



# HOKKAIDO UNIVERSITY

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## STRUCTURE OF A REGIONAL EARLY INTERVENTION SYSTEM FOR DISABLED CHILDREN IN HOKKAIDO, JAPAN

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### 1. INTRODUCTION

Hokkaido is the northernmost island of Japan. Its area of 85,000sq. km is 22% of the total of the Japanese islands—twice as large as Denmark. The population of this prefecture is about 5,700,000, which is 4.6% of the Japanese population. The distribution of this population is very lopsided. 1,600,000 are concentrated in the one city of Sapporo, the seat of the prefectural government. 2,550,000 live in 31 cities, and the other 1,500,000 in 180 counties, so that depopulated areas and over-populated cities exist at the same time.

In recent years we have seen a lowering birth rate, the number of births in 1988 being 59,000. In that year, the number of physically and mentally disabled infants was 625, according to our investigation. I suppose that if the yearly birth rate of such children continues near this level every year, the number of disabled preschool children must be estimated to be at least 3,500. In addition to this number, 8,500 preschool children who are at the border line of disability (risk infants) were also discovered in the same investigation. So in my opinion, judging from this data, there are 12,000 preschool children (3.3% of the total) in need of early intervention in Hokkaido.

### 2. ELEMENTS AND PROBLEMS OF EARLY INTERVENTION ACTIVITY

We think that the definition of the need for early intervention should be so wide as to include the border line infants as children to be cared for (children showing signs of retarded development of disability, but still under observation and not yet determined to be disabled). Also considering the important duty parents have to rear their children, we must inquire into the relation of parents and children together in this system. From such a viewpoint, the elements of early intervention can be classified as in Table 1.

What problems are there, then, regarding early intervention activity in our region? Our group discussed this and listed up 8 present problems as in Table 2. I would like to explain partially. The first problem is to organize for provision of adequate medical health. It includes providing correct knowledge about pregnancy and birth and establishing a system of heredity counseling, health care and medical intervention in the perinatal period, and especially establishing neonatal intensive care units.

I think you can understand points 2 to 7 by reading the titles; but in the last item, number 8, the establishment of the central institution includes the following:

Diagnosis and treatment with the highest degree of specialization ; Technical assistance to related facilities ; Training programs ; and Clinical study programs.

**TABLE 1** Elements of early intervention in mentally and physically disabled children

Classification	Main function
Detection (Maternal and child health services)	<ul style="list-style-type: none"> <li>• Prevention</li> <li>• Detection of impairment</li> <li>• Assessment or diagnosis of disability</li> </ul>
Treatment (Medical services)	<ul style="list-style-type: none"> <li>• Medical treatment</li> <li>• Prevention of disability by treatment</li> </ul>
Rehabilitative care (Medical, educational & social welfare services)	<ul style="list-style-type: none"> <li>• Alleviation of disability</li> <li>• Prevention of secondary disability and handicap</li> <li>• Guarantee of life and development</li> </ul>
Family support (Psychological & social services)	<ul style="list-style-type: none"> <li>• Consultation and counseling</li> <li>• Guidance and assistance for rearing and care of disabled children</li> <li>• Guidance and provision of social services</li> </ul>

**TABLE 2** Problems of early intervention in our region

1	Further development of measures to prevent impairment
2	Consolidation of an early detection and medical treatment system and advancement in technique
3	Improvement of the counseling system
4	Resolution of the deficiency and uneven distribution of rehabilitative care resources
5	Improvement of the relation among facilities concerned and guarantee of consistent interaction
6	Establishment of rehabilitative care activity by professional team play
7	Initiation of training programs for persons concerned with rehabilitative care
8	Establishment of a central institution for regional early intervention

### 3. PREMISES OF ESTABLISHMENT OF EARLY INTERVENTION SYSTEM

We have started to organize an Early Intervention System in our region in order to deal with these various problems. We set forth the following three points as premises.

The first is local proximity. In this system, the services ought to be mostly available in a small nearby area centered by the family as a unit and should be supplied continuously in ordinary life. This closest area we called the Primary Early Intervention Area. The time required to go from home to the consultation and rehabilitation facilities should be no more than 1 hour.

