related service providers and parents. Namely, practices of vocational rehabilitation should aim at completing vocational independence through establishing mutual relationship between service receivers and its providers. In particular, VR service providers and parents should be recognized as partners of PWDs for their vocational independence.

For establishing the partnership between service receivers and providers in the frame of mutual relationship, the former should be recognized as service consumers, not as mere service receivers and secure the right of selection of services according to their own intention. From the fiscal year of 2003, the main frame of welfare services providing system in Japan will be drastically changed. In the present system, local authorities determine not only necessity of the services for PWDs, but also their amounts and places in which they should gain, consequently, their right of selection is quite limited and no contract basis between them. On the contrary, the reformed system focus on support of local authorities in the process of service and their receivers can choose the services under the direct contract between service consumers and their providers. As to VR services, the provision of workshop services for persons with physical and intellectual disabilities are also included the new system.

The reformed system will promote the establishment of new partnership between consumers of services and their providers including related specialists. PWDs involved in this system should recognize themselves as consumers and simultaneously, the service providers should treat them as customers. And establishing social support system which advocate and empower them is also required so that PWDs can become conscious of their role as a partner with service provider.

The partnership promoted by new welfare system will be standard not only in the field of welfare for PWDs, but also in whole process of VR services such as evaluation, training and placement, so on.

As to another partnership between PWDs and their parents, it is crucial in Japan that they become independent from their parents after grown-up. In spite of getting jobs in open labor market or workshops, many PWDs are still dependent on their parents to secure their lives in the community. Enlargement of pension and income security is an important component for independent living in the community, in addition, there should be a new direction of the partnership between them. PWDs have to be independent from their parents at least psychologically and socially, and share the consensus that they have right to determine their living by themselves with them.

## 障害のある人とサービス提供者及び両親とのパートナーシップ

朝日 雅也

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職業リハビリテーションの分科会では、職業リハビリテーションをめぐる様々なパートナーシップのあり方について議論する。その中で、サービス提供におけるパートナーシップ、特にサービス提供者や両親との関係について、日本の現状を踏まえて、新しいそのあり方を探りたい。

障害のある人とサービス提供者等とのパートナーシップは対等な関係性を基本とする。すなわち、職業リハビリテーションの実践は、障害のある人と、彼らを支援する者が対等な関係を築きながら、職業的な自立を獲得するものであるということである。ここでは特に、職業リハビリテーションサービス提供者と親に焦点をあてることにしたい。

サービス提供者とのパートナーシップの構築にあたっては、利用者がサービスを受けるという立場だけでなく、必要なサービスを選択する消費者として位置づけられる必要がある。日本では、2003年度から障害者福祉サービスの供給の仕組みが大きく変わる。従来は行政がサービスの提供について、その必要性のみならず、例えばどこの施設でどの位のサービスを受けるのかを決定していた。それに対して、新しい仕組みの中では、行政は障害のある人がサービスを利用するのを支援することが重視され、サービスの利用者と提供者との間の契約関係に基づき、どのサービスを利用するのかを決めるのは利用者になる。職業リハビリテーションとの関連でも身体障害や知的障害のある人のための授産施設なども、この仕組みに変わっていく。

この仕組みにおいて、今後は、利用者と専門職を含むサービス提供者との間に新たなパートナーシップが形成されるであろう。サービスの利用者も消費者としての自覚をもち、また、提供者は、利用者を顧客として位置づけていく姿勢が求められる。そして、サービス利用者が提供者に対してパートナーとしての役割を意識できるように、その権利を擁護したり、エンパワメントしたりしていくための支援の仕組みが同時に求められる。

こうしたパートナーシップは、障害者福祉サービスのみならず、職業評価、職業訓練、職業紹介などすべての職業リハビリテーションサービス提供の基本となるであろう。

もうひとつのパートナーシップとして、日本では、障害のある人が両親から自立していくことが重要課題である。一般雇用の場で、あるいはワークショップなどで職業を得ていても、現実には両親の支援を前提としている場合も少なくない。また、多くの障害のある人が地域での生活を獲得するために親へ依存せざるを得ない状況が続いている。年金や所得保障の拡充が、地域で自立した生活を送るための重要な要件になるが、加えて、障害のある人と両親とのパートナーシップについて新しい方向性を出していく必要がある。すなわち、少なくとも心理的、社会的には両親からは自立して、障害のある人が自分の生活は自分で決める権利があるというコンセンサスを共有していく必要がある。

## **Partnership with the Corporate/Business Sector**

**MCKEY, Jason**

Managing Director, Job Placement Ltd (Australia)

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Employment in the open labour market is a goal of many people with a disability. Being paid an appropriate wage, enjoying employment conditions that are based on the workplace norm, being accepted as an integral part of the community and the boost in self esteem that comes from being in the workforce is something that most people take for granted. However a successful outcome can only be achieved when there is a clear partnership between the person with a disability, the support agency and the prospective employer. It is only when each party contributes to the employment relationship is there a possibility of success. Historically, many employers have not actively recruited people with a disability due to misperceptions about their abilities and ignorance about the assistance that is available.

The paper will explore the roles and responsibilities of each party and look at strategies that support agencies can implement to assist employers to maximize successful outcomes.

## 民間団体・企業とのパートナーシップ

**MCKEY, Jason**

Managing Director, Job Placement Ltd (Australia)

障害者の多くは一般の労働市場で就職したいと願っている。障害のない人々のほとんどは、適切な賃金が支払われ、職場の基準に基づく雇用条件が適用され、職場で欠かせない存在として受け入れられ、職業人としての誇りがもてるということを当然の権利とみなしている。しかし障害者にとっては、就労支援機関、雇用しようとする側及び当事者の3者間に明確なパートナーシップがなければ、このような満足の行く成果は得られない。3者が雇用関係に貢献するときのみ、成功の見込みがある。これまでは、雇用者側が障害者の能力に対する誤った偏見を持ち、利用可能な支援制度についての情報を知らなかったために、雇用に対して二の足を踏むケースが多かった。

この論文では双方の立場からの役割と責任に言及し、雇用者に最大限の成果をあげてもらうためには支援機関がどのような支援策を提供できるかについて検証する。

## **Transport for All - A New Vision for Promoting Disability Rights for Accessibility to Transport**

**FOOTMAN, Robert Charles Law**

Commissioner for Transport, Transport Department, The Government of the Hong Kong Special Administrative Region, People's Republic of China (Hong Kong SAR, China)

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During the last decade, the Hong Kong SAR Government has promoted disability rights for accessibility to transport by encouraging and facilitating public transport and railway operators to provide accessible facilities for people with disabilities. The Hong Kong SAR Government is also determined to provide a barrier-free and accessible street environment. However, the present approach does not provide a clear vision, which would facilitate building a common consensus among stakeholders. In order to further promote rights for accessible transport, to provide better living environment and transport services for the entire population, the Transport Department of the Hong Kong SAR Government is adopting a new vision to satisfy the transport needs of all in our community, in particular, “accessible” transport for people with disabilities and the elderly so as to facilitate their social integration and to ensure their mobility. We aim to adopt a strategic and systematic approach to plan and provide accessible transport services and barrier-free environment to all in our society. We also intend to build up a new common vision, “Transport for All”, and partnership with major stakeholders, including the associations representing people with disabilities. A “5-Better Strategy” is being formulated and developed to provide clear directions for planning and implementation.

## 万民のための交通 — 身体障害者の交通面の アクセシビリティ向上のための新ビジョン

**FOOTMAN, Robert Charles Law**

Commissioner for Transport, Transport Department, The Government of the Hong Kong Special Administrative Region, People's Republic of China (Hong Kong SAR, China)

過去10年間、香港特別行政区政府は、身体障害者が利用しやすい施設を提供するよう、公共輸送機関や鉄道会社を奨励し便宜を図ることで、身体障害者の交通面のアクセシビリティの権利を向上させてきた。香港特別行政区政府はまた、バリア・フリーで利用しやすい道路環境を提供することも決定している。しかしながら、現在のアプローチは、利害関係者間の合意形成を促す明確なビジョンを欠いている。交通面のアクセシビリティの更なる向上を図り、全住民により良い住環境と輸送サービスを提供するため、香港特別行政区政府運輸部門（運輸署）は、特に身体障害者や高齢者にとって「利用しやすい」輸送に配慮し、香港に住む全ての人々の輸送ニーズを満たす新しいビジョンを採用しつつある。身体障害者や高齢者の社会的融和を促進し、彼らの「足」を確保するためである。私達は、香港社会の全ての人にとって利用しやすい輸送サービスとバリア・フリー環境を設計・提供するために、戦略的かつ組織的手法を採用していくことを目指している。さらに、新しい共通ビジョン「万民のための交通」を構築し、身体障害者の代理協会等、主要な利害関係者との連携を確立することも検討中である。その企画と実施とに明確な方向性を与えるため、「5-Better戦略」の作成・開発が現在進められている。

## **How Can Information and Communication Promote Disability Rights?**

**LINDSTRÖM, Jan-Ingvar**

President, SVERI (Sweden)

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The basic condition for exercising ones citizen's rights in a democratic society is the free access to relevant information and the possibility to communicate one's opinion with other members of society. This is of course true for everybody, independent of the level of intellectual or physical ability.

Many people experience more or less pronounced limitations in their abilities. Therefore, means for lowering the barriers are most important. The method is also important: the principle of Universal design should be promoted.

Access to computer screen information, including web-sites, has been made possible for visually impaired people by the establishment of standardized methods of how to make the information accessible - the W3C/WAI guidelines.

POTS - plain old telephony - is still an important communication link. Today, voice communication is complemented by text and picture, and with the emerging broadband technologies a true multi modal communication will be realized. This will make communication possible for people with either sight or hearing impairments. An interesting concept is what's called Total Conversation, based on a number of standards.

Another example is the possibility to use animated upper part bodies or faces, controlled by speech signals. This technology makes speech accessible for deaf and hard of hearing people via Sign Language and lip reading. If a screen with appropriate software is connected to an ordinary voice telephone or a loudspeaker, plain speech will automatically be made "visible". Successful research on automatic transcription of speech to Sign Language and the reverse is going on in Japan, and within the European Union a project on automatic and animated lip reading is going on, the SYNFACE project. Both methods will probably facilitate the access to information for large groups of information handicapped people.

Existing and emerging Information and Communication Technology - ICT - provide the basis for access to information and communication and thus disability rights. But at least as important is the implementation and accessibility to the technology. Different countries are trying different methods: legislation, procurement and market forces are the most common ones. Independent of the method the tools should be used with as little delay as possible. It's only in a society of accessible knowledge that disability rights can be exercised.

## 情報・コミュニケーションはいかに障害者の権利を向上させられるか

LINDSTRÖM, Jan-Ingvar

President, SVERI (Sweden)

民主主義社会において市民権を行使するための基本条件とは、必要な情報を自由に入手できること、社会の他の人々とお互いの意見を自由に交換できることである。当然これは、知的能力や身体能力のレベルに関わらず、万人に当てはまることである。

程度の差こそあれ、自身の能力に明らかな制限を感じている人は多い。そのため、バリアをできるだけ低くする手段を講じることが最も重要である。その方法もまた重要であり、ユニバーサルデザインの原則を促進しなければならない。

ホームページを含めて、コンピュータ画面上の情報に視覚障害者がアクセスすることは、情報アクセスに関する標準化が確立したことによって可能となった。すなわち、W3C/WAIガイドラインである。

POTS-すなわち単純な旧式電話技術-は、今でも重要なコミュニケーション手段である。今日では、音声コミュニケーションはテキストや画像により補われているし、またブロードバンド技術の発達により、真のマルチモード・コミュニケーションが実現するであろう。これによって、視覚や聴覚に障害のある人たち同士でのコミュニケーションも可能となろう。ここで興味あるのは、様々な標準を組み合わせた、いわゆる総合的会話 (Total Conversation) のコンセプトである。

もう一つの例としては、上半身や顔のアニメーションによって音声言語を補足する技術の可能性である。この技術を利用すると、聾啞者や難聴者が手話や読唇により音声言語にアクセスできるようになる。このようなソフトウェアを搭載した画面を通常の音声電話や拡声器に接続すると、音声信号が自動的に「視覚化」される。音声から手話へ、あるいはその逆の自動変換に関する研究が日本で進んでおり、EUでは、自動的に動画化して読唇を可能とするプロジェクト (SYNFACE) が進行中である。どちらの方法も、様々な情報障害者がより一層情報にアクセスできるようになるための一助となるであろう。

実用化が進むとともに研究開発の進展しつつある情報コミュニケーション技術-ICT-は、情報およびコミュニケーションへのアクセス基盤、すなわち障害者の権利の基盤を提供する。しかし、これらを機器として実用化すること、機器をアクセシブルなものとするのが重要である。国により様々な方法が試みられているが、法整備、公的調達、市場原理等が一般的な手法である。どのような手法によろうともそれらの機器ができる限り迅速に利用できるようにすべきである。知識へのアクセスが容易な社会になってはじめて、障害者の権利を行使することが出来る。



## **ICT Access Policy Guidelines for Disability Rights**

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In the Global Information Society, access to information and communication technology is a basic human right. ICT policy in each country and region must address the accessibility issues to ensure the equal opportunity and full participation of people with disabilities in the information age. Based on the work of the ICT Task Force of the Thematic Working Group on Disability Concerns of the Regional Coordination Mechanism for Asia and the Pacific (TWGDC), the author analyzes technology evolution and related issues such as copyright issues, present best practices, and suggest key ICT accessibility components for the International Convention on the Rights of People with Disabilities. The author values special needs and requirements of individuals with disabilities as resources to build an Information Society that is accessible to all. Preparation process for the World Summit for the Information Society (WSIS) December 2003 in Geneva is discussed as one of the most crucial and comprehensive opportunities to bridge the digital gap. DAISY (Digital Accessible Information System) and AMIS (Adaptive Multimedia Information System) demonstration is included in the presentation as one of the best example of accessible multimedia.

## 障害者の権利擁護とICTアクセス政策指針

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日本障害者リハビリテーション協会 情報センター長

地球規模で実現している情報社会において、情報とコミュニケーションの技術（ICT）を活用する権利は基本的人権である。情報社会の時代におけるそれぞれの国と地域のICT政策は、障害者の機会均等と完全参加を保障するために、障害者の情報アクセス問題に特に言及する必要がある。発表では、アジア太平洋地域における国連諸機関の障害問題に関する活動調整機関（TWGDC）のICTタスクフォースの活動をもとに、ICTと著作権等のその周辺の問題を分析し、活動事例を紹介し、障害者権利条約の中で取り上げられるべき情報アクセス問題に関する主な論点を提案する。発表者は、様々な障害分野からの独自のニーズを明らかにすることが、すべての個人が参加できる情報社会を構築するための貴重な提言につながるという立場をとる。2003年12月にジュネーブで開かれる国連情報社会サミット（WSIS）の準備過程は、これらの問題を解決し、デジタル・ギャップを解消するためのもっとも重要な機会として議論される。もっとも優れた誰にもアクセス可能なマルチメディアのひとつとしてダイジー（DAISY）とアミ（AMIS）を紹介する。

## **How can the standards based on ISO / IEC Guide 71 assure the right of persons with disability**

**KIKUCHI, Makoto**

Professor, Department of Medical Engineering, National Defense Medical College (Japan)

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So that older persons and persons with disabilities may participate in society on equal terms, it is necessary to improve the accessibility of products, services and environments. Improved accessibility further enhances the quality of life and reduces discrimination. It is urgent to provide standard-developers and designers of products, services and environments with a guide setting out how to consider the needs of older persons and persons with disabilities. The initiative tasks of the ISO/COPOLCO working group on the older persons and persons with disabilities are, 1) to develop an ISO/IEC document providing basic principles and considerations on how to design products and environments adapted to the needs of the older persons and persons with disabilities, 2) to consider the form of document that would best meet the purpose (guide, statement, etc), 3) to Identify the specific needs of the older persons and persons with disabilities with a view to securing that they are covered by international standards work. Finally, the ISO/IEC policy statement and Guide 71 were published in 2000 and 2001 respectively. The policy statement says that the increasing prevalence and complexity of technology in everyday life presents both opportunities and challenges. And also it says this statement is aimed at encouraging the development of standards that promote design that enables the use of products and services by older persons and persons with disabilities. There is a continuum of abilities and standards should aim to address the needs of people throughout this continuum. It is recognized that all standards are not able to meet the needs of all persons with severe and complex disabilities. ISO and IEC recognize the need to include the requirements of older persons and persons with disabilities in all relevant standards production and revision work. This can clearly be achieved by following the basic principles of a) universal and accessible Design, b) direct consumer representation of older persons and persons with disabilities, and c) relevant information exchange. In the Guide71, it describes the abilities to consider and shown actual characteristics by the matrix. One way to go to use International Standards usefully, therefore, would be to bring out the ISO/IEC guide 71 on approaches to be adopted when developing standards, national, regional, sector or international so that the older persons and persons with disabilities are taken into account.

## 『ISO/IEC ガイド71』を基本とした規格が どのように障害者の権利を守れるか？

菊地 眞

防衛医科大学

高齢者や障害者が対等な立場で社会参加するためには、製品、サービス、及び生活環境へのアクセシビリティを改善する必要がある。アクセシビリティが改善されれば、生活の質はさらに向上し、差別も減少する。規格作成者側と製品、サービス及び生活環境を設計する側に、高齢者や障害者のニーズに配慮するためのガイドを提供することが急務である。ISO（国際標準化機関）/COPOLCO（消費者政策委員会）ワーキンググループが高齢者や障害者のために優先的に標準化すべき課題は次の3つである。1) 高齢者や障害者のニーズに適合する製品と生活環境を設計する際の基本指針と配慮を盛り込んだISO/IEC（国際電気標準会議）の文書を作成すること、2) 目的（ガイド、政策宣言など）に最も適した文書形式を検討すること、3) 高齢者や障害者に対して国際標準規格を確実に適用するという観点から高齢者や障害者のニーズを特定化すること。2000年に「ISO/IEC政策宣言」が、2001年に「ISO/IECガイド71」がそれぞれ発行された。政策宣言では、日常生活に技術がますます普及し複雑さを増していることは、高齢者や障害者においては利便性の増加である反面、不便さへの挑戦でもあると述べている。また、高齢者や障害者にとって使いやすい製品及びサービスを設計するための規格作成を奨励することが、政策宣言の目的でもあると述べている。人には様々な能力があり、各々の能力に配慮してニーズに応えることが、規格本来の目的である。しかし、規格のなかには重度及び複雑な障害をもつ障害者のニーズに対応できないものもある。ISOとIECでは、すべての関連規格製品と改良品に高齢者や障害者の要求事項を含めるべきであることを認識している。これは、a) 利用しやすい設計、b) 高齢者や障害者である当事者の直接の代表、及び c) 関連情報の交換、という基本指針に従えば明らかに実現できる。「ISO/IECガイド71」では、配慮すべき能力を記載し、マトリックス形式で実際的な配慮点を表している。したがって、国際標準規格を有効に運用していくためには、国内の規格、地域の規格、セクターの規格、あるいは国際的な規格を作成する際に、「ISO/IECガイド71」に示されている高齢者や障害者に配慮するためのアプローチを採用することがひとつの方法になる。

## **How Can Standards Promote Human Rights? - European Aspects**

**ELIASSON, Folke**

Project Manager, The Swedish Handicap Institute (Sweden)

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The “4 freedoms” of the European community (EU) imply that *labour, capital, goods and services* can flow freely between the European countries. A free and fair competition shall be obtained and all products shall be safe and be designed in a way that make them accessible to all citizens, regardless of persons’ age, disabilities etc. Special applications or modifications of products/services for specific groups of persons shall be used only when necessary.

The European market is normally regulated by EU Directives containing unconditional requirements that must be fulfilled before the product can be put on the market. Standards play an important role in this process as the manufacturers can use the standards to address the requirements of the directives. *Thereby the standards become a powerful tool, having a real impact on the design of products/services available in Europe.*

Each (relevant) standard shall promote barrier-free design, enabling the use of products/services by disabled persons. But it is often difficult for the actual standardisation developers (technical working groups etc) to transform these intentions into technically applicable requirements in a standard. There may be a lack of competence etc concerning the needs of disabled persons. Standard developers need support.

With this background, the Commission of the European community has mandated the European standardisation organisations CEN, CENELEC and ETSI

Δ to create a guidance document

Δ to set up a mechanism to make sure that the guidance document is actually used

Δ to review specific existing standards in view of possible amendment in the context of the guidance document.

This work spans over 3 years, 2001-2003. A guidance document has been published, *CEN/CENELEC Guide 6 ‘Guidelines to address the needs of older persons and persons with disabilities when developing standards’* (technically identical with ISO/IEC Guide 71). A “mechanism” is under development, including administrative features (decisions, standardisation routines) and complementary supportive tools (sector guides containing detailed information in various standardisation areas, reference literature etc) for standard developers and users. The review of standards has been initiated.

So, how can standards promote human rights? The answer is: *they can effectively contribute to a barrier-free design of products and services.*

## 標準化によって人権は高められるか？—ヨーロッパの見解

ELIASSON, Folke

Project Manager, The Swedish Handicap Institute (Sweden)

欧州連合（EU）の「4つの自由」とは、域内において人、資本、物、サービスが自由に移動できることを意味している。自由で公正な競争が行われ、すべての製品が安全で、しかも年齢、障害などに関わらず、すべての市民が利用できるよう設計されなければならない。特定の集団のための製品及びサービスの特別応用や変更は必要な場合にのみ行われるものとする。

ヨーロッパ市場は通常EU指令によって規制されており、製品を市場に投入するにはその無条件要求事項を満たさなければならない。製造業者が指令の要求事項を満たすには規格に対応しなければならない。その過程で規格は重要な役割を果たす。その結果、規格は強力な手段となり、ヨーロッパで市販されている製品やサービスの設計に極めて大きな影響力をもっている。

それぞれの（関連）規格では、障害者が製品やサービスを利用できるようにバリアフリーの設計を推進している。しかし実際の標準化担当者（技術作業部会等）が、このような意図を規格の要求事項にそって技術的に応用可能なものとして実現させるのはなかなか容易ではない。障害者のニーズに十分に対応できない場合もある。標準化担当者にも支援が必要なのである。

このような背景のもとに、欧州共同体委員会はヨーロッパ標準化組織であるCEN（欧州標準化委員会）、CENELEC（欧州電気標準化委員会）及びETSI（欧州電気通信規格研究所）に以下の任務を委託している。

- 標準化文書の作成
- 標準化文書が実際に利用されているかどうかを確認するためのメカニズム構築。
- 標準化文書に則して修正が可能かどうかを考慮して、既存する特定規格を再審査すること。

作業期間は2001年から2003年の3年間としている。標準化文書については、すでに「CEN/CENELECガイド6」“規格開発における高齢者と障害者のニーズに対応するためのガイドライン”（「ISO/IECガイド71」と技術的には同じもの）が制定されている。“メカニズム”については現在開発中であるが、その中には管理機能（決定、標準化ルーティン）及び標準化担当者とユーザーのための補助支援ツール（様々な標準化分野における詳細情報、参考文献等を含むセクターガイド）が含まれている。規格の再審査についてはすでに始められている。

上記から、「規格によって人権は高められるか？」についての答えは、イエスである。すなわち（規格によって）製品とサービスのバリアフリー設計に大いに貢献できるから、というのがその理由である。

## **Effective Mobilization of Available Resources to Establish Society for All**

**HEUMANN, Judith E.**

Coordinator, Disability Issues, World Bank (USA)

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Judith Heumann is the Advisor, Disability and Development at the World Bank. She assumed her position June 2002.

Her presentation will cover the work the Bank is currently undertaking with regard to the needs of disabled people, including collaborative activities with units and regions in the Bank and increased emphasis on partnership development.

Ms. Heumann also will provide a short overview of the Baseline Assessment of Inclusion and Disability in World Bank Activities, the Norwegian Trust Fund for Disability and Development, Social Funds and other strategies to expand opportunities for the inclusion of the needs of disabled people in World Bank activities over the coming years.

## 障害分野の国際協力－これからの障害者支援のあり方を考える

**HEUMANN, Judith E.**

Coordinator, Disability Issues, World Bank (USA)

ジュディ・ヒューマン氏は2002年6月に、世界銀行の「障害と開発」アドバイザーのポストに就任した。

発表では、世界銀行が現在行っている障害者のニーズに関する活動、具体的には、世界銀行内のユニットと地域との協同活動や、重要視されているパートナーシップによる開発などを取り上げる。

ヒューマン氏は、世界銀行の活動におけるインクルージョンと障害のベースライン評価、ノルウェー障害・開発信託基金、社会基金のほか、今後、世界銀行の活動に障害者のニーズを組み込む機会を拡大するための戦略についても概説する予定である。



## **JICA's Technical Cooperation in the Field of Disability – Past and Future**

**MIYAHARA, Chie**

Planning Officer (Social Development), Global Issues Division, Planning and Evaluation Department, Japan International Cooperation Agency (Japan)

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Japan International Cooperation Agency (JICA) is responsible for implementing “Technical Cooperation” and a part of “Grant Aid Cooperation” of Japan’s Official Development Aid (ODA). In the area of disability-related concerns, JICA has experienced many types of cooperation. Examples are: implementation of training projects for rehabilitation experts, building of rehabilitation centers, training of Self Help Organizations (SHO) personnel, dispatch of Japan Overseas Cooperation Volunteers (JOCV) to propel cooperation at grass-roots level, and dispatch of Japanese experts to help recipient countries formulate policies concerning people with disabilities. JICA also cooperates with local NGOs through “Community Empowerment Program”. In addition, JICA has organized training workshops in the Asia and Pacific region aiming at empowerment of leaders of Self-Help Organizations, in cooperation with Disabled Peoples’ International (DPI).

Although JICA’s involvement in the field of disability has been extensive and vary as mentioned above, its emphasis has been limited within the indirect support for people with disability, such as training of rehabilitation specialists, building of centers, and dispatching PT/OTs, rather than empowering people with disabilities themselves. In addition, as JICA does not have a clear strategy to tackle this particular issue related to disability, each of our assistance has not been well connected at the field level, resulting in limited outcomes. Having considered this situation, JICA has carried out several studies concerning disability related issues and concluded that the objective of implementing projects concerning persons with disability had two folds: one is “full-participation”; the other is “equality”. Based on this research conclusion, we are currently formulating a “Guideline of Assisting Persons with Disability”, shifting our focus more toward direct support to the persons with disability and mainstreaming disability concerns in projects. The Guideline aims at establishing an approach in the area of disability and being employed by our organization for coming years.

One of the initiatives for such a “direct support” is “Asia-Pacific Development Center on Disability” started in this August in Bangkok, Thailand. This project’s overall goal is to promote empowerment of persons with disability and barrier-free society in developing countries in Asia-Pacific. To achieve this goal, the Center will provide information support, organize training courses in cooperation with collaborating agencies, facilitate networking among relevant agencies and groups in the region, and coordinate all relevant activities to be conducted within the Center as well as collaborating agencies/groups. In addition, within a year or two, at the time JICA changes its organizational structure, direct support to the Self-Help Organization would become easier, so as to our support can directly reach the recipients.

## JICAの障害者支援分野における過去と将来のJICAの技術協力の過去と未来

宮原 千絵

国際協力事業団 (JICA) 企画・評価部 環境・女性課

国際協力事業団 (JICA) は、政府開発援助 (ODA) のうち「技術協力」を実施する機関でありまた、「無償資金援助協力」の一部を実施する責任も担っている。障害者関連分野においては、JICAはさまざまなタイプの協力を行って実施してきたている。リハビリテーションの専門家のための研修プロジェクト実施、リハビリテーションセンターの建設、様々な自助組織障害当事者団体 (SHO) の職員研修、草の根レベルの協力を促進するための青年海外協力隊 (JOCV) 派遣、被援助国における障害者関連の政策づくりを支援するための日本人の専門家の派遣などがその例である。JICAはまた、「開発福祉支援事業」を通じて地域のNGOとも連携している。さらに、JICAは障害者国際ナショナル (DPI) と連携して、アジア太平洋地域において様々な自助組織障害当事者団体のリーダーのエンパワメントを目指しを対象に社会的地位向上のための研修会を主催している。

障害者分野におけるJICAの協力は上記の通り多岐に渡るが、障害者自身当事者への権利拡大やエンパワメントを目指した支援よりはむしろ、リハビリテーションの専門家の研修やセンターの建設、理学療法士・作業療法士の派遣及びボランティア派遣や専門家派遣などの間接支援の面に重点をおいてきた。さらに、JICAには障害者支援自立支援という特定の課題に取り組むための明確な戦略がなくないために、個々のその支援が地方現場レベルで十分にとまらなく連携していないためこともあり思うような成果を得られなかったという反省点がある。こうした状況を鑑みて、JICAはこれまで障害者関連の問題についてさまざまな調査研究を行い、障害者関連のプロジェクトを実施する上で目標は2つあるという結論に達した。つまり、障害者の「社会への完全参加」と「平等」という両面にあると結論付けた。この調査の結果に基づき、今後はより直接的な障害者の支援を実施することに重点を移し、同時に、障害者の問題を一般的なプロジェクトに組み込む事を可能にするために、現在「障害者支援の指針」を策定している。この指針では、障害者支援分野における取り組みを確立し、それを今後のJICAの障害者支援分野活動方針とすることを目的としている。

そうした「直接支援」の第一歩として、「アジア・太平洋障害者センター」プロジェクトが本年8月からタイのバンコクで始まる。このプロジェクトの総合的な目標は、アジア・太平洋地域における開発途上国の障害者のエンパワメント社会的地位向上とバリアフリーの社会を推進することにある。この目標を達成するために、センターは、特にアジア・太平洋地域において、障害に関する情報提供支援を提供し、域内関係機関と連携した研修コースを開催し、域内関連機関・グループ間のネットワークの推進し、その他センター内で実施される活動について協力機関・グループとの調整を行うものとする。さらに、今後1~2年で、JICAが特殊法人から独立行政法人へと移行するにあたって、自助組織障害当事者団体への直接支援はより容易になりがいつそう簡便化され、受益者が直接JICAの支援を受けられるようになるであろう。

## **International Cooperation in the Disability Field - An Introduction**

**LAGERWALL, Tomas R.**

Secretary General, Rehabilitation International (Sweden)

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More than 10% of the population in the world has a disability. Three out of four live in developing countries. Only a small portion of the development cooperation goes to projects directly aimed for people with disabilities.

The 20% richest people in the world share 85% of the world's total GNP (Gross National Product), while the poorest 20% share only 1,5%. A very high proportion of the poorest have a disability or are very likely to get a disability.

Many of the poorest countries are highly indebted. They have often been forced to cut their spending on health and education, which of course have a direct impact on many disabled people's lives.

While the industrialized countries as an average spend about 0,3% of their GNP there are huge variations between them. The Scandinavian countries and the Netherlands are the most committed. Japan and the Scandinavian countries have contributed to several specific disability projects.

It is fundamental that people with disabilities and their organizations have a clear role in disability programs in developing countries.

Several Non Governmental Organizations (NGOs) play an important role in providing support to people with disabilities in schools, rehabilitation centers or vocational programs. Organizations of disabled people in some industrialized countries in the North have set up organizations with the special aim to support disabled people in the South and in particular strengthening organizations of people with disabilities. Atlasalliansen in Norway, SHIA in Sweden and Fidida in Finland are some good examples.

Community Based Rehabilitation (CBR) is a concept aiming at empowering the local communities and utilizing the resources in the communities. The concept is under constant development. WHO together with the other UN agencies concerned and international disability organizations are together in a process of further improving CBR and encouraging CBR programs to cover wider geographic areas.

## 障害者分野における国際協力－序論

**LAGERWALL, Tomas R.**

Secretary General, Rehabilitation International (Sweden)

世界人口の10%以上が何らかの障害を持っており、そのうちの四分之三が発展途上国に住んでいる。それにもかかわらず、障害者を直接の対象としたプロジェクトには、開発協力金のほんの一部しか当てられていない。

世界の最富裕層20%の人々が世界の総GNP（国民総生産）の85%を独占しているのに対し、貧困層20%はわずか1.5%を占めているのみである。さらに、貧困層のほとんどは、障害者または障害を持つ可能性のある人々である。

最貧国の多くは、高債務国でもある。これらの国々は、医療や教育に対する支出を削減せざるをえず、このことはもちろん、多くの障害者の生活に直接影響を与えている。

先進工業国は、平均して、それぞれのGNPの約0.3%を支出しているが、各国の間に大きなばらつきがある。スカンジナビア諸国とオランダが最も支出している。日本とスカンジナビア諸国は、部分的に特定の障害者プロジェクトを実施してきた。

障害者およびその団体が発展途上国での各種障害者プログラムにおいて明確な役割を持つことは、非常に重要なことである。

いくつかの非政府組織（NGO）は、学校、リハビリテーション・センター、または職業教育プログラムにおける障害者支援において、重要な役割を担っている。また、「北」の先進工業国にある障害者団体のいくつかは、「南」の障害者の支援、特に障害者団体の強化を目的とした組織を立ち上げた。ノルウェーの Atlasalliansen、スウェーデンの SHIA、フィンランドの Fidida などはその代表例である。

地域に根ざしたリハビリテーション（CBR）とは、地域コミュニティの向上とそのコミュニティにおける資源活用を目的とした構想である。しかし、この構想は固まったものではなく、常に発展し続けている。WHOとその他の国連機関、および各国際障害者団体は、協力して、CBRのさらなる改善とCBRプログラムをより広い地域に広める活動を推進している。

10月22日 ご挨拶

「アジア太平洋障害者の十年」最終年記念フォーラム・大阪フォーラム  
第25回総合リハビリテーション研究大会

メインテーマ：ともに生きる地域づくり (Inclusive Society)

主催者からのご挨拶

山下 真臣

第25回総合リハビリテーション研究大会会長

関 宏之

第25回総合リハビリテーション研究大会実行委員長

「アジア太平洋障害者の十年」最終年記念フォーラム・大阪フォーラムの4つの会議の1つである「第25回総合リハビリテーション研究大会」によろしくお越しくございました。

本大会は、「アジア太平洋障害者の十年推進NGO会議」の「アジア太平洋障害者の十年」推進キャンペーン (RNN) 大阪会議と連携し、

さらに、国内で進められている三つのキャンペーン

- ①「欠格条項」総点検キャンペーン
- ②「市町村障害者計画」策定推進キャンペーン
- ③「情報バリアフリーとITネットワークの整備」推進キャンペーン

と連動して開催するものです。

ここで掲げているメインテーマ「ともに生きる地域づくり (Inclusive Society)」は、障害のある人も障害のない人もともに社会を構成し、ともに当たり前前の社会生活が実現されるべきだという思いを込めて四つの分科会テーマを掲げてアプローチすることにしました。

第一分科会・・・ハードルのない地域-バリアフリーを考える-

第二分科会・・・当事者性について考える-自立生活運動を通して-

第三分科会・・・障害のある人を締め出さない社会-欠格条項について-

第四分科会・・・新しい地域福祉を遠望する-「障害者プラン」の現状と「新障害者プラン」への展望-

いずれの分科会テーマも障害のある人の<過去と現在>を検証し、明るい<未来>を展望しようとするもので、各分科会のコーディネーター・シンポジストの方々は、正にこの分野ではわが国のオピニオン・リーダーの方々であり、この設問に明快な展望を与えて頂けるものと確信しています。

また、午後からは、USJ (ユニバーサル・スタジオ・ジャパン) のご好意により、会場をそちらに移し、広大で複雑な敷地内の設備のバリアフリーの状況や開設以前から積極的に進めてこられた障害のある人の雇用状況を検証したり、あるいはアジアから参加されている方々との交歓の場となるようさまざまな趣向もこらしています。

「アジア太平洋障害者の十年」最終年記念フォーラム・大阪フォーラムが掲げる「障害者の権利実現へのパートナーシップ」の実現に確かな手応えをつかんでいただく第25回総合リハビリテーション研究大会になりますようお願い

10月22日 ご挨拶

おります。

なお、本研究大会は、わが国のリハビリテーションの様々な分野で活躍している専門家による全国会議として1977年に「リハビリテーション交流セミナー」として始まり、以来「総合リハビリテーション研究大会」として毎年各地で開催されてきました。

昨年の「第24回総合リハビリテーション研究大会大阪大会」では、厚生労働省の誕生で主要な課題となった「働くこと・働き続けること」をテーマに、ILO本部職業リハビリテーション専門官のBarbara Murryさんをお招きして最新のILO情報をもとにした基調講演、また、各地の現場で先進的な実践に従事されている方々によるシンポジウム・ポスターセッションを行い、総勢550人の方々の参加を得た画期的な大会でした。

このように「総合リハビリテーション研究大会」は、人間に関わる広範な分野の専門家と障害当事者が一堂に会して、<人としての望ましさ (Well-Being) >とはなにかについて、リハビリテーションの本来的な語源である<全人的な復権>という視点、あるいは、包括的リハビリテーション (comprehensive rehabilitation) という視点から、参加者相互の情報交換や支援技術の伝達、地域社会における社会資源の開発や創設、などに貢献してきました。

25回という節目を迎えてさらに内容を一新して今後とも意味ある「総合リハビリテーション研究大会」を続行させて参ります。皆様のご支援・ご参加をお待ちするものです。

## **“Hurdle-Free Community – What is Barrier-Free?” – Thoughts as a Chairman**

**TSUJI, Makoto**

Osaka Spinal-cord-injured-persons' Association

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### ◎Participation in Welfare-Friendly Town Planning

Personal activities (social experience after discharge, authoring house design manual)

Behind-the-scenes (18 years ago: materials on advanced cases inside and outside Japan), proposals to governor (14 years ago: 1989)

Regulations Committee (establish regulations), promotional committee (realize ideals), spread (Heartfelt Building Law)

### ◎Recent Topics from Japan

Discontinuation of priority use system for disabled persons at TDL (Tokyo Disneyland)

Discontinuation of priority use system for disabled persons (<http://www.eft.gr.jp/gacard/>)

USJ (Universal Studios Japan) may also discontinue the system.

However, it seems that the U.S. is also considering this (some say it is because of the Japanese)

Restrictions in use of small planes for solo flights by wheelchair persons

In particular, ANA's regulations at Itami and Kansai Airports. Canada's example (changing plane design)

Daiei's car parking area for the disabled and pregnant women

They adopted this system in all their stores from May 13 (Monday) this year.

Request from JH (Japan Highway Public Corporation) regarding car park space for the physically disabled

Place signs indicating that the car park space is for the physically disabled, etc.

Establishment of new physically disabled sign (Article 71.5.3 of Road Traffic Law)

According to the revisions in the Road Traffic Law, as of June 1, 2002, when physically disabled drivers drive normal passenger cars, they are required to make an effort to place signs indicating that they have physical disabilities if their disability poses a risk of affecting their driving.

※ Like the aged driver mark (Maple Mark) other cars are prohibited from having these cars pull over at the curb or overtaking them.

※ Design of physically disabled sign Symbol of happiness “Clover mark”

The aim is a traffic environment that is friendly to disabled persons through kindness and consideration.



### ◎Recent comments of the physically disabled

General systematization of town planning (access and usability)

Regularization of action signal, body signal (lamp signal of drivers)

Toilet arrangements (Standardizing the left, right, front, back positions of male/female, wheelchair person)

Limitations in difficult-to-use flow path and service time rather than vagueness.

JR Kyoto Station's non-operating hours of welfare elevators

Regress to diversity through standardization of mass products

How booklets open (left-handed, right-handed versions, semi-paralysis)

Oct. 22 NR Parallel Sessions 1 Barrier-free (NR-PS-1)

Efforts to keep up with diversification of method of use, changes in environment, internationalization

Discounts for the disabled on toll roads and permits to park in prohibited areas cannot be used for business activities (company cars), thus impeding working opportunities. They are also not available to foreigners living in Japan. International permits are required.

For public transport discounts, systems related to single use, near distances, and use of passes is bizarre.

Discrimination against foreigners

From educating proper manner to assuring use

As efficient town planning and convenience advances, intentional misuse by general users is on the increase.

Some disabled persons can also be blamed for misunderstanding systems, being selfish, sly, and inconsiderate.

With the increase in people lacking manners, morals, common sense, and good sense, there is a need for strict rules and protective barriers (strict punishments, use of machines like monitoring systems and coin car parks).

◎Barrier-free features not only serve the disabled

- They are social assets in new communities and aging communities initiated by culture and civilization

- Why is town-planning required?

