

Why are so-called "Autism facilities" required in Japan?: The past, the present, and the future.

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1. Overview:

- In order to clarify why so-called “autism facilities” have been seen as necessary in Japan, I survey and organize relevant data from the past and present and consider what may happen in the future.

2. The present – What are so-called “autism facilities”?

- At present, autism facilities in Japan can be broadly divided into “child facilities” and “adult facilities.” The first “child facility” in Japan was established in 1964 and the first “adult facility” in 1981, both in Mie Prefecture, a local authority that had engaged in numerous pioneering practices in this field. “Child facilities” have been covered by legislation (1980-2005). “Adult facilities,” on the other hand, have received support for their administration under the Law for the Welfare of People with Intellectual Disabilities (1981~). Today there is no legal stipulation for autism facilities. So-called “autism facilities,” however, continue to exist in Japan, with 75 adult facilities and 7 child facilities being operated throughout the country.

3. The past – The process of formation of autism facilities

- So called “autism facilities” were first created in the pioneering region of Mie prefecture through cutting-edge practices centered on child psychiatry. This process is presented in Table 1 below as the process of formation of autism facilities. This led to three main branches of practice, ① “Autistic child facilities” (child facilities), ② “Autistic person facilities”(adult facilities), and ③ “Autism comprehensive support centers”(comprehensive centers), and the creation of facilities as local centers, with each of these elements developing independently while influencing and being influenced by the others.

Table 1. How autism facilities were established

1. The creation of facilities for children with autism
① 1962-1964: Pioneering initiative at Mie Prefecture's Takachaya Hospital. Establishment of Asunaro Gakuen (Mie Prefecture), the first autistic child facility in Japan.
② 1968-70: Initiatives to address the problems of autistic children's right to education and the security of older children.
③ 1980: Stipulation of autistic child facilities in the Child Welfare Law.
2. The creation of facilities for adults with autism
① 1981: Establishment of Asake Gakuen (Mie Prefecture), the first facility for people with autism in Japan, as a pilot initiative.
② 1987: Establishment of National Autism Facility Association as a management/conference body of the network organization of autism facilities that have expanded from the pilot project.
③ 1990s~: National survey reports on the state of Association-affiliated facilities for people with autism (1992, 1995)
3. The shift toward the autism comprehensive support design
① 2000s~: Establishment of the “Facilities for people with autism service standards” and “Evaluation standards for facilities for people with autism” in 2006 (ver.1) and 2008 (ver.2)
② 2003: Commercialization of the “autism/developmental disability center model”/ legislation concerning these centers with a view toward the realization of the 2005 People with Developmental Disabilities Support Law.
③ 2010s~: Initiatives toward local living support centers and comprehensive support centers.

4. The future – Isao Ozawa and related approaches

- **4.1:** Autism facilities began as a child psychiatry initiative, but were there perhaps limitations to control by mental health care? Consider the view of autism facilities and theory of autism/care of Isao Ozawa (1985), who pointed out these limitations in the 1970s and through his critical thought and practice regarding the state of mental healthcare in Japan has had an ongoing influence on (non-traditional) practice regarding autism. Ken Takaoka writes, “...leaving [the treatment of] autism up to psychiatrists just costs money without leading to any improvement. Autism facilities began to be established in the latter half of the 1960s, but from the start they were handled by disability welfare departments.”
- **4.2** Manabu Murase (2010: 174) writes, “I think perhaps the time has come to more concretely implement the legacy that came out of Isao Ozawa's abandonment of the ‘fixation’ on ‘medical terminology.’”
- **4.3** What is to be considered necessary in places where people live together? It is essential to carefully reexamine current practices while learning from the way of thinking found in “educational treatment methods for autistic children” (Sogame 1979) that began as an initiative of child psychiatry. Going forward, I would also like to focus on initiatives being undertaken on a grassroots basis that resonate with the anti-psychiatric thought of Isao Ozawa. I think it is necessary to continue to deepen and consider the relationship/applicability of approaches in line with the way of thinking of “Each other” (2006) that implements aspects of Seishiro Yanagi's “Living together with everyone” (c. 1970), “Underwear washing expert” (1995), and “Bum-wiping expertise” (c. 2000) from the places of living together with the people in question and practicing support. Because such practices are not secured by legal stipulation, we must not forget that those performing them are doing the work of managing them. In order to support these activities, I think it is important to deepen the perspective of living with local residents.

Bibliography:

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