The second premise is totality of services. Due to the difficulty of determining

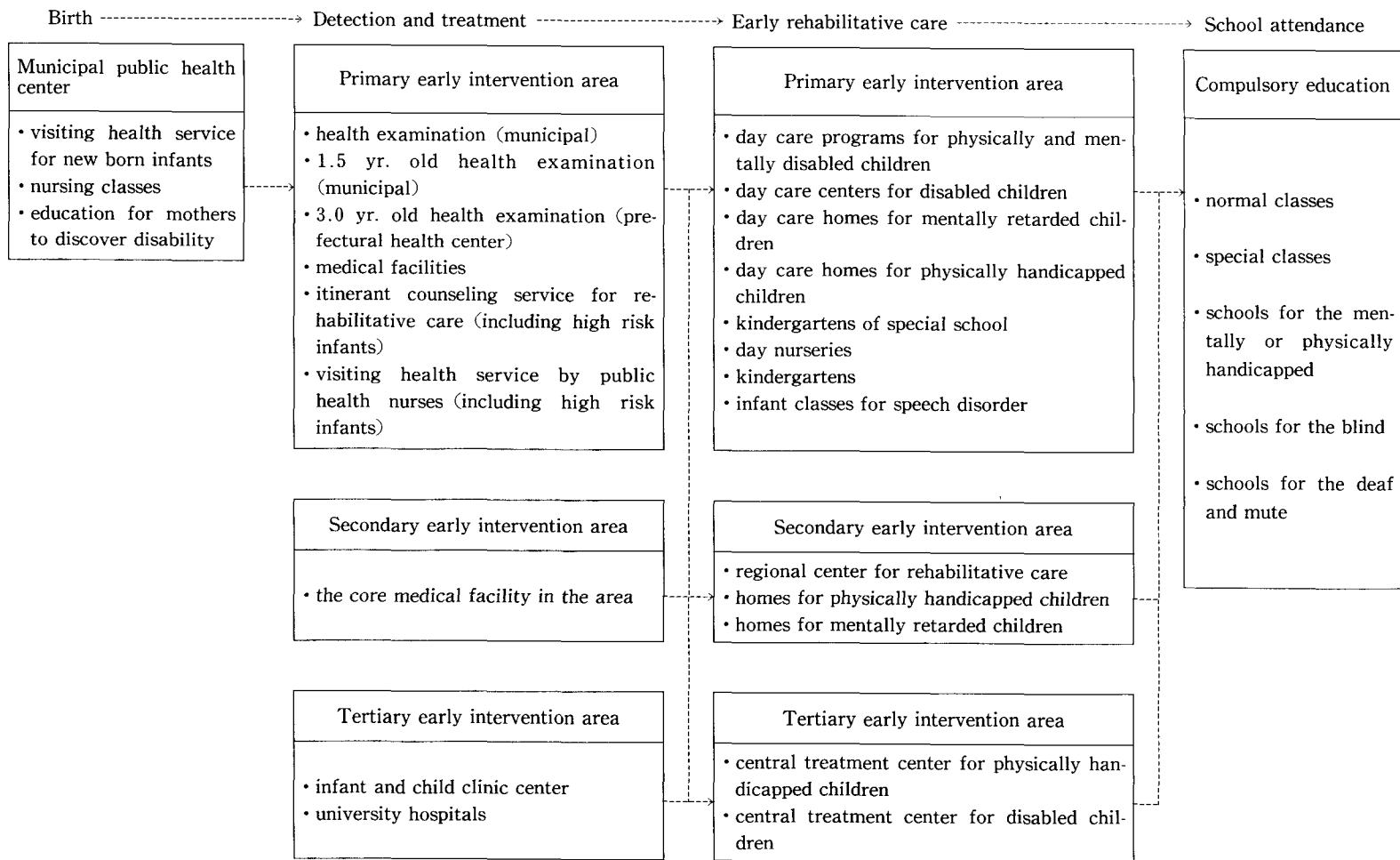


FIGURE 1 Diagram of Early Intervention

the existence or specifying the kind of disability in infancy, and also with the recent trend towards an increase in the overlapping of disabilities, we cannot provide services according to the classification of disabilities as we had done before. And when we think about this from the standpoint of individual cases, realizing that children have the right as whole persons to receive all the various kinds of services, we feel the importance of striving for unified coordination between the several fields of service for the disabled, and further, giving them as much as possible the same services as are provided for normal children. This is totality of services.