First to ensure freedom in movement (access-free), next for convenience (usability)

From dealing with special needs to convenience allowing normal use

- Changes in international concept of disability (Establishment and re-definition of international disability classification by WHO)

ICIDH = (1980) International Year for the Disability/complete participation and fairness/independence

(IL=Independent Living)

Complete participation and fairness/independence/elimination of disability

Independence of the disability (Normalization)

Promotion of social activities of disabled persons and use as resources

From reduction of social costs to purpose of living, contribution to society

Progress of science and technology and establishment of environment/difference between merit system and skill development/welfare-friendly town planning regulations

Improvement of personal and social QOL of people with severe disability

Autonomous (self-) support, empowerment

Adaptability and skill development (development/risk management and demonstration)

Barrier-free features of experience and knowledge need for accessibility (diversity/changes/acceptance/flexibility)

ICF = (2000) 2000 review/rehabilitation of all/self-realization)

Idea of tempoFrary ability at base

What is standard? What is wholesome and soundness? (Retirement age, average lifespan, risks of accidents and adult diseases)

From barrier-free, accessibility to usability

Total rehabilitation and role model

Rehabilitation and education, and Re-

Life and Lifestyle/Self-realization and what is required to lead better life and stable life



◎Requirements of welfare-friendly town planning in the future (both tangible and intangible aspects)

- For community planning

Community amenity (Comfort)/to lead comfortable life safely and easily

For all, help each other

Risk management taking into consideration temporary ability

Ideals of safety net (life security) and social security

Communication, exchange, and association

Mixing of needs according to characteristics by type of disability and dealing with individual diversity (direction and position)

Information collection (lifestyle information, social participation information=information on using facilities, tourism, and know-how for succeeding, etc.)

Application to individual characteristics. Dealing with changes ← Basic is simple

- Need to think about;

Tendency remains for social welfare workers and disabilities to understand only the macro, and not micro aspects

Uniformity in opinions on use needs (differentiating use between universal design and special service)

Thoughts on universal design and how it is perceived

Function standards from viewpoint of users (Ample + adjustable)

Presentation of administrative principles and specification models (summary), efforts of machine manufacturers

How opinions of the disabled are incorporated (physical functions, flow, using method, psychological and behavioral skills=ADL)

- ※ The final target of total rehabilitation lies in self-realization. At the extension, skills to change the society into the desirable state for humans from experience and demonstration of leadership are required in disabled persons. **【Rehabilitation of society】**
- ※ Disabled care management method (Coordination)

## 「ハードルのない地域…バリアフリーを考える」司会として・・・

辻 一

社団法人大阪脊髄損傷者協会 会長

### ◎福祉のまちづくりへの関わり

当事者としての活動（退院後の社会生活の経験、住宅設計マニュアル執筆）  
根回し（18年前：国内外先進事例の資料）、知事への提言（14年前：平成元年）  
条例検討委員会（条例を作る）、推進委員会（理想に近づける）、広げる（ハートビル法）

### ◎最近の日本のトピックスから

TDL（東京ディズニーランド）障害のある人の優先利用配慮の廃止  
障害のある人の優先利用配慮の廃止について (<http://www.eft.gr.jp/gacard/>)  
USJ（ユニバーサル・スタジオ・ジャパン）も同様に廃止されそう。  
但し、米国でも検討されていると聞く（日本人が原因説も）

車いす利用者の単身旅客用小型飛行機利用制限

特に、ANAの伊丹と関空の対応。カナダの例（配機を変更しての対応）

ダイエーの障害者・妊産婦専用駐車区画許可証制度

今年5月13日（月）より「障害者・妊産婦専用駐車区画許可証制度」を全店舗で導入。

JH（日本道路公団）身障者用駐車スペースについてのJHからのお願い

身障者用駐車スペースは、身体の不自由な方の専用駐車場です表示等

新しい身体障害者標識の制定について（道路交通法第71条の5第3項関係）

改正道路交通法により、平成14年6月1日から、肢体障害者ドライバーが普通自動車を運転する時に、その肢体不自由が自動車の運転に影響を及ぼすおそれがあるときには、身体障害者標識を表示するように努めなければならないとする。

※ この標識を表示した自動車に対しては、高齢者マーク（もみじマーク）と同様に、他の自動車は幅寄せや割込が禁止される。

※ 身体障害者標識のデザイン 幸福の象徴の「四ツ葉マーク」。  
やさしさや思いやりで障害者にやさしい交通環境を目指す。



### ◎最近の障害当事者の論調から

まちづくり（アクセスとユーザビリティ）の総合的なシステム化

アクションシグナル、ボディシグナルの定例化（自動車ドライバーのランプシグナル）

トイレの配置（男性用と女性用、車いす利用者用の／左右前後の定位置化）

わかりづらいうというより、利用困難にしている動線やサービス時間の限定。

JR京都駅、福祉対応エレベーターの運転停止時間。

マスプロダクト製品の標準化による多様化への逆行

ブックレットの開き方向（右利きと左利きで左右に対応した版、半身麻痺）

利用方法の多様化、環境変化、国際化への対応

有料道路の障害者割引や駐車禁止除外証が営業（社有車）で使えないため、就労機会を妨げている。また、来日外国人は利用できない。国際的な共通パーミットが必要

公共交通機関利用割引は、単身や近距離、定期券利用の制度が変則。外国人を差別

マナー啓発から利用保障へ

まちづくりが進み、使いやすくなると共に、一般人の意図的な悪用が増えている。

障害のある人の側にも、制度やシステムへの誤解や、わがまま、ずるさ、勝手がある。

マナーやモラルや常識、良識の欠如が増えている中では、厳密なルールや守ってくれるバリア（厳しい罰則や、監

10月22日 総合リハ分科会 1 バリアフリー (NR-PS-1)

視システムやコイン駐車場のような機械的対応)が必要。

◎バリアフリーは障害者のためのものだけではない。

・文化・文明が導く新しい社会、高齢化社会では社会資産である。

・なぜ『まちづくり』が必要か

当初は移動の自由の確保 (アクセスフリー)、次に利用のしやすさ (ユーザビリティ)  
スペシャルニーズ対応から、普通に使える利便性へ

・国際的な障害概念の変化 (WHOの国際障害分類の制定と再定義)

ICIDH=(1980) 国際障害者年/完全参加と平等/自立 (IL=Independent living)

完全参加と平等/自立/ハンディキャップの除去

障害者の自立生活 (ノーマライゼーション)

障害のある人の社会的活動促進と資源としての活用

社会的コストの削減から、生きがいと社会的貢献へ

科学技術の進歩と環境整備/能力主義と能力開発との違い/福祉のまちづくり条例

より重い障害のある人の私的・社会的QOLの向上

自律 (自助) 支援、エンパワーメント

適応 (アダプタビリティ) と能力開発 (ディベロップ/リスク管理と発揮)

ソフト面のバリアフリー、アクセス化の必要性 (多様性/変化/受容/柔軟性)

ICF =(2000) 2000年見直し/全人的リハビリテーション/自己実現

基底にあるテンポラリーアビリティという考え

標準とは? 健全・健全とは? (定年と平均寿命、事故や成人病のリスク)

バリアフリー、アクセシビリティから、ユーザビリティへ

トータル・リハビリテーションとロールモデル

ハビリテーションとエデュケーションと、Re-

生活と生き方について/自己実現とより良い人生と安全な生活のために必要なもの

◎これからの福祉のまちづくりに求めるもの (ハードとソフト)

・地域 (コミュニティ) づくりのために

コミュニティのアメニティ (快適さ/心地よさ) /安全で楽に楽しく生活できるように

フォー・オール (皆のために)、助け合い (互助)

テンポラリーアビリティを考えたリスクマネジメント

セーフティネット (生活安全保障)、ソーシャルセキュリティ (社会保障) のあり方

コミュニケーション (伝達) とエクステンジ (交流) とアソシエーション (交際)

障害種別の特性によるニーズの混在と個人的多様性【向き、位置】への対応

情報収集 (生活情報、社会参加情報=施設利用案内、観光や成功へのノウハウなど)

個々人の特性への応用。変化への対応 ← 基本はシンプル

・考えるべきこと

社会福祉関係者も当事者も、マクロは分かってもミクロが分からない傾向が残っている

利用ニーズの意見統一 (ユニバーサル・デザインとスペシャルサービスの使い分け)

ユニバーサル・デザインの考え方、とらえ方

利用者の視点にたった機能水準 (必要十分+アジャスタブル)

行政の指針、要綱での仕様モデル提示/機器、機材製作製造業者の取り組み

当事者意見の取り入れ方(身体機能的、動線・利用法、心理と動作能力=ADL)

※ トータル・リハビリテーションの最終目標は、自己実現であり、その延長に、

障害のある人がその体験を活かして社会を人類にとって望ましい形に変える力を持ち、指導力を発揮することが求められる。【社会のリハビリテーション】

※ 障害者のケアマネ手法 (コーディネート)

## Issues in the Now-Familiar Information Society

SUEDA, Osamu

The University of Tokushima, Graduate School of Engineering, Department of Ecosystem Engineering

How can we secure accessibility of information in the IT society for poor people, people with disabilities, and elderly people in developing countries? This is the biggest issue in the current global community. In the United States, Section 508 of the Rehabilitation Act has been effectively enforced since June 22<sup>nd</sup>, 2001, which has greatly affected not only the United States but also Japan. And, the companies concerned and the administrative authorities have united in promoting the measures to deal with the influence. How far will the current development of IT-related equipment and the current computerization of information go ahead, while taking the accessibility for people with disabilities into consideration? I would like to survey the latest IT-related equipment and how the standards have been improved with consideration for people with disabilities and elderly people, in order to think about future problems.

### ○ Section 508 of the Rehabilitation Act

Section 508 of the Rehabilitation Act, which came into force on June 21<sup>st</sup>, 2001 in the United States, was added to the Rehabilitation Act in 1986. However, it was not legally binding. Therefore, in 1998, it was amended to become legally binding and came into force on June 21<sup>st</sup>, 2001. This Section 508 provides as follows.

① Unless all Federal agencies bear an undue burden, when they develop, procure, maintain, or use the electric and information technology:

- disabled employees may use the electric and information technology as other employees do; and
- disabled members of the public may access the information and data of the Federal Government as others do.

② If they find it an undue burden to meet the standards of the accessibility of the electric and information technology, when they develop, procure, maintain, or use the electric and information technology, all Federal agencies shall provide disabled members of the public who attempt to access the services of the Federal Government as stated in ① with the alternative available means.

We have also prepared the similar accessibility guideline in Japan. However, it is not legally binding. Therefore, when the same IT-related devices are produced in our country, the standards of the accessibility are applied to only those devices exported to the United States. However, the same standards are not applied to the devices produced for our domestic use.

### ○ What is Blue Tooth?

Blue Tooth is the wireless communication system for the LAN covering a small area, such as within a household. Through a wireless earpiece uniting a mike with an earphone (Refer to the right figures), you can use your voice to control not only various kinds of current communication devices, in the center of which PCs are placed, but also a lot of devices around you, including TV sets, stereo sets, CD players, digital cameras, and car stereo sets. If you say, "I want to make a phone call", the computer connected to the wireless system will ask you, "Do you want to make a phone call?" Then, if you say, "I want to call ○×.", it will put you through to ○× after saying "All right". Such an era has come just around the corner.

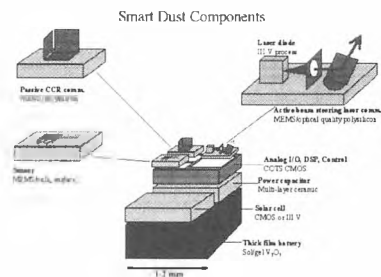
This Blue Tooth can provide you with a comfortable living environment. And, the current steps to connect PCs and their peripheral devices, which are hard to understand and have many wires, will not trouble you anymore. But, even with this Blue Tooth, we will face a new issue. What will happen to the people with vocal disabilities? When they suddenly become vocally disabled, how can they contact the outside world? Can we secure the safety of the living environment, which has become usual to us, while at the same time taking the



accessibility for people with disabilities and elderly people into consideration?

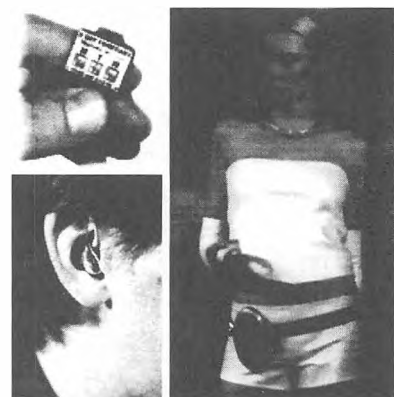
○ Smart Dust

The word “LAN”, meaning a computer network, has been used as a matter of course. And, the development of the ultra-small-sized IC with multi functions that can contribute to the spread of Blue Tooth (the LAN for a short distance) is ongoing. The product named “Smart Dust”, which includes various kinds of components from a solar cell to even a ray-launching device inside around 1mm of its size, is a smart IC with intelligence. If such products are on sale in the market as a matter of course, the prices of IT-related devices will also become cheaper, and the word “LAN” will become more common.



○ Wearable Computer

Thin-film technology has been developed, and ICs have increasingly become smaller. Under such circumstances, it has become possible to wear a computer and still move around. It is about to become possible for the sensors incorporated into the clothes, together with the physical functions of a human, such as the body temperature, the blood pressure, and the blood sugar level, to sense the outside temperature and even hazardous materials inside the air to give an alarm. The interior of a house, where IT-related equipment is united through Blue Tooth and other devices, will also create an integrated atmosphere. And, surrounded by surfaces of walls on which liquid-crystal panels or plasma displays are placed, you can jump into a dream world while still being at home. You will take it for granted that you live while being surrounded by information.



○ Secure the accessibility of IT-related equipment

The legally-binding power to secure accessibility in the United States is uncountable. On the other hand, as the counterpart of the American Standards, we have the Japanese Industrial Standards (JIS) in Japan. However, JIS does not have legal force. However, if we enact a legally-binding law where the central government or local governments shall purchase the products that can comply with JIS, JIS can also become practically legally-binding.

The Ministry of Economy, Trade and Industry has recently established a committee, the holding period of which is scheduled for the time between the fiscal years of 2001 and 2003, aiming at the preparation of standards of accessibility. And the respective representatives from the Telecommunication Access Council (Web), CIAJ (Communication Equipment, Fax, etc.), JEITA (PC · Peripheral Devices, Multi-Media Products, and Communication Terminal), JISA (Ex JPSA, Software-Related Organization, and Application Software), JBMA (Office Equipment, Copier, etc), Japan Ergonomics Society, and Association for Electric Home Appliances (Digital Electric Home Appliances) have joined the committee as members. The committee plans to prepare a Draft of the Standards of Software Accessibility (the JIS Draft) during the fiscal year of 2003. Therefore, we should keep an eye on the future development. It is said that Japan has lagged more than ten years behind the United States and European nations in accessibility for disabled people and elderly people. And I expect that our country will be able to escape from such a situation in the future.

## 身近になった情報化社会における課題

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情報化社会における情報を操作する能力を開発途上国の貧しい人々、障害者、高齢者にいかに保証するかが現在の国際社会の最大の課題である。アメリカにおけるリハビリテーション法508条の昨年6月22日からの実質的な施行は、米国のみならず我国においても大きな影響があり、その対策を関係企業と行政が一体となって進めてきた。現在の情報機器の発達と情報の電子化は何処まで障害者に配慮して押し寄せるのであろうか。最新の情報機器、障害者・高齢者に配慮した規格整備について概観し、今後の問題点を皆さんと共に考えてみたい。

### ○リハビリテーション法508条

米国で昨年(2001年)6月21日に発効したリハビリテーション法508条は、1986年にリハビリテーション法の中に追加されたものであるが、法的拘束力がなかった。そこで1998年に拘束力のあるものに改定され、2001年6月21日に発効した。この508条では、①連邦政府各機関が電子情報技術を開発・調達・保守・利用する際、各機関に過度の負担が生じない限り

- ・障害を持つ連邦政府職員の電子情報技術の利用が、障害を持たない職員による利用と変わりなくできること
- ・障害を持つ国民が、連邦政府の情報・データへ障害を持たない者の利用と変わりなくアクセスできること

②電子情報技術の開発・調達・保守・利用する際、電子情報技術アクセシビリティ基準に適用させることが各機関にとって過度の負担になる時、連邦政府機関は①に示されるような連邦政府のサービスにアクセスしようとする障害を持つ国民に対して障害者がアクセスできるような代替手段を提供すること、としている。

我国でも同様のアクセシビリティのガイドラインは作られてきたが、法的拘束力がないため、我が国で製造される同じ情報機器でも、米国向けの機器には採用されても、国内向けの機器には採用されないものがある。

### ○ブルートゥース(青い歯)とは

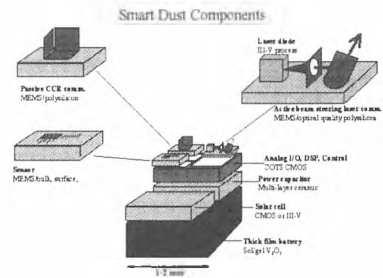
ブルートゥースは家庭内程度の狭い範囲のLANを目的とした無線情報システムである。現在のパソコンを中心にした各種情報機器に加え、テレビやステレオ、CD、デジカメやカーステレオまでも含め多くの身の回りの機器を、マイクとイヤホンが一体となった無線のイヤピース(右図参照)を介して音声でコントロールさせることが可能になる。「電話をしたい」と言えば、無線で繋がったコンピュータが「電話ですか?」と聞いてくる。そこで「○×へ電話をしたい」と言えば、「分かりました」と言ってでんわを繋いでくれる。そんな時代が目の前に来ている。



現在の分かりにくいコンピュータや周辺機器との接続方法や電線に悩まされることなく快適な生活環境を提供してくれるはずである。しかし、ここでも新たな課題が発生する。発声発話に障害のある人はどうなるのであろうか。突然喋れなくなった時、外部にどのように連絡すればよいのか。当たり前になった生活環境に対する安全の保証、障害者・高齢者対策は同時に進行するのであろうか。

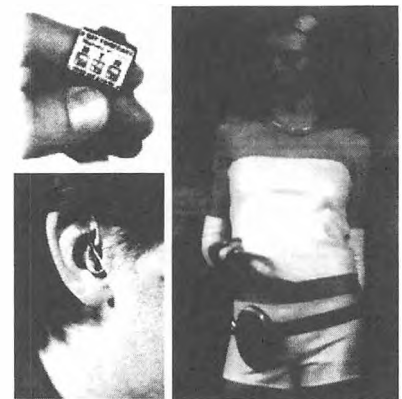
○スマートダスト (賢い塵)

コンピュータ・ネットワークとしてのLANという言葉は当たり前のように使用され、ブルートゥースと言う近距離用LANが普及するための超小型の多機能ICが開発されようとしている。スマートダストと名付けられたものは、1mm程度の大きさの中に太陽電池から光線発射装置までもを含み、頭脳をもった賢い (スマートな) ICである。このようなものが市場で当たり前のように利用されるようになると、情報機器の価格も安くなり、さらにLANが当たり前なものとなろう。



○ウェアラブル・コンピュータ

薄膜技術の進歩とICのますますの小型化によりコンピュータを着て活動することが可能になってきた。衣服にセンサーを組み込み、体温、血圧、血糖値などの身体機能と共に、外気温、空気中の有害物質などをも感知して警報を発することが可能となりつつある。住宅の中も、ブルートゥースなどで一体となった情報機器で統一され、壁面は液晶パネルあるいはプラズマディスプレイで構成され、居ながらにして夢の世界に飛び込むことが出来るようになり、当たり前前のこととして情報の中で生活することになる。



○情報機器のアクセシビリティ保証

米国におけるアクセシビリティ保証の法的な拘束力は、計り知れない力を持っている。一方、我国における機器の規格と言えば日本工業規格JISであるが、JISには強制力はない。しかし、国や地方公共団体が購入する物はJISに準拠したものでなければならないという拘束力のある法律を作れば、JISも実質的に拘束力を持つようになる。

現在、経済産業省がアクセシビリティ基準の作成に向けた委員会を平成13~15年度の予定で設置し作業を進めている。そこには、電気通信アクセス協議会 (Web)、CIAJ (通信機器、Fax等)、JEITA (PC・周辺機器、マルチメディア製品、情報端末)、JISA (元JPSA、ソフトウェア関連団体、アプリソフト)、JBMA (事務機器、コピー機等)、日本人間工学会、家電製品協会 (デジタル家電製品) の代表者が委員として参加している。平成15年度中にソフトウェア・アクセシビリティ標準原案 (JIS原案) を作成することになっている。今後の展開に注目し、我国の障害者・高齢者が欧米に比べ10年以上遅れていると言われる現状から抜け出せることを期待したい。

## ハードルのない地域ーバリアフリー・ユニバーサルデザインを考える

三星 昭宏

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高齢者や障害者とその身体的な条件にかかわらず、通常の生活と労働を行えるように社会システムを作りかえてゆく、いわゆるノーマライゼーションの流れの中で、地域や都市のバリアフリー化が進みつつある。屋外空間に関する「交通バリアフリー法」、公共的建築物の「ハートビル法」、これらの各種指針基準、自治体の「福祉のまちづくり条例」などの法律も出そろってきた。この目的は最終的には、高齢者・障害者の自立がある。

一方、ものづくりの設計思想としてユニバーサルデザインの考え方が広まりつつある。これは、すべての人が使え、すべての人に優しいデザインを意味する。ユニバーサルデザインは設計思想であり現代のわが国におけるその定義や解釈についてまだ諸説あるが、バリアフリーを根幹に据え、幅広い人を受益者とした設計を目指す流れとして定着しつつある。

ユニバーサルデザインは工業製品のものづくりだけでなく「まちづくり」の考え方に広がりつつある。従来のバリアフリーを基本に、高齢者・障害者だけでなく、妊産婦・けが人・言葉の不自由な外国人・重い荷物を持つ人・中年者など幅広い人を対象にまちづくりを行う考え方である。公共空間では第一に「公共性」-使えない人があってはならないが求められたため、ユニバーサルデザインは、本来まちづくりにおいて前提とすべきものであり、ことさらに強調せずともまちづくりの計画・設計・仕組み構築そのものであるべきである。しかしそれが今強調されるのは、従来のまちづくりが、「平均的」人間を前提とし、「声の大きい人」や突出した利害関係者に左右されがちであったことを打破し、広く市民・住民・高齢者・障害当事者のニーズをまちづくりの根幹に据える必要性の大きさを意味するものである。したがって、バリアフリーデザインとユニバーサルデザインは同じ方向を向いており、決して対立概念ではない。

まちづくりにおけるユニバーサルデザイン思想の特徴として、結果としてのデザインだけでなく、プロセスも重視せざるをえないことである。これはユニバーサルデザインが市民ニーズに立脚したものの考え方をする以上、これまでの行政における「上から」の事業プロセスではなく、当事者・生活者の目線にたった「下から」のまちづくりのプロセスを基本にするということである。いわゆる「参加型」のまちづくりである。計画者・設計者が多様なニーズを当事者の生活の中ですべて把握することは不可能である。また、質の高いまちづくりとは、人々の五官に立脚したキメ細かいまちづくりである。当事者参画なしのユニバーサルデザインまちづくりはありえない。筆者はいくつかのターミナルやまちづくりにおいて、当初からユニバーサルデザインを前提とするプロジェクトにかかわってきたが、当事者参画の有効性がその中で確認されている。プロセス論としていまひとつ重要なのは、行政や専門分野の垣根を取り払い、横断的・統合的な計画・設計を行うことである。これもまたユニバーサルデザインを目指すならば当然であるが、現在の行政の仕組みを越えることになり大きな課題である。

ユニバーサルデザインにおける当事者参画に関し、キーワードを以下に記す。

### ①当事者参加が必要な理由

・多様なニーズ、・五官的ニーズ、・サービスの質向上、・広範な合意形成、当事者の技術知識、・計画者設計者の当事者知識

### ②当事者参加の方法

・計画設計への直接参加、・アンケート、・ヒアリング、・構想から事後評価までの当事者参加、・ワークショップや交通実験への参加、・パブリックインボルブメントの諸方法、・インターネットの活用（今回は実施できなかった）



③当事者理解の工夫

- ・ アンケート等諸調査、・ 高齢者障害者体験プログラム、・ 討論と学習、マップやデータベースづくり、プレゼンテーションなど

④今後の課題

- ・ ニーズの把握法、・ 代表者の選出、・ 総合調整、・ 意思決定の方法、・ 当事者の専門的知識醸成、・ 計画設計と評価の区分、・ 時間スケジュールなど

⑤当事者参加で望まれること

- ・ 計画者・技術者：技術レベルの向上、模倣ではなく創意工夫する気力と能力、当事者を理解する姿勢
- ・ 当事者：自分の要求の明確化、当事者の代表能力、計画や技術を理解する姿勢
- ・ コーディネーター：総合的知識、調整能力、双方からの信頼

筆者は近年、バリアフリーを現場で達成し、ユニバーサルデザインを志向しようとする最前線にいる。共通しているのは、当事者・住民参加、行政や技術者の創意工夫、合意形成、バリアフリー概念の拡大、ユニバーサルデザイン、地域活性化などのキーワードである。これらの取り組みはまだ端緒についたばかりであり、これらの成功・失敗・教訓をいかし、各地で新しい質を持つ計画・設計事例が輩出することを期待する。

## **My Internet Experience of a Person with an Auditory Disability**

**AKATSUKA, Mitsuaki**

Shimizu Corporation

The thing that has changed the information environment of the auditory disabled vastly is none other than the Internet. Thanks to the Internet, it is now easy for us to obtain and use information.

In the past, the auditory disabled only had newspapers and books to rely on for obtaining general information. For news flashes and the like, we could only get such information via sign language interpreters or communicating with normal people by writing. The birth of the Internet has therefore been revolutionary to the auditory disabled.

My first encounter with the Internet was with e-mail. Until then, we could send and receive messages by becoming members of computer online services. However, this was limited to within the country and between members only. Today, we can send and receive messages openly and between different providers. The Internet was started in the U.S. Coincidentally, my brother-in-law had been studying in the U.S. and he sent me a message which we now call e-mail. I remember staring at the e-mail address with the @ mark in between which we are all now so used to today. This was my first encounter with the Internet. This was in 1991. We continued to contact each other in this form to prepare for my family's visit to the U.S. After that, text-only messages started to come with drawings and photographs, developing into what we know today as web sites.

Because it is a custom for me to read the papers, I would usually bring a note PC with me when I go abroad since no Japanese news is usually available outside the country. The note PCs in the past were very heavy and the communication conditions were bad. Still I was always adamant in bringing my note PC on my overseas trips. However I remember how delighted I was to be able to watch the news in real-time in the country I was staying despite the time difference with Japan. With the rapid advance of PC technology, note PCs today are growing thinner and lighter by the moment, and we can carry them with us virtually anywhere we go with much ease. Telecommunications are also becoming more and more accessible abroad with increasing overseas access points and inexpensive communication fees. Two years ago, I had the opportunity to go on a long overseas trip and I brought along the latest PC available with me. I was able to connect it to the telephone in the hotel and watch Japanese news, make reservations for my next hotel on the Net, as well as browse local information. At that time, the dispute in Israel was worsening day by day, and I received e-mail from my wife in Japan asking me not to go there. I remember trying to decide whether to go or not by watching the conditions in Israel on the Internet. I also remember not only sending text-only messages by e-mail but also pictures which I had taken locally on my digital camera. The Internet helped to promptly convey to my family and friends that I was fine and the local conditions, assuring them of my well being a great deal. In the past when the Internet was not available, all we could do was to make expensive international calls or to write postcards to those at home. Being unable to communicate on the telephone, the postcard was my only means for communicating. Not knowing what was going on in Japan, I felt a bit like being stranded on an island at one point. When I was a teenager, I also had the opportunity to go on a long trip for one month. Upon returning home, I read a month's worth of newspaper to make sure I knew what was going on. If I think about that period, I truly feel the passage of time.

The power of the Internet soon made its way into my workplace. Our company is a global one, with many

branches and sales offices around the country, as well as overseas. There seems to be nothing as efficient as the Internet for integrating and sharing information, and thanks to the Internet, we are now able to exchange information by e-mail and on our web site using the company's information communication network running through our branches and sales offices in Japan and abroad. This is the so-called Intranet, which means internal Internet. In my own work, I ask for far less telephone substitutes. Everything can be done via e-mail. I can also now get hold of any in-house information I want, and I am no longer plunged into the information isolation that I used to find myself in.

With the progress of Internet technology, cellular telephones now also come with e-mail functions. This was in 1999. Today telephone e-mail is very popular amongst the auditory disabled because we can be reached immediately anyway in place of the telephone. Sadly, we still cannot send and receive e-mails over cellular phones internationally. This is because Japan adopts a different communication standard that can only be used in this country. Though they say it will become possible with the next generation system, nobody knows when this will be.

With the further progress of Internet technology, the greatest wish of the auditory disabled would of course be the TV telephone, and it seems this may be realized in the not too distant future. It will allow us to communicate with each other by sign language face to face. What is appealing is, just like talking over the phone, we will be able to say what we want to say instantaneously. I think not only the auditory disabled but also the non-disabled alike therefore eagerly await TV telephones, because we can tell if the other person is well or not.

The CATV combined with the Internet is helpful to the auditory disabled as an emergency communication system in times of disasters. With this 24-hour system, when an emergency situation due to disaster occurs, the CATV lines of administrative offices and those at home are used to automatically turn ON the home TV immediately and make the necessary announcement. One wonders why the system is not as popular as expected. Though budget may be a problem, I hope they will realize the system as soon as possible.

In a way, the Internet is an information revolution to the auditory disabled. Thanks to the Internet, our chances of acquiring information have been increased extensively.

#### Resume of Presentation

1. My Experience with the Internet as an Auditory Disabled Person
2. Uses and Acquisition of Information by the Auditory Disabled
3. Information Assurance

## インターネットに出会った聴力障害の私の体験

赤塚 光昭

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聴力障害者に取り巻く情報環境を大きく変化させてくれたのはなんと言ってもインターネットだ。インターネットのおかげで情報入手と活用がたやすくなった。

昔は一般情報を入手するには新聞や本だけが頼りであった。速報的な情報は手話通訳又は健聴者による筆談を介してしか得られなかった。インターネットの出現は聴力障害者にとってはまさに画期的であった。

私が始めてインターネットに接したのはE-mailであった。以前はパソコン通信会社の会員になれば、メッセージを送信したり、受信したりすることが出来た。これは日本国内で、しかも同じ会員同士でなければならなかった。今は、違うプロバイダーであってもオープンにメッセージの送受信ができるようになっている。インターネットの始まりはアメリカからであった。義弟がアメリカへ留学していて、そこから私宛にE-mailなるもののメッセージが送られてきた。今は見慣れているあのE-mailの@マークが付くアドレスに目を凝らしていた。これがインターネットとの出会いの始まりであった。1991年だった。わが家族が訪米のため、連絡を取り合っていたのだ。以後、文字だらけのテキスト形式から図入りと写真が見られる形式、つまりホームページなるものに発展してきた。

新聞購読が習慣の私は、海外に行くと日本のニュースが見られないので、ノートパソコンを携帯して行くことにしている。あのごろはノートパソコンが重いし、通信状況が悪い。それでも携帯していく、とんでもない私であった。しかし現地で日本と時差がなく、ニュースがリアル的に見られたので、喜んだ覚えがある。パソコン技術がめざましく、ノートパソコンが薄くなって軽量なものになって、今や携帯しやすくなっている。通信の方も海外アクセスポイントが増えて通信料が安くなっている。二年前、海外へ長期旅行に行く機会があって最新のノートパソコンを持って行った。ホテルで電話と接続してインターネットで日本のニュースを見たり、次の滞在先のホテルを予約したり、現地での情報を見たりしていた。とりわけ、イスラエル紛争が激しくなっていて、日本にいる家内よりあの国へ行かない方がいいとE-mailをくれたり、インターネットでイスラエルの状況を見ながら行くか否かを判断できたりした。それからE-mailでテキスト文章ばかりでなく、現地で撮ったデジカメの画像のデータも入れて送信した。家族や友人も私が元気であること、現地での状況がさまざま、よくわかって安心したと思う。昔だったらこういうものではなかった。割高な国際電話をかけたり、葉書を出したりして近況を知らせるしかなかった。まして電話通話ができない私にとっては、葉書しか知らせる手段がなかった。日本での出来事がわからず、一時浦島太郎的な感があった。二十代ごろ、1ヶ月間の長期旅行に出かけたことがあって、帰国すると1ヶ月間溜まっていた新聞を読んで話題ずれしないように努めていた。あのごろを思えば、まさに隔世の感があった。

インターネットの威力が私の勤務先にも押し寄せて来た。私の会社は全国に支店、営業所がたくさんあり、もとより海外にもあり、国際的な規模にまたがっている。情報の一元化、共有化を図るにはインターネットがきわめて効率的で、社内に情報通信網を国内、海外にも張り巡らせてE-mail、ホームページで情報交換を行えるようになっている。いわゆるイントラネットというもので内部インターネットの意である。私の仕事も電話代替の依頼がめっきり減り、E-mailですむようになっていく。社内の情報もありとあらゆる、分かるようになって情報の孤立に至らずにすむ。

インターネット技術の進歩により、携帯電話にもE-mail送受信ができる機能がつくようになった。1999年だった。聴力障害者にとっては、電話通話の代わりにいつでもどこにいてもすぐにつながりやすいため、爆発的に普及している。しかしながら、国際間になると携帯同士でE-mail送受信ができない。なぜなら日本でしか使えない独自の通信規格であるため。次世代になれば可能になると言われるが、いつになるやら。

10月22日 総合リハ分科会 1 バリアフリー (NR-PS-1)

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インターネット技術が更に進めば、聴力障害者にとっては究極の望む所は何と言ってもテレビ電話であって、実用化は間近である。顔を合わせて手話で会話することが出来る。電話通話と変わらず、瞬間的に言いたいことを伝え合うのが魅力的である。聴力障害者だけでなく、健聴者も望む所であろう。相手の顔が元気であるか窺い知ることが出来るから。

インターネットと融合したCATVは災害緊急連絡体制として聴力障害者にとっては役に立つもの。常時24時間体制で災害緊急発生が出たときに官庁と家庭とのCATV回線を利用してすぐに家庭のテレビが映し出されて強制的に知らせる仕組み。なぜか、まだ普及していない。予算もあろうが、至急を実現するよう、望むところである。ある意味でインターネットは聴力障害者にとって情報革命だと言える。インターネットの恩恵で聴力障害者の情報獲得を大幅に可能にしてくれる。

講演のレジュメ

1. インターネットに出会った聴力障害の私の体験
2. 聴力障害者の情報活用と入手
3. 情報保障

## Thinking about Participation - Independent Living -

ONOUÉ, Koji

Japan National Assembly of Disabled People's International, Assistant Secretary General

### 1. Independent living started when people with disabilities stood up.

#### 1970s: People with disabilities came on stage as the main body of social movement

①1970 – Fledgling years of independence and liberation movement for the people with disabilities, and movement against obligatory attendance to school for the disabled.

Since late 1960s, they were engaged in indictment and condemnation of discriminations against people with disabilities.

The fight against Fuchu Ryoiku Center (Community Care Center of Disabilities); the Araki Lawsuit; Ohara Case etc.

1970 “Blue Grass Group (Aoi Shiba no Kai)” in Kanagawa criticized the movement among the general public to plead for the reduction of the sentence to a mother who killed her handicapped child. They became aware of their position as “ones whose existence is supposed to be denied” and began to speak out.

In 1973, They introduced mainly in the areas around Kansai a campaign called “As a breeze let's go out in town”, and held a national wheelchair public meeting in Sendai.

At the same time, there arose a movement calling for integrated childcare and integrated education.

1979 Attendance to school for the disabled became obligatory. – The year before, protest movement gathered stream on a nationwide scale.

The epochal significance of 1970s, represented by these movements, is that people with disabilities appeared on the scene as the main body of social movement for the first time in Japanese history. Furthermore, the decade was characterized by a new idea which deviated much from “protection and rehabilitation,” advocating outstanding assertions as follows.

- “Self-reliance” – Self-assertion and establishment of independence of people with disabilities
- “Liberation” – not from “disability” but from “discrimination against people with disabilities”
- “Independent life in local areas” rather than “protection and isolation.”

1980s: International Year of Disabled Persons, community-based movement, grass-roots international exchanges grew

- 1981 was the International Year of Disabled Persons, and in that year the founder of the independent living movement in the U.S., Ed Roberts visited Japan. In 1983, Japan U.S. seminars for independent living were held throughout the Nation. Judy Human and Michael Winter visited Japan. In 1981, DPI (Disabled Peoples' International) was formed, and centers for independent living began to spread around the world.

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• Regional activities to support the development of independent living were carried out. As a rare system that can be used by a grass-root NPO organization for, of and by mentally disabled persons, which does not have corporate status. “Sagyo-sho” movement was actively pursued.

As an association of regional grass-root movement, activities of “Osaka Liaison Conference for independence and full participation by people with disabilities” became active. From then on, every year, it held all-round negotiations with Osaka Prefecture and Osaka City with two to three hundred people present.

1986 Japan National Assembly of Disabled People’s International was formed. The first full-scale center for independent living, Human Care Association (Hachioji, Tokyo) was established.

In 1988, on the occasion of the International Conference of RI (Rehabilitation International) held in Shinjyuku, Tokyo, an international solidarity meeting of people with disabilities movement was held, which called for “break-away from the control by professionals”, and a demonstration for accessible transit was staged. (From then on, a demonstration for accessible transit is held every year, participated by more than 3,000 people around the nation, it’s a big rally.)

1990s: ADA shock, welfare city planning, and rise of People First movement

1990 In the U.S. ADA was enacted. Japan Council on Independent Centers (JIL), a nationwide body of centers for independent living, was set up.

1991 Friends from People First visited Japan. Activities of intellectually disabled people became active. Osaka City introduced a lift bus to its regular route.

1992 Osaka Prefecture enacted its “Welfare City Ordinance” ahead of all other local governments. The guide-helper scheme for the intellectually disabled people started.

1993 The Fundamental Law for Persons with Disabilities was enacted. The definition of “disabled persons” in the law included mental disability.

Osaka Prefecture and Osaka City formulated a “new long-term plan for the people with disabilities.”

Osaka City Subway’s first plan for elevator installation (Now it is under the second plan. In five years, 80% of about a hundred subway stations can be accessed using elevators.)

With respect to Yamatogawa Hospital case Incident, the hospital was indicted by Osaka Human Rights Center of Metal Health, an NPO organization.

1994 An independent living support center, Peer Osaka, was set up in Tatehayakawa Welfare Center, Osaka City Osaka Municipal Hayakawa Welfare Center.

1995 The Government Action Plan For Persons with Disabilities (Normalization Plan).

1996 Local governments’ life supporting business for the disabled started

1997 Osaka City’s supporting plan of people with disabilities. Development of independent living is clearly described in the plan.

2000 The Barrier-Free Transportation Law was enacted and enforced. The Social Welfare Services Act was enacted. The new “Shienphi” scheme to support the disabled will start in 2003.

2. Shift in Paradigm from “protection/ rehabilitation” to “independence/ rights” , and the roles of the people with disabilities concerned

It is about time to discuss internationally the convention of the rights of the disabled, and domestically anti-discrimination law for the disabled. We should switch from the basic framework that has continued to exist since the

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postwar period, where measures are taken on the assumption that people with disabilities should be protected and rehabilitated, to a new framework where “independence and rights” is the basic viewpoint.

We have come to a stage where we should give shape to normalization and inclusion, in stead of merely leaving them at the idea level (for example, make arrangements for “deinstitutionalization and supporting community life of the disabled”, inclusive education based on integration in principle). How should we overcome the misalignment between the general argument and specifics (especially education and labor), which were observed in the first fundamental plan for people with disabilities and the Government Action Plan for Persons with Disabilities?

While advocating normalization, the number of institutions increases under the Japanese measures and policies for people with disabilities. Its is strange but true. We should steadily advance the policy of deinstitutionalization and community life support.

With respect to welfare services, when the new “shienphi” scheme to support the disabled is about to start and nursing care insurance will be reviewed, social participation of the disabled will become an important point.

From the present dualistic situation of “general employment if fitting in with the general labor market” and otherwise “humanitarian employment” to a new framework where those willing to work will be basically provided with the employment opportunity and supported. (from “start to work when support has become unnecessary” to “work while receiving support”)

How should barrier-free transportation and building or information technology be promoted from the viewpoint of rights of the disabled? Here, it is important that people with disabilities should participate from the stage of review and designing.

Internationally NGOs like DPI and in Japan NGOs for, of and by mentally disabled persons will have more important roles in the future.



## 当事者性について考える－自立生活

尾上 浩二

DPI日本会議事務局次長

### 1. 当事者の立ち上がりから始まった自立生活

#### 1970年代 社会運動の主体としての障害者の登場

①1970年代－障害者の自立・解放運動の芽生えと養護学校義務化反対運動

1960年代末～障害者差別を告発・糾弾する取り組みが進められる

・府中療育センター闘争、荒木裁判、大原訴訟など

1970年 神奈川青い芝の会・「障害児殺し減刑嘆願運動」に対する批判を展開

「あってはならない存在」とされる障害者の立場の自覚と自己主張を開始

1973年 関西を中心に「そよ風のように街に出よう運動」の展開、全国車いす市民集会の開催（仙台）

同時に、共同保育、統合教育を求める動きが始まる

1979年 養護学校義務化－その前年に反対運動が全国的に盛り上がる

これらの運動に代表される1970年代は、日本の歴史において障害者自身が社会運動の主体として登場し始めた点に画期的な意味があり、さらに、それまでの「保護・更生」という理念に、以下のような点で際立った主張を提起した点に特徴がある。

- ・「自立」－障害者自身の自己主張、主体性の確立
- ・「解放」－「障害からの解放」ではなく、「障害者差別からの解放」
- ・「保護・隔離」ではなく、「地域での自立生活」

#### 1980年代 国際障害者年と地域運動、草の根の国際交流の高まり

- ・1981年国際障害者年の時に、アメリカの自立生活運動の創始者エド・ロバーツが来日。1983年には日米自立生活セミナーが全国各地で開催。ジュディ・ヒューマンやマイケル・ウィンターが来日。1981年に、DPI（障害者インターナショナル）が結成され、全世界的に自立生活センターが広がってくる。
- ・自立生活を展開していく地域運動が展開。法人格を持たない草の根・NPOの障害当事者組織が使える数少ない制度として「作業所」運動が盛んになる。
- ・地域の草の根運動連合として、「障害者の自立と完全参加を目指す大阪連絡会議」の活動が活発に。以降、毎年、大阪府・大阪市と2～300名規模のオールラウンド交渉
- ・1986年DPI日本会議結成。日本で初めての本格的な自立生活センター＝ヒューマンケア協会（東京・八王子）が設立される。
- ・1988年に東京・新宿で開催されたRI（リハビリテーション・インターナショナル）国際会議の際、「専門家支配からの脱却」を訴えて障害者運動の国際連帯集会と交通アクセスデモ（以降、毎年、交通アクセス行動、全国で3000人が参加する大行動に）

#### 1990年代ADAの衝撃と福祉のまちづくり・ピープルファースト運動等の高揚

1990年 アメリカでADA制定。自立生活センターの全国組織＝JILが結成される。

1991年 ピープルファーストの仲間が来日。知的障害者の当事者活動の活発化へ

- 大阪市営の一般路線バスにリフト付きバスの導入
- 1992年 大阪府「福祉のまちづくり条例」を全国に先駆けて制定  
知的障害者ガイドヘルパー制度発足
- 1993年 障害者基本法成立、障害の定義の中に精神障害者。  
大阪府・大阪市 「障害者新長期計画」策定  
大阪市地下鉄第一次エレベーター設置計画（現在第二次計画。5年後には100余りの地下鉄駅の8割がエレベーターでアクセス可能に）  
大和川事件に対してNPO組織・大阪精神医療人権センターが告発・追及へ
- 1994年 大阪市立早川福祉会館の中に自立生活支援センター・ピア大阪設立される。
- 1995年 障害者プラン（国）
- 1996年 市町村障害者生活支援事業発足
- 1997年 大阪市障害者支援プラン。プランの中に自立生活センターの展開が明記される。
- 2000年 交通バリアフリー法成立－施行 社会福祉法成立－2003年から支援費制度へ

## 2. 「保護・更生」から「自立・権利」へのパラダイム転換と当事者の役割

- ・国際的には障害者権利条約、国内的には障害者差別禁止法制定などが日程に登る時期。戦後以来続いてきた、障害者を「保護・更生」の対象とみなした上で施策を展開するという基本的枠組みから、「自立・権利」を基本視点とした枠組みへの転換を
- ・理念レベルで語られてきたノーマライゼーション、インクルージョンを理念レベルにとどめずに具体化していく段階に来ている（例えば、「脱施設・地域生活支援」や原則統合に基づくインクルージョン教育が進む仕組みに）。その点から、第1次の障害者基本計画や障害者プランに見られた、総論－各論のズレ（特に、教育と労働）をどう克服していくか。
- ・ノーマライゼーションを掲げながら、入所施設が増えていく日本の障害者施策の不思議さ～脱施設・地域生活支援が着実に進む展開を
- ・福祉サービスをめぐっては、支援費制度～介護保険の見直しを含む時期の中で、障害者の社会参加サービスが一つのポイントになる。
- ・これまでの「一般労働市場に乗る者は一般雇用」「それ以外の者は福祉的就労」の二元論的な状況から、基本的に働きたいという意志のある障害者への就労機会の確保と支援の仕組み（「支援が要らなくなったら働く」から、「支援を得ながら働く」へ）
- ・交通や建築物のバリアフリー、IT分野でのバリアフリーの推進について、いかに権利の視点から進めていくか。また、検討、設計段階からの障害者参画の重要性
- ・国際的にはDPIなどのNGO、国内的には自立生活センターなど当事者中心のNPOの役割がますます重要な役割を担うことになる

## **Roles so far Played by the Independent Living Center and People with Disabilities**

**HIGUCHI, Keiko**

Japan National Assembly of Disabled Peoples' International

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The desire of people with disabilities to "live an ordinary life" has helped reform our society.

I. The UN General Assembly proclaimed 1981 as the International Year of Disabled Persons with "Full participation and equality" and "Equalization of opportunities" as the theme.

At the first DPI World Assembly held in Singapore in 1981, we gathered together with people with disabilities from all over the world and brought together "voices of our own."

Study in America Leader's Program for the disabled (Let's Expand the Circle of Love Movement Foundation, started in 1981)

People with disabilities empowered by training in independent living centers

Japan-U.S. Independent Living Center Seminars held in 6 sites in Japan in 1983

Human Care Association (Hachioji, Tokyo) established in 1986.

II. The objective of the independent living center

To change the concept of independent living, from "independent living concerning personal health care" and "economically-independent living" to "the execution of right of self-determination" and to live a life of one's own choice.

To be an organization controlled mainly by parties concerned with more than 51% of the management staffed by people with disabilities.

People with disabilities serve as the head, the secretary and others as representatives of the center to handle social aspects of the operation.

An entity that offers needed service, which only those who enjoy the service can offer suitably and properly.

An active entity that tries to realize systems and social environment needed to live an ordinary life (Negotiations with ministries and agencies; protest movements).

III. Details of activities of the independent living center

Peer counseling

Independent living program

Service to dispatch visiting assistants to provide home care

To offer consultancy service concerning systems, income, house remodeling and to help find a place to live

Transfer service and others

IV. Achievements of the independent living center

It has grown out of its original position as just a special form of medical service into the core of regional welfare service.

① From the receiver of treatment, training, education, and guidance service to a proactive existence

② Taking advantage of the position as the receiver of the service, it has become the flag-bearer of the welfare service and is offering a service that satisfies real needs.

③ It has established a particular domain only people with disabilities can create, and has become a group of specialists called "people with disabilities."

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It has successfully made the peer counselor a social existence as well as part of a national project.

- ① Now people with disabilities have confidence and can assert themselves.
- ② The experience as people with disabilities has proved to be an effective tool to support fellow people.
- ③ Disadvantages associated with disabilities are not something personal. They are barriers set by the society: The center helped make this way of thinking conventional and has led the reform of society (Liberation from systems, environment, prejudice, and discrimination).
- ④ The understanding that the existence of peer counselors is essential and empowers the disabled more effectively than the advice and information from professionals that has become pervasive.

Conversion from family-based and/or facility-based welfare to regional welfare that gives priority to right of self-determination

- ① While promoting a national network of business entities that offer related services, it has worked to improve the existing system in order to make it more user-friendly, including the elimination of the upper limit concerning home-helper dispatching and self-recommended registered home-helpers.
- ② It has successfully established a system that is capable of offering a service 24 hours a day, 365 days a year, which effectively defies excuses the administration tends to make.

Legislating of the removal of barriers from buildings and public transportation systems.

- ① It has gained capabilities to make policy-related proposals through the solidarity of fellow people living in the local community: participation in local assemblies; committee members in charge of the improvement and inspection of local care management systems for people with disabilities; requests for the development of town planning and the designation of members to discuss welfare measures.

**V. Future of the independent living center**

Among the members of Japan Council of Independent Living Centers, which loosely consolidates 110 groups all over Japan, as many as 30 groups have succeeded in being entrusted with municipal support business for people with disabilities.

The members of the Council are confronted with situations such as the transition to the Assistance Payment system, which is scheduled to start next year, perpetually feeling as if they were being washed away by a tidal wave. Besides, recently, there are cases in which some of the leaders of the centers are collapsing. Even in a favorable situation where some of the independent living centers are entrusted with home-helper dispatching business from local authorities, cases of overwork of leaders and peer counselors are increasing, as their work forces them to keep working and prevents them from working at their own pace.

What should the independent living center aim at? Does it need reorganization after the detailed review of its original business?

We should get ready for the upcoming transition to the assistance payment system by establishing independent living centers throughout Japan and setting up groups that offer a service that satisfies qualitative and quantitative needs from the viewpoint of the people concerned.

For a society in which each one of the society members can have confidence and dignity in self-existence.

What should we do and what do we desire to do in order to live with a sense of safety and freedom of choice?

It is urgently needed to develop capable human resources in order to establish a nationwide network.

10月22日 総合リハ分科会 2 自立生活 (NR-PS-2)

## 自立生活センターと障害当事者が果たしてきた役割

樋口 恵子

DPI日本会議

障害者の「あたりまえに生きたい」という思いが社会を変えてきた

### I. 国際障害者年「完全参加と平等」「機会の均等化」をテーマに '81～

世界の障害者と一堂に会した第1回DPI世界会議（'81シンガポール）で“我ら自身の声”を結集

障害者リーダー育成米国研修（'81～広げよう愛の輪運動基金）自立生活センターで研修を受けてエンパワされた障害者

日米自立生活セミナー '83 全国6カ所で

ヒューマンケア協会（東京八王子市）スタート '86～

### II. 自立生活センターが目指したもの

自立の概念の変更「身辺自立」「経済的自立」ではなく、自己選択による生活「自己決定権の行使」

最高決定機関の51%以上の障害当事者がいる当事者主体の組織であること

代表・事務局長など社会的な顔と頭脳を障害者がになっていること

「サービスの受け手」だからこそわかる、欲しいサービスの提供事業体

生活をする上で必要な制度や社会的環境を求める運動体（行政交渉や抗議行動）

### III. 自立生活センターの活動内容

ピアカウンセリング

自立生活プログラム

介助者派遣サービス

制度・所得・住宅の紹介・改造などの相談事業

移送サービスなど

### IV. 自立生活センターが果たしてきたもの

医療モデルから脱却し、地域の福祉サービスの核になった

① 治療・訓練・教育・指導される受け身の存在から、主体的に生きる存在へ

② サービスの受け手であることを強みにして、福祉サービスの担い手に取って代り、ニーズに応じたサービスの展開

③ 障害者だからこそできるという領域を築き、“障害者”という専門家になった

ピアカウンセラーを社会的な存在として国の事業の中で位置づけた

① 自分に自信を取り戻し、自己主張ができる障害者になった

② 障害者としての体験が仲間をサポートする有効な方法になった

③ 障害による不利益は個人的なものではなく、社会の側にある障壁だという認識を定着させ、社会変革（制度・環境・偏見・差別からの解放）の担い手になった

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④ 専門家の助言や情報より、ピアカウンセラーの存在が障害者のエンパワメントに不可欠だという認識が広まった

家族型福祉・施設型福祉から自己決定権を重視する地域福祉への転換

- ① サービスを提供する事業体の全国拡大を進めながら、ヘルパー派遣の上限を取り除き、自薦登録ヘルパーなど使いやすい制度へと認めさせてきた
- ② 一日24時間、365日必要なときに必要な援助が提供できる体制を作れたことで行政のいいわけを許さなくなった

建築物・公共交通機関のバリア除去の法制化

- ① 地域で生活する仲間の連帯から政策提案の力をつけてきた 地方議会への参加や、各地の障害者ケアマネジメント体制整備検討委員、まちづくりや福祉施策審議委員などの要請

V. これからどうなる自立生活センター

全国の110団体が緩やかに連帯した全国自立生活センター協議会の中で、市町村障害者生活支援事業を受託した団体が30団体になっている。

来年からの支援費制度への移行など、常に目の前に大波が押し寄せてくるような焦燥感と、近年自立生活センターのリーダーが倒れている現実。

ヘルパー派遣を行政から受託した自立生活センターも出てきたなどの状況の中、自分たちのペースでなく、動かざるを得ず、リーダーやピアカウンセラーたちの過重な働き方は加速される一方になっている。

自立生活センターはどこに向かっていくべきなのか。本来業務の精査をして再編成すべきなのか。

全国にくまなく、自立生活センターの立ち上げをし、当事者の視点でニーズに応じた量と高い質のサービス提供団体を作ることで、支援費制度の移行に備える。

誰もが自分の存在に自信と尊厳を持って、生きられる社会のために。

安心感と、選択と自由を自分のものにして生きていくために、今、何をすべきなのか、何をしたいのか。

全国をネットワークしていくためにも人材養成が緊急の課題。

## The Current Situation of Independent Living and its Outlook

**YAGI, Saburo**

Chairman, Tenri City Union of Groups for the Welfare of Disabled Persons

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### 1. Change in the social environment surrounding disabled persons

#### Enactment of laws concerning the welfare of disabled persons

- 1949 (S24) The Law for the Welfare of People with Physical Disabilities
- 1960 (S35) The Law for the Welfare of People with Mental Retardation  
(Currently, The Law for the Welfare of Mentally Disadvantaged Persons)
- 1970 (S45) Fundamental Law for People with Disabilities
- 1993 (H5) Basic Law for Persons with Disabilities
- 1996 (H8)~ The Government Action Plan for Persons with Disabilities  
"A Seven-Year Strategy to Achieve Normalization"

#### Actions taken by public agencies

- 1952 (S27) Rules stipulating fare reduction for persons with physical disabilities
- 1973 (S48) (First year of Welfare)
  - Wheelchair users were permitted to ride a train alone.  
(Ministry of Transport)
  - Elimination of the difference in level of sidewalks and driveways; Guideline for guidance blocks  
(Ministry of Construction)
  - Guide dog users were permitted to ride a train.  
(Ministry of Transport)
  - A Welfare-oriented City for Disabled Persons that serves as a model  
(Improved living environment with a population of 200,000)
- 1975 (S50) To ride a train with a disabled child in a baby buggy was permitted.  
(Ministry of Transport)
  - Establishment of a system to provide subsidies for the remodeling of cars for severely handicapped people  
(Ministry of Public Welfare)
- 1978 (S53) Wheelchair users were permitted to ride a route bus.  
Guide dog users were permitted to ride a route bus.  
Electric wheelchairs were designated as an approved supportive device (Ministry of Public Welfare)  
Rules that regulate "no parking" areas no longer apply to persons with disabilities. (Police)
- 1979 (S54) Expressway toll was made half the usual amount for those with physical disabilities.  
(Ministry of Construction)
- 1983 (S58) Use of Braille in the facilities of the National Railway was made mandatory.
- 1994 (H6) Heart Bill Law
- 2000 (H12) Traffic Barrier-Free Law

**Civic Movement**

- 1970 (S45) Assembly of citizens in a wheel chair  
(National Assembly held in Sendai)
- 1980 (S55) National Assembly of the handicapped (Kyoto)  
Pre-National Assembly
- 1989 (H1) International Symposium to build welfare-oriented cities (Kyoto)
- 1992 (H4) Forum commemorating the last year of "the UN Decade of Disabled Persons"

**International Movement**

- 1975 (S50) Declaration of Right of Disabled Persons
- 1978 (S53) Revision of the Rehabilitation Law (the US)  
(Regulations demanding support for independent living)
- 1981 (S56) UN International Year of Disabled Persons  
"Full Participation in the Society and Equality of Disabled persons"
- 1983 (S58)~ UN Decade of Disabled Persons
- 1990 (H2) Americans with Disability Act, the US
- 1993 (H5)~ Asian and Pacific Decade of Disabled Persons  
Standard Rules for Equalization of Opportunities for Disabled Persons

2. Independence of Disabled Persons

- Independence
  - Personal
  - Mental
  - Occupational
  - Economical
  - Concerning activities of daily living
  - Social

**Independence as the principal player of his/her own life**

Independent Living Movement (1972, Berkley, California) in the US had an impact upon disability movements in Japan

- 1986 (S61) Support Center for Independent Living was established in Hachioji

Independent living for severely disabled persons, such as persons with acroparalysis, means to live a life, while enjoying support from care providers and supportive devices, as a mentally unrestricted responsible individual. (1982 Report of the Welfare Council for People with Physical Disabilities)

3. What the future holds

- Normalization and participation in the society
- Empowerment and barrier-free society
- Independence of mind; respect for self-actualization; support

Remarks: S (H) in the parenthesis right behind the year stands for Showa (Heisei).

Accordingly, S24 means the 24<sup>th</sup> year of the Showa era, while H5 means the 5<sup>th</sup> year of the Heisei era.



10月22日 総合リハ分科会 2 自立生活 (NR-PS-2)

## 自立生活の現状と今後の展望

八木 三郎

天理市障害者福祉団体連合会 会長

### 1. 障害者を取り巻く社会環境の変化

#### 障害者福祉関連法の制定

- 1949年 (昭24) 身体障害者福祉法
- 1960年 (昭35) 精神薄弱者福祉法 (現在、知的障害者福祉法)
- 1970年 (昭45) 心身障害者対策基本法
- 1993年 (平5) 障害者基本法
- 1996年 (平8) ~ 障害者プラン「ノーマライゼーション7カ年戦略」

#### 公共機関における動き

- 1952年 (昭27) 身体障害者運賃割引規則
- 1973年 (昭48) 車いす単独乗車認可 (運輸省)
- (福祉元年) 歩車道段差解消・誘導ブロック指針 (建設省)
- 盲導犬同伴乗車可 (運輸省)
- 身体障害者福祉モデル都市 (生活環境改善、人口20万人)
- 1975年 (昭50) 心身障害児ベビーカーのまま乗車認可 (運輸省)
- 重度身体障害者自動車改造助成制度 (厚生省)
- 1978年 (昭53) 車いす路線バス乗車認可
- 盲導犬路線バス乗車認可
- 電動車いすを補装具として認可 (厚生省)
- 駐車禁止規制適用除外 (警察)
- 1979年 (昭54) 身体障害者有料道路半額 (建設省)
- 1983年 (昭58) 国鉄点字ブロック義務化
- 1994年 (平6) ハートビル法
- 2000年 (平12) 交通バリアフリー法

#### 市民運動

- 1970年 (昭45) 車いす市民集会 (全国集会・仙台)
- 1980年 (昭55) ハンデイキャップ全国集会 (京都)
- プレ国民会議
- 1989年 (平1) 福祉のまちづくり国際シンポ (京都)
- 1992年 (平4) 「国連・障害者の10年」最終記念国民会議

#### 国際的な動き

- 1975年 (昭50) 障害者の権利宣言

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- 1978年 (昭53) アメリカ・リハビリテーション法改正 (自立生活援助規定)  
1981年 (昭56) 国連・国際障害者年「障害者の社会への完全参加と平等」  
1883年 (昭58) ～ 国連・障害者の10年  
1990年 (平2) アメリカ・ADA法  
1993年 (平5) ～ アジア・太平洋障害者の10年  
障害者の機会均等化に関する基準規則

### 2. 障害者の自立について

自立・・・身辺自立

- 精神的自立
- 職業的自立
- 経済的自立
- ADLの自立
- 社会的自立
- 人生の主体者としての自立

アメリカのIL運動 (1972年パークレー) →日本の障害者運動に影響を与える

1986年 (昭和61) 八王子・自立生活センター創設

自立生活とは、四肢マヒなど重度障害者が介助者や補装具等の補助を用いながらも心理的には解放された責任ある個人として主体的に生きることにある。

(昭和57年 身体障害者福祉審議会答申)

### 3. これからの展望

- ・ノーマライゼーションと社会参加
- ・エンパワメントとバリアフリー社会
- ・主体性、自己決定の尊重と・支援

## **Parent (family) as the Stakeholder**

**MATSUTOMO, Ryo**

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(Japanese Association of/for People with Intellectual Disabilities)

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In the column entitled, "Perspective (Prefatory)" in the *Studies of Rehabilitation* (June 30, 2000, published by the Japanese Society for Rehabilitation of Persons with Disabilities) No. 103, I published the following opinion, which elaborates upon my stance given today. For this reason, I would like to quote the entire column, with some additions.

### **-Consideration of the Concept of "Participator"**

At the first meeting of the Committee for the Field Trial of the, "International Classification of Impairments, Disabilities and Handicaps (ICIDH), beta 2," the position of members and their naming became an issue. That is to say, aside from entities such as "researchers" and "experts" that we had already agreed upon, what are the definitions and characteristics of "participators," as well as the organizations that these individuals belong to? In the report submitted by the Japan Cooperation Center, which is the foundational organization of the committee, "participator" is defined as, "That summary of persons with disabilities, their families, assistants, and spokespersons." However, a member who is a person with disability demonstrated a doubt regarding this definition. This is both an old and a new problem, however, I believe that it is necessary to discuss this issue again with regard to various international movements.

In February 2000 the International Disability Alliance was founded, and at that meeting, I am told, some argued for Inclusion International/II as a "participator" organization. At our association, we translate II as *Kokusai Ikuseikai Renmei*, and it is a "group of parents" of persons with intellectual disabilities. Since all other organizations are for the persons with disabilities themselves, there probably was an argument that parents are not participators. Because there are gaps in nuances between Japanese and English, it is almost impossible to find out the true intention, but should the relationship between persons with disabilities and participators be thought of directly?

In our field of mental disabilities, the persons with disabilities are expressed as "self-advocates" in English and "honnin" in Japanese. There are certain questions and criticisms for this word "honnin," but at least parents have the reservation to use "participators" exclusively for their children because they understand themselves as members of "participators." This understanding stems from the fact that although the person who has disabilities are "the disabled him/herself" in terms of various issues that stem from having disabilities, parents (family) are in fact, "participators." Moreover, embedded in this logic is an assumption that disabilities must involve the entire family because what I mean by "intellectual disability" are disabilities of developmental stages. In that sense it may be similar to other kinds of disabilities.

At the same time, the characteristics of intellectual disabilities, as well as the present welfare system which requires a supporting duty from parents after the developmental stage (after the age of 20 years old), cultivate par-

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ents' understandings of their role as "participants." In other words, there is a fundamental and historical concern for the question of who would and could advocate for "honnin" who have difficulty in decision making abilities. This may hold true to cases of psychological disabilities as well as severe cases of multiple disabilities. Parents hardly understand themselves as "honnin" but certainly consider themselves as "participants" who assume the difficulties of that role, and it is from this fact that all claims begin. Can we call this fact merely an illusion of the parents? Can we simply dismiss this as a twisted reality and recognition constrained by our time? It is an issue that holds great interest for IDA and other debates as well.

Note 1: After this, Rehabilitation International joined, totaling seven organizations. Also, in terms of the concept of organizations of "participants" and IDA regulations of characteristics, there have been many topics of discussion.

- about "participant-ness"

I would like to propose the concept of "participant-ness" as a position of the first person singular in regard to the judgement of things, and would like to think about its significance. It is an emotional and subjective feeling beyond objective facts and numeric data, and perhaps could be rendered as "existential feeling." This feeling is based on actual experiences and is related to exclusive attitudes and comments such as, "People do not understand unless they have been in our position." Such a position can lead to self-righteousness, and thus differs from scientific accuracy and truth.

The reason why I focus on "participant-ness" before presuming a social understanding and objective fairness is because I feel that we should respect the existential feeling of "participants" who are literally directly involved; that is the foundation of the theory of self-determination. That is to say, there is no scientific "objectivity" in social relations, and an agreement among the involved persons is the most important element. In other words, it is about the social judgement of, "What is important?"

- "participant-ness" and peer-support (counseling)

I understand peer-support (counseling) as a support for "peers" which is completed with the presumption of identity and subjectivity of "participant." Even as "peers" I do not consider mutual support among professionals as, "peer-support (counseling)."

The importance of mutual support that respects the "participant-ness" has been evaluated as a tool for social welfare support. In such an environment, a sympathetic feeling emerges by sharing common experiences and feelings, and from this, energy for coexistence is produced.

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## 当事者としての親（家族）

松友 了

社会福祉法人全日本手をつなぐ育成会 常務理事

「リハビリテーション研究」NO.103（2000年6月1日，発行：日本障害者リハビリテーション協会）の『視点（巻頭言）』の欄で、演者は次の小文を発表した。今回の演題についての演者の考えのすべてである。そのため、まずその全文を一部加筆して引用する。

### ■「当事者」概念の検討

「WHO国際障害分類改定ベータ-2」フィールドトライアル委員会の初回の会議で、委員の立場とその名称が議論になった。すなわち、「研究者」「専門職」は良いとしても、「当事者」およびその所属団体の概念と性格は何だ、ということである。委員会の基本組織である日本協力センターの報告文では、「当事者」を『障害者自身とその家族・介助者・代弁者』を一括するもの、として示されている。しかし、これに対して障害のある本人（person with disability）である委員より、疑義が呈されたのである。これは、古くて新しい課題であるが、国際的な動きが絡み、新たな議論が必要になってきたといえよう。

じつは、今年（2000年）2月、世界の6大当事者組織により1）「国際障害同盟（International Disability Alliance/IDA）」が結成され、その席で「Inclusion International /II」が「当事者」組織でないのではないかと問題になったと伝えられている。IIを私たち育成（会の関係者）は「国際育成会連盟」と翻訳しているが、これは知的障害の＜親の会＞なのである。他の組織はすべて、障害のある本人によって構成されているので、親は＜当事者＞ではないという議論であったのであろう。日本語と欧米語のニュアンスの差があるため、この論議の真意は異なるかも知れないが、＜本人＞と＜当事者＞との関係は直線的に理解されるべきものであろうか。

私たち知的障害の分野では、知的障害のある本人のことを英語では「Self-Advocate」と表現し、「本人」という日本語を使用している。この「本人」という表現にも疑問や批判があるが、彼／彼女らだけを「当事者」と呼ぶには、少なくとも親の間では抵抗がある。それは、親自身が「当事者」の一人であるという意識があるからである。障害のある本人は「障害者自身」ではあるが、障害により発生する種々の課題に関しては、親（家族）も「当事者」であるという事実があるからである。これは、（ここで言う）知的障害が発達期の障害（発達障害）であり、それ故に家族全体が巻き込まれる、という構造的な前提がある。その意味では、他の発達障害も同様といえるであろう。

同時に、知的障害という障害特性の問題と、発達期以降においても（成人してからも）親（家族）の扶養義務を求める現行の福祉制度が、親をして「当事者」意識をもたせる。すなわち、判断能力に困難がある「本人」の意志を、誰が自らのこととして代弁できるのか、という本質的な課題と歴史的な想いが秘められているのである。これは、精神障害や重度・重複障害の場合も同様であるといえよう。親は決して自分自身を「本人」とは考えていないが、困難を担う「当事者」として認識するし、その事実から出発するのである。これを、単なる親の錯覚や抱え込みといえるのだろうか。時代に制約された、歪められた現状や認識として切り捨てることができるであろうか。IDAの他の論争とともに興味深い議論である。

注1) その後、Rehabilitation Internationalが加わり7団体となった。また、「当事者」団体の概念についても、IDAの性格規定についても論議が広がっている。

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■「当事者性」について

物事の判断に関して、心理的な「一人称」の立場性を、演者は「当事者性」と規定し、きわめて重要な要素と考える。それは、客観的な事実や数量的データを越えた、感情（情緒）的・主観的な実感であり、それゆえ「実存的な感覚」と表現することもできる。この感覚は、体験に基づくものであり、「そのような立場にない者には分からない」という、排他的な態度や発言につながる。一步間違うと独善的な感覚である。それゆえ、科学的な正確さや真実とは異なる場合もありうる。

社会的な理解と客観的な正当性を前提とする時に、それと対立することもある「当事者性」を重視するのは、文字どおり直接の関係者である「当事者」の実存的感覚を尊重すべきと考えるからであり、それが自己決定の論理の基盤であるからである。すなわち、社会関係の中に科学的な「客観性」は存在せず、関係者の「同意」こそが重要であるからである。言い換えると、「何が重要か」という社会の判断である。

■「当事者性」とピア・サポート（カウンセリング）

「仲間」としての支え合いとしての「ピア・サポート（カウンセリング）」は、文字どおり「当事者」としての主体性と主観を前提として成り立つと考える。例え「仲間」としても、専門職間の相互支援を「ピア・サポート（カウンセリング）」とは呼ばない。

「当事者性」を尊重した相互支援の重要性は、社会福祉援助技術としても評価されている。そこには、共通の体験と想いを共有することから共感が生まれ、共生のエネルギーが生み出されると考えられる。

## **A Society that does not Shut Out the People with Disabilities - Disqualifying Clauses**

**MAKIGUCHI, Ichiji**

Vice Chairperson, Organizing Committee of Osaka Forum

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Introduction (A few words from the chairperson)

The disqualifying clauses that pertain to disabled persons in Japan have been in existence for more than 100 years. Finally, the government has started reviewing the law, owing to the recent upsurge of campaigns by disabled persons themselves for their rights to participate in society. In a sense, it signifies that our society is starting to acknowledge the rights of these people. Until now, society generally believed that the poor living conditions of disabled persons stem from their disability. In some cases, these people were considered a "threat" and repeatedly rejected and isolated from community. The disqualifying clauses are laws that clearly and blatantly reflect this situation, remaining unchanged for more than 100 years to date.

The government has at long last realized the problems of the disqualifying clauses and has started reviewing them. As wished for as it may have been, the reviews in progress mostly aim at a transition from absolute disqualification (arbitrary exclusion) to relative disqualification (acceptance in some cases), failing to see that it has been a law that inexcusably violates the rights of disabled persons. We should be more inventive and creative by questioning, "What can we do about this" instead of deciding straight off "this is impossible or dangerous". That is where the "Wisdom of Living" will begin to take hold.

These reforms should first start with the views of society towards disabilities and disabled persons. Our immediate tasks would be efforts to eliminate the disqualifying clauses related to disabled persons and establish a law clarifying the rights of disabled persons (Law Prohibiting Discrimination Against Disabled Persons) to realize as soon as possible recognition by all citizens that "a society which shuts out disabled persons is one that is weak and fragile".



I hope that the symposium today will close up on disabled citizens of our society and their roles. It is also my fervent wish that as we discuss the rights of disabled persons and those of all types of people, we would be able to share, even if it be for the slightest moment, a society which is free, secure, peaceful, and forgiving, but energetic at the same time (Does such a society exist though?).

## 障害者を締め出さない社会……欠格条項について①

牧口 一二

大阪フォーラム組織委員会副委員長

はじめに (司会者からちょっと一言)

100年以上前から続いてきた日本の障害者にかかわる欠格条項。いま、ようやく政府によって見直し作業が行われている。それは、この間の障害者自身による社会進出運動の高揚が背景にあり、障害者の権利(人権)がやっと社会で認識され始めたことを意味する。これまでの社会においては、障害者が暮らしにくい原因をその人の「障害」ゆえと考えてきたし、場合によっては「危険」とみなして社会から排除・隔離することを繰り返してきた。そのことを端的に(露骨に)反映してきたのが法制度上の欠格条項である。繰り返すが100年以上も変えられなかった。

やっと政府が欠格条項の問題性に気づき、検討を始めているのは望ましいことだが、いま行われている見直し作業は絶対欠格(頭から問答無用の門前払い)から相対欠格(場合によっては認める)に移行する程度のものがほとんどで、障害者の人権を著しく侵害してきた法制度、との認識には至っていない。「あれは無理、これは危険」と頭だけで考え決めつけるのではなく「どうすれば出来るか」を創意工夫してもらいたい。そこから「暮らしの知恵」が息づいてくるだろう。

まずは、社会の障害観・障害者観こそ変革されなければならない。今後の課題としては、障害者にかかわる欠格条項をなくす方向への取り組みと、そして「障害者を締め出す社会は、弱くもろい」をすべての市民が実感できる日を一日でも早く獲得するために、障害者の人権を明確にした法律(障害者差別禁止法)の制定が急務だと考える。



本日のシンポジウムにおいては、社会の中の障害者市民、その役割がクローズアップされることを願っています。そして障害者の人権、あらゆる人の権利について語られる中から、自由で安心して穏やかで許しあえる、それでいて活気ある社会(そんな社会ってあるの?)をほんの少しでも共有できれば、と切望するしだいです。



## **Future Issues Concerning “Revision of the Disqualifying Clause”**

**USUI, Kumiko**

Society for the Elimination of the Disqualifying Clause against Disabled Persons

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### **About myself:**

I was born in 1960. I have had a hearing impairment since early childhood. Between the ages of 8 and 15, I attended a class for children with severe hearing impairment set up in an ordinary school. At that time, I was repeatedly told to find “a job that does not require conversation with others and can be handled with the ability to use the hands, suitable for people with hearing disabilities.” So naturally, it was quite difficult for me to regard my future as full of hope and options. After completing the class course for children with severe hearing impairment, my classmates started working in car factories one after another. Accordingly, I was shocked to learn that some among the younger generations started making efforts to be doctors and pharmacists with the full understanding of the existence of the disqualifying clause. As I felt and believed that their dreams should not be ruined by the existing legal system, I appealed to the public, in cooperation with other volunteers, for the establishment of a nationwide citizen’s group, which materialized in the foundation of “the Society for the Elimination of the Disqualifying Clause against Disabled Persons.” Our Society brings together people with and without disabilities and beyond the difference in disabilities, making efforts in gathering of opinions, inviting stories that tell experiences of disabled persons, as well as negotiations with ministries and agencies, policy recommendations, surveys, and provision of information.

### **The present state of “the revision of the disqualifying clause”**

The disqualifying clause concerning disabled persons came into existence in 1878 in the enactment of “Rules of Prefectural Congress” that restricted the voting right, which, for over a hundred years and more, helped create the Japanese society where “it is regarded as natural that we do not see disabled persons around.” In 1999, the Japanese government for the first time voiced a policy to revise the disqualifying clause, and the discussion on the participation of disabled persons at long last started as a practical issue in various fields of our society, including, among others, the medical field where it had been regarded as inevitable that disabled persons were prohibited from getting a job. This new trend has been made possible by the effort and energy of many people concerned, including those with disabilities as well as supportive public opinion. Now we should start making plans from the viewpoint of how we can realize in 10 years an environment where “it is regarded as natural that uniquely different people live side by side.”

From our many years of experience in negotiations with various ministries and agencies, we have found out that many people have the false and deep-seated notion that once the disqualifying clauses are abolished, “incapable people” and “possibly dangerous people” would rush into our society. Do they just conveniently forget during the negotiation about the fact that people are required to pass through the barrier of examination? “Why are disabled persons not accepted even after passing the examination?” Whenever we ask this particular question, we receive no reasonable answer.

The revision of the 63 systems, which were the subject of revision under the government policy of 1999, resulted in different degrees of revision: Some systems completely abolished the disqualifying clause; some stipulated rela-

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tive disqualifying; and there were some that intensified the limitation of rights. For example, the disability clause for nutritionists and licensed cooks has been abolished completely. In the Medical Practitioners Law and in the Medical Radiological Technologists Law, 'the absolute disqualifying' has been replaced by 'the relative disqualifying,' which means that the idea of disqualifying still remains in these laws. On the other hand, limitations of rights of those with disabilities and diseases in highway codes have been intensified, which goes against the original intention of the revision of the disqualifying clause. These mixed results were caused by the fact that in 1999 the government failed to make the abolition of the disqualifying clause its clear-cut policy and entrusted respective ministries and agencies with related decisions.

**Challenges that should be addressed in the future**

■ **A national policy is needed so that issues concerned are not entrusted to ministries and agencies.**

The reviewing of "New Government Action Plan for Persons with Disabilities" for the next 10 years will start in 2003. Taking this opportunity, we are making suggestions to the Cabinet Office, arguing: "It is necessary to set up a central entity that performs comprehensive operations representing the Japanese government so that the revising effort of the disqualifying clause is made continuously without entrusting it to respective ministries and agencies; A policy should be set up to abolish all the clauses that include relative disqualifying in 5 years; The investigative committee does not have mentally disabled persons as members, which is an objectionable situation; The participation of disabled persons as members of the committee is advisable even during the process of policy revision."

■ **Enactment of Anti-discriminatory Law**

It is essential to enact a Convention on Rights of the Disabled and the Anti-discriminatory Law, which is currently a global trend. Information obtained from other countries shows that there is no country other than Japan where the "Discriminatory Law" such as the one that contains the disqualifying clause is rampant. It is vital to enact the "Anti-discriminatory Law" that clearly states that "failure to offer necessary support is a kind of discrimination" in order to completely abolish the disqualifying clause so that disabled persons will not be excluded from society and that they will be able to enjoy needed support as their legitimate right.

■ **For to let each and every disabled person be confident and enjoy needed support**

Whatever the examination or the license may be, it is very difficult for a disabled person to be confident enough to challenge the same and to be successful. We would like to support them just as we support our children and young people in their effort to gain confidence, as the potential of each and every person is enormous. It is regrettable, however, that under the present circumstances, it is hard to find suitable consultants as well as to gather information on people with similar problems and on the effort being made to deal with the problem. A network to connect supporters and those supported in various fields and positions is increasingly needed. It is especially important to create a more favorable environment by disseminating examples in which things that had been considered as "impossible" were made possible, as well as knowledge on personal and physical support technologies and by developing a legal system that enables each person to fully enjoy available technologies.

■ **Challenges in various fields**

**Medical Practitioners Law and others:** The challenge in this field is to examine the entire process of taking the qualifying examination, the admission decision, and hearing of the views, with the target of abolishing the relative

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disqualifying clause in 5 years. It is meaningful to gather information on the present state of supportive devices and environmental ingenuities to support disabled persons working in this particular field.

**Driver's license:** It is a matter of life or death for persons with disability and/or disease if the authority makes the admission decision on the basis of "potential to be a threat in the future." It is necessary to disclose the way applicants are handled at the time of aptitude consultation and the actual implementation of regulations at the time of application and/or renewal of the license so as to realize the revision of relevant laws, government decrees and enforcement regulations. It is necessary as well to review, from the viewpoint of objective basis, supportive devices, and the improvement of the environment, and the acceptance criteria of aptitude tests included in the driving test. For example, there is no "criterion concerning the capacity of hearing" in Europe and in the United States, while the criterion has already been deleted in Korea and Thailand.

**Public housing:** It is international conventional knowledge that public housing is for low-income earners, disabled persons, and elderly people. In Japan, however, mentally disabled persons are not allowed to "live alone" in public housing, which is an issue that should be addressed urgently. Many are obliged to stay in hospitals and institutions because they are unable to get a house nor a job. "Enforcement ordinance of the Public Housing Law" was revised to allow a severely disabled person to live in a "single household" if the necessary care is secured. But some municipalities still say "no to" those who need perpetual caring," which makes it necessary to review and correct the way the ordinance is enforced.

**Education:** Education in Japan basically separates persons with disability from those without disability, which in itself is a kind of disqualifying clause, and as such, needs a complete turnabout.

**Job Development Act for Persons with Disabilities and its Ordinance:** The provision, which is found in the Job Development Act for Persons with Disabilities and its ordinance, to exempt employers from the obligation to employ disabled persons by designating type of work should be deleted.

**Local public entities** should make their respective efforts to eliminate die-hard restrictions that are found rather frequently in regulations concerning the availability of facilities and the hearing of committees as well as in regulations concerning **the employment of public servants** that exclude persons with disabilities.

### **Conclusion**

Although it is a part of our legal system, the disqualifying clause is a clear case of infringement of human rights as it can ruin a person's future. It is beyond all conception how many people have suffered from the existence of that particular clause. The barrier made by the legal system must be destroyed to eradicate the categorization that says, "A disabled person is a possible threat. He or She is not capable of this nor that." Each and every one of us, irrespective of having disabilities and diseases or not, has a wish to appreciate fully the possibilities offered in life which we can enjoy only one time, as an equal member of the society. We will continue our efforts, regardless of our respective positions, to make Japan a decent country where every person can get sufficient support that he or she needs so that he or she can enjoy learning, getting a job and continuing to work to the fullest extent possible.