And the third premise is continuity. This system must be organized to provide continuity, in accord with each step of a child's development, such as detection, counseling, treatment, nursery care, education, and so on. Appropriate services have to be supplied at the time they are needed in order to guarantee the greatest possible development of the disabled children. Figure 1 indicates the general flow of the cases. This flow must not be cut off along the way.

#### 4. STRUCTURE OF OUR REGIONAL EARLY INTERVENTION SYSTEM

Table 3 shows the development of a plan based on the above-mentioned premises. Hokkaido is so wide in area that we suggested setting up a three-layered system of intervention areas (primary, secondary, and tertiary) to carry out the following concrete activities:

In each area—

- Provision of early intervention resources;
- Strengthening of treatment and care functions;
- Establishment of promoting organizations;
- Staff training for related facilities; and
- Setting up a network system within and between the areas.

About 70 Primary Intervention Areas (for 211 towns, cities, and villages, besides Sapporo City) were delineated, taking into account the Public Health Center areas. But this division is hypothetical, so it could be changed later in accord with actual conditions. (See Figure 2)

Then, for Secondary Early Intervention Areas, we divided the whole prefecture of Hokkaido into 6 areas, taking into consideration the economic life areas and Child Guidance Center areas. The Child Guidance Center is the main consultation agency and coordinator in this area, and the main organization for rehabilitative care is the regional Treatment Center for Disabled Children. This regional Treatment Center is to give assistance to related Primary Area early intervention facilities and take on the role of providing more difficult diagnosis and treatment, which is added as a new function for existing child welfare facilities or hospitals.

And lastly, the Tertiary Early Intervention Area would cover our whole region. Organizations belonging to this area will be able to carry out the most difficult diagnosis and treatment and thus will possess the capacity for the final-stage functions of early intervention.

It was in December, 1988, that we proposed the above Early Intervention System for disabled children to our prefectural government for systematic implementation.

TABLE 3 Development plan of the early intervention system program (main items)

Territory	Primary early intervention area		Secondary early intervention area		Tertiary early intervention area		
	Plural or single cities, towns, and villages (about 60~70)		Area of child guidance center		Prefecture		
	Aim	Related facilities	Aim	Related facilities	Aim	Related facilities	
C l a s s i f i c a t i o n	Detection program	<ul style="list-style-type: none"> <li>Practice of health examination at 1.5 years age in all communities</li> <li>Expansion of the 6~7 months health examination</li> <li>Close contact with the doctors in the health examination program</li> </ul>	<ul style="list-style-type: none"> <li>Central hospital of each region</li> <li>Hospitals</li> <li>Clinics</li> <li>Public health centers</li> <li>Municipal health centers</li> </ul>	<ul style="list-style-type: none"> <li>To fully carry out the function of professional diagnosis</li> <li>To provide necessary assistance to the health examination program of the regional center hospitals, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Central hospital of each region</li> <li>Hospitals</li> <li>Public health centers</li> <li>Child guidance centers</li> <li>Child welfare facilities</li> </ul>	<ul style="list-style-type: none"> <li>To work for close contact among the central infant health center, university hospitals, treatment centers for disabled, and special education centers</li> <li>Preparation of an assistance manual for related persons about early detection and treatment</li> </ul>	<ul style="list-style-type: none"> <li>Central infant health center</li> <li>University hospitals</li> <li>Central treatment center for disabled children</li> </ul>