## 「欠格条項見直し」これからの課題は

白井久実子

障害者欠格条項をなくす会

### 自己紹介

1960年生れ。幼い時からの聴覚障害者で、8歳から15歳まで普通学校の難聴学級にいた。当時は「耳がきこえないのだから、人と話さない、手を使う仕事につくように」と言われていた。自分自身も、いろいろな可能性、将来イメージをえがくことは難しかった。難聴学級の出身者は次々に自動車工場に就職した。だから、若い世代に、欠格条項を承知の上で医者や薬剤師をめざして勉強する人たちが出てきたことは、衝撃だった。法制度が夢を阻むのは許せないとの思いで、障害別、障害の有無をこえて、全国的市民団体「障害者欠格条項をなくす会」設立を有志とよびかけた。会では、障害者の体験や意見の募集、省庁交渉、政策提言、調査や情報提供を行っている。

### 「欠格条項見直し」は今どこまで

日本における障害者欠格条項は、参政権を制限する1878年の「府県会規則」に始まり、100年以上かけて「障害者がいなくてあたりまえ」の日本社会をつくってきた。1999年、政府は初めて「欠格条項見直し」の方針を出し、医療分野をはじめ「障害者を拒絶してあたりまえ」と信じられてきた社会の各分野で、障害者の参画がやっと現実の問題として議論されるようになってきた。ここに至るまでに、障害当事者をはじめ多くの人のエネルギー、世論の力があつた。十年後には「一人一人違う人が、一緒にいてあたりまえ」の環境にどのように近づけるか、の視点で、今後のプランを立てる時である。

多くの省庁と話し合ってきたが、もし欠格条項を廃止すると、「能力に欠ける者」・「危険の恐れのある者」がなだれこむかのようなとらえ方が根強い。試験の関門があることが、その時だけは忘れられているのだろうか? 「なぜ、障害者に限っては試験に合格してもだめなのか?」と説明を求めても、合理的な答えが返ってきたことはない。

そして今、1999年の政府方針で見直し対象とされた「63制度」は、欠格条項を全廃したものから、相対的欠格としたもの、権利制限を強化したものまで、結果が大きく異なっている。たとえば、栄養士や調理師の欠格条項は全廃の一方、医師法や診療放射線技師法は、絶対的欠格を相対的欠格にかえて残している。一方、道路交通法規は、障害や病気がある人に対して欠格条項見直しの本来の趣旨にも逆行する権利制限を強めた。このような結果になったのは、1999年の政府方針が欠格条項廃止を明確な方針とせず、各省庁に判断を委ねるものだったことの反映である。

### これからの課題

#### ・省庁まかせにしない政府方針を

2003年から10年間の「新障害者基本計画」検討が始まる中、「欠格条項の見直し作業を継続し、それを各省庁まかせにせず日本政府として包括的な作業を行う中枢機能が必要。相対的欠格となったものは5年後には廃止する方針計画を。検討委員に、知的・精神障害者が一人もいないことは大きな問題、当事者を委員として政策検討過程からの参画を」と内閣府にも提起している。

#### ・差別禁止法の制定を

国際的な流れになっている、障害者権利条約、差別禁止法の制定が重要。他の国々から得た情報をみても、日本ほど数多くの欠格条項をはじめとする「差別法」が横行する国はみられない。欠格条項を全廃するためにも、排除され

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ないというだけでなく必要なサポートを権利として受けられるためにも、「必要なサポートを行わないことも差別」と明記する「差別禁止法」が必要不可欠になっている。

・一人一人が必要な支援を得て自信をもてるように

どんな試験や資格免許にせよ、それに挑戦する自信をもち、合格を手にすることが、障害者の環境からみていかに大変なことか。子どもや若者が力と自信をつけるよう支えたい。一人の人が発揮できる潜在的な力は、とても大きいものだから。だが現状では、適当な相談先も見いだせないことや、似た立場の人の存在や取組の情報もよく伝わっていないことが多い。支え、支えられる人のつながりを広げる、分野・立場をこえたネットワークが、これまで以上に求められている。その中で、無理にきまっていると考えられてきたことを可能にしている事例と、人的・物的な支援技術の情報を集めて広く伝え、一人一人が支援技術を活用できる法制度の整備など環境づくりが、特に重要である。

・分野ごとの課題から

医師法などは、5年後には相対的欠格条項の廃止を目標として、資格試験の受験～判定、意見聴取の経緯を十分に検証することが課題。現にこの分野で従事している障害がある人の、補助的手段や環境の工夫などの状況集約は大きな意義がある。

運転免許を「将来の危険の恐れ」を基準に左右されることは、障害者や病者にとって死活問題。適性相談窓口での応対や免許申請、更新時の運用実態を明らかにし、法律、政令、施行規則等の見直しにつなげる必要がある。運転免許試験の適性検査の合格基準も、それぞれの客観的根拠、補助的手段、環境整備などの観点から見直す必要がある。たとえば「聴力基準」は、欧米では不問、韓国やタイでも削除している。

公営住宅は、低所得者、障害者や高齢者のためのもの、というのが国際的な常識。ところが日本の公営住宅は、現在も知的、精神障害者の「単身入居」を認めず、解決を急ぐ課題である。多くの人が、住まいや仕事を得られないためにやむなく病院や施設にいる。「公営住宅法施行令」は、重度の障害がある人も必要な介助が得られるなら単身入居できるものに見直されたが、その後も「常時介護が必要ならば入居できない」としている自治体があり、運用の調査と是正が必要である。

日本の教育は、障害がある者となない者を分離することを基調とし、それ自体が大きな欠格条項と言えるもので、根本的に転換が必要になっている。

障害者雇用促進法とその施行令にある、職種を指定して障害者雇用義務を免除する規定も、削除すべきである。

地方公共団体は、条例にまだ少なからず残している施設利用や傍聴の制限、公務員採用における障害者排除規定を、取り払っていかなければならない。

さいごに

欠格条項は、法制度で未来の可能性をなくすもので、明白な人権侵害である。どれほどの人が人生を左右されてきたか、はかりしれない。法制度の障壁をなくし、「障害があるから危険、あれもこれも無理」という決めつけを根もとから断ち切りたい。わたしたちは誰もが、障害や病気のあるなしに関わらず、社会の対等な一人として、一度きりの人生の可能性を開花したい。それぞれの必要なサポートを得て、学び、仕事をもち働き続けることができる日本へ、立場をこえて歩みを進めることを願う。

## Society Not Excluding People with Disability... About Disqualifying Clause

FUNADA, Yukari

Secretariat, Co-medicals with Hearing Disabilities

### 【About my hearing disability】

I started having a hearing disability when I was around 5 or 6 years old, and advanced to be a constant user of a hearing aid after elementary school. My current hearing level is 90 dB for the right ear and 72 dB for the left, and I use a hearing aid on the left. Since I don't have much problem with one-on-one or telephone conversation if I use a hearing aid, people think there is not much difference with others. And that makes it all the more difficult for them to understand that I have difficulty in hearing.

### 【Involvement with Disqualifying Clause】

When I was in junior high school, I wanted to be a pharmacist because I liked chemistry and was interested in medical jobs. Then I found the existence of the Disqualifying Clause when I was checking the way to become a pharmacist. How shocking it was when I read, "No license will be given to those with hearing disability"! But I decided to myself "I can hear if I use a hearing aid, so the Disqualifying Clause does not apply to me", and aimed to challenge a pharmacy course.

However, when I mentioned that I have a hearing disability, most colleges raised difficulties and some even showed disapproval at my taking an entrance examination. Receiving such response and with advice from my surroundings, I had to give up. Still, I wanted to be involved in the medical field, so I decided to become a radiological technologist after many twists and turns.

### 【After license acquisition】

It has been 9 years since I passed the national exam and started to work as a radiological technologist. At first, I was afraid of working in the medical field because I knew about the Disqualifying Clause. Although the language of the Clause is vague, I might fall under the Disqualification depending on interpretation. The fear, "If someone points that up, my license might be stripped away", prevented me from asking for any support that might have been necessary for a better working environment. That resulted as communication trouble around me.

### 【What I think as a radiological technologist with hearing disability】

Communication is an essential part of a radiological technologists' job. Communication with patients and cooperation with co-workers, doctors and nurses is necessary to conduct my job, and I have cared much about it. I think I have got through it by adjusting myself to the job and waiting for people around me to adjust to me. But I don't think this is the best way. Everyday, I am seeking how to get more understanding and a more comfortable working environment.

Aside from work, I need to participate in academic conferences or study sessions to improve myself, but almost no such conferences provide any means of information accessibility (providing note-taking or other means to

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explain contents of meetings instead of listening). This problem consists of several causes: few interpreters with professional knowledge, problem with dispatch systems, and most of all, the understanding of organizers/sponsors. A true barrier-free job environment will not be realized without improvement not only within the work place but also other places such as I mentioned above.

**【Meeting other co-medical with hearing disabilities ? Establishment of the "Group"】**

After 2 years working as a radiological technologist I started to learn sign language. Upon meeting other people with hearing disability and learning from them, I have re-examined myself, and I feel that I, myself, and others in my work place, have changed since. I also met others who work (or have worked) as co-medical, with hearing disabilities.

Upon talking each other about each environment and developing deeper relationships, we felt that we wanted to exchange more information, and established "Co-medicals with Hearing Disabilities" (hereinafter "Co-medicals Group") in February, 2001.

**【Purpose and Activities of "Co-medicals Group"】**

The "Co-medicals Group" will conduct activities for the realization of a social environment where co-medicals with hearing disabilities will be able to work without any communication barrier, as well as developing relationships and cooperation among members. We are also planning to develop relationships with, and support to, students with hearing disabilities who are aiming for co-medical licenses. So far, we have had annual meetings to exchange information.

We are now in the process of creating case examples to let society know about our situation. The contents are the experiences and job environments according to license of members.

**【What I see from the "Co-medicals Group"】**

The hearing disabilities of each member varies from one person to another. Some have hearing disabilities from a very young age, and others lost their hearing ability after they got their licenses. However, what is common to all of them is difficulty working in medical fields with a hearing disability. Not a few had to resign because of it. Also, there are many who lost their confidence because they couldn't get understanding about their hearing disability from others in their work place.

Since there was a Disqualifying Clause, not many people with hearing disabilities were participating in co-medical work, and that made it difficult to ask for support. Because of this situation, some had to deny themselves as a person with hearing disabilities, and suffer from that fact.

**【Future of "Co-medicals Group"】**

I believe that the "Co-medicals Group" has a role to appeal to society regarding, "What kind of support is necessary for us to excel each ability in a good working environment. And at the same time, this must be a place where members who have lost their confidence are able to recover themselves as "a person with hearing disability and a co-medical professional" through getting to know other members' way of life or thoughts.

## 障害者を締め出さない社会・・・欠格条項について

舟田 縁

聴覚障害をもつ医療従事者の会 事務局

### 【自身の聴覚障害について】

5～6歳頃より難聴となり、徐々に進行して小学校就学後に補聴器を常時必要とするまでになる。聴力は現在右90dB、左72dBで左側に補聴器使用。補聴器を使えば1対1の会話にはあまり支障はなく電話も可能なため、一見普通に聞こえる人と大差ないと見られてしまい、かえって聞こえにくいことに対する理解が得られにくい。

### 【欠格条項との関わり】

中学の頃、将来を考えるに当たり化学が好きなこと、医療関係の仕事に関心を持っていたことから薬剤師になりたいと思った。薬剤師になる方法を調べる過程で欠格条項の存在を知る。「耳の聞こえないものには免許を与えない」を読んだ時の衝撃。しかし「補聴器を使えば聞こえるのだから自分は欠格条項に該当しない」という判断で薬学部を目指す。

だが、大学入試の歳に難聴である旨を伝えると大学側は一律に難色を示す。暗に受験そのものを拒否され、この対応を受けて周囲の人々にも諦めるようにと諭され断念せざるを得なかった。それでも医療に関わる仕事がしたいという気持ちから紆余曲折の末、診療放射線技師を目指すことになる。

### 【資格取得後】

無事に国家試験にも合格し診療放射線技師として働き始め9年目になる。欠格条項の存在を知りながら現場で働くということに当初は恐怖を感じた。曖昧な文面ながら解釈次第では欠格条項に該当するといえ、その指摘があったら免許を剥奪されるのではないかと怖れ。その思いにとらわれすぎて、どのようなサポートがあれば自分が働きやすくなるかといったことを周囲に対して求められず、結果的にコミュニケーション上のトラブルを引き起こすことになる。

### 【難聴の放射線技師として思うこと】

放射線技師という仕事は、非常にコミュニケーションを必要とする。患者さんとの会話、同僚はもちろん医師や看護師などとも連携を取りながら仕事を進めなければならない場合が多く、常に気を遣っている。自分自身が仕事に慣れること、そして周囲が私に慣れてくれるのを待つことで切り抜けてきた気がする。しかし、これがベターな方法ではないことは充分承知しており、どうすればもっと理解が得られ、働きやすくなるのかを日々模索している。

仕事のほかに、学会や各種勉強会に積極的に参加して研鑽を積まなければならないが、こういった場での情報保障（聞く代わりにノートテイク等の方法で講義内容を伝える事）は皆無に等しい。専門的な知識を持った通訳者が少ないこと、派遣制度の問題、そして何よりも学会等、主催側の理解が得られるかどうかが問題となってくる。職場内だけでなく、こういった環境整備をしなければ真に働きやすく、ハンディを感じさせない就労環境の実現はありえない。

### 【仲間との出会い－「会」の設立へ】

働き始めて2年目の時にきっかけがあって手話を学び始める。自分以外の聴覚障害者と出会い、色々学ぶ中で聴覚



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障害者としての自分を見つめ直し、その頃から自分も職場も変わってきたように思う。そして、自分以外にも聴覚障害を持ちながら医療従事者として働いている（あるいは働いていた）人の存在を知る。

互いの境遇を話し合い、交流を深める中でもっと色々と情報交換がしたいという思いから2001年2月「聴覚障害をもつ医療従事者の会」（以下、「従事者の会」）を結成。

【「従事者の会」の目的と活動】

「従事者の会」は会員相互の親睦と連携を深めるだけでなく、聴覚障害をもつ医療従事者がコミュニケーションに不自由することなく働くことができる社会環境の実現をめざし、そのために必要な活動を行っていく予定である。また、医療資格を目指す聴障学生との交流・支援を図る目的もある。現在のところは1年に1回例会を開き、集まる機会を持っている。

私たち当事者のことを広く社会の人々に知ってもらう目的で現在、事例集（仮称）の作成に取りかかっている。内容としては資格ごとの会員の体験談、就労環境等の実態調査。

【「従事者の会」を通して見えてくるもの】

会員の聴覚障害の状況は一人一人まちまちで、幼い頃より聴覚障害がある者もいれば、資格を取得した後に失聴した者もいる。しかしながらほぼ全員に共通して言えることは、聴覚障害を持ちながら医療の現場で働くことの困難さである。そのために退職を余儀なくされた者も少なくない。また、働く上で自分の聴覚障害に対する理解を上手く得られずに孤立状態となり自信をなくしている者も少なからずいる。

これまでは欠格条項があったために周囲に自分と似たような立場の者もなかなかおらず、聴覚障害に対するサポートを求めにくかったことは否めない。その様な中、聴覚障害者としての自分を否定せざるをえず苦しんできた者もいる。

【「従事者の会」のこれから】

「従事者の会」は『自分たちはどのようなサポートがあれば働きやすくなるのか、各自の能力を発揮することができるのか』を社会に対して訴えていく役割があると思っている。それと同時に、自信をなくしているメンバーが他の会員の生きざまや考え方を知る中で『聴覚障害者として、医療従事者として』の自分探し、自信回復の場であるとも思っている。

## About Disqualifying Clauses

SHIMOMURA, Yukio

When I was in a psychiatric hospital, I had the chance to stay out overnight in order to renew my driver's license. I remember a chief nurse displeasingly murmuring, "It's not allowed..." I couldn't understand what that meant, but now I know it's about the disqualifying clause, and that makes me angry.

I was in a depression at that time in my father's car. I took a picture after shaving my stubble. Of course, I wasn't in a condition to drive, and I didn't even think of driving. I can control myself even in a bad condition. Although, I can't even go out, if the condition is too bad...

Well, I could get the license renewed.

However, after I found out that it was under absolute disqualifying, I was concerned about it a little. I felt I couldn't carry together the license with the mental disability certificate, of which the only benefit is in public transportation (because of no picture on it, I think).

The disqualifying has changed from absolute to relative after the revision of the Road Traffic Law this June. However, I still need a doctor's certificate, and I don't think that doctors can foresee the future condition, and they want to take any responsibility.

When I asked my doctor, "You'll write me a certificate, won't you?" he blew up at me, "There is no need to self-notify your own illness. It is they that should decide who can drive or not!" Well, I shouldn't have asked, but it's too much to say that "they (Public Safety Committee) should decide".

I guess doctors are to cure illness.

Of course, I can control myself, such as "Don't drive when you drink! Don't drink if you drive!"

My friend also does not drive when he sees hallucinations, because the headlights remain as an afterimage. When medicine is too effective, we don't drive.

(The fact is, we are able to drive because we correctly take medicine.)

This is a common practice among mentally disabled people.

We don't drive when we are not sure.

Mentally disabled people are dealing with their illnesses everyday.

Self-control is a fundamental principle.

Why do all mentally disabled people have to be automatically dangerous?

This is a little off the subject, but mentally disabled people were restricted from entering public pools or the Osaka Castle Park.

Now, we can enter free with the mental disability certificate.

There is nothing as nonsensical thing as the disqualifying clause.

I have had a motorcycle license for 20 years.

I have had speeding violations or accidents, same as anyone else.

What I am proud of about my license is not that I have the gold card, but that I have the license which allows me to drive any size motorcycle (although I'm little).

And now, my license is very important for me to deliver lunchboxes made in vocational training center.

For the future, the license is the dream-making tool to drive a small car with my loving wife.

License is the most important thing for me next to my wife.

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## 欠格条項について...

下村 幸男

大阪精神障害者連絡会「ぼちぼちクラブ」

精神病院に入院中、運転免許の更新のため、外泊をしたことがあります。

その時、病棟の婦長さんが「ほんまはアカンのに..」って嫌そうな顔をしてつぶやいたことを覚えています。

初めは何のことか解りませんでした。今になってみると欠格条項のことだと知り腹が立ちます。

その時、僕はうつ状態でおやじの車の中で、不精ヒゲをそり、写真をとったのですが、もちろん車を運転できる状態ではないし、運転しようとも思いません。状態が悪くてもセルフコントロールできます。あまりに状態が悪ければ、外出もできませんが...

とにかく、その時は無事、更新ができました。

しかし、後になって絶対的欠格条項と知ってからは、ちょっと気を使っています。免許証と写真を貼っていないゆえか、JR私鉄交通機関の何のメリットもない精神障害者保健福祉手帳といっしょに持ち歩けないなあと思いました。

今年6月の道路交通法改正で相対的欠格になったものの、医師の診断書など、今後の見通しを医師が予知できるはずもなく、医師としても、責任は持ちたくないと思います。

主治医に「先生は診断書、書いてくれるでしょうか？」と聞いたら、「わざわざ病気を自己申告する必要はない。運転できるかどうかは、向こうが決めるべきだ!」とえらく怒られました。質問する方もする方ですが、向こう（公安委員会）

が決めるべきと言うのもあんまりです。

医師は病気を治すのが仕事と言うことなのでしょう。

僕は、もちろん「飲んだら乗るな!乗るなら飲むな!」のセルフコントロールぐらいできます。

友達も幻覚が見える時は、ヘッドライトが残像として残るので運転はしません。薬が効きすぎる時は、運転しません。(事実は、薬をちゃんと飲んでいるから、運転できるのです)

精神障害者ならあたり前の常識です。

自分で怖い時は、運転は控えるものです。

精神障害者は常日頃から病状と付き合っています。

セルフコントロールが原則なのです。

なぜ、精神障害者イコール危険なのでしょう?

話しは、ちょっと違いますが、ちょっと前まで精神障害者は、公営プールや大阪城公園の入場を制限されていました。現在は、障害者手帳で無料で利用できます。

本当に欠格条項ほどナンセンスなものはないのです。

僕は、バイク運転歴20年です。

違反も事故も人並みにあります。

免許証で自慢して言えることは、ゴールドカードになっていることではなく、どんな大きなバイクでも乗ることができる免許証なのです。(体は小さいけど)

そして現在、授産施設でつくった弁当をミニバイクで配達するための大切な免許証です。

また未来、愛する妻と小さな車で、ドライブするための夢の免許証です。

僕が、嫁さんの次に大事にしているのは、運転免許証だろうと思います。

## National Rehabilitation Conference - Society Not Excluding People with Disability

### KISHIMOTO, Megumi

#### -Profile -

Date of Birth: April 22, 1965 (age: 37)

Disability: Pulmonary hypertension, in currently undergoing oxygen therapy for cardiac function disorder

At present:

- Live with my husband who has a visual disability
- Studying architectural CAD and doing some work at home
- Working at a workshop when physical condition permits
- Driving is important because I can't move a lot. I drive with the help of others or by my own initiative to enjoy music activities, to travel with my husband, and to meet with nieces or nephews.

Biographical Outline:

- Diagnosed with an incurable illness at age 3. Was told I may not live until 20.
- Moved to Peru in the 2nd grade, attended Lima Japanese School until the 8th grade. Could not be involved with a specialized hospital, so I challenged whatever I could based on my own decisions.
- Returned to Japan and attended regular high school and college. Acquired motorbike license and became more active.  
Joined activities in Children's clubs and sign language clubs.  
Met with other cardiac patients and became more cheerful.  
Was introduced to a hospital by the school and started to see a doctor regularly.
- Challenged to an employment exam for public elementary school teachers for 5 times while taking an instructor position at public high school for 3 years, but gave up.  
Acquired driver's license
- Involved in vocational rehabilitation-related job
- 1998 Hospitalized because of deteriorating physical condition.  
Decide to begin domiciliary oxygen therapy in consideration of my future.
- April 2001 Went to renew driver's license with an oxygen cylinder, and was asked to take an applicability test and was subsequently restricted to 3 or 4-wheel motorbikes.
- After application of a protest, recovered motorbike license in August at a nearby police station.

1. Aspired to be a teacher

- I was impressed by Ms. Sullivan, who taught Helen Keller, and I wanted to be a teacher since I was a child. Then, my aspiration to do a teaching job that involves children deeply became stronger after I found out that I couldn't have children when I was in middle school.
- When I was in School, I had difficulty in breathing when climbing stairs to the 2nd floor, observed half of physical education classes, couldn't keep up with others on field trips, and took an easier course during hiking. But I was thinking that there should be a way to be a teacher, such as dealing with children similar to me.
- I had interviews twice at employment tests, but I was left speechless by harsh questions such as "What kind of illness do you have? Physical strength is a must for a teacher. Can you lead children during field trips?"

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- I gave up because I found out that the teaching job is an exception to the employment rate of people with disabilities.
- After the driving license dealings, I began to think that the fact teaching is a job that can exclude people with disabilities is wrong, and that I should speak up. I believe excluding people with disability from schools, which are the societies children live in, means teaching children that is true with the general society also.

2. Restriction to the driver's license to its recovery

- Execution of restriction

On April 2001, I went to renew the license with an oxygen cylinder.

It was when I first started to go outside with the oxygen cylinder.

During the eyesight test, I was asked to go to a different room, and all at once, was told, "you can't ride a motorbike." I insisted that I can, and then, I was forced to take a test to check if I can operate the break and accelerator pedals as instructed. I was afraid that I might be questioned in my even ability to drive a car. I can't go anywhere without a car license. Then, I was repeatedly told that if I want to ride a motorbike, it must have 3 or 4 wheels, because a 2 wheel type is dangerous. They didn't listen to any word I said, and insisted that I sign a pledge, and executed restrictions on my license. There was no applicability test for a motorbike. The decision was made from my physical appearance only.

- Against the restriction

I was shocked, feeling intense bitterness and sorrow, when I actually received my restricted license. The motorbike had been my important means of transportation to school, work, shopping, or anywhere else for 16 years. I was riding when I didn't need an oxygen cylinder, and there were people riding with it, so there shouldn't be any problem. At first, I wasn't confident, but with advice from my husband and other friends with disability, I began to feel "I just can't take it, I have to recover my license". I called the license station, but they only repeated "there is nothing wrong with the execution and procedure." I felt completely at a loss, but I found a group called "Against the Disqualifying Clause" on the Internet.

- Recovery of license

With the help of my husband and other members, I consulted with an attorney and decided to apply for protest against the restrictions. I asked the oxygen cylinder manufacturer for cooperation, and got a certificate from the doctor. The protest was accepted, and I recovered the license without any restrictions at a nearby police station after the applicability test for the motorbike. The significant result was, I think, that the chief of license station promised, "Instructions will be given not to discriminate just because someone has an oxygen cylinder."

- What I think

This affair made me realize how the world sees people with disabilities. They bracket disability or illness and label us from assumption, "you can't do it, it's dangerous" regardless of each person's ability. This is why I had to struggle with my license.

I really believe that I couldn't have fought alone. It was because of help from my husband, members of the Against Disqualifying Clause group, and other people who supported me that I could carry it through. There are many people who think that judging people with disability by preconceived notions is wrong. I'm now very happy that I didn't give up.

There are disqualifying in many areas. The teaching profession is one of them. But, this is wrong. We have to think how it can be made possible. Restricting such activities, although there are ways to make them possible, is the violation of human rights. I will try to speak up to stop such things.

## 障害者を締め出さない社会

### 岸本めぐみ

在宅CADワーカー

#### －プロフィール－

- ・生年月日 1965年4月22日生(37歳)
- ・障害 肺高血圧症 心臓機能障害にて在宅酸素療養中
- ・現在
  - ◇視覚障害の夫と二人暮らし
  - ◇建築用CADを勉強しながら時々在宅の仕事もらう
  - ◇体調が許すときに作業所に出かけて作業している
  - ◇あまり動けない体だからこそ車の運転ができることは大きく、なんとか工夫したり助けてもらったりしながら、好きな音楽のグループ活動をしたり、主に夫と旅行に行ったり、甥や姪に会ったり、友人と集まったりと忙しくしている
- ・略歴
  - ◇3歳のとき病気がわかり治療もなく20歳まで生きられるかと言われる
  - ◇小学校2年生で南米ペルーに渡り、リマ日本人学校にて中学校2年まで過ごす  
病院と関わらず、できることできないことは自分で判断してなんでも挑戦してきた
  - ◇帰国後普通中学高校を経て大学に進学 原付二輪の免許取得により活発に  
子供会活動、手話サークルへの参加、他の心臓病患者との出会いで明るくなる  
学校の紹介で病院を紹介され定期通院するようになる
  - ◇府立高校講師を3年しながら教員試験に5回挑戦するがあきらめる 普通免許取得
  - ◇障害者の職業訓練関係の仕事に携わる
  - ◇1998年 体調悪化、入院、予後のことなども考え在宅酸素療法を取り入れる
  - ◇2001年4月 酸素ボンベを持って免許の更新に出かけたところ、突然車の臨時適性検査を受けさせられた上、原付免許を三輪・四輪に限定との処分を受ける
  - ◇異議申立の結果、8月に近くの警察署にて原付二輪の適性検査、免許の回復を勝ち取る

#### 1. 教師を目指していたこと

- ◆私は子どもの頃ヘレンケラーのサリバン先生に病気の自分を重ね合わせ、非常に感動し、先生になりたいと思いつけてきた。中学生のとき子どもが産めない体と知ってからは子どもと関る教師という仕事への思いはいつそう強くなった。
- ◆学生時代、階段は2階まで上がれば息が上がり、体育も半分は見学、遠足もみな速度についていけない、登山は別ルートで連れて行ってもらう状態。しかし教師になったら遠足や登山は同じようにしんどい子の対応にまわる等の方法があると自分としては思っていた。
- ◆採用試験で面接は2回受けたが、どちらも「どういう病気か？教師の仕事は体力が一番、遠足の引率はできるのか？」などの厳しい質問が相次ぎ、言葉を失ってしまう。

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- ◆教師という仕事が障害者の雇用率の除外職種になっていることを知りあきらめた
- ◆運転免許の件で、教師が障害者を雇わなくても良い職種に入っていることを改めておかしいと訴えたい気持ちになった。子どもたちが過ごす学校という社会が障害者を締め出すということは一般社会でもそれが当然ということを経験することになると思うから。

**2. 運転免許の限定処分から回復まで****◆限定処分**

2001年4月酸素ボンベを持って運転免許の更新に出かける

酸素ボンベを持って人前に出ることに挑戦し始めた時期である。

視力検査のときに別室に行くよういわれ、突然「原付には乗れませんね」と言われる。「乗れる」としばらく抵抗すると、車のアクセルやブレーキが指示通り踏めるかの検査をさせられ、「車に乗れるかどうかまで疑われているのか」と非常に動揺する。車の免許を奪われたらどこにもいけなくなる。その後再び「原付は三輪・四輪でないと危ない」という話を繰返され、私の話は聞き入れられず、結局言うとおりに書くよう誓約書まで書かされ原付の限定を受ける。このとき見た目だけの判断で肝心の原付の適性検査は一切なかった。

**◆処分の不服**

しかし実際に限定付の免許証を手にしたときに、言いようのない悔しさと悲しさがこみ上げ呆然と立ちすくんだ。私にとって原付は車の免許のおまけではなく、16年もの間、通学、通勤、近所のどこへ行くのも一緒だった大事な足だった。今でも酸素が必要ないときは普通に乗れるし、ボンベを背負って乗っている人もいるから酸素を持っていても乗れるはずだ。自分に自信がなかった私も、夫や視覚障害の友人に絶対におかしいと言ってもらえたことで、納得がいかない、免許を取り返したいという気持ちになり、免許試験場に電話をするが、「処分や対応は間違っていない」の繰返しで話にならない。途方にくれた私はインターネットで調べる中で欠格条項をなくす会と出会う。

**◆免許回復**

夫と二人三脚、なくす会の方々等に励まされながら、結局弁護士さんに相談し、弁護士さんとともに意義申立書を作成することになる。酸素の業者さんにも協力していただき、診断書も添えて意義申立書を提出。要望が認められ近くの警察署にて原付の適性検査後ついに限定はなかったことになる。その際に免許試験場の所長さんに「酸素を持っているというだけで偏見を持たないように指導徹底すること」を約束してもらえたことも意義深かった

**◆思うこと**

この件を期に、世の中が障害者をどのように見ているのか実感した。障害や病名でひとくくりにし、最初から危ない、できないとレッテルをはる。そのために私は普通に免許の更新ができず長く苦しい戦いを強いられたのだ。

しかしこの戦いは決して一人ではできなかった。夫や欠格条項をなくす会、その他支援し励ましてくれた多くの方々のおかげだとつくづく思う。障害者を思い込みで判断するのは間違っていると考える人々も大勢いるのだ。最後まであきらめず本当に良かったと思う。

いろいろなことに欠格条項がある。考えてみれば教師の件もそうだった。しかしそれは間違っている。どうしたらできるかを考えるべきなのだ。そしてできる方法があるのに制限を受けることは大変な人権侵害である。そういうことがなくなるよう私も訴えていきたいと思う。

## Findings of the Questionnaire Survey of Prefectural Governments, Government-designated Cities and Local Municipalities (Summary)

### - Campaign for the general review of the disqualifying clauses

Municipality Survey Working Team

SEYAMA, Noriko

Ochanomizu University Graduate School

This is a report, focusing on the disqualifying clause, of the findings of “the Survey of the Status of the Establishment and Implementation of the Plan for Disabled Persons and the Actual State of the Disqualifying Clause (hereinafter called the forum survey),” which was carried out by the 2002 Forum commemorating the last year of the Asian and Pacific Decade of Disabled Persons.

#### *Purpose of the Forum Survey*

The forum survey was carried out to examine the disqualifying clause restricting qualification and availability on the basis of disability, which is legally prohibiting the participation of disabled persons in the society, with municipalities all over Japan as the object. This is the first exhaustive survey ever conducted concerning the disqualifying clause with municipalities as the object of the survey.

#### *Outline of the implementation of the survey*

Period: December, 2001 - May, 2002

Method: Mail-in survey

Rate of recovery:

(1) Questionnaires to prefectural governments and government-designated cities governments:  
94.9% (56/59)

(2) Questionnaires to local municipalities: 48.0% (1,552/3,235)

#### *Subjects and Features of the Forum Survey*

Subjects	<ul style="list-style-type: none"> <li>① Restrictions for reasons of disability which is stipulated in regulations and rules of municipalities;</li> <li>② Restrictions for reasons of disability which is stipulated in the list of requirements concerning applicant's qualification;</li> <li>③ Presence or absence of due consideration at the time of examination;</li> <li>④ Regulations concerning restrictions on the tenancy of public housing;</li> <li>⑤ Regulations concerning restrictions on the availability of public facilities;</li> <li>⑥ Regulations concerning restrictions on the hearing of representative assemblies, educational committees and others.</li> </ul>
Features	<ul style="list-style-type: none"> <li>① Surveyed extensively systems that constitute virtual restrictions;</li> <li>② Surveyed not only restrictions concerning qualification but also those concerning the availability of public facilities;</li> <li>③ During the survey of restrictions on availability, we checked written texts to find concrete expressions that stipulate restrictions.</li> </ul>



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*Findings of the Survey of Prefectural Governments and Government-designated Cities*

As to prefectural governments and Government-designated cities, we found virtually no restrictions for reasons of disability concerning the availability of public facilities as well as the hearing of representative assemblies, committees and others. On the other hand, restrictions on qualification were sometimes, although not often, found to be included in regulations concerning licenses and qualifications, to which prefectural governments and Government-designated cities hold the authorization right (restrictions on qualification), such as those concerning the police and licensed cooks of fugu (blowfish) (Table 1). Also, application forms that stipulate requirements for taking the qualifying examination, even when there are no related restricting regulations, sometimes contain conditions, such as the applicant “should be a person capable of dealing with questions printed on paper,” “should be mentally and physically healthy,” and “should be able to go to work and perform his or her duty on his or her own,” which constitute virtual restrictions. Suitable considerations and assistance at the time of the examination have not been provided for the past 5 years in 16 municipalities (28.6% of entire municipalities) even at the time of qualifying examination of office employees of prefectural governments and major city governments.

Table 1 Municipalities that retain restrictions on qualification

Survey on restrictions on qualification	Mental Disorders, Mental Disease	Hystero-epilepsy	Color-blind	Visual Impairment	Other disorders and diseases	No response returned	Number of respondents
Police	0	0	1	1	0	15	56

Licensed cook of fugu (blowfish)	9 (9)	1 (1)	2 (2)	5 (5)	4 (4)	19 (10)	56 (47)
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Numbers in the parentheses are the result of the survey of prefectural governments only.

*Findings of Survey of Local Municipalities*

It has been made clear from the survey of local municipalities that many disqualifying clauses do exist against persons with mental disorders concerning availability of public facilities and the hearing of public assemblies, committees and others (Table 2).

Table 2 Municipalities that retain restrictions on the hearing of public assemblies, committees, and others

Restrictions on hearing of public assemblies, committees and others	People with mental disorders (Mentally deranged)	Mental patient	Mentally unbalanced person	Person with mental disorder	Person with mental disease	Mentally defective person	Mental retardation	Absolute mental retardation	No response returned	Number of respondents
Educational committees	201	9	11	46	7	6	3	1	265	1,552

It has been made clear that there are municipalities, although not many in number, that have the disqualifying clause in their regulations and rules for reasons of mental disorders, mental diseases, intellectual disability, visual impairment, hearing impairment, mute, physical handicap, and other disorders and diseases when we reviewed the result of the survey, focusing only on those items that concern qualifications for office employees and outdoor

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workers of local municipalities. As to requirements for applicants and due considerations and assistance for applicants at the time of examination, nearly 80% of the municipalities, including those without the disqualifying clause in their regulations and rules, responded that no special consideration has been provided at the time of examination for the past 5 years (Table 3).

Table 3 Due considerations and assistance at the time of examination (General office workers of local municipalities)

	Not provided.	Examinations in Braille are carried out.	Tests printed in enlarged characters are carried out.	Staffing of sign language interpreter and writing interpreter	Considerations on the access to and arrangement of the test site
Local municipality office employees	1,231 79.3%	23 1.5%	21 1.4%	28 1.8%	63 4.1%

As to the tenancy of public housing, it has been found out that 136 municipalities (8.6%) restrict tenancy of persons with severe physical disabilities who need full-time assistance. (Table 4)

Table 4: Restriction on tenancy of public housing

No restriction concerning tenancy	Restrictions are established against persons with severe physical disability who need full-time assistance.	Restrictions are established concerning tenancy of persons with mental disorders	Restrictions are established concerning tenancy of persons with intellectual disorders.
913 58.8%	136 8.8%	60 3.9%	38 2.4%

**Findings of the Survey and Issues to be dealt with in the Future**

As shown above, the survey this time has revealed that the disqualifying clause is found in regulations and rules of not only the central government but also local municipalities. It has also been found out that the lack of due consideration and assistance and the requirements concerning the applicant's qualification constitute virtual limitations, creating a huge barrier. As for the availability of public facilities, lots of restrictions still exist concerning persons with mental disorders.

Please note that this survey did not review details such as the employment of disabled persons by municipalities (Employment test with numerous clauses for disabled persons) and/or the way examinations are conducted, and as such, detailed survey of municipalities as well as follow-up studies are issues that should be dealt with in the future.

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## 都道府県指定都市・市町村アンケート調査結果 (抜粋)

### —欠格条項総点検キャンペーン

自治体調査ワーキング・チーム

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この調査結果は、2002年アジア太平洋障害者の十年最終年記念フォーラムが実施した「障害者計画の策定・実施状況と欠格条項の実態に関する調査 (以下、フォーラム調査)」の欠格条項に関する項目についての結果報告です。

#### フォーラム調査の目的

本調査は、全国の自治体を対象に、障害者の社会参加を法律上閉ざしている障害を理由とした資格制限・利用制限などの欠格条項を調査することを目的として実施しました。全国自治体を対象とした欠格条項に関する網羅的な調査は、本調査がはじめてのものとなります。

#### 調査実施概要

実施期間：2001年12月～2002年5月 実施方法：郵送調査

回収率 (1) 都道府県・政令指定都市向け：94.9% (56/59)

(2) 市区町村向け：48.0% (1,552/3,235)

#### フォーラム調査の対象と特色

対象	①自治体を持つ条例・規則といった法規に規定されている障害を理由とした制限 ②受験資格に規定されている障害を理由とした制限 ③受験時 (試験) における適切な配慮の有無 ④公営住宅の入居に関する制限規定 ⑤公的施設の利用に関する制限規定 ⑥議会や教育委員会等の傍聴に関する制限規定
特色	①実質的な制限をもたらす制度を幅広く調査 ②資格制限とあわせ、公的施設の利用制限についても調査を実施 ③利用制限に関する調査では、制限の具体的な表記内容による調査を実施

#### 都道府県・指定都市に関する調査結果

都道府県・指定都市においては、公的施設の利用制限及び議会・委員会等の傍聴についての障害を理由とした制限は、ほぼ見られなかった。一方で、都道府県・指定都市が許認可権を持つ免許及び資格の制限規定 (資格制限) に関しては、数は少ないが警察職員及びふく調理師に関する条例等に資格制限がみられた (表1)。また、条例や規則等では制限規定がない資格においても、応募要項等に示された受験資格で「活字印刷文による出題に対応可能な人」や「心身ともに健康であること」、「自力で通勤し勤務遂行可能なこと」といった、実質的な意味での「制限」があるこ

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とが明らかになった。試験の際の適切な配慮については、過去五年以内には実施していないと答えた自治体が都道府県・指定都市の一般事務職員でも16自治体（全体の28.6%）に及んだ。

表1 資格制限を保持する自治体

資格制限に関する調査	精神障害 精神病	てんかん	色覚障害	視覚障害	その他の障 害・病気	回答なし	回答者数
警察職員	0	0	1	1	0	15	56
ふく処理師	9(9)	1(1)	2(2)	5(5)	4(4)	19(10)	56(47)

( ) は、都道府県のみの結果

市町村に関する調査結果

市町村調査においては、公的施設の利用制限、議会・委員会等の傍聴制限に多くの精神障害に関わる欠格条項が存在する実態が明らかになった（表2）。

表2 議会・委員会等の傍聴制限を保持する自治体

議会・ 委員会等の 傍聴制限	精神に異 常のある 者(精神異 常者)	精神病者	精神 錯乱者	精神に 障害があ る者	精神に 疾患があ る者	精神的に 欠陥があ る者	精神薄弱	白痴	回答なし	回答者数
教育委員会	201	9	11	46	7	6	3	1	265	1,552

資格制限については、市町村の一般事務職員、及び現業職員に限って結果をみていくと、少数ではあるが、条例・規則に精神障害、精神病、知的障害、視覚障害、聴覚障害、口のきけないもの、体が不自由なもの、その他障害・病気を理由とした欠格条項を有する自治体が存在することが明らかになっている。また、受験資格や受験時の適切な配慮についてみていくと、条例・規則等では欠格条項をもたない自治体を含めて、80%近くの自治体が過去五年以内に受験時の配慮は行っていないと回答していることが明らかになった（表3）。

表3 受験等における適切な配慮（市町村一般事務職員）

	実施していない	点字試験を実施	拡大文字試験を 実施	手話通訳、筆記 通訳の配置	試験場のアクセス や構造の配慮
市町村の一般 事務職員	1,231 79.3%	23 1.5%	21 1.4%	28 1.8%	63 4.1%

また、公営住宅の入居制限に関しては、常時介助を必要とする重度身体障害者に関する入居制限を設けている自治体が136自治体（8.6%）存在することが明らかになった（表4）。

表4 公営住宅の入居制限

入居資格に関する制限は ない	常時介助を必要とする重 度身体障害者に関する入 居制限を設けている	精神障害に関する入居制 限を設けている	知的障害に関する入居制 限を設けている
913 58.8%	136 8.8%	60 3.9%	38 2.4%

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**調査結果と今後の課題**

以上で見てきたように、今回の調査を通して、欠格条項が国レベルの法律に留まらず、地方自治体の条例・規則といった法規に広く見られる問題であることが明らかになった。また、この調査によって実質的な制限となる受験資格や受験上の適切な配慮のなさが大きな障壁となっていることも明らかになった。また、公的施設の利用制限に関しては、精神障害に関わる制限が未だ数多く存在することも明らかになった。

なお、本調査では自治体の障害者雇用（障害者別枠採用試験）や試験の実施形態などの詳細についてはふれることができなかったため、さらに詳細な自治体調査、及び、追跡調査が課題としてあげられる。

## The Current State of the Government Action Plan for Person with Disabilities and Issues for the New Government Action Plan for Persons with Disabilities-Striving for Communities Where People Can Live in Peace, Towns Where People Can Move Freely, and Society Development Filled with Tenderness

**KUSUNOKI, Toshio**

Deputy Chairperson, Japan National Assembly of Disabled Peoples' International

1. Background of the barriers existing under Japan's Welfare Bill system
  - a. Longstanding foregone conclusions and prejudice towards the disabled
  - b. Over-dependence on families
  - c. Bias towards "Empty Welfare"
  - d. Lack of a sense of rights
  - e. Various types of disqualification clauses
2. Transition in the view towards the disabled- from eugenics to Disability Studies
  - a. 1950's- Disabled persons viewed through the Welfare Law for the Physically Disabled
  - b. 1960's- Rise of the Job Development Act for the Physically Disabled and Financial Independence Theory
  - c. Middle 1960's to 1970's- From Personal Independence Theory to Advancement Theory
  - d. From 1980's onward- Independence Theory based on self-determination focused on the disabled themselves
  - e. ICF and Disability Studies
3. Trends in Governmental Measures
  - a. Transition to the contract method and the introduction of the Assistance Payment System
  - b. Community welfare and defense of rights
  - c. Supply-driven diversification of services and the introduction of market principle
  - d. Ability-to-pay principle
4. Framework of the Disability Discrimination Act
  - a. Reevaluation of the rank and scope of disabilities
  - b. Corrections in the difference between classifications of disabilities
  - c. Definition of prejudice towards the disabled and the scope of discriminations that should be prohibited
  - d. Points that should be included as fundamental rights of the disabled
5. Issues that should be included in the New Government Action Plan for Persons with Disabilities
  - a. Expansion of in-home measures involved in the transition to the Assistance Payment System (Particularly the establishment of nursing care systems such as home helpers and the cultivation of human resources)
  - b. Expansion of concrete measures for the system of transition from facility to community care
  - c. Development and expansion of employment and job assistance systems and the cultivation of human resources
  - d. Development of tasks involving elimination of barriers in transportation and information access and establishment of a system for participation by the disabled
  - e. Establishment of an Inclusive Education system and reevaluation of educational content

## 「障害者プランの現状と新障害者プランの課題－安心して暮らせるコミュニティ、自由に移動できる町、やさしさにあふれた社会づくりを求めて」

楠 敏雄

DPI日本会議副議長

1. 日本の福祉法制度上のバリアの背景
  - ① 根強く残る障害者への予断と偏見
  - ② 家族への過度な依存
  - ③ 「箱物福祉」への偏り
  - ④ 権利性の欠如
  - ⑤ 各種の欠格条項
2. 障害者観の変遷－優生学から障害学へ
  - ① 1950年代－身障福祉法に見る障害者観
  - ② 60年代－身体障害者雇用促進法と経済的自立論の台頭
  - ③ 60年半ば～70年代へ－身辺自立論から発達論へ
  - ④ 80年代以降－当事者主体と自己決定に基づく自立論
  - ⑤ ICFと「障害学」
3. 国の施策動向
  - ① 契約方式への移行と支援費制度の導入
  - ② 地域福祉計画と権利擁護
  - ③ サービスにおける供給主体の多様化と市場原理の導入
  - ④ 応能負担の原理
4. 障害者差別禁止法の枠組み
  - ① 障害の等級と範囲の見直し
  - ② 障害種別間の格差の是正
  - ③ 障害者差別の定義と禁止されるべき差別の範囲
  - ④ 障害者の基本的権利として盛り込まれるべき事項
5. 新障害者プランに盛り込まれるべき課題
  - ① 支援費制度移行に伴う在宅施策の拡充（とりわけホームヘルパーなど介護システムの確立と人材養成）
  - ② 施設から地域への移行システムとその為の具体的施策の充実
  - ③ 雇用、就労支援システムの整備拡充、人材の養成
  - ④ 交通まちづくり、情報など、バリア解消の為の課題整備、当事者参画の体制の確立
  - ⑤ インクルーシブ教育制度の確立と教育内容の見直し

## Recommendation from the Current Status toward the Future of the Government Action Plan for Persons with Disabilities

SAWAMURA, Seishi

Hyogo Rehabilitation Center

The "round-table conference" instituted in the Ministry of Health, Labor and Welfare is now studying what the new basic program/ and plan replacing "New Long-term Program for Government Measures for Disabled Persons" ought to be. I am hoping that a principle, a purpose, total/ and horizontal idea, and basic aspects and implementation policies of each sectorial measure will be made cleared there. Through my career in the rehabilitation bureau for people with disabilities since 1960, I have learned a lot from people with disabilities and their needs, and this experience has borne fruit in the foundation of the Rehabilitation Center. Also through 20 years of work with the ISPO (International Society for Prosthetics and Orthotics) and making 15 tours to study community rehabilitations and facilities abroad, I had several chances to look back at the disability measures in our country. From these experiences, I have to say, that the disability measures in our country are at least 15 years behind compared to the developed countries in the EU. Therefore, please accept allow me to be a little outspoken in my recommendation for the new government action plan for person with disabilities.

### 1) A Bold Policy Shift and Budget Allocation from Facility Care to Home Care;

To realize the normalization, the budget of the Government Action Plan for Persons with Disabilities budget that is currently weighted on residential facilities (65.9%) must be boldly shifted to the domiciliary support. It is important to make the environment that enables people with disabilities to settle in communities by developing 3 main domiciliary supports (9%), group care homes, and vocational support centers. I wish our country would learn from Canada, United Kingdom, or Scandinavian countries where, from the prospect of the normalization, closings of residential facilities for disabled people are carried on to shift to an increase of group homes.

### 2) Recognizing that the fact that our country's social security spending as a portion of the GDP is the lowest level among developed countries is preventing aged or disabled people from living in communities, the society without uncertainty over about its future must be created by raising social welfare to the international level through a long-term vision at with the initiative of politicians;

In With the current lack of social welfare resources (specially domiciliary-support manpower) in our country today, there are no rights for people with disabilities to self-choose or self-determine to settle in communities with some quality of life. Especially Particularly, mentally disabled people are forced to live in hospitals with cruel conditions, because of a lack of community-based supports. And this is becoming an international human rights issue. The fundamental cause of this is the fact that our country's social security spending as a portion of the GDP have been held down at the lowest level among developed countries, especially that of welfare have been lower compared to pensions and health cares. And This situation seems to come result from a lack of long-term vision and the international perspective of politicians. The current situation is that government officials in charge of health-care, pensions and welfare are struggling to seek the best measures for aged and disabled people within such low social security budgets. There are some menus abroad, but their contents especially their terms of manpower, are amazingly flimsy. To solve the situation, we must first expose to the public that, because our



country's social welfare spending is low, it is impossible to ensure the life for those concerned, and then increase the social security spending to as a portion of the GDP in stages to an international level by showing the long-term vision. This is supposed to be the work of politicians, so it should be changed at the initiative of politicians. As I proposed, the enhancement of social security of the community including benefit of senior citizens is, as a new public project to expand domestic demand, the most important challenge to brighten the future of Japan economically, remove people's anxiety about the future, and recover public trust in politics.

**3) It is necessary to establish the life-cycle community rehabilitation systems, such as terminal cares from children with developmental disabilities to senior citizens in need of care, and to define the roles of the nation, prefectures and cities/ and towns by eliminating vertically divided administrative functions;**

In current vertically divided administrative functions, measures for senior citizens, disabled people and developmentally disabled children are conducted in different sections of the Ministry of Health, Labor and Welfare Ministry. Therefore, without mentioning about the bounty system, there are various regulations against the needs of disabled people, and their wishes are often broken as a result. There are also abuses from the vertically divided administrative functions in effective uses of social resources among prefectures, secondary spheres and cities and /towns. It is necessary to link or integrate various centers that are products of vertically divided administrative functions, such as two separate community rehabilitation councils for senior citizens and disabled people in each prefecture, wide area rehabilitation support centers and vocational and livelihood support centers in secondary spheres, and home care support centers and livelihood support centers for disabled persons in cities and /towns. On the other hand, there are functions to be used throughout one's lifecycle such as techno-aid centers in secondary spheres. These service centers must be restructured according to the needs of citizens and users, and also following the lifecycle. In 1989, then Prime Minister Thatcher of the United Kingdom established the rehabilitation bureau to be based on linkage of communities. I would like to take this opportunity to suggest to the cCongress to establish the rehabilitation bureau also in our nation by eliminating the opposition of in the bureaucracy.

**4) The issue of the disability anti-discriminatory law, the empowerment of people with disabilities, and setting up of numerical targets for objective measures are essential for the development of the disabled people's social participation.**

## 障害者プランの現状から将来への提言

澤村 誠志

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現在、「障害者対策に関する新長期計画」に替わる新しい基本計画・プランのあり方が、厚生労働省に設置された「懇談会」にて検討されている。この中で、計画の理念、目的、総合的、横断的な考え方、分野別の施策の基本的方向および推進方策が明らかにされると期待している。私は、昭和35年より、身体障害者更生相談所の仕事を通じて、障害のある人々のニーズに接し、多くの障害のある人々から、様々なニーズを学び、総合リハビリテーションセンターの設立に結実できた。また、過去20数年間のISPO（国際義肢装具協会）の仕事と15回の地域リハの視察ツアーを通じて、海外の障害者施策を垣間見ることから、わが国の障害者施策を振り返る機会を得てきた。その経験から私はわが国の障害者施策は、EU先進国に比較して、少なくとも15年は遅れているとの印象を持っている。そこで、新障害者プランに対して、少し辛口の提言になるが、お許しいただきたい。

### 1) 施設ケアから、在宅ケアへ思い切った政策転換、予算配分を；

ノーマライゼーションの実践を行うために、現行の入所型施設に偏った障害者プランの予算（65.9%）を、在宅生活を支援する予算重視する方向に思い切ったシフトをするべきである。在宅3本柱（9%）、グループ・福祉ホーム、就業・生活支援拠点などの整備により、地域に住み続ける環境を作り上げることが重要である。近年ノーマライゼーションの理念から、カナダ、英国、北欧などで障害者の入所施設の閉鎖・解体が進められ、代わりにグループホームの増設など在宅支援を積極的に進めている点を学んで欲しい。

### 2) わが国のGDP比社会保障費が、OECD先進国の中で最低レベルにあることが、高齢者や障害者が地域で生活を続けることを妨げていることを認識し、政治主導により長期ビジョンの中で社会保障を国際的レベルまで引き上げ、将来に不安のない社会を作る；

現在のわが国における地域での社会福祉資源（特に、在宅支援マンパワー）の乏しい現状では、障害のある人が、ある程度のQOLを求めて、地域で住み続けていきたいとの自己選択、自己決定する権利は存在していない。特に、精神障害者の場合には、地域の受け皿機能の欠落のため、劣悪な入院生活を送ることを余儀なくされ、国際的な人権問題となっている。この原因の根幹は、わが国のGDP比社会保障費が長年に亘りOECD先進国に比較して、最低のレベルに抑えられてきており、特に、年金、医療に対して、福祉予算が極端に低く抑えられてきたことによる。この原因は、政治家の国際的な立場に立つ不勉強からくる長期ビジョンの欠落にあると思われる。この低い社会保障枠の中で、医療、年金、福祉にかかわる担当所管の官僚が知恵をしまり、高齢者、障害者施策を模索しているのが現状である。海外でのメニューはあるが、その内容、特に、マンパワーは驚くほど薄っぺらい。この解決には、まずわが国の社会保障費が低いために当事者の将来を保障できないことを国民に公表した上で、長期ビジョンを示しGDP比社会保障枠を年次的に国際レベルまでに引き上げることが必要である。これは、本来政治家の仕事であり、政治主導で変えていかなくてはならない。これには、私が日頃提唱してきたように、高齢者対策を含めて、地域の社会保障の充実こそが、新しい内需拡大型の公共事業として、経済的にも日本の将来を明るくし、住民の将来の不安を取り除き、政治への信頼感を取り戻す最重要課題であると思う。

### 3) 縦割り行政の弊害を除き、発達障害児から要介護老人のターミナルケアまで、ライフサイクルに亘る地域リハビリテーションシステムを設定し、国、都道府県、市町の役割を明確にすべきである；

現在、縦割り行政の中で、高齢者、障害者、発達障害児の対策が、厚生労働省の別々の担当課で行われている。このため補助金制度を例に挙げるまでもなく、障害者のニーズに反する種々の規制がかけられ、当事者の意欲を裂くこ

**10月22日 総合リハ分科会 4 障害者プラン (NR-PS-4)**

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とが少なくない。また、縦割り行政の弊害により、都道府県、2次圏域、市町での社会資源の効率的な利用の弊害となっていることが少なくない。各都道府県に設置された高齢者と障害者施策の2つの地域リハビリテーション協議会、2次圏域に設置されるリハビリテーション広域支援センターと就業・生活総合支援センターとの関係、市町における在宅介護支援センターと障害者生活支援センターとの関係など夫々の縦割り行政の産物である拠点の連携なり統合が必要となる。一方では、2次圏域でのテクノエイドセンターのように、ライフサイクルに跨って協同利用して行きたい機能がある。これらのサービス拠点を、住民サイド、当事者サイドのニーズに立ち、さらに、ライフサイクルに沿って再構築すべきである。英国では、1989年に、サッチャー首相の英断によりコミュニティの連携に軸足を置いたリハビリテーション局をおいた。官僚組織による抵抗を排して、立法府の仕事として、国にリハビリテーション局を設置することを改めて提言したい。

- 4) 真に、障害のある人々の社会参加を進めるには、障害者差別禁止法の発令と、障害のある人々のエンパワメント、そして、具体的施策の数値目標の設定が不可欠である。

## Prospects of New Regional Welfare ... Current Situation of the Government Action Plan for Persons with Disabilities and Proposals for the New Government Action Plan for Persons with Disabilities

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1. Need for the Government Action Plan for Persons with Disabilities based on new disability concept ICF
  - (1) Relationship with the five rules of the International Year of the Aged
    - Independence
    - Participation
    - Care
    - Self-fulfillment
    - Dignity
  - (2) Current situation in which importance must be placed on care
    - Why transition from facility to home/region is required?
    - Social care and support for what sort of lifestyle?
  - (3) Broad lifestyle profile including independence
    - Opportunities to work and earn income also important element for independence
    - Transition of policies from welfare-dependent living in each country to independent social life supported by working
  - (4) Importance of elements in WHO's International Classification of Functioning, Disability and Health (ICF)
    - Establishment of society in which disabled citizens can be active
    - Securing social participation to ensure integrated society
2. New Plan for Realizing Enriched Daily Life of Persons with Disabilities
  - (1) Preparing for places and opportunities for free activity by oneself
    - Providing diverse information for various individuals
    - Importance of processes which are clear and selected with satisfaction
    - Opportunities to actually try if suitable for oneself
    - Social environment acknowledging progress, challenges, and failures
    - Society which acknowledges rights of citizens to establish organization and voice opinions
  - (2) Support for experiencing working and employment in society
    - Labor and employment policies in regions which need to be focused from now on
    - Establishment of diverse ways of working and working places to realize working with dignity
    - Complicated relations with diverse people via work places and work
    - Local environment and atmosphere of people supporting working people
  - (3) City planning which allows free movement and satisfactory life
    - Cities which allow consumers to use their money freely
    - Cities which allow casual walking and elimination of stress
    - Cities which allow us to accumulate and test our diverse abilities
    - Cities which provide opportunities to meet unexpected people
  - (4) From plan limited to disabled citizens to plan for all citizens
    - New policies to realize social inclusion
    - Removal of two limitations- the scope of welfare and the scope of disabled citizens

## 障害者プランの現状と新障害者プランへの提言

大谷 強

関西学院大学経済学部 教授

1. 新しい障害概念ICFに対応した障害者プランの必要性
  - (1) 国際高齢者年の5つの原則との関連
    - ・自立 (independence)
    - ・参画 (participation)
    - ・ケア (care)
    - ・自己実現 (self-fulfillment)
    - ・尊厳 (dignity)
  - (2) ケアに比重をかけなくてはならない現状
    - ・なぜ施設から在宅・地域への移行が必要なのか
    - ・どんな生活をするための社会的ケア・支援か?
  - (3) 自立 (independence) に含まれる広い生活像
    - ・仕事や収入をえる機会も自立の重要な要素
    - ・各国における「福祉依存」の生活から就労支援による自立した社会生活へ政策移行
  - (4) WHOの国際障害分類ICFの要素の重要性
    - ・障害者市民の活動力 (activity) が発揮できる社会づくり
    - ・統合された社会をになう社会参画 あるいは社会進出 (participation) の確保
2. 日常生活の豊かさを実現する新・障害者市計画に
  - (1) 自分で自由に活動できる場所と機会の準備
    - ・個々人に行き渡る多様な情報の提供
    - ・理解でき納得して選択できるプロセスの重要性
    - ・自分に適しているかどうか、実際に試みる機会
    - ・飛躍やチャレンジとともに失敗を認める社会環境
    - ・自分たちが組織をつくり、意見を主張できる権利を認める社会
  - (2) 社会のなかで就労・雇用を経験する支援
    - ・現在より重視すべき地域における就労・雇用政策
    - ・尊厳ある労働を実現する多様な働き方と働く場の確立
    - ・職場や仕事を通じた多種多様な人とのきびしい付き合い
    - ・地域の環境や人々の雰囲気の仕事をする人を支援する
  - (3) 自由に動き回り、生活を充足できるまちづくり
    - ・消費者として思い切り自由にお金を使える街
    - ・気軽に歩き回り、ストレスを解放できる街
    - ・自分の多様な力量を蓄え、試すことができる街
    - ・予想しない人とであえるチャンスのある街
  - (4) 障害者市民に限定したプランからすべての市民のプランに
    - ・ソーシャル・インクルージョンの実現に向う新しい政策
    - ・福祉の枠と障害者市民の枠という2つの限定を取り払う

## Local Social Resource for Advocating the Rights of People with Disabilities

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### 1. What is advocacy?

- Exercise of Rights (procedural assistance, negotiation assistance)
- Remedy for Infringement (initial response, preservation of evidence, letter of protest, lawsuit)
- Publicity of rights (utilization of the media), thorough publicity, outreach (digging out)
- Creation of new rights (campaign for establishing them in the social system)

### 2. Objects of advocacy

- Rights against the central and local governments (pension, social relief, other grants in aid)
- Social rights and duties (housing, employment, transportation facility utilization etc.)
- Rights and duties in the family (dependence-related, inheritance-related, property management-related etc.)

### 3. Transition of the position of persons with disabilities

- Position in the family relations
  - ① Bewilderment, acceptance, enclosure ⇒ Make use of social support.
  - ② Pension of disabled children (adult) could be acquired by their parents. ⇒ Adult guardianship
  - ③ The party should also have the right to choose between being provided by the family and receiving public assistance.
- Position in the social relationship
  - ① Change in the labor force evaluation as a result of industrialization (mass production), uniform management
  - ② Protect the socially vulnerable group ⇒ Keep them isolated.
  - ③ Universal guarantee of human rights (substantially and unconditionally guarantee equal rights to all people)
  - ④ From gigantic technologies to technologies with human touch (Information technology, development of welfare devices)  
⇒ Enter into the labor market again.
- Position in the life in an institution
  - ① Review of professionals-led system (self-righteous manner would give birth to abuses)
  - ② Facility users should not be isolated. ⇒ Implement outside scrutiny.
  - ③ The staff themselves should publish the compliance rules in their facility. (i.e. philosophy, objectives)
  - ④ Publish a bill of rights.

### 4. Social resource viewed from an aspect of rights advocacy

#### ● How to make full use of administrative services?

- Oftentimes, they hesitate to use the administrative service, because with all those “application requirements”, and “necessary documents” they find the administrative procedure so cumbersome and the service at the counter disagreeable. ⇒ How can they make an application quickly without feeling any constraint?

**Oct. 22 NR Parallel Sessions 4 Government Action Plan (NR-PS-4)**

**●Who should obtain the government-related information, and how?**

- Government does not always conduct a thorough public relation campaign even when it has launched a new undertaking. However, it is advisable that users of administrative services get its details as soon as possible, and learn how to use it. ⇒ How can they take steps as the occasion demands to get the information?

**●Who should take care of the remedy for violation of rights and give assistance for the recovery of the damage?**

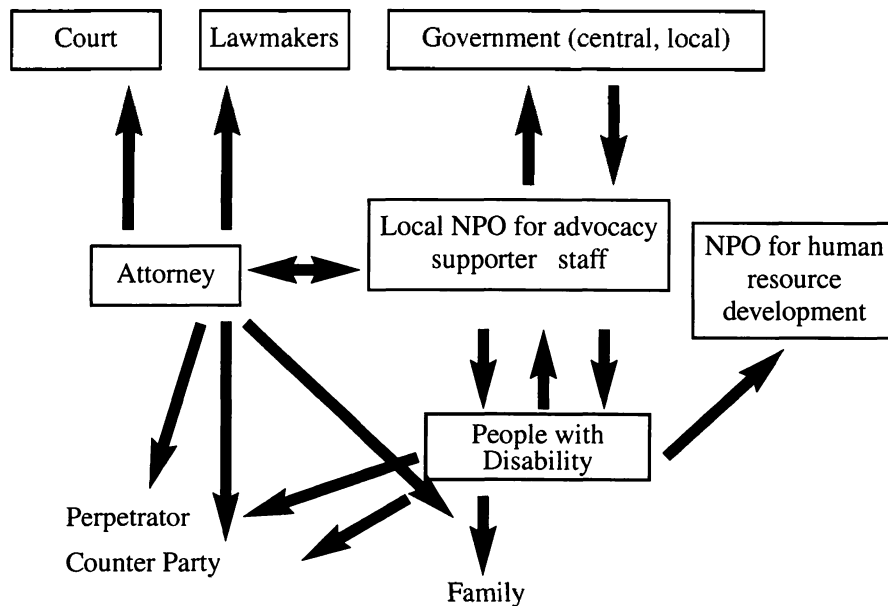
- There is a great deal of resistance to leave everything to the attorney for the remedy for the violation of rights (costs, the number of people.)
- When a party is encroached upon his rights, only he or his supporters can take initial (emergency) measures. (Confirmation of facts such as specifying the identity of the person and the harmful act, securing eyewitnesses, how to write a letter of protest, taking pictures of the injured parts etc.)

**●Who is going to foster such human resources, and how?**

- Presently, any specific or individual advocacy technique is not taught at a human resource development business related to the welfare services.
- Advocacy stops short of the details, ending at the general theory or philosophy level.

⇒It is urgently required to foster local NPOs for advocacy and their staff. (NPOs for human resource training)

⇒It is urgently required to foster a lot of people who have received advocacy training.



## 障害のある人の権利擁護面から見た地域の社会資源

池田 直樹

大阪アドボカシー法律事務所 所長 弁護士

### 第1 権利擁護とは

- 権利の行使（手続き支援、交渉支援）
- 権利侵害からの救済（初期対応、証拠保全、抗議文、訴訟）
- 権利の広報（マスコミの活用）、周知徹底、アウトリーチ（掘り起こし）
- 新たな権利の創出（制度化に向けた運動）

### 第2 対象別に整理すると…

- 国や自治体に対する権利（年金、生活保護、その他助成金など）
- 社会生活上の権利義務（住宅、雇用、移動、施設利用など）
- 家族内での権利義務（扶養関係、相続関係、財産管理関係など）

### 第3 障害のある人の位置の変遷

- 家族関係における位置
  - ①戸惑い、受け入れ、囲い込み⇒社会の支援利用
  - ②障害のある子ども（成人）の年金を親が遣い込む⇒成年後見制度
  - ③当事者側も家族扶養と公的扶助とのいずれかを選択する権限が必要。
- 社会関係における位置
  - ①工業化（大量生産化）に伴う労働力評価の変遷、画一管理
  - ②社会的弱者として保護⇒隔離
  - ③人権の普遍的保障（全ての人に、無条件に、同等の権利を実質的に保障）
  - ④巨大技術から等身大の技術へ（IT、福祉機器の開発）  
⇒再度、労働市場に参入
- 施設生活における位置
  - ①専門家主導システム（独善化が虐待を生む）の見直し
  - ②利用者を孤立させない⇒外部の目を入れる
  - ③職員自身がコンプライアンスルール（理念、目標）を公表する
  - ④権利章典を公表する

### 第4 権利擁護面から見た社会資源

- 行政サービスを如何に使いこなすか？
  - ・行政手続きは「申請要件」「必要書類」などが煩わしく、行政の窓口対応も気に入らないことから、逡巡してしまうことが多い。⇒どうすれば、気がねなく、迅速に申請できるか？



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● 行政関連情報を、誰が、どのように入手するか？

- ・行政は新しい事業を始めても十分な広報をしないことがある。しかし、利用価値のある制度（情報）は利用者側が早く入手して、使い方を習熟しておく必要がある。⇒どうすれば、臨機に情報を入手できるか？

● 権利侵害の救済、被害回復支援を、誰が担当するか？

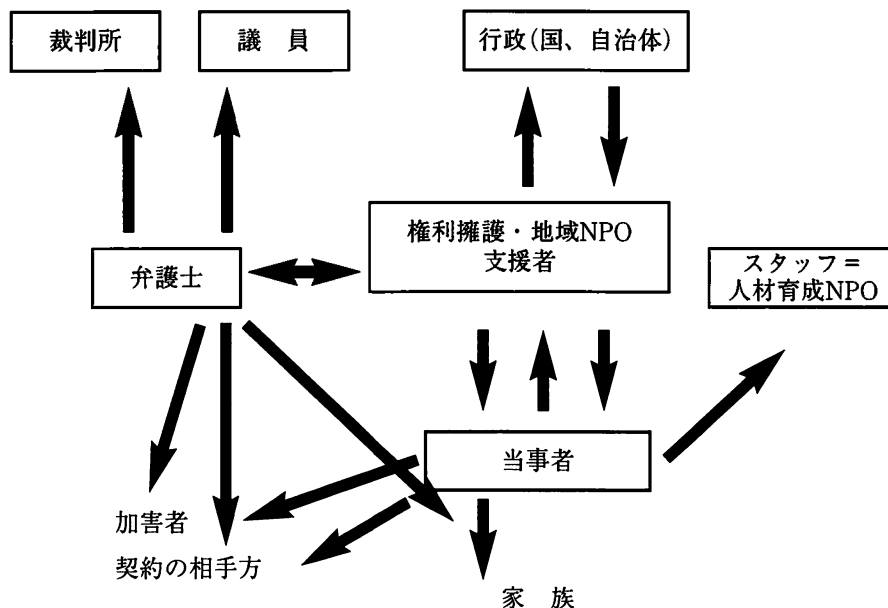
- ・被害救済を全て弁護士に依頼するのはハードルが高い（費用、人数など）。
- ・被害に遭ったときの「初期（応急）対応」は、被害者及び支援者がするしかない（加害者、加害行為の特定などの事実確認、目撃者の確保、抗議文の書き方、負傷個所の写真撮影など）。

● そのような人材を、誰が、どのように育成するか？

- ・現在の福祉サービスに関連する人材の育成事業では、具体的・個別的な権利擁護技術を教えていない。
- ・権利擁護が総論や理念で終わってしまっている。

⇒ 権利擁護・地域NPO、及びそのスタッフの育成（育成NPOの設立）が急務である。

⇒ 権利擁護研修を受けた人材を幅広く育成することが急務である。



## From the Perspective of Employment Support

**KOBAYASHI, Shigeo**

General Manager, Osaka City Support Center for Employment and Living of Persons with Disabilities

1. To secure a place for “employment promotion measures” in the fundamental policies for persons with disabilities.
  - (1) Implementation of an annual plan/cooperative measures to achieve the employment quota
  - (2) Job creation measures that go along with the relaxation of “system concerning exemption from the employment quota”
  - (3) Expansion and flexible operation of “employment opportunity creation project for persons with disabilities”
  - (4) “Support center for employment and living of persons with disabilities” / Plan to establish “skill development schools and facilities for persons with disabilities”
  - (5) Measures for reemployment for displaced workers
  - (6) Employment promotion measures taken by local autonomous bodies that suitably reflect region-specific conditions
2. Promotion of comprehensive support measures by the Ministry of Health, Labour, and Welfare
  - (1) Deployment of comprehensive support measures
    - ① In order to satisfy appropriately various needs concerning getting a job  
⇒ Promotion of “cooperative model project,” which covers labor, welfare, education and medical service.
    - ② Promotion of comprehensive support measures instead of disability -specific response
  - (2) Improvement of cooperation measures ⇒ “Support center for employment and living of persons with disabilities”
    - ① Specify the target for establishment and provide an annual plan  
⇒ Zones/districts of health and welfare for persons with disabilities/to set up 1 in each public employment security office
    - ② Improvement of operation base as an independent regional center  
⇒ Expansion of grant for operational expense/ Integration of operational expenses
    - ③ Improvement of measures implemented independently by the center.... such as “job coaching”
  - (3) Cooperation with existing social resources in the region  
⇒ Promotion of “Model project for the promotion of the establishment of a network of employment assistance”
  - (4) Promotion of employment in offices instead of welfare-related employment
    - ① Cooperative measures with enterprises ..... “On-the-job training” / “In-house vocational training”
    - ② Promotional measures for the establishment of specially-treated subsidiaries
    - ③ Enhancement of functions of vocational training centers  
⇒ Grants for operation in proportion to the number of employees / To secure a quota of 10% / Expansion of “In-house vocational training”

3. Rectification of regional differences / differences based on the kinds of disabilities
  - (1) Promotion of the establishment of vocational skill development schools and facilities for persons with disabilities ⇒ 1 in each prefecture
  - (2) Skill improvement to meet employment needs and industrial structures / Expansion of opportunities to acquire skills
  - (3) Development of job territories and vocational capabilities
  - (4) Integration of vocational independence enlightenment project...Development of projects that go beyond the framework of persons with disabilities
4. Measures taken by local public bodies
  - (1) Set up of targets of employment in local autonomous bodies
  - (2) “Model projects for the promotion of employment of persons with intellectual disabilities” in local autonomous bodies
  - (3) Promotion and establishment of “Support center for the employment and living of persons with disabilities”
  - (4) Employment promotion project suitable for region-specific conditions

## 就業支援の立場から

小林 茂夫

大阪市障害者就業・生活支援センター 所長

1. 障害者基本計画に「雇用・就業促進の施策」を位置付ける。
  - (1) 雇用率達成に向けた年次計画／連動施策の実施
  - (2) 「雇用率適用除外制度」の緩和にともなう雇用創出施策
  - (3) 「障害者雇用機会創出事業」の拡大及び弾力的運用
  - (4) 「障害者就業・生活支援センター」／「障害者能力開発校、能力開発施設」設置計画
  - (5) 離職者に対する再雇用にむけた対策
  - (6) 地域実情を反映した地方公共団体の就業促進施策
2. 厚生労働省としての一体的支援施策の推進
  - (1) 総合的な支援施策の展開
    - ①働くことへの様々なニーズに的確に対応するために  
⇒労働・福祉・教育・医療等の「連携モデル事業」の推進
    - ②障害種別対応から総合支援策の推進
  - (2) 連携施策の充実 ⇒「障害者就業・生活支援センター」
    - ①設置目標の明示と年次計画  
⇒障害者保健福祉圏域／公共職業安定所に1か所の設置
    - ②独立した地域センターとしての運営基盤整備  
⇒運営費の助成拡充／運営費の一体化
    - ③センター独自に展開できる方策の拡充・・・「ジョブコーチ」など
  - (3) 地域における既存の社会資源との連携  
⇒「就業支援ネットワーク構築推進モデル事業」の推進
  - (4) 福祉的就労から事業所への就業促進
    - ①企業と連携した施策・・・「職場実習」／「企業内授産」
    - ②特例子会社設立奨励策
    - ③授産施設の機能強化  
⇒就業者数に応じた運営助成／10%定員枠の確保／「企業内授産」の拡充
3. 地域間格差／障害種別間格差の是正
  - (1) 障害者職業能力開発校、能力開発施設等の設置促進 ⇒ 都道府県1ヵ所設置
  - (2) 雇用ニーズ及び産業構造に対応したスキルアップ・技能習得の機会拡大
  - (3) 職域開発及び能力開発
  - (4) 職業自立啓発事業の一元化・・・障害者枠を越えた事業展開
4. 地方公共団体の施策
  - (1) 地方自治体における雇用目標の設定
  - (2) 地方自治体における「知的障害者の雇用推進モデル事業」
  - (3) 「障害者就業・生活支援センター」設置促進
  - (4) 地域の実状に応じた就業促進事業

## **Status of Establishment and Implementation of the “Local Municipality Plan for Disabled Persons” - Findings of the Recently-held National Survey**

**KIM, Jeong - Ok**

Associate Director of the Forum Secretariat of DPI Japan  
Forum commemorating the last year of the Asian and Pacific Decade of Disabled Persons  
Political Subcommittee of the Campaign Committee (Municipality Survey Working Team)

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### **1. Purpose of the survey of the status of establishment and implementation of the “Local Municipality Plan for Disabled Persons”**

The purpose of the survey is to find out the actual state of the establishment and implementation effort of the “Plan for Disabled Persons” by prefectural governments, government-designated cities, and local municipalities from the viewpoint of the spirit that serves as the basis of “the UN Standard Rules for Equalization of Opportunities for Disabled Persons,” adopted in 1993, and “Participation, Integration, and Human Rights in Society (of People with Disabilities)” among “the 12 most urgent tasks in the Asian & Pacific Decade of Disabled Persons,” with the main focus on the issue of “participation.”

### **2. Summary of the survey**

- Period: December, 2001 - May, 2002
- Method: Mail-in survey
- Rate of recovery:
  - (1) Questionnaires to prefectural governments and government-designated cities: 94.9% (56/59)
  - (2) Questionnaires to local municipalities: 48.0% (1,552/3,235)

### **3. Summary of the result**

- Prefectural governments/government-designated cities:  
Number of returned questionnaires: 56  
→Number of those that said, “Numerical targets are included in the plan for disabled persons.”: 49
- Local municipalities:  
Number of returned questionnaires: 1552  
→Number of those that said, “Numerical targets are included in the plan for disabled persons.”: 427

### **4. Points of the result of the survey (Details will be explained using suitable materials on the day of presentation)**

#### **(1) Actual State of the establishment of the plan**

- ① The main condition that poses difficulties in making up a plan: Shortage of human resources
- ② One fourth of the municipalities that already have a plan said that no review was being scheduled.
- ③ In most of the cases, various materials prepared by administrative agencies were the reference used in setting up the plan. Although not many in number, some consulted the Standard Rules and the 107 Targets.

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- ④ About half of the municipalities have a plan that includes measures for those with intractable diseases that are not certified as disability.
- ⑤ The rate of establishment and implementation of measures is found to be lower in related fields (especially in the field of education) than in the field of welfare.
- ⑥ The percentage of those that said, "Employment Support" "is not included as a menu in the plan nor is it implemented as one of the measures," is high.
- ⑦ The proportion of municipalities is high that do not include "Information service for people with mental disabilities" "in the plan nor implement it as one of the measures." It is usually not included as well in materials prepared by the government.

**(2) Method of establishment and implementation of the plan**

- ① Three fourths of the local municipalities carried out a survey in some way or other in order to set up the plan. The survey was planned and conducted mainly by municipal employees in 70% of the municipalities. In the majority of the cases, the analysis and the preparation of the report were commissioned to consulting firms rather than done mainly by municipal workers.
- ② Local municipalities that have set up a promotion council are rare.

**(3) Degree of participation in the establishment of the plan**

- ① Local municipalities vary widely in the degree of "participation" of persons with disabilities in the plan for Disabled Persons.
- ② Concerning the setting up of the plan, about half of the municipalities sought opinions from disabled persons before preparing the questionnaire.
- ③ As to "the method of setting up of the numerical target," less than 5% of the municipalities have set up the target "based upon requests from citizens and disabled persons' groups," for every project menu. The percentage is 5 to 10% in the case of prefectural governments.
- ④ Sixty percent elected, according to the conventional practice, group representatives as planning and other committee members representing disabled persons. One fourth did not specifically provide an opportunity for participation for interested parties other than members of the committee.

10月22日 総合リハ分科会 4 障害者プラン (NR-PS-4)

## 「市町村障害者計画」策定・実施状況—全国調査の結果から

金 政玉

DPI日本会議事務局次長

「アジア太平洋障害者の10年」最終年記念フォーラム キャンペーン委員会政策部会（自治体調査ワーキング・チーム）

### 1. 「市町村障害者計画」策定・実施状況に関する調査の目的

都道府県・政令指定都市、市区町村の現状の「障害者計画」策定状況が、1993年に国連総会で採択された「障害者の機会均等化に関する基準規則」、「アジア太平洋障害者の十年12課題」の「(障害当事者の) 社会への参加・統合・人権」という精神からみて、中でも「参加」に焦点をあててどのような現状にあるのかを調査する。

### 2. 調査の実施概要

- 実施期間：2001年12月～2002年5月
- 実施方法：郵送調査
- 回収率：(1) 都道府県・政令指定都市向け：94.9% (56/59)  
(2) 市区町村向け：48.0% (1,552/3,235)

### 3. 結果の概要

- 都道府県・政令指定都市向け 回収数：56  
→「障害者計画に数値目標が盛り込まれている」と回答したのは49
- 市区町村向け 回答数：1552  
→「障害者計画に数値目標が盛り込まれている」と回答したのは427

### 4. 調査結果のポイント（詳細は当日資料で説明）

#### (1) 計画策定の状況

- ①計画策定を困難にしている条件：人材不足が大きな要因
- ②計画策定した市町村の4分の1が見直し予定なしと回答
- ③計画策定の際に参考としたものは行政資料がほとんどだが、基準規則や107の目標も少ないけれど存在する
- ④難病など障害認定されていない人の施策を含んだ計画になっている市町村は約半数
- ⑤施策の計画策定・施策の実施率については、福祉領域に比べ、関連領域（特に教育）の方が低くなっている。
- ⑥「就労支援」のメニューについては、「計画に盛り込まれていないし、施策としても実施していない」の比率が高い。
- ⑦「知的障害者向けの情報提供サービス」が行政資料も含めて、「計画に盛り込まれていないし、施策としても実施していない」の比率が高い。

#### (2) 計画策定・実施の方法

- ①計画策定のため、4分の3の市町村が何らかの形で調査を実施。調査は企画、実施に市町村職員が中心に関わったところ7割。分析や報告作成はコンサル委託が職員中心を上回る。
- ②推進協議会を設置している市町村は非常に少ない

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(3) 計画策定への参加の度合い

- ①市町村における障害者計画への「参加」は、自治体によってばらつきがみられる。
- ②計画策定の方法において、調査票作成前に障害者の意見を聞いたところは、約半数。
- ③「数値目標の設定方法」において「住民や障害者団体からの要望に基づいて設定した」の比率が、市町村の場合、各事業メニューを通じて5%以下である。  
都道府県の場合でも5~10%。
- ④計画策定委員会等への障害者委員の選出方法は、慣例による団体代表が6割。  
委員以外の当事者の関与は、とくに機会を設けなかったのは4分の1。



Oct. 23 *Plenary Session (PL-3)*

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## **Greater Stakeholders' Involvement: Key to the Success of an AP Decade Extension, 2003-2012**

**ILAGAN, Venus M.**

Regional Chairperson, Disabled Peoples' International Asia-Pacific Region (Philippines)

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The Asia-Pacific region being home to 360 million or 60 percent of the world's estimated 600 million disabled persons, has a huge stake at supporting and furthering the effort for an International Convention for the Protection of the Rights and Dignity of Persons with Disabilities as well as seeing to the successful achievement of the goals of an extension of the Asian and Pacific Decade of Disabled Persons, 2003-2012.