	Consultation program	<ul style="list-style-type: none"> <li>Preparation of a post-guidance system for the high risk infants</li> <li>Preparation of a counseling and guidance system for parents</li> <li>Practice of educational counseling in special schools for the handicapped children</li> </ul>	<ul style="list-style-type: none"> <li>Public health nurses</li> <li>Family and children's guidance facilities</li> <li>Speech therapy rooms</li> </ul>	<ul style="list-style-type: none"> <li>To fully develop the counseling function of public health centers and child guidance centers</li> <li>To provide adequate itinerant counseling service for rehabilitative care</li> </ul>	<ul style="list-style-type: none"> <li>Public health centers</li> <li>Child guidance centers</li> <li>Child welfare facilities</li> <li>Schools for handicapped children</li> </ul>	<ul style="list-style-type: none"> <li>To establish an integrated general counseling system under the leadership of the special education center and general child guidance center</li> <li>To carry out a training program for counseling personnel</li> </ul>	<ul style="list-style-type: none"> <li>Special education center</li> <li>Central child guidance center</li> </ul>
	Rehabilitative care program	<ul style="list-style-type: none"> <li>To expand the day care program for physically and mentally handicapped children</li> <li>To consider setting up kindergartens at schools for mentally retarded children</li> <li>To further the integration of handicapped children into day nurseries</li> <li>To develop adequate training programs for persons concerned with rehabilitative care for the disabled</li> <li>Establishment of a system for promotion</li> </ul>	<ul style="list-style-type: none"> <li>Day care programs in cities, towns, and villages</li> <li>Day care homes</li> <li>Speech therapy rooms</li> <li>Day nurseries</li> <li>Kindergartens</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of a regional treatment center for disabled children</li> <li>Promotion of rehabilitative care program in the facilities for mentally or physically handicapped children</li> <li>A program of itinerant counseling service for rehabilitative care</li> <li>A short-term program of rehabilitative care (mother and child training)</li> <li>To provide training programs for persons concerned with rehabilitative care for the disabled</li> <li>Establishment of a system for promotion</li> </ul>	<ul style="list-style-type: none"> <li>Regional treatment center for disabled children</li> <li>Facilities for physically or mentally handicapped children</li> <li>Schools for handicapped children</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of a central treatment center for mentally or physically handicapped children</li> <li>Development of programs of training and staff education</li> <li>Establishment of a support system for the primary and secondary early intervention areas</li> <li>Establishment of a system for promotion</li> </ul>	<ul style="list-style-type: none"> <li>Central treatment center for disabled children</li> <li>University hospitals</li> </ul>
General organization of contact and Adjustment	<ul style="list-style-type: none"> <li>The persons concerned with maternal and child health, social welfare, education, and rehabilitative care for the disabled (cities, towns, and villages)</li> </ul>		Child guidance center, central hospital of each region, public health centers, regional treatment centers for disabled children, child welfare facilities, schools for handicapped children (cities, towns, and villages)		4 departments of the prefectural office: central infant health center, central treatment center for disabled children, special education center, general child guidance center, and others		
Coordinator	Family and children's guidance facility or public health nurse		A child guidance center		Hokkaido prefectural office		
The center of r. c. services	Day care home, day care program or day care center		Regional treatment center for disabled children		Central treatment center for disabled children		