While the Asian and Pacific Decade of Disabled Persons (1993-2002), has greatly increased the level of awareness on disability in the region, there remains so much to be done to create a social and physical environment that is truly conscious and accommodating of the needs of persons with disabilities.

Engaging persons with disabilities and their organizations in the overall development process is a must if we want to ensure the success of the AP Decade extension. Proper co-ordination of the efforts and resources of the different disability stakeholders including non-disabled persons working with the disabled, has to be explored, encouraged and supported to ensure the successful achievement of the goals of an extended Decade.

10月23日 全体会 (PL-3)

## 利害関係のある当事者の更なる関与こそ、つぎの 「アジア太平洋障害者の十年（2003-2012）」成功の秘訣

**ILAGAN, Venus M.**

障害者インターナショナル・アジア太平洋地域評議会 (DPI) アジア太平洋ブロック議長

世界に6億人いるといわれる障害者のうち、60%にあたる3億6千万人を擁するアジア太平洋地域は、つぎのアジア太平洋障害者の十年（2003-2012）の目標達成に責任をもつのみならず、障害者の権利および尊厳の保護に関する国際条約採択に向けた努力の支援と推進に、極めて大きな利害関係を有している。

アジア太平洋障害者の十年（1993-2002）はこの地域の障害者に対する意識レベルを大いに向上させたが、障害者のニーズを真に意識し、それに対応した社会的・物理的環境づくりのためにしなければならないことは依然として多い。

つぎのアジア太平洋障害者の十年の成功を確実にするには、その発展の過程全体に障害者や障害者団体を参加させることが不可欠である。つぎの十年の目標を成功裏に達成させるためには、障害者と協働する非障害者をはじめ、障害にかかわる様々な利害関係者の努力や資源を適切に調整する方策を模索し、促進し、また支援しなければならない。

## **Renewed Regional Disability Network for NGOs ? Strengthening of Collaboration and Networking**

**CHEUNG, Benny Wai-leung**

Vice President, Asia and Pacific Region, Rehabilitation International (Hong Kong SAR, China)

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History and experience in many countries clearly indicate that the realization of an inclusive society free of barriers for people with disability rely on the a number of factors:

- 1) That people with disability can in united force, advocate for their own rights and equal opportunities.
- 2) That there are clear national policies concerning rights, opportunities and services.
- 3) That there are sufficient funds for the development of practical action plans.
- 4) That the public continues to be educated to include people with a difference.
- 5) That there is the knowledge and experience for the plans of action to materialize.

Most if not NGOs in the Region for and with people with disability have been on the forefront of development in disability awareness, prevention, rehabilitation, advocacy, etc. Yet many of these NGOs in the Region still lacks the experience and resources to bring forth and to further develop these agendas. Regional meetings of what we are having right now can be prohibitive for many countries and NGOs because of the lack of resources.

The accumulation of successful experience on advocacy work, disability prevention, public education, etc. can be compiled and put together as useful resources, possibly with funds from international foundations or corporations, for dissemination to NGOs in the Region. Trainers preferably also people with disability who are leaders and advocates can provide practical support to NGOs in the Region in the furtherance of their plans of action.

The increased use of information technology can serve a useful purpose for information dissemination and education. A rehabilitation e-platform can be considered that provides relevant support, information, training, etc for all the NGOs in the Region.

Mentorship programme, whereby NGOs can be matched in relations to areas of needs, expertise, concerns, and the support required. Leadership training should be strengthened and further developed. Those NGOs and/or countries that are more developed can take initiatives and lead in these respects. The UN Convention can serve as a very useful forum of exchange, networking and resource dissemination.

10月23日 全体会 (PL-3)

## NGOのための新しい地域障害者ネットワーク作り －協力とネットワークの強化

CHEUNG, Benny Wai-leung

Vice President, Asia and Pacific Region, Rehabilitation International (Hong Kong SAR, China)

多くの国々において過去の経緯と経験から明らか「な」ように、障害者のためのインクルーシブなバリアフリー社会を実現するには以下に示す様々な要因が絡んでくる。

- 1) 障害者が力を合わせて自分たちの権利と機会均等を擁護できること。
- 2) 権利、「機会および」サービスに関する明確な「国の」政策が「ある」こと。
- 3) 「実際」的な行動計画を作成する十分な資金があること。
- 4) 「多様な」人々を受け入れるための「市民啓発活動」が継続的に行われていること。
- 5) 行動計画を実現「化」するための知識と経験があること。

すべてとはいわないまでも、ほとんどの地域の障害者「支援」NGOや障害当事者NGOは、障害「の」認識、予防、リハビリテーションおよび擁護などの発展に中心的な役割を果たしてきている。しかし、地域のNGOの多くには、このような問題を提起し、推進していくための資金と経験とが不足しているのが現状である。現在我々が開催している「この」地域会議も、多くの国々やNGOには「資金」不足のため、高額すぎる「かもしれない」。

擁護活動、障害予防、「市民啓発活動」などの分野での「成功」経験の「蓄積は」、「あるいは」国際「財団」や国際企業からの資金援助を得て、地域「の」NGO「に」普及「するための有用な」資源として「集成することができる」。リーダーや擁護者となる研修指導者—自身も障害当事者であることが望ましい—は、行動計画を推し進める際に地域のNGOに実際に役立つ支援、「情報および研修」を提供できる。

情報技術の利用の増加は、情報の普及と教育に「とって」、有用な目的になり得る。リハビリテーション「電子掲示板」(e-platform) は、地域におけるすべてのNGOに対し、関連する支援、情報、研修などを提供するものと考えられる。

指導者教育プログラムによって各NGOは、ニーズのある分野、専門分野、関心のある分野、および支援が必要とされる分野に則した対応ができるようになるであろう。リーダーシップ研修はさらに強化、発展させていくべきである。これらの点で、より進んでいるNGOや国々はイニシアティブを取り、リードしていくことができる。国連・「障害者権利条約」は、交流、ネットワーク作り、「ならびに」資源の普及に「きわめて」有効なフォーラム「を形成し」得るであろう。

## **Beyond the Asian and Pacific Decade**

**OGURA, Takeo**

Director, World Federation of the Deaf (WFD) Regional Secretariat in Asia and Pacific (RSA/P)

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1. Activities of WFD Regional Secretariat in Asia/Pacific
  - a. Undertaking the responsibilities of the Regional Secretariat of the World Federation of the Deaf
  - b. Overall situation and issues relating to the Deaf in the Asian-Pacific Region
  - c. Activity policies of WFD Regional Secretariat in Asia/Pacific
  
2. Priority issues for the “Next Asian and Pacific Decade of Disabled Persons”
  - a. Clarifying the significance of the “Next Asian and Pacific Decade of Disabled Persons”
  - b. Ensuring opportunities for participation in the Campaign Conferences and other conferences
  - c. Strengthening local surveys to grasp the actual situation of persons with disabilities
  - d. Undertaking efforts to eliminate the gap in educational environments and welfare systems for persons with disabilities among all countries in the Asian-Pacific Region
  - e. Promoting information exchange through interchange among organizations of disabled persons
  - f. Recognizing the significance and importance of cooperation for the formation of self-help organizations of persons with disabilities and for the solution of other issues
  - g. Lobbying with governments for the stabilization of the Region through non-military diplomatic means

10月23日 全体会 (PL-3)

## ポスト十年への取り組みを考える

小椋 武夫

世界ろう連盟アジア太平洋事務局 (WFD)

1. アジア太平洋地域事務局活動について
  - ・世界ろう連盟の地域事務局への関わり
  - ・アジア太平洋地域におけるろう者の一般的な状況と課題
  - ・地域事務局の活動方針
  
2. 「新・アジア太平洋障害者の十年」における取り組みについて
  - ・「新・アジア太平洋障害者の十年」の意義の明確化
  - ・キャンペーン会議を始めとするあらゆる会議への参加機会の保障
  - ・障害者の状況を把握する現地調査の強化
  - ・アジア太平洋全体の障害者の教育環境と福祉制度の格差を無くすための努力
  - ・障害者団体の交流による情報交換の促進
  - ・障害者の組織作り等の課題に対する協力の意義と重要性の確認
  - ・政府への、非軍事的な外交による地域の安定化の働きかけ

Oct. 23 *Plenary Session (PL-3)*

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## **THE FIRST DECADE OF DEAFBLIND PEOPLE IS TO BEGIN NOW**

**FUKUSHIMA, Satoshi**

Associate Professor, Department of Barrier-Free Studies, Research Center for Advanced Science and Technology, University of Tokyo (Japan)

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The World Federation of the Deafblind (WFDb) was established in October 2001. In different countries, national organizations of the deafblind are preparing to apply for the membership of WFDb. The Executive Council of WFDb is discussing basic, organizational matters.

One of the most famous disabled individuals in the 20th century was Helen Keller. She was deafblind and her global impact on social services policy and disability movements has been immeasurable.

In spite of her efforts, an international organization of deafblind people was not established in the 20th century and was only born in 2001 in the new century. It was thirty-three years after her death. What delayed the establishment of an international organization of deafblind people?

Difficulties facing deafblind people are the “crystallization” of difficulties facing other disabled people. Deafblind people encounter severe limitations in terms of means of communication, access to information, and freedom of movement. That is why deafblind people’s organization was the “last” to come true.

For deafblind people, the fresh Asian and Pacific Decade of Disabled Persons is in fact to be the “First decade”.

If deafblind people can successfully achieve independence and participate in society, so can other disabled people. For the bright future of many disabled people in the Asian and Pacific region, we deafblind people are going forward as a small but shining “crystal”.

10月23日 全体会 (PL-3)

## 盲ろう者にとってはこれからが最初の10年

福島 智

世界盲ろう者連盟 (WFDb)

「世界盲ろう者連盟」は2001年10月に発足した。

現在は各国において、それぞれの国の盲ろう者団体が同連盟への加盟の準備をすすめると共に、WFDb執行委員会においては、組織運営のための基本的な問題を討議している段階である。

ところで、20世紀における世界でもっとも有名な障害者はおそらくヘレン・ケラーだろう。ヘレン・ケラーはまさしく盲ろう者である。そして、彼女が世界各国の障害者福祉施策や運動に与えた影響は計り知れない。

ところが、こうした彼女の努力にも関わらず、盲ろう者の国際的な組織は20世紀中には結成されず、彼女の死後33年をへて、世紀を越えた2001年ようやく設立されたのだった。なぜこのように盲ろう者の国際組織の結成は遅れたのだろうか。

それは盲ろう者の抱える困難が他のさまざまな障害者が抱える困難を「結晶化させた」ものだからだと思う。すなわち、コミュニケーションの手段、情報入手の機会、移動の自由、のすべてに極めて大きな制約を持っているからだ。そのために盲ろう者の組織は「最後に」作られたのではないだろうか。

「新しいアジア太平洋障害者の10年」は盲ろう者にとっては、「初めての10年」である。盲ろう者の自立と社会参加が実現されるなら、他のすべての障害者においてもそれらは実現されるだろう。アジア太平洋地域の多くの障害者の未来を輝かせるために、盲ろう者はたとえ小さくとも鮮やかな光を放つ「水晶」として前進していきたい。



## **Rehabilitation of People with Diabetes and its Complications**

**SATO, Tokutaro**

President, National Rehabilitation Center for the Disabled (Japan)

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Function of carbohydrate metabolism is clinically classified as normal, impaired glucose tolerance (IGT), non-insulin dependent diabetes, insulin dependent diabetes and brittle diabetes. According to ICF, their function may be expressed as b540.0, b540.1, b540.2, b540.3 and b540.4, respectively. Their structure may also be expressed as s550.000, s550.189, s550.229, s550.329, s550.419, respectively.

Incidence of diabetes mellitus is increasing all over the world, and about 10 percent of people of age over 40 years old are diabetic in Japan. It is an important risk factor of many kinds of disability such as heart attack, stroke, renal failure, and blindness.

The effect of intensive diabetes treatment on long-term complications in insulin dependent diabetes was confirmed by DCCT Research Group. Same kind of studies on non-insulin dependent diabetes were reported and by UK Prospective Diabetes Study Group and Kumamoto Study. New drugs for treatment of diabetes and new devices to monitor blood glucose levels by patients themselves are now available, and it's getting easier to achieve strict control of blood glucose levels. It was also reported that tight control of blood pressure and blood lipids in the diabetics are effective on prevention of complications in the diabetics.

Based on these evidences, clinical recommendation of diabetes treatment was proposed by Canadian Diabetes Association (1998), American Diabetes Association (1999) and Japan Diabetes Society (2002).

Purpose of diabetes rehabilitation is maintaining their healthy condition of the diabetics without complications and supports them in minimizing activity limitation and participation restriction due to diabetes.

To achieve these purposes, it's necessary to modify the clinical recommendation properly to each patient and apply EBM concerning not only blood glucose control, but also foot care, obesity, hypertension and hyperlipidemia. Further, it is important to evaluate activity limitation and participation restriction according to functions and personal characteristics.

In diabetes rehabilitation, it is very important to teach them on the principle of treatment of diabetes, diabetic complications and realizable methods of self-care, in detail.

## 糖尿病およびその合併症を有する患者のリハビリテーション

佐藤徳太郎

国立身体障害者リハビリテーションセンター総長

糖代謝機能を臨床的に分類する場合、正常、耐糖能異常 (IGT)、インスリン非依存型糖尿病、インスリン非依存型糖尿病および不安定型糖尿病の5つに分かれる。ICFコードでは、これらの機能面の障害はb540.0、b540.1、b540.2、b540.3、b540.4、構造面の障害はs550.000、s550.189、s550.229、s550.329、s550.419とそれぞれ表すことができる。

糖尿病罹患率は世界的に高まっており、日本では40歳を超える年齢層の約10%が糖尿病患者である。糖尿病は、心臓発作、脳卒中、腎不全および失明などの重要な危険因子となっている。

糖尿病管理合併症DCCT研究試験グループは、インスリン依存型糖尿病における慢性合併症の発症に対する強化インスリン療法の有効性を確認した。また、UK Prospective Diabetes Study Group (UK) (イギリス糖尿病前向き試験グループ) および熊本スタディでは、インスリン非依存型糖尿病患者を対象に類似の試験を実施し、同様の成績を報告している。現在、糖尿病治療用の新薬のほか、患者自身が血糖値をモニターすることのできる新たな装置が開発されたことにより、血糖値の厳格な血糖値コントロールを実施しやすくなっている。また、糖尿病による合併症を予防するためには、糖尿病患者の血圧および血中脂質を厳しくコントロールすることが有効であることも報告されている。

このようなエビデンスに基づき、糖尿病治療のための臨床的な推奨事項がカナダ糖尿病協会 (Canadian Diabetes Association/1998年)、アメリカ糖尿病協会 (American Diabetes Association/1999年) および日本糖尿病学会 (2002年) により提案された。

糖尿病患者のリハビリテーションの目的は、糖尿病による合併症を発症させることなく健康な状態を維持し、活動制限および参加制約を最小限に抑えることである。

このような目的を達成するためには、臨床的な推奨事項を個々の患者に合わせて、血糖コントロールだけではなく、血糖管理値以外にも足のケア、肥満、高血圧および高脂血症に関してEBM (エビデンスに基づく医療) を実施することが必要である。また、活動制限および参加制約を評価する場合は、糖代謝機能および個々の患者の特性を考慮することを忘れてはならない。

糖尿病患者のリハビリテーションでは、糖尿病の治療原則、糖尿病性合併症および実行可能なセルフケアの原則等に関するきめ細かな患者指導を行うことが非常に重要である。

# ■□ ***Free Paper Presentations*** ■□

(研究発表)

- ・ ***Oral Communication*** (口頭発表)
- ・ ***Posters*** (ポスター)
- ・ ***Videos*** (ビデオ)

**Self-help Groups and Disability Rights Movements** (自助組織と障害者権利運動)

**O-1-1** Fight for the rights of the people with disabled

Tai Fu-Chiao

Eden Social Welfare Foundation (Taiwan)

During the early years of the establishment of Eden Social Welfare Foundation, there were lots of people with mental and physical disabilities in Taiwan, the career as well as the education opportunity had been neglected. Eden understands if the entire environment is not improved, all the hard work would be in vain. Therefore, Eden, affiliated with other similar groups started to put their best effort in fighting for the basic humanitarian rights of disabled people.

From 1987, Eden has started to promote barrier free facilities. In that year, when charity lottery was getting very popular, many can still recall the one event, that was for the first time in 1989, Eden and some other 49 mental and physical disabled groups were out for demonstrating and fighting for the exclusivity of the lottery business to belong to social welfare services. In 1990, Eden materialized the revision of Disability Welfare Law, when in 1997 the name of the Disability Welfare Law was transformed into a more tangible Mental & Physical Disabilities Protection Law.

In addition, on July 1996, after so much hard work, the first government official's examination was successfully organized by Eden and other similar groups. These pioneers too, who had worked hard for their fellow disabled individuals later formed the Handicapped Federation of Republic of China, contributing to the continuous crusade fighting for their better future.

**O-1-2** ACTIVITIES MOVEMENT OF PWDs IN LAO PDR

SIVILA CHANHPHENG, SOUVANTHALISITH SOMKHUANTA, TAKOUNPRAK SINGKHAM, PANYANOUVONG SOUKIET  
Somphet Akhavong (Lao PDR)

Topic Activities movement of developing People with Disabilities in Lao PDR.

1. The Geography of the Laos PDR.

Lao is located in South East Asia, The population is about 5.400.000.

2. The Activities movement of Decade of PWDs :

- Establishing the National and provinces Committees for PWDs.
- Expand the committees for the PWDs through 14 provinces.
- Self-help group of PWDs has appears, there is LDPA as a national level, and 4 associations.

1. The policy of prevention

- Road safety Project.
- UXO program.
- Education on the TV for deaf PWDs

1. Rehabilitation.

- Orthotics, Prosthetic Project
- Community Based Rehabilitation Project.
- Micro-credit project.

1. Education

- Special school for deaf and blind people
- Inclusive Education program.

1. Vocational Training.

- There is a vocational training for PWDs

1. The problems of developing self-help group.

- Developing Human Resource
- Developing the system of implementation and coordination
- Materials Support and budget plan.

## O-1-3 A glance at Hanoi Deaf Club and deaf people in Vietnam

Tran Tuan Ngoc  
Hanoi Deaf Club (Vietnam)

In Vietnam, particular in big city, mostly deaf people graduated primary education and able to communicate with people. But in provinces, the situation is worse. There is a problem in communicating because majority of them could not read newspaper or write letter. Generally, deaf persons are lower educated therefore it is difficult for them to find a job and a dream of a good job with adequate salary. In additional, there is less opportunity to meet each other or make friends. We also have less chance to improve knowledge or playing sports with other peers.  
Some recommendation for the development of Hanoi deaf club.

## O-1-4 Effectiveness of NGOs in promoting the rights of PWDS

ALI IJAZULLA A  
CARE SOCIETY (Maldives)

### Rationale/ Motivation

Every person with disability has the same rights as others in the society.

### Idea/Work

Care Society [www.caresociety.org](http://www.caresociety.org), a locally founded Non-Government Organization is committed to improvements in the lives of PWDS. In collaboration with families and in partnership with government and NGOs, Care Society promotes practices and public policies that:

- Support the total integration of PWDS into society;
- Promotes access to education, training and employment for PWDS;
- Raise community awareness to encourage equality and fairness for PWDS;
- Encourage health service providers to intervene early in the lives of children and adult with disabilities
- Ensure that PWDS are valued as individuals.

### Methodology

Community oriented approach  
Genuine belief to empower/help the community  
Public Trust/transparency  
Awareness/ co-operation /provision of services  
Support to and from government and other public/private organisations.  
Partnerships with International Organizations  
Education and training of staff and resource members  
Team work management

### Success

The first rehabilitation centre, Care Development Centre was established in August 2001. Got our own four storeys building/was inaugurated by Preseident Gayyoon on 27 July 2002. Will start CBR in the island communities in September 2002. Care Parents Forum was formed on the 4<sup>th</sup> December 2000. Continuously promoting the rights of PWDS at all forums. Training of Local Special Educators started in 2001 and being continued.

### Conclusion

NGOs are very effective when they have certain characteristics  
Regional NGO Network (RNN) is very useful and important in terms of knowledge and information sharing  
Asia and Pacific Decade/opportunities has played a tremendous role in making Care Society more effective. Thus it needs to be extended.  
NGOs are better collaborators/managers with grassroots level persons in the communities.  
NGOs are change makers in the society

**O-1-5 Experiences of Establishing Partnership between Self-Help Group(SHG)and Rehabilitation Professional**

Ogawa Yoshimichi

Kanagawa Institute of Technology (Japan)

Traffic accidents have been increasing dramatically in the whole world. A lot of people are suffering from severe traumatic brain injury (TBI) that remained complex symptom. As a result, they have difficulty to live in their home smoothly and their families also have many problems. The experience of problem solving process cooperated by SHGs and professionals indicates a new stage of a comprehensive rehabilitation and community care.

This report has three parts. It shows the statistical data about persons with TBI and their situation in Japan. Secondly, it describes the setting up a SHG and the role of rehabilitation professionals. Then, it discusses the relationship between SHG and professionals during the process. To conclude, it is emphasized that SHGs are extremely important not only to promote their own situation but also to encourage “ humble but iconoclastic ” professionals to contribute to disability field.

**O-1-6 Mentoring through Creative Arts-The Peer Support Project**

HUI Raymond Wai Man, Emily FUNG Wai Ying, MOK Vincent Wai Sun, LAI Tai Yiu, CARMAN TAM, LAU Yuk Man , CHEUK Hang Chi , CHENG Man Chai  
CHOSEN POWER (Hong Kong SAR, China)

1990, members of the Island Gateway Club (a social recreational club for person with intellectual disability) took part in drama interest classes. Members had fun and later joined a community drama group - QI Troupe to do performances. They have developed an interest in drama and expand their social circle. The performances they did were scripted play and they had to work with the director. Paradoxically, it is just like the life of the persons with the intellectually disability. Once they are labeled and they have to follow the parents' guidance, the educational provision and the social welfare definition of their needs. Their personal growth is largely segmentized by the education and the welfare system. Their life is mostly planned and structured accordingly. Their roles in life is much limited. They are being recognized as clients or service users. Their understanding of self is unclear. Their choices in their life span is very limited.

In 2002, members of Chosen Power, after attending a series of drama workshops, namely creative movement, action theatre, forum theatre, playback theatre, playforword theatre, and a few multi-arts ability awareness training workshops, the group apply for a funding of HK\$500,000 to launch a 2-year Peer Mentoring Project.

A grant of HK\$440,000 has allocated by the Government. We started our learning by doing, experiential mentoring process. We have to employ staff. We have to train mentors and supporters. We even invite persons with learning disabilities to be our member team. The Project includes two stages: The empowering of self and the mentoring journey. It is a train the trainer program. It is a mentoring process. It is an empowering mutual help movement. It is a strategy to deprofessionalized our life. It is a way to get to know ourselves better. It is a way to expand our circle of friends.

## **Disability Policy and Participation in It (障害者政策と策定過程への参加)**

### **O-2-1 PARTICIPATION IN POLICY DEVELOPMENT PROCESS**

ARIYARATNE SRI VIKUM S.V

ORGANIZATION FOR THE REHABILITATION OF PERSONS WITH DISABILITIES (Sri Lanka)

#### PARTICIPATION IN POLICY DEVELOPMENT PROCESS

Interests of power groups, are the source of public policy. Powerlessness of persons with disabilities in developing countries of the region, has resulted in lack of effective policies. Their interests have confined to the lip-service of policy makers. The laws enacted are ineffective. Therefore, progress of the disability movement in the areas of education, medical, social and vocational rehabilitation, employment, barrier-free environments, information and fund raising is at a very unsatisfactory level. The author has experiences on formation of such organizations in Sri Lanka, but they have fallen into the grip of authoritarian leaders, eliminating participation and empowerment of the membership due to feudalistic attitudes.

This paper attempts to reiterate the necessity of formation, governance and networking of organizations of and for persons with disabilities, making use of mobilization and empowerment strategies and strictly adhering to the following principles and concepts of democracy and participatory approach, as an effective measure to ensure their participation in the process of policy development:

- i Separation of powers
- ii Rotation of leadership
- iii Check and balance
- iv Transparency
- v Activation of small groups
- vi Self reliance of members
- vii Full participation

### **O-2-2 Disabled persons as the members of the Society**

Fujita Tsutomu

Japanese Federation of Organizations of the Disabled Persons (Japan)

#### 1. Self-supporting of disabled persons.

- The solidarity and development for the organizations of the disabled's own, concerning to human resources and financial affairs.

#### 2. The ways and the systems about official or common services for the disabled person.

- The coherence with the idea of "Normalization".
- The actual examples in present Japan, and some precedents in old times.
- The aim or the direction about so called "Public services" for disabled in our future.

#### 3. Participation to the planning and forming of welfare politics by disabled persons themselves.

- From hearing the opinions of disabled into taking part in drafting new plans for handicapped people.

**O-2-3 PARTICIPATION IN POLICY DEVELOPMENT PROCESS**

**MANSURI FATIMA**

**DPI PAKISTAN KARACHI SINDH (Pakistan)**

This paper deals with tremendous efforts made by a group of disabled for their inclusion in policy making, in Pakistan.

Although including the disabled in policy making is considered essential, it has been the most difficult to attain, especially in developing countries.

Massive struggle towards this meant, extensive networking with NGOs working in disability, for the disadvantaged, human-rights and legal-rights activists, public and private sectors, politicians, donor agencies etc. Organizing advocacy campaigns, and participating at forums to prioritizing these concerns.

Break through:

Worked extensively to include disabled women issues in the BPLA.

At the behest of the Planning Commission of Pakistan made extensive recommendations for the empowerment of women with disability, included in the NPA adopted by the government.

As the only disabled woman delegate at regional BPLA review seminars, proactively raised disabled women issues for inclusion in NGO report. Presently working on the implementation of the outcome document.

Prioritized the proposed convention on the rights of people with disability for the 21st century.

Invited to consultative forums for input in proposed government policy for women, and to comment on the draft National policy for disabled people.

Massive efforts, small but significant gains to be consolidated.

**O-2-4 ENFORCING CIVIL RIGHTS FOR DISABLED PEOPLE IN GREAT BRITAIN**

**MASSIE BERT**

**DISABILITY RIGHTS COMMISSION (United Kingdom)**

The paper starts by briefly outlining the legislative framework of anti-discrimination legislation and civil rights for disabled people in Great Britain. These were introduced by the Disability Discrimination Act 1995. However, there was at that time no mechanism to enable disabled people to enforce their rights.

In the year 2000 the Disability Rights Commission was established by the Government. It has a duty to inform people, including employers and service providers as well as disabled people, about the rights under the law. The Commission also investigates cases of alleged discrimination and has powers to take legal action against organisations which discriminate against disabled people. The compensation gained varies from a few hundred pounds to one hundred and twenty thousand pounds.

The paper discusses the approach the DRC takes towards its work and analyses to what extent it has been successful. There are similar equality Commissions in the UK which deal with matters relating to race and gender. The Government has announced proposals to merge the various commissions. The paper will explore the strengths and weaknesses of such proposals and offer one model which might be of value to disabled people in other parts of the world.

Bert Massie was appointed Chair of the Disability Rights Commission in January 2000. The Commission has 155 staff and offices in various parts of Great Britain. Prior to joining the DRC he was the Director of the Royal Association for Disability and Rehabilitation, was RI National Secretary for the United Kingdom and a member of the RI Executive Committee.



## **Prevention of Causes of Disability (障害原因の予防)**

### **0-3-1 WORLD SIGHT DAY AND THE CHALLENGE**

**BROHIER WILLIAM G**

- (Malaysia)

On the second Thursday in October of each year World Sight Day (WSD) is observed in an increasing number of countries. The occasion is marked in several novel ways. This year it is expected that around 50 countries will mark WSD with a variety of activities to highlight that:

- \* Every 5 seconds one person in our world goes blind ... and a child goes blind every minute
- \* There are already 50 million blind people and 145 million with low vision, comprising a total of nearly 200 million with some degree of vision impairment.
- \* 90% of the world's blind persons live in developing countries
- \* 80% of the world's blindness is avoidable
- \* Two-thirds of the above 50 million blind people live in the Asia-Pacific Region
- \* If national and international efforts to avert blindness are not intensified, the number of people with severe visual disability will double by the year 2020.

This paper gives the background to WSD and discusses the global initiative which is in place to address the challenge of eliminating avoidable blindness - VISION 2020: The Right to Sight - a partnership of 26 international organisations engaged in combating unnecessary blindness, including the World Health Organisation (WHO) and the International Agency for the Prevention of Blindness (IAPB).

### **0-3-2 CALCIUM DEFICIENCY RICKETS IN CHAKARIA**

**Haque Md. Shahidul**

SARPV (Bangladesh)

During a post-disaster relief operation in 1991, SARPV noticed high prevalence of rickets amongst the children of the coastal district of Chakaria, Cox's Bazaar in Bangladesh. Despite repeated lobbying with concerned medical and health authorities for several years, SARPV hardly could make people convinced that rickets was posing a great threat for the young generation in an area where apparently vitamin D synthesis for bone calcium can hardly be affected to cause rickets because of abundant sunlight and adequate calcium-rich food like sea-fish. Several international researches find calcium-deficiency rickets is an endemic disease in Chakaria. Calcium in food (crop and water) is the major cause. While rachitic children are being operated for straightening their deformed legs and hands, provided with physiotherapy services, administered with calcium tablets and served under control groups with calcium rich foods, a hypothesis suggests lactating mothers while negligibly being exposed to sunlight as religious rituals require and bearing children very short-spaced in several number, can not nourish their children. Being breast-fed for maximum six months, the children fall easy victim (to rickets) being fed on low calcium agriculture produces. It's no more an urgency to operate the rachitic children, rather more to probe into the cause.

## **Neuro-Rehabilitation (脳神経の障害とリハビリテーション)**

### **O-4-1 Neuro-Rehabilitation Requiring Concerted Efforts of Medical Welfare Specialists**

Saeki Junichi

Clinical study(research) center (Japan)

**Purpose**

In Japan, schemes and measures are in place to investigate and prevent disability due to disease and the attendant social handicaps .

Almost no measures exist for cranial nerve injury due to negligence or accidents .

The findings from our investigation of the actual situation and the literature are reported in this paper .

**Subjects and methods**

The study includes essentially cases of disability not resulting from the principal disease but from events such as unexpected accidents.

The study was conducted of medical institution, disability classification and region.

**Results and Conclusion**

Rules for rehabilitation through emergency rescue and general outpatient treatment are in place for disability due to the principal disease.

Disability due to accidents or negligence is still largely uncharted ground in the neurosurgery and near domains. In this sense , there is a strong need for cooperation with other fields.

The key factor in accidents is not the size of the lesion or invasion but its region. Even a small lesion can be devastating if present in central nervous system. (CNS) It will thus be essential to address the issue of disability in an integrated manner, including not only the physical-mental functions of individual region but CNS

## **Accessibility and Barrier-Free (アクセスとバリアフリー)**

### **O-5-1 HOW ACCESSIBLE IS THE PHILIPPINES?**

KONO ADELA AVILA

Regional Council for the Welfare of Disabled Persons—Region 7 (Philippines)

Most of the progress made on accessibility in the Philippines seem to be concentrated on the more urban areas of Manila, Cebu, Cagayan de Oro and Davao. These are also the places where organizations of persons with disabilities (PWDs) are empowered enough to apply pressure on government to properly implement the Accessibility Law. Architects here say Cebu City is the strictest in the country, even as compared with Manila, when it comes to accessibility implementation. If Cebu City was a window where one could see how accessible is the Philippines, how far have we really gone? Our pictures will show. Has accessibility impacted the lives of Filipino PWDs? Our statistics will show. At the 1st Accessibility Summit held for Central Visayas last May 2002, we saw how cooperative the organized bodies of architects, doctors, therapists and the academe are with PWDs and the Building Official in pursuit of a barrier-free society. But we also learned regrettably that those tasked with implementation in the smaller cities and towns are only just beginning to know about accessibility. Hence, the Accessibility Monitoring Committee continues to conduct more advocacy programs, which include disability simulations, on various sectors, to propel implementors and potential advocates into greater action towards real accessibility.

## **O-5-2 The Accessible Interface: Inclusion from Buildings to Infrastructure.**

**Kwan Joseph**

**Environmental Advisory Service (Hong Kong SAR, China)**

For any built environment to be fully accessible to the elderly and people with disabilities, all elements of such built environment must be designed without physical barriers.

The journey from the front door of one's home to the front entrance of one's destination, must be barrier-free, and without any obstacles that would impede one's independent travel to the desired destination.

Buildings are becoming more accessible. Likewise, public transport is becoming more accessible with low-floor buses; and light and heavy railways are designed with accessible train cars. However, the connectivity amongst these barrier-free modes remained less well developed. Not all pedestrian environments are user-friendly to children, mothers with prams, the elderly or people with disabilities. Not all bus stops, tram stops and taxi stands are conducive to the less able traveler, and not all underground train stations, train and ferry terminals are convenient for passengers with heavy luggage, the elderly or the wheelchair passengers.

This Interface that connects various "accessible" built elements must embrace the inclusive design approach, in order to provide a barrier-free continuum whereby all users could independently interact within a built environment that is accessible to all.

## **O-5-3 The Accessibility of Government Buildings and Services in Hong Kong: Cases Studies**

**LEE KOON-HUNG, CHEUNG KIN-FAI, WU WING-KUEN**

**REHABILITATION ALLIANCE HONG KONG (Hong Kong SAR, China)**

A barrier-free environment is the main concern for disabled people. We do believe that a built environment, including access and transport, affects the independent living of disabled people in community, in particular those who finished hospitalization and completed the training at rehabilitation centres. In Hong Kong, disabled people have currently encountered these inaccessible situations. Government buildings and services are parts of them.

Inaccessible government buildings and government services do affect the independent living of disabled people in community. The government has made efforts to improve those environments, but the number of improvement is limited. Therefore the government cannot meet the needs of disabled people. In this paper, firstly, we will try to address the current obstacles of public facilities that disabled people commonly encounter in government buildings. Then, we will introduce the improvement work in relation to government buildings and services that the Hong Kong Government has done in recent years. Besides, we try to share some significant cases with strategies applied when dealing with government departments or related organizations. Finally, an accessible government building will be presented as a good example to conclude that to develop an accessible built environment is possible.

**O-5-4 BARRIERS BEFORE BARRIER FREE ENVIRONMENTS**

**ARIYARATNE SRI VIKUM S.V**

**ORGANIZATION FOR THE REHABILITATION OF PERSONS WITH DISABILITIES (Sri Lanka)**

After undergoing a successful training on Barrier free environments in Thailand in 2000, the author and the co-author, strived hard with a group of Government Officers to motivate the policy makers and administrators with the intention of modifying or rearranging the social and physical barriers, in Sri Lanka.

Although the planned attempts to make the physical environment accessible were successful, the campaign for barrier free environments became stagnant. The administrators who were made aware of barrier free environments went half way and abandoned formulation of programs and legal drafts to satisfy the interests of their political leaders.

After satisfying a certain degree of interests of supporters of politicians with the scarce resources, nothing is left for barrier free environments. We were unable to influence the politicians who are the fate makers in the society.

Therefore, now it is high time to strengthen the “Disability Organizations Joint Front” in Sri Lanka with a view to launch campaigns at all levels, with member organizations and, it has become necessary to train leaders of organizations to enable them to face the challenge of influencing politicians towards barrier free environments. Our strategy is to create partnerships and networking of all relevant organizations

**O-5-5 ACCESS IN DEVELOPING COUNTRIES**

**KHAN MANTAKA**

**REHABILITATION INTERNATIONAL (Pakistan)**

As a matter of fact Accessibility is the Sovereign right of every Disabled person. The physical disability is not so serious challenge but when the person facing non access its realize something is short in himself?

This is the tragedy of 21<sup>st</sup> century and shame for the all concerned Architect Builders of all over the world who ignored this very simple and sensible matter to provide and assure at-least minimum level of accessibility for wheel chair users in the public building parks and entertainment areas hotels and transport. But at the same time we salute to those great responsible NGO's Architect and Builders who realize and undertake this global challenge to provide the accessibility in all over the world to provide an opportunity to disable people to share their lives affairs among the other people without any obstruction.

The non-provision of accessibility means to keep away the Disabled people from the others. Which is in-fact social crime to deprive them to move along with the society independently? This should be prevented through the strong legislation in every country through which the building control agencies and architect and government departments should provide access for wheel chair under the legal obligation and they have to include one wheel chair user member in their set-up to approve the design or indicate the possible access in the old existing buildings by necessary modification.

## **O-5-6 Taiwanese campuses Campaign to be Barrier-Free**

**Teng Tung-Pin**

**Eden Social Welfare Foundation (Taiwan)**

Taiwanese campuses Campaign to be Barrier-Free holds and promotes the activity of “Experience the Disabled Life on Campus” every March to May in the universities and colleges in Taiwan. The university and college students participating in the activity during the week would play the role of the disabled people (for example, they would sit on a wheelchair or have their eyes blinded), and they would understand more about the handicapped people and show more consideration and care after personally experiencing the life. TCBF also establishes on campus a section of promoting the barrier-free environment in hope of making the barrier-free environment improved, and at the same time TCBF expects to pass on the activity to the universities and colleges in Asia countries. Afterwards, the wheelchairs used in the activity would be given to those who need them. TCBF hopes the activity could respond to the ten-year plan for developing barrier-free cities, which is carried out in the Asian area and could appeal the young people in Taiwan and in the Asian countries to pay more attention to the human right of the disabled people. Hopefully we could advance TCBF to be another TCBF-Trans-national Campaign to be Barrier-Free.

## **O-5-7 Transport Service for the people with disabled**

**Teng Tung-Pin, Lee David Wei, Lin Robert Chin-Chuan**

**Eden Social Welfare Foundation (Taiwan)**

In order to facilitate the basic right of the handicapper’s transportation, and to relieve the disabled of their difficulties in using public transportation, we provide them with special service as well as the wheelchair’s lifters for those people with disabled to live more conveniently. With the growing experience of serving the disabled, the Eden Social Welfare Foundation has held the belief of serving the disabled persistently. Through the special department of transportation and the four years of professional management of Fu-Kang Buses in both Taipei City and Taipei County, the Eden knows how to deploy the buses, to give the drivers professional training and to persist in serving the disabled more efficiently. Therefore, the Eden can guarantee the high-standard service, the efficient deployment of the buses, and the assurance of lower expense. We’ve successfully managed to offer the disabled more satisfactory transport service and thus to meet their basic needs of transportation through the high-quality administration in helping the government realizes the ideal barrier-free transportation for all the disabled citizens.

**O-5-8 The future subject of “Tourism for all” in Japan**

Yoshida Takefumi, Ishikura Yasunori  
Tokyo Colony (Japan)

“Tourism For All, Japan” which aims at the development of society which can enjoy everyone (including disabled) can travel freely to everywhere. Study meetings have been held periodically, or research and practice of actually visiting a tourist resorts have been continuously performed from 1991.

Moreover, proposals for barrier-free travel environment have been sent to every direction through activities such as holding symposium, or publication of books. It is sure that some improvement was found in these ten years, such as progress of the legal provisions for barrier-free traffics and buildings, expansion of an information network, increase in barrier-free travel opportunities, change of consumer consciousness, and establishment of the words “barrier-free travel”.

However, a definition and standard of the barrier-free travel itself, the statute which guarantees it as a right are underdeveloped, and it cannot be said that the statistics data for figuring out a promotion policy and its economical value are enough to be prepared.

In this presentation we review the change of travel environment surrounding disabled of the last decade, and discuss various subjects for the next decade from viewpoints such as (1) right guarantee through disabled person discrimination prohibition law etc. (2) the medical and scientific basis for proving the use and meaning of travel and link it to promotion, (3) positioning as an economical or social investment value.

## ***Information and Communication Technologies and Other Assistive Technologies*** (情報・コミュニケーション技術 (ICT) その他の技術)

**O-6-1 An eyeball movement input device easier to operate and available with lower cost**

Miyasaka Tomoya, Ishikawa Akira, Inui Kimiharu, Urashima Mitsugu  
Sapporo Medical University post graduate course (Japan)

### Purpose

A study was aimed to a development of an eyeball movement input device. It has turned out easy to operate and available more economically.

### Subjects

The people at home suffering from serious neuromuscular disease.

### Methods

The principle of the device operation: 1) A subminiature CMOS video camera fitted to patient's head with a wearable unit takes in the moving images of an eyeball. 2) The images come out on a display. 3) Two optical sensors on the display detect the abduction or adduction of eyeball. 4) Each of the movements is transformed into two intention signals. 5) The signals output optic, sound and remote signs.

The parts for the device cost us ¥60,000 (US\$500). It equaled to 1/10-1/50 of the cost of the models currently available in Japan. The device has been evaluated by sitting normal persons.

### Results

Test subjects could output two intention signs only moving their eyeball. The operative ranges of head-neck ROM (deg) were 0-45,0-50 (flex., ext.),0-40,0-40 ( left, right, lat. flex.),0-60,0-60 (left, right,rot.). The illuminance range (Lx) was 200-5000.

### Conclusion

The device works allowing for passive movements. Besides it is easy to use and costs us much less. Consequently, this device offers much easier means to communicate with their family.

## **O-6-2** The Possible Contribution of Korea for Overcoming the Digital Divide of People with Disabilities in the Asia-Pacific Region

Na Woon-hwan, Cho Sae-hong, Jang Won-joo  
Taegu University (Korea, Rep.)

The world is changing very rapidly toward the information-based knowledge society. Especially, fast entry in the Internet environment requires that people not only examine the end-user terminal needs but also provide wise solutions for the technology barriers emerging beyond the computer terminal. The transformation of the Internet environment (i.e. from a text-based medium to a robust multimedia) creates a crisis which is a growing digital divide in accessibility for people with disabilities. Unless functional and fundamental solutions for accessibility are addressed today, the state of the digital divide tomorrow may be impossible to be resolved. This paper identifies some of the emerging digital divide and current efforts to address these barriers. In addition, this paper expresses the vision of the solutions for overcoming the digital divide in A/P regions and the contribution possibilities of Korea.

## **O-6-3** ARNIT - Access to the Internet for People with Aphasia

Saarnio Ilkka  
Parconec (Finland)

Aphasia has a wide variety of forms and grades of severity and thus finding ways of communication is especially difficult. As daily communication and information is increasingly moved to the internet there is a distinct threat of isolation for people with limited capacity to use this media.

The objective of the ARNIT project is to support possibilities for people with aphasia for social life on equal basis by creating access to communication, information and services in the internet and to develop a tool for the access.

The project has been organised as a Nordic cooperation with participation from all the Nordic countries. The coordinator is the Nordic Aphasia Council. The partners are the national Aphasia Associations, rehabilitation institutions, communication and IT centres and a software company, Netjob in Denmark. The project has been funded by NUH, the Nordic Development Centre for Rehabilitation Technology.

The developed internet application, ARNIT, uses conventional internet technology and makes the user independent of specific software. It consists of a user interface and a webmaster module (back office). It is possible to modify the user interface so that it can in the best possible way respond to the functional level of the user. The system was opened for the members of the national Aphasia Associations in spring 2002.

**O-6-4 Bioengineering for Rehabilitation - Combining Education, Research and Community Service - a Reflection on the Model at The Hong Kong Polytechnic University**

MAK ARTHUR F.T.

The Hong Kong Polytechnic University (Hong Kong SAR, China)

Technology for an elderly person or a person with a disability employs engineering devices specially designed to enable the user to overcome specific functional challenges arising from the mismatch between the person's functional abilities and the environmental demands. Off-the-shelf commercial products can meet some of these technical needs. However, the unit costs of these technologies are often very high because of the relatively low volume of production. There are also occasional demands for custom-designed technologies to meet very special needs. The Jockey Club Rehabilitation Engineering Center (REC) was established at The Hong Kong Polytechnic University (PolyU) in 1987 with a special donation from The Hong Kong Jockey Club to provide a permanent base for REC plus its operation budget for community service. This presentation intends to show how a community service program of this scale can be integrated with a rigorous academic programme. REC has successfully established herself as a leading academic unit in the field of Bioengineering with a special focus on Rehabilitation Engineering. The REC model has been recognized as a success against various measures. This model may serve as a useful reference for similar collaborative developments between the tertiary institutions and the community.

**O-6-5 Tele-rehabilitation use for Assistive Technology Service**

TAM Eric W.C.

The Hong Kong Polytechnic University (Hong Kong SAR, China)

Assistive technology service is a specialized area in rehabilitation which directly assists an individual with a disability to select and acquire the use of assistive devices. As the need of this service is so specialized, it is often difficult to have all the expertise grouped within one single setting to provide a professional and effective service. Individuals in need of the service would have to visit different settings before a solution can be offered to solve the client's problem. With the advancement of telecommunication technology, assistive technology services can be delivered in long distance. The idea of providing the assistive technology services in the context of "tele-rehabilitation" offers great opportunities in providing a one-stop visit for clients in a hospital clinic. However, the cost of operation could be very costly if commercial tele-conferencing system was used. Therefore, the aim of this project is to develop an Internet-based real-time multimedia communication system to provide tele-assistive technology services to local hospitals, elderly facilities and even individual homes via a normal telephone line. The application of this technology can also enhance current domiciliary medical and rehabilitation services, when the clinic is not easily accessible for the client. This presentation aims to share our experience in this area.



## **O-6-6 THE PROCESS OF DESIGNING SPECIAL PRODUCTS FOR PEOPLE WITH PHYSICAL DISABILITIES**

Md.Zimli Yahya

Universiti Teknologi MARA, Malaysia (Malaysia)

The Department of Industrial Design, UiTM Malaysia have been undertaking special products design for people with differing levels of physical disabilities for over the past eight months. This project is considered as a community-based project and it is part of final year students project activities. Currently, the authors work as part of a team work, which has developed and proposed a number of special products for people with a variety of disabilities ranging from small product such as spoon to a more and complex design such as table and chair. This paper considers the main aspects and questions that are required to be asked by any product designers that include ergonomics, function and safety for people with physical disabilities. It seeks to re-discuss the design process and universal design with reference to designing special products with special needs for special people. It will explain the main factors within the design process and will reflect the main design considerations that have been derived from this community project. This paper will also outline the unexpected design problems that have to be set by student designers in order to response to highly complex needs in order to provide the satisfaction of disabled people.

## **O-6-7 UiTM\* AS A NATIONAL CENTRE FOR DESIGN AND MANUFACTURE OF SPECIAL PRODUCTS FOR PEOPLE WITH DISABILITIES IN MALAYSIA**

Marzuki Ibrahim

Universiti Teknologi MARA, Malaysia (Malaysia)

A design and manufacture to achieve universal design for special products for people with disabilities is not yet developed in Malaysia. Although there were 105,000 people registered as disabled in Malaysia, the design and manufacture of special products is not adequate when judged from function, ergonomics, safety, quality and aesthetic value that are based on universal design. In line with this, the Department of Industrial Design UiTM aims to set up a center for design and manufacture of special products for people with disabilities. The center will be known as "The Center of Design for Disability" (CDD), and will be located at the Department of Industrial Design, UiTM. The philosophy and rationale of the center is based on the view that people with disabilities should have the right to participate in the life of the open community. This center will provide specially designed products/equipment for people with disabilities by providing advice and assistance in design, development and manufacture as well as improving existing products. It is hope that the product designed and manufactured by CDD will improve the quality of life and provide the opportunities for current and future generations of disabled people.

## **Empowerment and QOL (エンパワメントとQOL)**

### **O-7-1 Effects of a Self-advocacy Program on the Self-advocacy Skills of College Students with Visual Disabilities**

Bang Myongye

Woosuk University (Korea, Rep.)

Self-determination became to be recognized as an essential indicator of quality of life and as a transition support strategy for people with disabilities. Self-advocacy is one of the major component elements of self-determined behaviors. The purpose of this study was to investigate the effects of a self-advocacy program on the self-advocacy skills of college students with visual disabilities. Ten college students with visual disabilities participated in this study. All of them graduated from special high schools. Thus, college was the first integrated educational setting to them. The program was composed of 10 sessions on issues such as importance of self-advocacy in college, guidelines for contacting instructors, independence versus dependence, direct application of self-advocacy skills, writing a self-advocacy plan, and so on. Data were collected before, during, and after implementing the program through student journals, focus group interviews, direct observations, and questionnaires. The program participants perceived the positive effects of the program on improving their self-advocacy skills, self-awareness including disability awareness, and support network.

### **O-7-2 Paving the Self Help Path - The Chosen Story**

MOK Vincent Wai Sun, Wong Pui Wah, CHUNG Wai Kin, CHAN Monica Yuk Yee,  
CHUI Rhonda Pui Sin, Lee Wai Hong  
CHOSEN POWER (Hong Kong SAR, China)

1992, 4 persons with intellectual differences (intellectual disability) paid for their own trip to Canada and met the advocates of people with disabilities.

1993, 3 persons with intellectual differences had subvention and taken part in the 3<sup>rd</sup> International People First Conference.

1995, the first self-help organization for persons with intellectual differences was founded in Hong Kong.

In these ten years, they had limited funding the government and charitable funding. They organized leadership training courses. They took part in multi-arts training courses. They used arts and drama to conduct over 150 public education talks and shows. They published 4 booklets for self learning and public education. They produced 4 video tapes and 1 VCD for advocacy.

For ten years, the membership of the group is under 100 and we are still the only one group. In Hong Kong we have more than 160,000 persons of intellectual differences. Why is happening in the self-help movement in Hong Kong, especially for our fellow friends? In 2002, we have the chance to meet a group of friends whom are labeled as slow learner, persons with learning disabilities. They are our buddies.

They have special learning needs. But their needs are not being recognized by the educational and welfare system. They have a story to share. With the support from the Government funding, we have a lump sum of HK\$440,000 to launch a Peer Support Network Project. We have a new role and become an employer. But we do not have a seat in the welfare policy planning and quality control system. We are still represented by the parents. For ten years, we have tried to stay together. We have shed tears and we had struggled. We have grown and so are our parents. Come and share with us our pain and joy. Share with us your ideas and strategies as how to make the empowerment movement go. Maybe you can enlighten us a new direction for our advocacy movement

### **O-7-3 Staff Training Workshop on Quality of Life of Students with Learning Difficulties - A Hong Kong Experience**

Wong King Shui Phyllis

The University of Hong Kong (Hong Kong SAR, China)

In the field of Learning Difficulties (LD), the Quality of Life concept has been developed since mid-90's in Hong Kong. With the increasing concern by the service providers, the researcher took an initial effort to try to put the QoL concept to practice. In 2002, the researcher conducted a six-session staff training workshop for the paid carers of a hostel serving residents with LD aged 6-16. This workshop adopted an interactive and experiential mode, helping participants to formulate strategies in enhancing residents' QoL in the physical, service and interpersonal environments. Results suggest that this workshop helped to cultivate the participants with the new way of thinking for the service, to improve their interactions with the service users, and enhance their awareness on applying QoL principles in programme planning and service delivery.

### **O-7-4 Restoring mobility and independence through Prosthetic & Orthotic intervention. A review of the strategies required for an integrated and effective approach**

Harte Carson

Cambodia Trust (United Kingdom)

Prostheses and Orthoses (artificial limbs and braces) are generally classified as 'assistive devices'. However, these devices interact with the body in a much more critical way than walking canes, crutches etc, requiring a high level of technical expertise in fitting and maintenance.

In 2000 and 2001, the Cambodia Trust with support from the Nippon Foundation reviewed the availability of such devices and the expertise to fit them. Further research has been carried out examining the impact of Prosthetic & Orthotic services on the quality of life of recipients in Cambodia.

This presentation will report on the following:

- Appropriate technology in Prosthetic & Orthotics
- International guide lines on Prosthetic & Orthotic training
- The effect of Prosthetic & Orthotic rehabilitation on the individual
- The socio economics of Prosthetic & Orthotic rehabilitation
- The capacity for service delivery in the region
- The interaction of Prosthetic & Orthotic services with existing medical, social and self help infrastructure.
- A strategy for investment in Prosthetic & Orthotic service capacity.

**O-7-5** What is it in QOL?

Tanaka Saori

Graduate School of Science and Technology, CHIBA UNIVERSITY (Japan)

This paper aims at examining the reality of the empowerment determined by a definition of QOL, crossing a present-day ethical argument. An object is a disabled person drawn in ethics. In the ethics, the active argument has been made about QOL. If there is no more persuasive definition of QOL to people in various positions, in all scenes, it is difficult to accept the concept of QOL. However, the view of QOL has often become severe for people with a certain kind of handicap. For example, if it defines as essence of QOL that its desire is filled, since desire of people with an intellectual handicap can be filled more easily than complicated desire of people without a handicap, the necessity of investing social resources in a mentally handicapped person's welfare becomes low. Thus, when the definition on the theory of QOL compares with the state of welfare of handicapped persons, it turns out that many problems are included. Deviation of a practice and theory can be checked by seeing the disabled person drawn in ethics. In case various theories about QOL are applied to an actual scene, we have to understand the premise and conclusion of the theory well. It is necessary to consider positioning of the theory in practice scenes.

**O-7-6** Empowerment: Towards Active, Independent Individuals

Chong Cheng Harn

Handicaps Welfare Association (Singapore)

"Empowerment" has become a popular buzzword in advocating for greater awareness and rights of a disabled person. Though the term has evolved to a different symbolic meaning for different people, it remains essentially the quest for control over one's destiny, the freedom to choose and act in a way consistent with the person we are, not what others expect us to be.

The Handicaps Welfare Association (in short, HWA) creates and supports conditions under which people with disabilities can achieve full participation in society and equality in the development process.

Besides the area of governance and management, there are many areas in which the HWA have focused to empower people with disabilities with the essential skills and physical capabilities to contribute their part to the society.

Education as a basic human right against ignorance and illiteracy is strongly encouraged by the Association as it also empowers a disabled with knowledge, analytical skills and the opportunity for employment. HWA have schemes in place to encourage the disabled to embrace life-long learning. It also conducts and organises various courses which are relevant to the job market.

HWA has collaborated with various government authorities, private organisations and other VVOs to create the enabling conditions for the empowerment of people with disabilities.

One such project undertaken by HWA is in the area of access promotion in Singapore. HWA is the first VVO to initiate and create awareness on the need for a barrier-free environment for people with disabilities. It has also set up a Rehab Centre and an Independent Living Centre to provide an avenue for disabled people to improve or maintain their bodily health and conditions.

The objectives and vision of HWA is best summed up by its mission statement, which is "An organisation committed to enhance the quality of life of people with physical disabilities and integrate them into mainstream society."

## **Public Awareness and Mass Media** (市民啓発とマスメディア)

### **0-8-1 ADVANTAGES OF PROMOTION AND AWARENESS**

HOWITSON DOROTHY-ANNE

NAT COUNCIL PERSONS PHYSICAL DISABILITIES SOUTH AFRICA (South Africa)

Inappropriate images of disability create barriers to the understanding of disability issues in society. An effective way to promote awareness and change attitudes is to use mass media, which allows access into people's lives. Disability arises out of the interaction between an individual with an impairment and an inaccessible physical environment and negative, stereotyping attitudes. To counter this, emphasis on the individual as an integrated member of society should be portrayed.

10% of media users are persons with disabilities. There is nothing wrong with recognizing outstanding achievement of individuals with disabilities, but it has a negative effect if only seen in this way. Similarly, repeated images of us portrayed as victims of accidents, illness or injustice reinforces the stereotype of helplessness and inferiority of persons with disabilities. Processes of awareness should advance with persistence, purpose and measurable progress, but not on ad hoc basis.

A wide range of topics are addressed using the mass media in all its forms.

Creating public awareness concerning disabilities; the impact on the individual, family and economy will create a better understanding of us in society and promote equalization of opportunities for us and our families.

### **0-8-2 Community Mobilization for Public Education in Rehabilitation**

Yuen Philip

Joint Council for the Physically and Mentally Disabled Hong Kong (Hong Kong SAR, China)

The Joint Council for the Physically and Mentally Disabled has launched the territory-wide campaign for the annual celebration of the International Day of Disabled Persons (IDDP) in Hong Kong since 1993. This continued effort in spreading our theme of "A Society for All" is widely recognized by the government, community leaders and the general public. A landmark for its success is our network of the core groups in all districts of Hong Kong formed under or linked with the respective District Councils. Various celebration activities have been initiated in district level to promote public concerns toward people with disabilities -- their achievements and social contributions, as well as their needs and difficulties. This article intends to review the good experience in community mobilization for the IDDP celebration in Hong Kong and to illustrate how such a joint endeavor could help develop effectively a culture of inclusiveness for people with disabilities in the society.

**O-8-3 Public awareness towards people with epilepsy and the role of mass media in Hong Kong SAR, China**

**HUNG Tak-fung, Anchor**

**Hong Kong Society for Rehabilitation (Hong Kong SAR, China)**

Misunderstanding, stigma and discrimination are major disabling barriers to inclusion of people with epilepsy in mainstream society. This study aims at exploring public's understanding and attitude towards people with epilepsy in Hong Kong. It was conducted in collaboration with neurologists, people with epilepsy and social workers. A total of 1128 subjects were interviewed in 5 different districts with structured questions and supplementary open questions. Findings revealed that a few myths and misconceptions about epilepsy were very prevailing. 58% had heard about epilepsy. Of these, 52.7% would wrongly put an object into a patient's mouth during an epileptic seizure with 32.3% learnt this from local television programs. Overall speaking, 73.1% attributed their source of understanding of epilepsy to mass media. As a conclusion, the study revealed public's inadequate understanding and negative attitude towards epilepsy. It also unveiled mass media as the critical source portraying epilepsy and determining public awareness. It is highly recommended that epilepsy self-help group, rehabilitation agencies and government departments should strive for launching epilepsy awareness campaign for community education. Proper demystification of misconceptions and positive public awareness will be indispensable to the fuller and more equal participation of people with epilepsy in the community.

**O-8-4 Sharing the Experience of Promoting Community Education on Rehabilitation**

**LAI PO YI**

**Social Welfare Department (Hong Kong SAR, China)**

**Background and Aims**

A District Coordinating Committee on Rehabilitation Services comprising members from local organizations and rehabilitation service units was formed in each of the Department's 13 administrative districts to launch community education campaigns.

**Community Education Campaign 2001/2002 in Tuen Mun District, HKSAR**

**a) Reaching-out Educational talks, Quiz Competition and Talent Shows**

Joint efforts of the members and the disabled were enlisted to provide educational talks, quiz competition and talent shows at eight primary schools so that students could acquire better knowledge and positive attitudes when relating to people with disabilities.

**b) Community Volunteer Campaign**

Aiming to enhance volunteer mobilization and promote community harmony among people with and without disabilities, a campaign involving 19 volunteer teams was held to provide a series of services in the district. The activities with focus on strengthening able-bodied people's personal interaction with disabled persons enhance communication and understanding with each other in the process.

**c) Joint Open Day**

A joint open day was coordinated amongst 25 rehabilitation service units that attracted more than 2,000 residents to participate in the district. Local stakeholders, organizations and the public were invited to visit the units for enhancing their understanding of the disabled and the services.

## 0-8-5 The Media and You

Lim Kok Liong

Handicaps Welfare Association (Singapore)

The mass media is one of the most powerful and effective means of raising public awareness and rights of people with special needs. In Singapore, there are still some prejudices towards people with special needs, although much progress had been made over the past years to gather greater empathy and acceptance for people with special needs.

The Handicaps Welfare Association in Singapore has proactively advocated and championed the cause of disabled people by continuously organises events and activities that generate public awareness for the Association as well as people with disabilities. These activities or programmes include conducting talks at schools, holding exhibitions at institutions of higher learning, corporations and clubs, etc, media adoption, posters and brochures, etc.

By organising talks at primary and secondary schools, the Association hopes to inculcate in the young, the need to understand and show tolerance towards people with disabilities. It also hopes to dispel any prejudice the young might have towards the disabled. At the same time, our disabled members delivering the talks are given an opportunity to express their needs and feelings.

One highly successful project which the Association had jointly organised with the Adventurer's Club of Singapore was a project entitled "A Day in A Wheelchair". The event involved both able-bodied and disabled participants, wheeling themselves along roads and visiting shopping centres, food centres, public places, etc to get a taste of accessibility in Singapore. Since it was an innovative project, the media gave it wide coverage and as a result, public awareness on the plight of the wheelchair users was greatly enhanced.

## *Social Rehabilitation in the World* (世界の社会リハビリテーション)

### 0-9-1 Nantou 921 Shelter Factory

Chiang Ming-Chin

Eden Social Welfare Foundation (Taiwan)

This asylum factory is a training center. However, the training programs provided in the factory have an enormous departure from the world's view. Members in the factory can do much more than the processing work, horticulture, baking work, pottery, and handicrafts as stereotyped. On the contrary, these members have been long producing wheelchairs, canes, walking assistants, etc. Their products have gained the approval of CE, thus once again emphasizing the importance and worth of this asylum factory.

Currently, the asylum factory is actively promoting the wheelchair-renting service, as well as maintenance service, in villages and towns two or three times a week.

For members with less capabilities, the asylum factory arranges uncomplicated trainings for them, for example, car-washing training.

The business of the asylum factory also includes recycling old wheelchairs, establishing the network of maintenance service, and actively promoting the professional bank business of wheelchairs.

**O-9-2 The challenges of people with disabilities in Nepal**

Watanabe Masayuki, Nakamura Yasuhide  
Osaka University (Japan)

The gap of services for people with disabilities (PWDs) are widen between in rural areas and Kathmandu, the capital city of Nepal although community-based rehabilitation (CBR) proceeds both in rural and in urban areas. The national scheme for PWDs' well-being hereafter is liable to urge CBR. We have discussed the advantages of CBR, however, One question that arises here is whether CBR programs cooperate with institution-based rehabilitation (IBR) sufficiently. IBR should work closely and nearly connected to the community. The aim of this study is to investigate how PWDs feel the institution where they stay and the community where they are from. We conducted focus group interview on three groups of PWDs who stay in institution in August 2001. We carried out a qualitative research, so the data are based on those discussions. PWDs who stay more than a decade are afraid that they cannot live out of the institution alone owing to physical dysfunction and economic handicap. Even he get special skills such as watch repairing and computer operating, he face the difficulties in employment. PWDs who stay a few months thought the government provides few services for PWDs so that they should keep up. The social awareness and practical measures in are still needed for a living.

**O-9-3 Development of Program for Attaining Social Functioning Abilities in Japan**

Okuno Eiko  
University of Tsukuba (Japan)

RI Social Commission adopted the definition of "Social Rehabilitation" in 1986 as follows: "Social rehabilitation is a process, the aim of which is to attain social functioning ability. This ability means the capacity of a person to function in various situations towards the satisfaction of his or her needs and the right to achieve maximum richness in his or her participation in society."

SFA Workshop was set up in 1991, Tokyo. The research has been made to know the elements composing to attain social functioning ability. After 7 years, the Program for Attaining Social Functioning Ability was developed and the Manuals for Social Functioning Ability Program was published in 1999. The Program is composed of 5 domains with 18 modules. Each module is independent, and participants select modules to study based on their self assessment with the advice of facilitators. Each module is consisted of the purpose, 5 learning objectives and explanations how to proceed by using various methods such as group discussion, seminar, field practice, role play, modeling and work sheets, etc.

Social Functioning Ability Program developed in Japan is composed as follows: (1) Making up the Foundation of Living ① Health Management, ② Time and Money Management, ③ Home Management, ④ Safety and Crisis Management, (2) Building My Own Life ⑤ Personal Assistance, ⑥ Assistive Devices, ⑦ Housing, ⑧ Going Out, (3) Living Positively ⑨ Self Awareness, ⑩ Disability Awareness, ⑪ Communication and Human Relationship, ⑫ Sexuality and Marriage, (4) Participating in Society ⑬ Social Participation and Community Resources, ⑭ Neighborhood Relationship and Community Activities, ⑮ Employment and Work Activities, ⑯ Leisure Activities, (5) Realizing My Own Right ⑰ Legislations and Measures for Persons with Disabilities in Japan, ⑱ Rights and Advocacy. It has introduced at rehabilitation centers now.



**O-9-4 The Case of Accessibility: the Policy of Openness in Residential Institutions for the Disabled in Korea**

Cho Heung-seek

Seoul National University (Korea, Rep.)

Amid the Asian financial crisis, a loss of market confidence brought the country perilously close to depleting its foreign exchange reserves. On December, 1997 the IMF approved financing of up to 15.5 billion dollars for Korea. In return, Korea had to initiate a program of economic reform which included reconstruction of the in financial sector, the reformation of invisible and inefficient ties among the government, banks, and business. Recent these socioeconomic changes have raised public's interests in social welfare, and brought many improvements to the policy of openness in residential institutions for the disabled in Korea. The policy of openness in residential institutions for the disabled is one of proper means which most people in community can obtain accessibility to the disabled. The focus of this presentation is on the examination of the most salient aspects including: 1) the types of Korean residential institutions 2) the principles and contents of openness in residential institutions 3) the current scope of openness in residential institutions for the disabled. Both the problems associated with, and tasks for the policy of openness in residential institutions for the disabled in Korea will be addressed on the basis of the foregoing examinations.

**O-9-5 A DISABILITY COMMITTED FINANCIAL INSTITUTE CAN EXPEDITE LOCAL INITIATIVES: SETTING UP A COMMERCIAL BANK DEDICATED TO DISABLED COMMUNITY**

Ahmed S. M. Mayeen

SARPV (Bangladesh)

Despite observance of decades on disability and various national-international awareness and promotional campaigns ensuring special and comprehensive focus for development of disabled persons, a little have been achieved for effecting a mass level change for the disabled community towards their increased dignified life even in urban areas especially in developing countries where the basic amenities of life are still inadequate. Unlike industrialized and developed nations where mass welfare is much more state-ensured, in developing countries general people's economic emancipation is vital towards their empowerment for equal participation in the society. Increased infra-structural and financial measures are required towards mainstreaming this vast disabled workforce in urban and rural settings. However, financial institutions and corporate houses in these countries are prioritizing 'investing in these people' at a very low order. Profit making organizations like commercial banks can make adequate resources available towards effecting the sought changes only if they commit to disability by principle and in black and white. A disability specific bank can then easily allocate its major profit to set up industry and infrastructure for disabled population, and use resources it handle from them and their families and from development partners towards mainstreaming the hidden disabled population.

**O-9-6 ECONOMIC EMPOWERMENT: Micro-credit for Disabled Persons and their Families**

Veronica Ester L. Mendoza

Leonard Cheshire International (Philippines)

World Bank reports that half a billion-disabled people are amongst the poorest of the poor (Metts, 2000) and estimated to comprise 15 to 20% of the poorest in developing countries (Elwan, 1999)

Disability is said to be both a cause and a consequence of poverty. They reinforce each other, contributing to increased vulnerability and exclusion.

Over the past 25 years, some organisations have pioneered various lending methods to meet the needs of micro-enterprises while attempting to reduce chronic poverty. Efforts are now being made to include disabled people in poverty reduction programmes.

Leonard Cheshire International, an international organisation that supports disability projects around the world, is presently supporting an inclusive micro-credit project in the Philippines. Patterned after the Grameen banking system, the project has included enterprising disabled persons and/or family members. Out of the total of 1137 borrowers, 151 are disabled persons and 75 are family members. The project has been reporting in a collection rate between 91% to 98%. The project will be described while insights and challenges will be presented.

**O-9-7 Change of Social Welfare Subvention Mode**

Yeung Tak-wah

Wai Ji Christian Service (Hong Kong SAR, China)

The Hong Kong Special Administration Region (HKSAR) has changed its social welfare subvention mode from "Actual Reimbursement" to "Lump Sum Grant" towards the Non-governmental-organizations (NGOs) in these few years. This change brings a lot of challenges to the NGOs which include:-

1. The governing bodies have to take more initiatives.
2. Staff are recruited on a contractual basis rather than a permanent basis.
3. Subvention mode has been changed from solely reliance on the government to self reliance.
4. Users' participation becomes heavier.

The new subvention mode has greatly affected the NGOs. We need to re-allocate the resources and adopt a "customer approach" operation mode. The individual responsibility of Executive Members becomes heavier. Staff feel unstable about the contractual terms.

We hope to share the views of other RI participants on this matter.

## ***Independent Living – Its Models and Practices*** (自立生活：そのモデルと実践)

### **O-10-1 The study on independent living models of people with extensive disability**

**JEONG JONG HWA**

sahmyookyook University (Korea, Rep.)

The purpose of this research is to find the methods of adjustment for extensive disabilities in a society, out of the institution of the disabled. This research is an actual proof by the model project. It involves the individual interview methods which has been executed against four extensive disabilities for two years. To conclude, we need an ideology and an evidence of individual living through the model project in Korea, in order to settle down the ideology and to extend it. Therefore, this research indicates four cases of disabled people who were successful in community living independent lives through the model project, which is very effective in Korea

### **O-10-2 INDEPENDENT LIVING: A Malaysian Perspective, Experience and Model**

**Francis Siva**

Independent Living & Training Centre (Malaysia)

**Brief Rationale:** The first-ever, two-year old, Independent Living and Training Centre - run by an all disabled tetraplegic and paraplegic team - was mooted in direct response of the chronic neglect and disempowerment of disabled people who are illiterate, living in rural and impoverished areas in and around the Capital city, Kuala Lumpur. Despite the existence of several disability groups and organisations, little was and still is done to change their plight with many of them unaware of their rights and dignity.

**Objective:** To present a real and honest picture of disability activism in Malaysia, the role of IL in society, the struggles and barriers which stand in our way and the way forward for the movement.

**Brief Description of Approach, Summary & Conclusion:** The speaker will take his audience through his unique personal experiences and struggles as a tetraplegic after a traffic accident, to how he accepted his disability and went on to form the ILTC, despite the major obstacles he faced by the non-disabled and even disabled groups which are largely run by paraplegics.

General issues covered will include Malaysian experiences in accessible transportation, weaknesses and strengths in administration and organisation in disability groups and the disability movement, empowerment for tetraplegics, independent living and disabled people in rural areas and innovations in disability advocacy through the media and service dogs, etc.

End of Abstract.

## ***A Missing Piece: People with a Mental Illness***

(アジア太平洋障害者の十年の欠落部分：精神障害者)

### **O-11-1 The roles of Psychiatric Social Workers in Japan - toward the total rehabilitation of people with mental disabilities -**

Takebata Hiroshi

Graduate School of Human Sciences, Osaka University (Japan)

Psychiatric Social Workers (PSWs) are Social Workers engaged in mental health fields, particularly in discharging patients from mental hospitals. In Japan, PSW license has been recognized by government since 1998 and now the number of PSW is about 10,000. There are, however, various problems in quality and quantity as to the roles of PSW. I have been interviewing almost 130 PSWs in and around Kyoto since February, 2002. This research has been 70 percent finished now.

While engaged in the survey, I came to notice the points for improvement.

- 1, In Japan, PSWs in mental hospitals cannot work fully because of their unstable status. 90 percent of the mental hospitals in Japan are private institutions (about 300,000 beds), and many of PSWs are under pressure from the management of those hospitals that a certain number of patients should remain in those institutions from managerial point of view.
- 2, In Japan, the very number of supportive facilities except mental hospitals is quite limited. This situation has left the PSWs' possible fields to play very limited.
- 3, Despite those hardships, there are many PSWs who have tried to improve those situations voluntarily, sometimes using their private time and money.

### **O-11-2 The Effectiveness of Supported Apartment in Facilitating the Re-integration of Persons with Serious Mental Illnesses in the Community: The Hong Kong Experiences**

Wong Fu Keung

The University of Hong Kong (Hong Kong SAR, China)

Supported Apartment is a community-based residential service for persons with mental illnesses. It is a pilot project with an objective to help residents re-integrate back into the community. This apartment stresses home-like atmosphere and provides residents with as much autonomy and privacy as it is possible. Activities are initiated and designed by residents to meet their own needs. Collaborations between residents and staff are also emphasized.

This study examines the effectiveness of this Supported Apartment in helping residents to reintegrate into the community. Effectiveness was measured by: Community Integration Scale, Social Support Network Scale and Mutual Help Scale. A time-series design was adopted with all 20 male and female residents given a pre-test and a six-monthly follow-up test for a period of 2 years.

At six-month period, initial quantitative findings suggest that residents were slightly better integrated and had more social and mutual support. It is suggested that staff attitude and orientation towards a new mode of relationship with residents are needed to make such a practice possible.

## ***Vocational Rehabilitation: Challenges Towards the New AP Decade***

(職業リハビリテーション：次のアジア太平洋障害者の十年への挑戦)

### **O-12-1** WHAT'S HAPPENING IN THE REGION? RESULTS OF AN ILO STUDY ON VOCATIONAL TRAINING AND EMPLOYMENT OF PEOPLE WITH DISABILITIES

PERRY DEBRA A.

International Labour Office (ILO) (Thailand)

This presentation will describe the methodology and summarize the key findings of a multi-country study commissioned by the ILO in Asia and the Pacific Region on the vocational training and employment of people with disabilities. The descriptive research study included 12-14 country studies conducted mostly by local consultants who followed the same research protocol. The protocol was designed to collect baseline data about the current state of policy development and practices as well as intentions for future direction of the targeted countries. The presentation will include the findings of Dr. Robert Metts, a senior researcher and economist commissioned by the ILO to conduct an analysis of the country studies. Finally, the presentation will include samples of the many case studies of good practice that the ILO collected as part of the overall effort.

### **O-12-2** Comparative Study on Vocational Rehabilitation of Persons with Disabilities in Japan and Thailand

Limmanee Arunee

Ratchasuda College (Thailand)

The comparative study is done in various criteria of vocational rehabilitation i.e. laws & regulations, employment situation, support and services by government and NGOs. It's objectives are :

1. To create network in order to exchange knowledge, expertise, experiences and skills.
2. To disseminate the result of the study for the use of vocational rehabilitation in Japan, Thailand and/or other countries.
3. To increase public awareness of disability issue especially in the field of vocational rehabilitation.
4. To be pilot project of comparative study on vocational rehabilitation in other countries.
5. To study factors affecting vocational rehabilitation in the two countries.
6. To study the success and failure of each country for improvement of rehabilitation work in each country.

The study is done on the basis of qualitative study. First part of the data is derived from literature review including materials, documents, papers of the organizations that work in the area of vocational rehabilitation. Second part is collected from the interviews with PWD, professionals and employers about problems and needs, as well as their opinions and suggestions.

The result of the study will be publicized for the use of other researchers, professionals, employers and most of all, PWD themselves, with the main purpose of improving vocational rehabilitation of PWD in these two countries and worldwide.

**O-12-3 Cultivating More Members Involved in Welfare Activities is Critical-Three Proposals for the Next Decade**

Sakamoto Hideki

Tokyo Organizations; Japanese Federation of Organizations for the Disabled (Japan)

One of the most important issues is to cultivate members who will be eagerly involved in welfare activities, including Handicapped people, not only in Japan but also in the entire Asia Pacific Area. Here, I would like to present the following three proposals based on more than 20 years of personal experiences with welfare activities as a handicapped person.

1. Establish a barrier free coordinator training center so that we can make it easier to cultivate members involved in our welfare activities. We should work hand in hand with the state, universities, and other educational institutions to set up the center. Half of the trainees attending this program should be Handicapped people and they need to be guaranteed employment in private sector as well as public sector after completion of the program.
2. Establish a kind of think tank which aims at proposing middle or long range policy planning. This think tank makes it possible for experts on welfare policy in each Asian country and the handicapped to periodically interact one another.
3. Establish a database which enables anyone to have free access to the web so that we can let others know what we are doing at the think tank. This database will make it possible for anyone, countries and local groups to share information among one another.

**O-12-4 Vocational Rehabilitation Through Computers-The Successful Model of Agape Rehabilitation Centre, Chennai, India**

Victor Daniel

Agape Rehabilitation Center (Japan)

There are about 7 million unemployed persons with disabilities in India, according to the National Sample Survey of 1991. So Vocational Rehabilitation is the need of the hour.

Our aim is to develop a successful model for "Vocational Rehabilitation through Computers", since computer is a suitable rehabilitation tool.

In Agape, each person undergoes a "Screening" process, which includes an Aptitude Test. Then "Ability Matching" is done before final selection. In "Computer Training", the curriculum is constantly updated. Auxiliary training like communication skills, Specialized training and Apprenticeship training are given as per an individualized vocational plan. A "Job-readiness" training, which includes ADL training, is given to ensure that the total person is ready for job. Then "Job-seeking" is taken up by various methods like "net-working". Also On-the-job training at the "Job-Centre" of Agape and the "Rent-free PC@Home" scheme increases employability. Crucial "After-Job support" is given by Helpline, etc.

Agape has been following this model for seven years now. So far 128 PWDs have become economically independent and integrated into society, by being placed in jobs.

Since computer boom is a universal phenomenon, this model can be replicated by anyone, to be able to find economically viable employment for persons with disabilities.

## **O-12-5 Approaches to vocational rehabilitation in Korea**

Lee Sun-woo

Inje University (Korea, Rep.)

Vocational rehabilitation is considered as an ultimate goal of a rehabilitation process for disabled people. However, only 47.8% of disabled people in Korea participated in economical activities in 2000, while 61.3% of non-disabled people did. Moreover, more than one-fourth (28.4%) of disabled people were unemployed, while 3.8% of non-disabled people were.

Mentally-ill, mentally-retarded, kidney- or heart-disordered people were included among the lower employment rate group.

Mentally-ill or mentally-retarded people have difficulty in finding jobs because prejudice against them is the most severe. Kidney- or heart-disordered people cannot find jobs easily because Korean job market does not have enough part-time jobs for them who have limitations for manual jobs.

Prejudice and discrimination harmed job opportunities of disabled people in Korea. The more educated a disabled person was, the less likely employed he was. Disabled people with high educational attainment expect that they can find better and high-paying jobs. But, prejudice and discrimination against them become more severe in those jobs. Therefore, it is necessary to enact a law such as the Americans with Disabilities Act that prohibits employers from discriminating against disabled people based on disabilities unrelated with jobs.

## **O-12-6 A Study on the construct validity of picture test inventories**

Lee Dal-yob, Oh Sae-chul, Park Jae-kook

Taegu University (Korea, Rep.)

Psychological tests and measurements have been a core of traditional career education and counseling. Picture test inventories are included in the category of projective psychometric test. These inventories have been regarded as having less testers' bias and relatively simple, providing accurate client information. For people with developmental disabilities including mental retardation who have limited verbal abilities, paper-pencil type tests can not be appropriately used. This study aims at investigating linguistic and developmental characteristics of persons with developmental disabilities, and the validity of constructional concepts of picture interest test inventories that have been utilized for the segregated groups of people. Picture interest test inventories seemed to be valid for measuring psychological traits and/or characteristics of people with mental retardation, and this finding can be extended to the group of other developmental disabilities, such as learning disabilities and mild/moderate behavioral deficits. The Holland classification system seemed to have a utility and be best fitted for developing a comprehensive and accurate vocational interest inventory for this particular disability population.

**O-12-7 The paradigm shift of vocational evaluation in the field of vocational rehabilitation**

Lee Seung-jae, Lee Dal-yob, Lee Seung-wook  
Cheonan University (Korea, Rep.)

Vocational evaluation is an emerging profession in Korea. Information obtained by vocational evaluators help both rehabilitation professionals and clients achieve and select best rehabilitation goals. In this context, Korean government selected four vocational rehabilitation facilities to establish a comprehensive vocational evaluation center in 2000. The government also set a plan to expand four more evaluation centers in different geographic areas across the nation in 2003. However, there have been very limited assessment tools and methodology available for evaluators. Therefore, this study aims at investigating the vocational evaluation process and the target population in terms of the involvement level in the field of vocational rehabilitation. The historical development and the use of vocational evaluation among rehabilitation professionals will be reviewed to clarify the roles and functions of vocational evaluation in each developmental stage. Analysis of trends and critical changes in evaluation components will provide future directions and policy implications for vocational rehabilitation of persons with disabilities.

**O-12-8 Present and Future of Supported Employment Program in Korea**

Cho Sung-yeol, Kim Jong-ihn  
Korea Nazarene University (Korea, Rep.)

Supported employment program emphasizes on placement-training method for enhancing employment of individuals with severe disabilities. In Korea, attempts to apply supported employment programs to rehabilitation field were first made in several rehabilitation centers for persons with disabilities in recent years. In 1993, two rehabilitation centers in Seoul started supported employment programs, focusing on job accommodation and on-the-job training based on this model. This effort reflected the needs of individuals with disabilities who have sought more effective rehabilitation service and is a part of efforts to overcome the shortcomings of the previous vocational rehabilitation system, which failed to provide services that were actually needed in the labor market. Recently, special schools for students with developmental disabilities including mental retardation have also made attempts to provide transition services and on-the-job training based on the principles of supported employment. However, there have so far been few reports or studies on effectiveness and efficiency of supported employment programs. We lack understanding of important supported employment principles and program development for Korean situation. In order to activate supported employment program, this research investigated the present situations and tried to find program development model of supported employment in Korea.