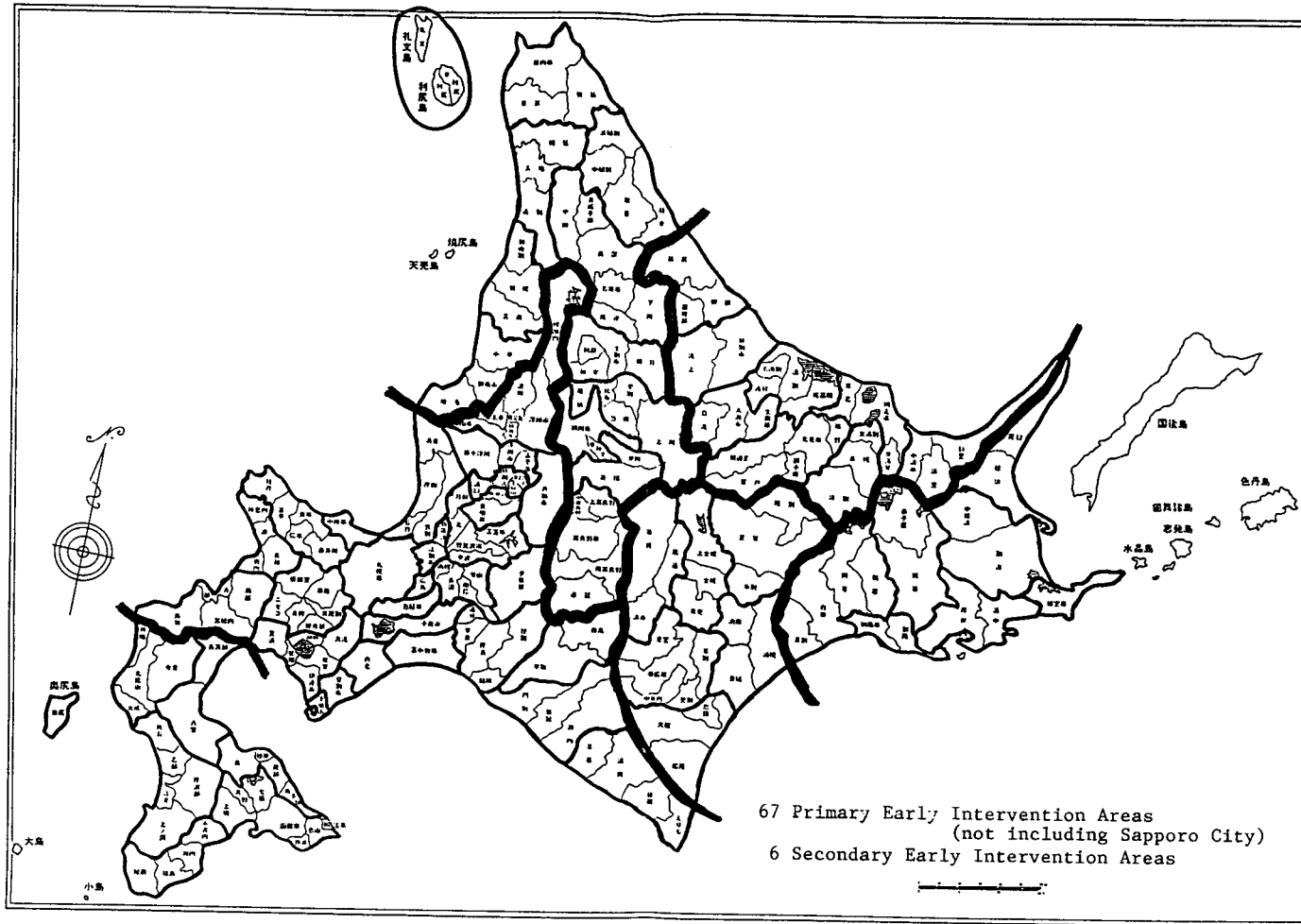


FIGURE 2 Primary and Secondary Early Intervention Areas in Hokkaido

## 5. START OF SOME SYSTEMS

Some of our proposals mentioned above were put into action in 1989. (See Table 4)

The first item, day care centers for disabled children, is an urgent program to make up for the shortage and uneven distribution of early intervention resources. Its main purpose is the establishment and promotion of consultation and rehabilitative care facilities in Primary Intervention Areas. This has been started for the time being as an independent project of the Hokkaido Prefecture. There are already 13 day care homes and 16 day care programs in Hokkaido recognized by the government of Japan, but these homes and programs are far too few to cover the whole area adequately. And in the central cities where day care homes exist, there was a strong appeal for more flexible facilities.

The prefectural government of Hokkaido has started this program with a plan to set up 15 day care centers a year for four years in order to correct the uneven distribution between areas. Already in 1989, the first 15 centers started their work, and most preparations for the second 15 centers for 1990 have been completed. Further, the policy is to change these day care centers to national government recognized and supported centers as soon as conditions make this possible.

The second item, also a yearly plan, is the establishment of regional treatment centers for disabled children as the central agencies of the secondary areas. These centers strengthen the functions of high-level treatment and technical assistance, along with staff training, as a support activity for the Primary Intervention Areas. In 1989, both the Doritsu Taiyo no Sono and the Oshima Colony were designated as regional Training Centers, and started their activities.

The third item, establishment of a consultation system for promoting regional early intervention programs, means the building up of an organization system and programs of assistance for the activities in each intervention area, as follows: Understanding the situation of the disabled children in each intervention area, Grasping the care-related needs of the citizens, Investigation and evaluation of the intervention resources and systems, Planning regional intervention programs, Assistance activity for the work within the area, and so on.

In the Primary Intervention Areas, we requested a total of 31 city or town governments to implement this project. These included 16 cities and towns that already had started day care programs and 15 cities and towns where new ones were started.

In the Secondary Early Intervention Areas, two promoting organizations have been started, and also action has been initiated in the Tertiary Area. Reexamination of each region, information exchange, and planning of regional intervention programs have been started with a wider viewpoint.

And then for the fourth item, training of regional intervention staff personnel, in 1989, two regional Treatment Centers of Secondary Early Intervention Areas were requested to implement this. In each case the period was one week and about 25 related persons participated in the program. We have heard that it was very worthwhile training, and we expect that some of the participants will become active as key persons or

TABLE 4 Concept of the early intervention program

Classification	Area	Outline and plan of the early intervention program		No.in 1989	
Day care center for disabled children	Primary early intervention area	<ul style="list-style-type: none"> <li>• To start day care center programs for disabled children in primary early intervention areas where rehabilitative care programs are insufficient</li> <li>• Proceed to national government share support in the near future</li> </ul>		15	
Establishment of regional treatment centers for disabled children	Secondary early intervention area	<ul style="list-style-type: none"> <li>• Create regional treatment centers, adding functions of itinerant counseling service, etc., to existing facilities for mentally disabled children, etc.</li> </ul> <div style="margin-left: 40px;"> <p>(Functions)</p> <ul style="list-style-type: none"> <li>① Short-time rehabilitative care and training programs</li> <li>② Itinerant counseling service for disabled children and their families</li> <li>③ Itinerant training service for disabled children</li> </ul> </div>		2	
Establishment of a system for promoting regional early intervention programs for disabled children		Main services	Main personnel and facilities		
	Primary early intervention area (67)	<ul style="list-style-type: none"> <li>• To grasp the needs of the disabled children and their families in each region</li> <li>• Case management</li> </ul>	<ul style="list-style-type: none"> <li>• Cities, towns, and villages</li> <li>• Persons related to rehabilitative care</li> <li>• Doctors, public health nurses</li> <li>• Persons related to day nurseries, etc.,</li> </ul> <p style="text-align: right;">(About 20 people)</p>		31
	Secondary early intervention area (6)	<ul style="list-style-type: none"> <li>• Understanding the situation within the area and planning for promotion of the programs</li> <li>• Support of the primary early intervention areas</li> <li>• Examination of the treatment of complicated cases</li> </ul>	<ul style="list-style-type: none"> <li>• Child guidance centers</li> <li>• Central hospitals of each region</li> <li>• Child welfare facilities</li> <li>• Regional treatment centers for disabled children, etc.</li> </ul> <p style="text-align: right;">(About 20 people)</p>		2
	Tertiary early intervention area (1)	<ul style="list-style-type: none"> <li>• Understanding the situation of the whole area</li> <li>• Planning and promotion of the whole regional early intervention system</li> <li>• Promoting assistance planning for the primary and secondary early intervention areas</li> </ul>	<ul style="list-style-type: none"> <li>• Hokkaido prefectural office</li> <li>• Central infant health center</li> <li>• Central treatment center for disabled children</li> <li>• Special education center</li> <li>• General child guidance center, etc.</li> </ul> <p style="text-align: right;">(About 15 people)</p>		1
Training of personnel for starting programs of early intervention for disabled children	Primary, and secondary early intervention areas	<ul style="list-style-type: none"> <li>• Carrying out training programs to raise the quality and technical level of personnel for regional services for disabled children and their families</li> </ul>		25×2 1-week	

co-ordinators of our region's programs in the near future. Also I would like to say concerning this training program that with the eventual establishment of the Central Treatment Center for Disabled Children in the Tertiary Early Intervention Area, we plan to start a program for training in the highest level of special techniques. We intend to operate this training program together with these programs of the regional Training Centers in order to obtain the best possible results.

Now, in line with these prefectural developments, the City of Sapporo (which is designated like other very large cities in Japan to operate somewhat independently) has received a plan in March, 1990, for a new network system program. It includes the following: Study of the Early Intervention System, Integration of existing child guidance centers and day care homes, Setting up a new Central Child Guidance Center with additional new functions, Creating a network system between the Central Child Guidance Center, as a nucleus, the day care programs, and the day nurseries and kindergartens for handicapped children.

So in our prefecture of Hokkaido, the Early Intervention System program has been set up in the whole area; and from now on we will make continued efforts to realize each item of the program.

## 6. SOME RELATED ACTIVITIES

Also, apart from this government-related activity, in November of 1987, as an interdisciplinary collaborative organization concerned with early intervention, "The Hokkaido Association of Early Intervention" was started. The membership of this association is now about 500 persons, and they are carrying on a program of exchange in practical work and research. This association also publishes and distributes an annual report, thus spreading information to the whole area about the needs related to our activity. I hope and expect that this research association will be able to operate together with the government projects above mentioned and make a major contribution to the progress of early intervention programs in our region.

Finally, the Hokkaido government has set up in August, 1989, a General Rehabilitation System Investigation Committee and started a two-year program of investigation. This organization's main purpose is total planning of measures for the disabled (including psychosis). I think this Early Intervention System and the General Rehabilitation System planning will be vitally related and become the basis of the whole concept.