## O-12-9 Vocational Rehabilitation

PATHIRANA JAYALATH P.

National Council for the Welfare of the Disabled (Sri Lanka)

The pattern of disability in any country or region has an important bearing on the planning and development of vocational rehabilitation programmes. In the years ahead, as crippling diseases diminish or eliminated, more resources should become available for the vocational rehabilitation of the mentally-ill and the mentally-retarded - hitherto badly neglected groups in most vocational rehabilitation programmes. Vocational rehabilitation should be adapted to the particular needs and circumstances of each country and should be based on a study of disability problems and available resources. The main objectives of any programme should be:

- \* emphasise their abilities and working capacities, not their disabilities.
- \* promote working opportunities to them.
- \* overcome employment-discrimination against them.

Finally, a word about the most important element of all, in community participation in vocational rehabilitation - that of disabled themselves. For far too long, the disabled have had to accept a passive-role in rehabilitation; that of a patient under doctor's orders; as a client of a social worker or a counsellor; however, and in line with the policy of "full participation and equality" - the disabled surely have a right to be consulted when policies are being formulated and decisions made on subjects and questions which effect their future well-being and livelihood.

## O-12-10 "Dragons' Passion" Cultural Kiosks-An Innovative Employment Project at the Parks A Touch of the Sensation of the Hong Kong & China Culture

NGAI MARIAN MEI YUK

New Life Psychiatric Rehabilitation Association (Hong Kong SAR, China)

New Life Psychiatric Rehabilitation Association found that the service users receiving their vocational rehabilitation and community-based services tend to be younger in age and many of them are suitable for open employment.

Taking a proactive role to respond to the recent Government's initiatives in promoting tourism and creating more employment opportunities for people with disabilities, New Life Psychiatric Rehabilitation Association is going to establish two specially designed cultural kiosks named "Dragons' Passion" at two public parks to sell traditional snacks and hand-made gifts made by people with disabilities to tourists and local people. The project is funded partially by the Social Welfare Department's "Enhancing Employment of People with Disabilities Through Small Enterprises" Project Fund.

This business has tremendous values not only to promote the employment of the people with psychiatric disability and the art-crafts made by people with disabilities, but also the Chinese Hong Kong Culture and a caring community to the local people and the tourists as well. The business will employ ex-mentally ill persons and abled-bodics for the management and operation of the kiosks. "Dragons' Passion" at the parks can realize multiple objectives of being a breakthrough of present service models as well as integrating people with psychiatric disability into the community.

## ***Girls and Women with Disabilities in Challenge and Progress***

(女性障害者の挑戦と前進)

### **O-13-1 Marriageability and Women with Disabilities**

NGAI LING KAM-HAR, YUEN Q'sa, CHAN KA-YEE

REHABILITATION ALLIANCE HONG KONG (Hong Kong SAR, China)

Both 'people with disability' and 'women' are oppressed groups of the society. Once these two identities are combined, it will pose much challenge to an individual. In the West, there are studies highlighting the particular experiences and needs of disabled. Nevertheless, not much of such work is found in Chinese societies. It is speculated that the situation is even worse in Chinese society as traditionally women are expected to perform a number of feminine roles like being wives and mothers that are hardly achieved by most disabled women. Hence, marriage and motherhood are very often considered as the major challenge for Chinese women with disabilities. In view of such, a study in relation to marriage and women with disabilities in Chinese society is conducted.

In the study, a number of themes including: dating and mate selection, value of marriage, role in marriage, singlehood and cohabitation and reproductive rights are explored. Target population is Chinese women who are over 16 years old and with disabilities. Semi-structured questionnaires and focus groups are applied to this study. By obtaining both quantitative and qualitative data, the needs and thinking of the participants would be highlighted. Since the study is planned and implemented by disabled women, it is regarded as an emancipatory disability and feminist research.

### **O-13-2 Training The Trainers For Arts With The Disabled**

Mok Augustine CHIU YU

Arts with the Disabled Association Hong Kong (Hong Kong SAR, China)

Persons (be they artists, teachers, social workers, carers, volunteers, or parents) working in the arts with persons with disabilities need to have special training which is not often available in Hong Kong although there exists a dire need for it. With the sponsorship of a local funding agency, ADAHK has set up a trainers' training programme to fill such vacuum in Hong Kong. In a period of one and a half years (June 2001 - November 2002), ADA will have offered almost 50 workshops averaging 20 hours each. Many of the workshops are facilitated by overseas cultural specialists. This presentation reports on the programme, how it has been received and to what extent ADA succeeds in training ATORs for arts with the disabled - where A stands for artist, T for teacher, O for organiser and R for researcher.

### **O-13-3** INNOVATIVE PILOT PROJECT TRAINING CENTER FOR DISABLED WOMEN

MANSURI FATIMA

DPI PAKISTAN KARACHI SINDH (Pakistan)

This paper deals with setting up “A resource and training center” for the empowerment of women with disability at Karachi. Whereas, there are some schools for disabled children and rehabilitation centers for disabled adults, there are no such centers for women with disability.

To over-come this, the DPIP Karachi Sindh has undertaken to set up “A resource and training center” for their empowerment through training, for a three years period. To achieve the objectives of this project, a base line survey of 1000 households in four low-income, semi-urban areas of Karachi with diverse ethnic, linguistic, religious and socio-economic backgrounds, has been conducted to identify women with disability. Several workshops with these women, their parents and community leaders have been organized to mobilize and sensitize them for their participation in the proposed project activities, mobility training, formal and informal education, wide-ranging skills training, mechanical and high-tech job-oriented skills training to make them economically self-sufficient. The training will also focus on awareness-raising for their healthcare, and reproductive health, their basic human rights and government policies for advancement of women with disability, and leadership training to empower them and mobilize them to form self-help groups for advocacy for their rights.

### **O-13-4** The movement of differently Abled Women in Korea

Lee Ye-ja

Korean Differently Abled Women United (Korea, Rep.)

In the traditionally patriarchal culture and society of Korea, differently abled women go through double discrimination and suffering being women as well as differently abled. Under the present circumstances, the majority of women with disability are excluded from political, economic, social, and cultural areas and more often than not, they are denied the essential human right of education and employment. Thus, “Korean Differently Abled Women United” was established in 1999 by differently abled women themselves in order to more actively and systematically promote the right of women with disability. It is a nation-wide organization which brings together individuals and groups of women with disability representing many areas in Korea. In this paper, I would like to share with other participants what, how Korean Differently Abled Women United has been creating and participating in diverse activities to support the right of women with disability and promote the quality of their lives.

**O-13-5 Empowerment of Women who have Disabilities:Sri Lanka**

NARAYANA GEDARA KAMALAWATHIE

ASSOCIATION OF WOMEN WITH DISABILITIES (Sri Lanka)

Women and girls in Sri Lanka who have disabilities have hardly any opportunities for economic independence. Most are confined to their homes, protected by their families from a society which stigmatizes them. The situation is worse for rural women and girls where negative religious and cultural beliefs are much stronger. Women with disabilities have not in the past organized themselves.

The Association of Women with Disabilities was set up in 1995. With a membership of 1064 at present it is implementing 4 projects for the empowerment of their membership. These are supported by SHIA Sri Lanka, the Ministry of Indigenous Medicine, the Sri Lanka Canada Development Fund and CARE Sri Lanka. The first focuses on capacity building of their association. The second, a plantation of herbs used in traditional medicine, is aimed at income-generation for the association with self-reliance as a goal for the long-term. The third provides institutional vocational training and job placement for young rural disabled women. The fourth focuses on poverty alleviation and social inclusion of individuals who have disability and their families. This is an income-generation project through self-employment and small-enterprise development.

**O-13-6 Challenges Face By Women With Disabilities In Nepal**

Paudel Sushila

Nepal Disabled Women Society (Nepal)

Geographically Nepal is a land locked country and it's 75% of the total area is covered by mountains and hills , which is negatively effected in disability movement. Even in 21th century disability minor issue in the socio economics contex of Nepal. Futher more Women & Girls with disabilities (WGWDs) facing multiple barriers, as a women poorness and disability point of view. The main challenges facing by WGWDs, in education, mobility, employment , and humanterian ground. Still WGWDs known as strange human being and treted as second class citizen.

80% of WGWDs live in rural village areas where life is really difficult and complecated. Even though they are able to go schools, collages, work in the office but they have to face barrier each step from home to destination.

Alltogether Government, NGOs,INGOs and Private sector's iniation can only solve this problem by applying following strategies:

BY providing at least one hosteling facilities at one Region for the education uplittment of WGWDs.

By creating mass awareness programe from local to National level to break the barriers.

By creating mass advocacy programe to access the job market for WGWDs.

By amending discremiated lows against WGWDs.

**Conclusion:**

By applying above strategics we prove our abilities.

## **O-13-7** The Study of Problems and Needs of Girls and Women with Disabilities In Iran

Sharifian-Sani Maryam

University of Social Welfare and Rehabilitation (Iran, Islamic Rep.)

The aim of this study is to explore the problems and needs of girls and women with disabilities in Iran in order to facilitate the intervention of service provider organisations for improvement of their situation in terms of providing equal opportunities and more participation in society. The population of this research consists of girls and women with disabilities between the ages of 15 and 64, with physical, hearing or visual impairments who are mainly the users of social services through the offices of social welfare organisation in Iran. Three districts have been chosen for the field study in terms of the ranking of human development index for Iranian women (the highest, medium, and the lowest). A sample of service providers and family members of these women are also included in this study.

The research method is a combination of qualitative and quantitative methods, but regarding the nature of this study and its research population, qualitative methods such as: face to face interview, focus group discussions and case study have been designed for data gathering for this study. The study also hopes to draw a perspective of priorities for the future research on women with disabilities in Iran.

## **O-13-8** Networking and social capital of disabled people's organizations and women's organization: Initial findings from a comparative study in Asia

Kwok Kin Fun Joseph

City University of Hong Kong (Hong Kong SAR, China)

This paper reports on initial findings of a research project which examines the social environment and the mechanisms through which NGOs contribute to the development of civil society, in terms of progressive, enlightening, and emancipatory practices in society to realize people's potential, dispel their self-interest, and counter the hegemony of the polity and elite. As an exploratory study with a comparative dimension, the research project focuses on the roles of NGOs in addressing issues related to girls and women with disabilities in Hong Kong and Manila, Philippines, with particular attention on their concerns, strategies and networks. Two NGOs in each place participated in the research project. Data were collected through interviews with members of the selected NGOs and other stakeholders. The interviews aim to identify programs, campaigns, events, activities, and stakeholders for follow-up procedures. The study also collects secondary data with an aim to identify contextual factors related to the government, social structure, and the history of NGOs and their clients. This paper is based on a research project carried out by Joseph Kwok, Cheung Chau Kiu, and Vivienne Wee, Raymond Chan and funded by the Southeast Asia Research Centre of City University of Hong Kong.

## ***Attitude to and Co-living with People with an Intellectual Disability***

(知的障害者との共生)

### **O-14-1 Disability and Diversity: The need for cultural competence**

Croot Elizabeth Jean

University of Sheffield (United Kingdom)

#### Rationale

Ideas about disability are part of larger culturally based systems of health beliefs. Few concepts of disability are universally accepted as true. Contradictory values and beliefs concerning disability between the health care system and the community it serves lead to confusion, misunderstanding, conflict and ambivalence. Health workers working with minority groups need a critical, subjective awareness of the way personal beliefs and attitudes influence their work otherwise these beliefs may subconsciously overwhelm their therapeutic intervention.

#### Objective

To examine how the conceptual framework of a white, English-born physiotherapist, working with Pakistani children with severe intellectual disabilities, altered during a pilot study investigating life histories of Pakistani families in the United Kingdom.

#### Methodology.

Systematic reflective analysis of field notes from a qualitative, ethnographic pilot study investigating life histories of Pakistani families in the UK, who have children with severe intellectual disabilities.

#### Summary of Main Result

An exploration of changes in the researcher's conceptual framework relating to key concepts such as intellectual disability and participation.

#### Conclusion.

Health workers must recognise limitations of western models of disability and value knowledge, skills and expertise available within families from different cultural traditions. This presentation will give examples of this, providing useful material to reflect upon.

### **O-14-2 Care in the Community ? A share-care service for people with intellectual disabilities**

NGAI LING KAM-HAR, Ting Amelia

REHABILITATION ALLIANCE HONG KONG (Hong Kong SAR, China)

Looking after children with intellectual disabilities is an extremely demanding task for most parents particularly in a place where community support is not adequate. In the past, to send their children to a residential home is always considered as a final goal for these parents since they are worried that when they get older or even die one day, no one will take up the caring role. In view of the above situation, the Salvation Army has launched a project to provide club membership and short term residential places for people with intellectual disabilities with the following objectives: -

1. To provide tangible help and assistance in home care including short-term residential and day care, and emergency residential placement for the intellectually disabled members to allow relief and even substitute for carers of people with intellectual disabilities.
2. To develop a partnership between a residential home and families in a locality to provide support to home care.
3. To develop mutual help amongst carers and family members.
4. To experiment a new model with an aim to reduce over-reliance on residential service.

The pilot project has been implemented for three years and positive results are generated that even government funding is secured for another round of experimentation.

### **O-14-3** Sexuality of Adults with Intellectual Disability: Staff Attitude and Handling Approaches

YU MABEL SIU-LING

HONG KONG SOCIAL WELFARE DEPARTMENT (Hong Kong SAR, China)

Service providers' perceptions can have a significant impact on supporting adults with intellectual disability in expressing their sexuality. This study aimed at reviewing their attitudes towards and handling approaches on the sexuality of this population in Hong Kong. A self-administered questionnaire designed by the authors was sent to 12 service providing agencies. A total of 197 staff completed the questionnaire (response rate = 76 %). Results indicated that masturbation and having overly close body contact with others were two common sexual expressions found in service recipients of these agencies. Respondents expressed more liberal views towards adults with mild intellectual disability than those with moderate and severe disability, and towards individual sexual expression (e.g. masturbation) than mutual expression (e.g. intimate heterosexual relationship). They tended to attribute maladaptive sexual behaviors to causes of an individual's part and to focus their intervention on the individual's causes. The respondents' attitudes also varied, with males, those with more years of working experience, or social work training expressing more liberal attitudes. Needs for agency policy and guidelines, staff training, and a more comprehensive assessment and intervention plan concerning individual and environmental factors to support adults with intellectual disability in adaptively expressing their sexuality were indicated.

## ***Strengthened International Cooperation in Various Fields***

(国際協力の多様な展開)

### **O-15-1** The "Love Without Frontiers" campaign- to ban landmines with international community

Lee Emma Lichia

Eden Social Welfare Foundation (Taiwan)

In 1997 The Eden Foundation became Taiwan's official representative of the International Campaign to Ban Landmines (ICBL) and has held annual fund raising events in Taiwan to promote the "Love Without Frontiers" campaign, raising the public awareness on mine related issues and the needs of disabled individuals worldwide. Through holding conferences and inviting foreign activists to come speak on the importance of banning the use, stockpiling, production and transport of landmines, Eden hopes to educate the Taiwan public and gather its support for this global movement and domestic laws which will wipe out landmines and ensure human security.

The Love Without Frontiers campaign also draws attention to the needs of disabled individuals and provides victim assistance to mine victims. Over the past 4 years through annual charity events, Eden Foundation has been able to raise enough funds to donate over 6,000 wheelchairs globally to mine victims and impoverished disabled individuals in developing countries such as Afghanistan, Kosovo, Russia, Mozambique, Jordan, Vietnam, Cambodia etc. The "Love Without Frontiers" campaign provides a method to convert the care and love of the Taiwanese people into physical aid for mine victims and disable people worldwide.

**O-15-3 Joy visual impairment center work communion**

Lee Emma Lichia

Eden Social Welfare Foundation (Taiwan)

Summary of Joy visual disabled center work communion

1. Spirit

“Love can reconcile obstacles”- Joy chorus world concert tour.

2. Purpose

A. Expressing God’s love, joy, life and peaceful gospel through the joyful singing of the visual disabled.

B. Try to understand other countries’ social welfare and learn their merits to improve the rights and interests of the disadvantaged minority in our country by the periodical world concert tour and the communication with the disabled agencies in the world.

C. Representing Taiwan government to greet compatriots living abroad in the places they live in.

3. Program

Hold the world tour interpretation every year and having the cultural and musical communication through the format of concert or symposium.

4. Achievement

A. Joy chorus has been to more than 30 countries in Asia and America in recent ten years.

B. During recent ten years, we learn the welfare and the rights and interests of the disabled from other western countries to promote the rights of the disadvantaged minority in our country.

***New Developments of Community Based Rehabilitation*** (CBRの新たな展開)

**O-16-1 Community Based Rehabilitation Concepts, relevance, evidence**

VAN DEN HEUVEL WIN J.A.

INSTITUTE FOR REHABILITATION RESEARCH (Netherlands)

The paper analyses the meaning and potentials of Community Based Rehabilitation (CBR). WHO was one of the first organizations which developed the concept of CBR. The concept underlines the importance of accessibility of rehabilitation services close to where people live and the need for integration of people with disabilities. In western countries the meaning of rehabilitation is sometimes narrowed to a clinical concept and as a consequence CBR is seen as a solution for cost-effectiveness problems.

The concept of CBR is relevant for accessibility and equity and may support patients’ movement. Due to technological innovations the potentials of CBR are increasing strongly. At the same time it should be noted that evidence for CBR is scarce. Even there is a dispute about the criteria for evidence and validated instruments are lacking. A few studies however suggest that CBR is effective at least for some specific patients groups and it appears to be cost-effective.



## **O-16-2** Role of Family and Community in the Community Based Rehabilitation

ZAMAN SULTANA S, FERDAUS SHAMIM, SULTANA AFROZA  
FOUNDATION FOR THE DEVELOPMENTALLY DISABLED (Bangladesh)

**The present research was a comparative study which investigated the role of family members and members of the community in the begins and at the end of several years in developing Community Based Rehabilitation (CBR) Programme in the rural areas to serve the disabled in Bangladesh. The main objective of the study was to find out how effective was our work in CBR programmes to change the attitude of families and the community towards the disabled. 30 family members (father, mother grandmother, sibling and other relatives) and 30 community members (local teachers, neighbours, friends and employers of the disabled client) were selected from Dhamrai, Savar, Narshingdi, Kishoregonj, Nabinagar and Faridpur CBR centres of rural Bangladesh and interviewed through three sets of questionnaires developed for parents, community members and employers. The questionnaires were scored on a four point scale. The result indicated significant difference between the responses of family members and community members of the CBR programmes which was just started with the ongoing CBR programmes for several years. The paper would further discuss the implication of serving disabled children in the rural areas of Bangladesh.**

## **O-16-3** AMPUTEE REHABILITATION AND PROSTHETICS

THAPALIYA NAWA R.  
Social Upliftment Forum (Nepal)

In the present context many countries of the world are suffering from internal wars and terrorism, Nepal is also facing the Maoists terror and turmoil since last eight years. Thousand of people have been disabled. According to govt. data there are 800 disables. People from villages are affected due to lack of education and poverty. No law has been enacted and the govt has not formulated any concrete policy and programme for those disables. In absence of such infrastructure the disable are forced to lead pathetic life as begger in the street. Such up rooted disables have every humanitarian rights to be rehalibitation and lead a dignified lifes. In the society for it they will have to be provided with free education , aids and applinces necessary skillful training . Such programme cannot be sustained by a poor country like Nepal. Our main obstacle is poverty. International assocation and organization will have to be mobilized for their participation. In this task different donor country and organization rehabilitation. If disabled has to be taken up as a matter of utmost importants. Citizen of the world will have to march a head unitedly for this vital task.

## ***People with Disabilities in Rural Area*** (農村の障害者)

### **O-17-1** How ventilator-dependent ALS survive in the local area in Japan

Kobayashi Akiko

Japan ALS Association (Japan)

Amyotrophic Lateral Sclerosis (ALS) is a one of the severest progressive neuron disease that will need mechanical ventilation within 3 years after onset. This time, Fukui branch of Japan ALS association introduce how we help our members in local area.

### **O-17-2** PEOPLE WITH DISABILITIES IN RURAL AREA

LAMICHHANE KAMAL, OJHA GANAPATI

NATIONAL SOCIETY OF DISABLED, NEPAL (Nepal)

A census survey conducted recently in Jutpani, Chitwan, reveals that 1.25 % of the total population of 13506 population is physically or mentally disabled. It was found that disabled persons' access to food, dress, sanitation, school, and transportation was significantly lower than the access by non-disabled persons. As a result of this, almost all of the disabled persons were more unhealthy (96%), illiterate (77%), unskilled (85%), less mobile (100%), and lower dream for future. It was also discovered that almost 60 percent of the parents perceived them as an unwanted gift given by the God because of the God being angry with them in their previous life. It was also recorded that neighbors harassed not only the disabled person, but also the house having him/her. An effort to mitigate this situation was almost non-existent except that an NGO had recently started some welfare activities for the families and disabled persons. Since the disabled persons were psychologically depressed, economically suppressed, socially unwanted and culturally harassed this study recommends that a pluralistic approach to development is necessary. This should include a series of integrated projects with focus on awareness raising, literacy, and income generation activities for the empowerment of the disabled persons.

## V-1 AbilityAsia

PERRY DEBRA A.

International Labour Office (ILO) (Thailand)

*AbilityAsia* that is designed to promote employment of people with disabilities by showing powerful images of them working productively and by giving voice to employers who praise their capabilities. Narrated by Michelle Cheung of CNBC, the video encourages employers to hire workers with disabilities by identifying specific benefits and begins to educate employers about methods of integrating workers with disabilities into mainstream workplaces. Further, through interviews with experts and representatives of employer groups focusing on disability - like the Business Advisory Council in Cambodia and the Employers' Disability Network in Sri Lanka - the message is clear. People with disabilities can make productive employees. Filmed in four Asian countries and areas (Thailand, Cambodia, Sri Lanka and Hong Kong), *AbilityAsia* illustrates how workers with disabilities can perform effectively in a variety of jobs and work settings. People with a various disabilities are represented. They are interviewed and shown working in diverse workplaces and jobs. A separate video in the Thai language, *AbilityThailand*, serves as a contribution the Kingdom's 2002 campaign to foster employment for workers with disabilities and will be shown as time allows. (English dubbing available.)

## V-2 To Seek a Joy of Working –Two Case Reports of Indies Work-Shop for Person with Autism

Oho Mari, Hosokawa Shingo, Sato Hisao  
Kanagawa Institute of Technology (Japan)

It is very important working in the community for the persons with autism. Although there is the Employment Quota System and the Levy and Grant System for persons with disabilities in Japan, some of the people with autism can not use this system due to the specific reasons. Even if they have no chance being employed, they can work successfully in the Indies Work-Shop. I would like to show you two cases reports of Indies Work-Shop recorded to the video by ASI (Autism Society of IBARAKI) which is one of the branch of ASJ (Autism Society of JAPAN).

<Case 1> One young man (age 31) are working in the computer print shop with his father. He has high functioning autism, been graduated from university and special school of computer. He could not have been certified as intellectual disability due to his school career.

<Case 2> Two young women (age 27) are making cakes with their mother. They are twins with severe autism. with no language communication skill. They have Intellectual Disability Certification Notebook, but no chance to be employed because of they can not speak at all.

**V-3 Special Education and Rehabilitation**

Banduge Sarath Kumarathilake

Islamic centre for the Physically Handicapped (Sri Lanka)

The Islamic Centre for the Physically Handicapped provides educational and vocational training to 250 disabled students from all ethnic groups within Sri Lanka. The students follow the same syllabus as normal schools in Sri Lanka, the only difference in their education is the deaf students are taught through sign language and the visually impaired students are taught through Braille. A new method of communication has recently been introduced to our centre from a training course some of our teachers attended in Malaysia; Cued speech. It combines the sounds of syllabus and specific hand movements to encourage natural speech among our hearing impaired students, and it is very beneficial to their development.

The students have the choice of 10 vocational sections. Once they have completed their course they are able to get jobs, with the help of the centre. Up to now 500 students have successfully completed their vocational courses and have good jobs and live self sufficiently in a society that regards disability as a burden, this enables them and us to prove our motto which is that disability is not inability. Our school is involved in various cultural and sporting activities which enhances the social development of our students.

**V-4 Local Rehabilitation Workshop in Low Income Countries**

Eide Arne Henning

SINTEF Unimed (Norway)

In low-income countries the supply of adapted technical aids by far exceeds the demand. Service delivery is often unsystematic, often non-existent and by and large dependent on local or international charity.

Funded first by UNDP and later the Norwegian Government, a model Local Rehabilitation Workshop (LOREWO) has been established and is under development in Bulawayo, Zimbabwe, and Oshakati, Namibia. Two well equipped small-scale workshops have been established and are run by local people with disabilities. The workshops supply a limited geographical area with wheelchairs and walking aids and offer maintenance and adaptation services. The workshops are integrated into the local network of services relevant for people with disabilities and is a driving force in the development of an efficient and economically viable service delivery system within a limited geographical area. Development of the services are supported by Norwegian technical experts as well as specialists within the fields of adaptation of technical devices and service delivery system development.

## V-5 The introduction about model of 'Korea type of the severely disabled' why try to live independently

Cho Young-gil

Korea Differently Abled Federation (Korea, Rep.)

It is the focus 'Independent Living' what the people with disability lives his (or her) life with 'self-determination' as he (she) wants. The mind of Independent Living begins in America and then spreads all over the countries such as Japan, and now, in the progress of this mind, also in Korea, it is being received actively by Korean people with disability such as the severely people with disability. Or with the spread of this mind, in fact, there are the disabled who try to live independently and actively. Therefore, on the focus of 3 couples with the severely disability, their real life will be revealed through video by me. The 3 cases about which I will speak are following this: First, the model of completing their environment of 'a couple of the disabled who live with wheelchairs' in daily life. Second, the story about living of 'a couple of the disabled' who protect and bring up their children. Third, marriage and living of marriage of 'a couple of the disabled' who are non-disabled man and disabled woman.

**P-1 A Study of the Experiential Learning Program of Wheelchair Travels at Arakawa Plaza for Welfare Experience**

Nomura Midori, Yokoyama Katsuki, Suzuki Kentarou  
Tokyo Denki University (Japan)

The purpose of this study is to identify an appropriate learning program in a facility with welfare experience, for promoting the understanding of the situation faced by people with disabilities and a barrier-free environment. The Arakawa Plaza for Welfare Experience was launched by the Ministry of Land, Infrastructure, and Transport, at Adachi Ward, Tokyo in 1999 as the first facility on a dry riverbed in Japan, serving for the people to gain a welfare experience. The Plaza provides six stages including passages with a variety of width, rotating space, differences in height between passages, slopes with different gradient, a various types of passage surfacing, and pavements with curb-cut. We conducted a psychological evaluation of 200 items at each stage for 187 subjects (mainly university students), an evaluation of how they felt during they traveled by wheelchair, supported other person's wheelchair-travel, and were supported their wheelchair-travel by others. This analysis has clearly illustrated "a critical point of accessibility", a point where you can realize that accessibility in wheelchair-travel is affected by a change in physical condition. Consequently we have proposed a new learning program with 47 items, which makes it possible to accomplish more aims in learning but only with fewer trials.

**P-2 Disability Scenario, problems & Prospects.**

KHANAL GOVINDA, AHIKARI PRADEEP  
ASSOCIATION OF THE DISABLED SERVICE NEPAL (Nepal)

Accessibility condition is worst in Nepal. project/programs for persons with disability has been lanched at random only Neither the Governmental Agencies nor the Non -Governmental Agencies have a national levell planning and intervention scheme on disability. On the other hand , challenges emanating from disability is on the rise.

One of the major challenges at the moment is to create a barrier-free environment for all persons with disabilities. Though, the voices in favor of barrier- free movement is feeble at the moment, sooner or later, pressures will be mounted for it. In fact, very few persons with disabilities have realized the need for a barrier free movement, and the bulk If them remain pre-occupied with their own problems of subsistence and survival.

Sensitization and advocacy in favor of it is also missing, and no policy maker, parliamentarians or the HMG authorities have ever realized the need for it. Amassive advocacy/sensitization campaign need to be initiated.

What may need to be done as priority is the Government and the Non-Government Agencies should work as collaborative partners in a spirit of mutuality. The Government aline may not cope with the ever-rising problems of disability. Building partnership for a common goal, working hand in hand, may deliver more effectively in this sector.

## P-3 DISABILITY MOVEMENTS

### Humagain Raju

Social Upliftment Forum (Nepal)

The first movement of disabled persons in Nepal was started, in 1964, with aim to give the education for blind people. But until 1970 the disability programmes were limited only to provide the education and trainings for persons with blind but the real movement was started in 1981 When the UN declared the International Disabled year. After 5 years in 1985 off Associations of the disabled persons were established by blind people.

In 1991 a big demonstration organised by the blind people in front of priminister office and they got 35 teachers cotas. After that movement the priminister of Nepal signed international declaration regarding to disabilities.

But those commitments were only on the paper. So in 1996, almost off and for disability organisations came into jointly and organised a huge demonstration for the rights and interests of PWDs.

In the same year a group of disabled persons set on the huger strike until the deeth and at the last moment priminister agreed and signed to formulate the disability policy and programmes. But now those commitments t is negligencing to implement the rectified programmes. How ever the present need is again self help groups should organised more demonstrations to implement the rectified disability programmes and should change the attitude of society.

## P-4 韓国における自立生活運動の現状と課題 - 介助保障運動とアクセシビリティー運動を中心に -

### JEONG JONG HWA

Sahmyookyook University (Korea, Rep.)

本研究の目的は1960年代からアメリカを中心に発展した自立生活理念の韓国普及過程で発生している介助保障問題とアクセシビリティー運動を中心にその現状の考察から今後の方向を探ることを目的としている。特に、日本のこれまでの自立生活運動過程を通じて得られたノウハウを整理し、今後の運動に活用できるようにしたい。研究方法については文献研究とビデオ資料の分析、個人面接方法等をもって行った。研究結果は

第一に、制度要求の問題よりも障害当事者の自立生活問題意識を高めるためにピアカウンセリングやピアネットワークの結成が優先されるべきである。

第二に、現在の国民基礎生活法を改正し、重度障害者の介護手当での支給を強く要求する。

第三に、障害者アクセシビリティーを保障するために集団闘争の方法よりも、各地域別行政交渉と地域別同一行動を全国的、組織的に行う必要がある。

最後に、自立生活の定着のためには日本のような運動過程における専門家排除の論理よりは専門家協力方法で統合的手段をとる必要がある。

**P-5** **Handicaps Welfare Association - Leading the Independent Living Movement for People with Physical Disabilities in Singapore.**

Banerjee Subrata

Handicaps Welfare Association (Singapore)

**Handicaps Welfare Association (HWA) was established in 1969 by a group of 23 people with physical disabilities. It has been working towards providing equality and independence to people with physical disabilities through advocacy, training, education, removal of societal and architectural barriers and enhancing self determination, equal opportunities and self respect.**

**HWA encourages the involvement of people with physical disabilities in every aspect of life. The mission and objectives of this association is guided by the following principles:**

- 1. Consumer Control: It ensures that person with disabilities control the governance and operation of the organization.**
- 2. Physical disability focused: It choose to focus only on physical disability so that it could serve the needs of this population more effectively and efficiently.**
- 3. Integration: It promotes integration and full participation of people with physical disabilities in communities.**

**This poster discussion will inform the conference participants the following approaches that HWA has taken to fulfill its mission and objectives:**

- **Create life long learning opportunities.**
- **Established professional services required by people with physical disabilities and their families such as rehabilitation, training, welfare, transportation etc.**
- **Create general disability and special need awareness to promote smooth transition to mainstream integration.**
- **Foster friendship and competitiveness through various sports, social activities and peer support programmes.**

**P-6** **あけぼの寮における自立支援訓練への取り組み**

Hamada Satomi

Hiroshima Prefecture Rehabilitation Center (Japan)

地域の中で自分らしく主体的に生活したいという指向と共に、家族の中で自分の位置付けを模索する入所者の方が増えつつあります。そうした中で、地域生活を目指す方を対象にした訓練コースの設定が必須となりました。現在実施している自立支援訓練は、個々の訓練プログラムを作成し、それに基づき既存の訓練と連携して、生活関連動作や社会生活技能動作等の習得訓練を行うと共に、ADL室・職員宿舎（一般住宅）を利用した模擬的自立生活体験訓練を実施しています。事例は少なく試行錯誤の状態ですが、進路を自己選択・自己決定できる機会を与え、地域生活を考える基盤となっています。



## **P-7** **Morale Difference in Comparison Between Japan and Taiwan Staff of Facility for People with Developmental Disabilities**

Tagaya Masao

Kaznuma Sheltered Workshop (Japan)

In 2000, analysis of the daily life desire and personality of 900 staff of Taiwan and Japan is provided using Guilford Inventory. In despite of superiority of finance and/or community centered welfare program, the results show that Japanese staff is more frustrated and spiritless than staff of Taiwan. So we suggest that Japanese staff is losing the mission for disabled person's welfare in future perhaps from the influence of socio-economical motivation of this country. The finding illustrate we need to specify and encourage idea, something to live worthing living again.

## **P-8** **育ちと暮らしを支える生涯ケアの実現をめざして**

Suenaga Katsuko, Matsuoka Yukie, Tsutamori Takeo

Sendai Development Consultation Support Center (Japan)

平成 14 年 4 月、発達障害児者の専門的相談機関として仙台市発達相談支援センターを開設した。6 月 30 日現在で、相談総数は約 650 人となる。その内訳は乳幼児 42.7%、学齢児 40.7%、成人が 16.6%である。これまで 18 歳で児童相談所と障害者更生相談所とに分断されていたものを統合し、従来の相談に、地域療育等支援事業等の地域にアウトリーチする機能も加え、障害者のライフサイクルに対応し、「一貫した生涯ケア」の実現を目指し、支援していくことをコンセプトとした。そこで、センターの設置経過と期待される役割および今後の課題について報告する。

**P-9** The necessity to develop and carry out Assertive Community Treatment program for severe psychiatric disorders in Japan

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National Institute of Mental Health (Japan)

Objectives: In order to investigate the needs of Assertive Community Treatment (ACT) program for the inpatients with severe psychiatric disorders in Japan, the patients medical records was examined. This study also aims to describe the availability of social resources and mental health care service delivery in community level.

Methods: 1) The medical records from 158 inpatients with psychiatric disorders in Kohnodai hospital, Chiba were examined. 2) Questionnaire was distributed to 30 mental health care organizations and social recovery program agencies. Also one on one interview with their director was conducted.

Results: More than half (53.8%) of subjects had severe psychiatric disorders, which showed no social responsibility, drug abuse behaviors, and delusion of suicide. (Nakamura, 2001)

We found that only 5 agencies (16.6%) provide community outreach services and 9 agencies (30.0%) provide linkage services.

Conclusion: This study revealed a need of ACT programs for severe psychiatric patients in Japan. The direct services including community outreach and linkage services were insufficient. Therefore, it is necessary to develop and carry out ACT programs in Japan and also availability of direct services needs to be increased.

**P-10** 地域におけるハートピアきつれ川の取り組み

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ハートピアきつれ川は喜連川温泉を利用したホテルであり、温泉を利用する地域住民との交流が大きな柱となっている。ホテルの各サービス部門においては精神障害者を対象とした職業的な訓練が展開されている。このような授産施設とホテルとの連携による取り組みを地域とのかかわりを交え紹介する。

## **P-11** Educational Resource and Support Services for the Hearing Impaired

**WONG PHYLLIS Y S**

Caritas - Hong Kong (Hong Kong SAR, China)

An Educational Resource and Support Centre has been established in Caritas Magdalene School since May 2001 to provide community-based professional support services for hearing impaired students of special and mainstreamed schools, their family members and the staff concerned. Services provided are as follows:

1. **Auditory Rehabilitation Support Service**
  - 1.1 Individual / group therapy in auditory, speech and language learning
  - 1.2 Check-up and maintenance service for hearing aids
  - 1.3 Loan service of hearing aids
  - 1.4 Parent training, workshops, etc.
  - 1.5 Reference materials for auditory rehabilitation
2. **Subject Remedial Service**
  - 2.1 Remedial classes on Chinese language, English language and Mathematics for students mainstreamed in ordinary schools.
3. **Educational Resource and Support Service**
  - 3.1 Sharing sessions for staff and school teachers working with the hearing impaired students.
  - 3.2 Reference / resources for teaching
  - 3.3 Loan service on teaching resources
  - 3.4 School visits including in-class observation
4. **Guidance and Support Service**
  - 4.1 Case work service
  - 4.2 Case conferences with related professionals
  - 4.3 Family support
  - 4.4 Home visits
  - 4.5 Career and education advisory service
  - 4.6 Parent-child home-based guidance service
  - 4.7 Referral service
5. **Outreach / Extended Service**
  - 5.1 Visits to mainstreamed schools
  - 5.2 Staff development and training support on
    - Auditory, speech and language learning
    - Music education
    - Art and creative education
  - 5.3 Public education programmes

**P-12 Verb Prediction Methods for the Korean Language Disorders**

Min Hong-ki, Lee Eun-sil, Lee Eung-hyuk, Hong Seung-hong  
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The language disorders have difficulties in communication through the voice. So they have to be assisted by other devices. One of them is a sentence generation system which should be adaptable to AAC. It uses symbolizations, messages and message prediction techniques. In this paper, we suggested the method which should apply the verb prediction for language disorders and confirmed its usefulness. Verb prediction is the methods which suggest the verbs that persons frequently should use in one domain. The most useful verb is positioned at the top level in the pop-up menu. For the purpose, we used the neural network and simple Bayesian Classifier. Each vocabulary was represented as a feature-vector according to semantics. When the user pushes the symbol, the right vocabulary searches the position in the state space. And the subject and object are combined and the verbs are predicted. We could put the most frequently used verb on the top of the list. As a result, we could reduce the required time in the sentence generation comparing.

**P-13 Assistive Technology in Thailand - Planning and Implementation**

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In 1998 a collaborative project was undertaken involving several Thai agencies and several Canadian groups. The project was funded by the Canadian International Development Agency. The focus of the project was the use of assistive technology for persons with disabilities in Thailand. Phase 1 was completed in 2000 and a strategic plan resulted. The plan recognized several necessary components in order to implement a comprehensive program which makes optimal use of assistive technology. Several focal areas are currently being addressed in phase 2. They include: the development of a center of excellence and a delivery system, training of appropriate personnel, policy development and an ongoing research agenda. The model used to develop the plan for the specific environment in Thailand is seen to be useful for other countries looking at technology and its applications for persons with disabilities. This session will demonstrate the steps in plan development and the specific outcomes to date.

## P-14 “白杖を携行する” ことに関する中途視覚障害者の実情

**Takata Akiko, Sato Hisao**  
Japan College of Social Work (Japan)

### 目的と方法

白杖携行の実情把握を目的に、国立S病院ロービジョンクリニック患者会161名を対象にして郵送アンケート調査を実施した。(回収率57.8%)

### 結果

①回答者の51.1%が白杖を携行していなかった。(身障手帳1、2級の重度障害者の40.8%、歩行訓練練士が白杖を必要と判断した者の33.3%) ②白杖携行には、当事者意識、歩行訓練、視力(いずれも $p<.001$ )身障手帳等級( $p<.01$ )年齢( $p<.05$ )が有意に関連していた。③白杖不携行の中途視覚障害者は、白杖に対し「障害を開示する」「他者の視線を集める」等の抵抗感を持ち、白杖を携行することによって社会関係や自身の生き方が制約されると考えていた。

### 結論

白杖を必要とする中途視覚障害者の約3割が白杖を携行していなかった。白杖携行の選択には、視機能や歩行訓練とともに当事者意識が大きく影響していた。

## P-15 Intervention to enhance communication between caregivers and an aphasiac

**Booka Mineko, Booka Masayuki**  
Hiroshima Prefectural College of Health Sciences (research student) (Japan)

This research paper studied an aphasic man who lives in a nursing home and two caregivers who provide daily care for him. This paper will discuss the effects of a caregiver having appropriate communication skills to carry out their duties and to be a good conversation partner after training by a speech therapist.

The aphasic man and the caregivers had the sessions trying to catch 25 task words that the man tried to communicate. The scenes were recorded on video tape pre and post intervention. They also responded to a questionnaire about daily communication and quality of life.

The number of task words caught met the target after the caregivers had received training. It was noted that the caregivers developed some techniques to make the most of the man's residual communication ability. Better evaluations were also taken after the intervention? e.g. "Do you feel happy to talk with caregivers?"

It was found that training caregivers as conversation partners was very important for good conversations that go beyond simple Yes-No question patterns. Cooperating between caregivers and rehabilitation therapists is also important to provide a good quality of life for elderly people who need daily care.

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