The 18th ASEAN & Japan High Level Officials Meeting on Caring Societies

Promoting inclusive society for the children's future

-Focusing on support for children with developmental disorders
including Autism Spectrum Disorders and their families-

Overall Summary

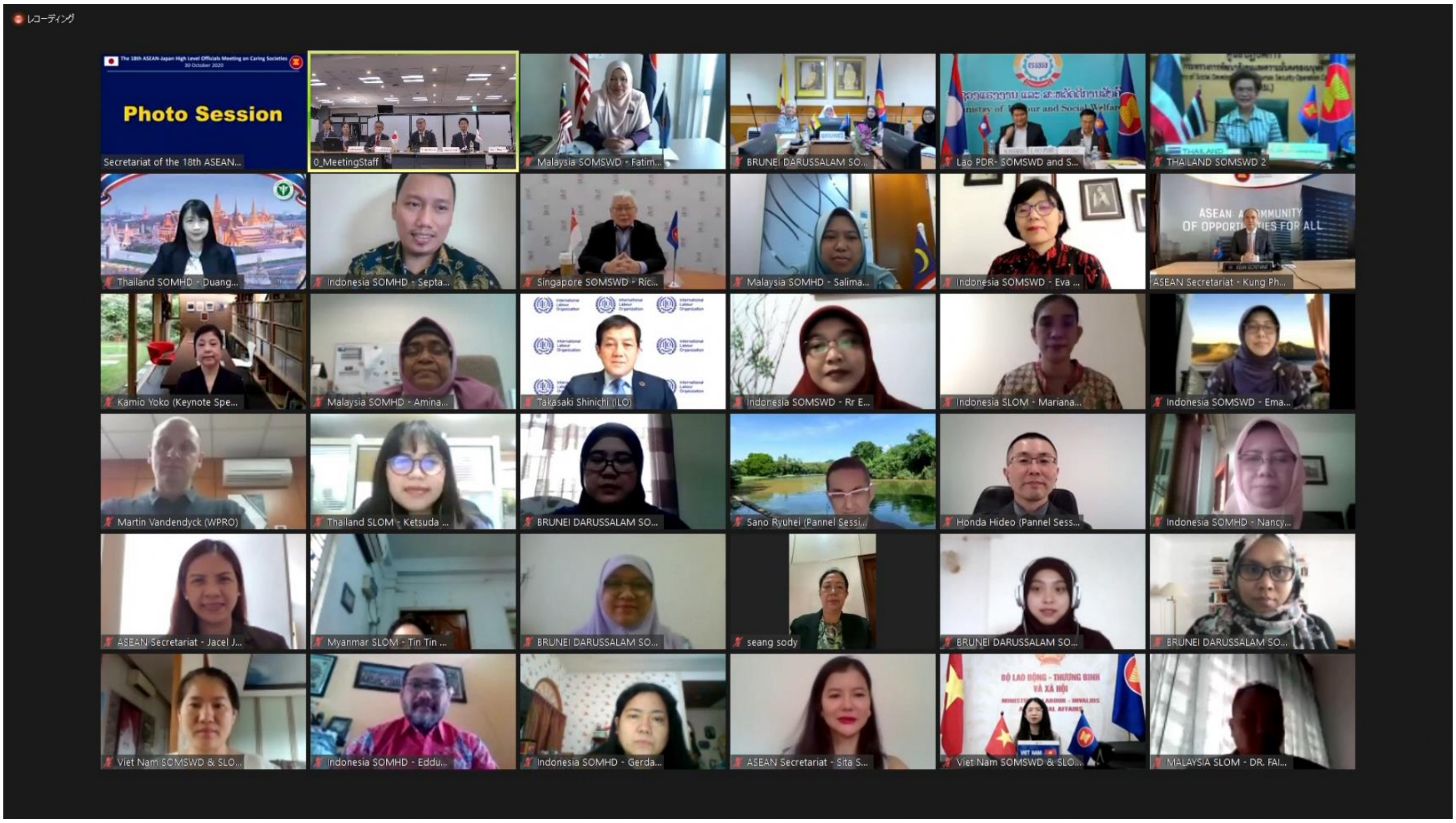
Date: October 30, 2020
Venue: Online meeting (Zoom Webinar)

The 18th ASEAN and Japan High Level Officials Meeting on Caring Societies under the theme of “Promoting inclusive society for the children’s future -Focusing on support for children with developmental disorders including Autism Spectrum Disorders and their families-” was held on 30 October 2020, online, hosted by the Ministry of Health, Labour and Welfare, the Government of Japan (MHLW).

The meeting focused on cooperation between health, social welfare and labour services that are intended to support children with developmental disorders, including autism spectrum disorders, and their families, who require support.

At the meeting, we shared Japan’s past and recent experiences and their policy implications, and expected participants to actively contribute to policy discussions based on their own expertise and experiences.

Group photo of
the 18th ASEAN & Japan High Level Officials Meeting on Caring Societies



1. Background of the meeting

The ASEAN and Japan High-Level Officials Meeting on Caring Societies has been organised by the Ministry of Health, Labour and Welfare (MHLW) of Japan since 2003. The purpose of this meeting is to enhance human resource development in health and social welfare areas, and to strengthen Japan-ASEAN cooperative relationship.

This Meeting has been recognised as a vital platform to support the ASEAN plus Three (Japan, People's Republic of China, and Republic of Korea) Health Ministers' Meetings as well as the ASEAN Plus Three Ministerial Meetings on Social Welfare and Development. Japan reports the outcome of the Meeting to the ASEAN plus Three Ministers' Meetings.

Since 2011, MHLW has invited officials in charge of employment policies in addition to health and social welfare experts, with a view to promoting cooperation in these three related fields.

2. Date and Venue

30 October 2020 (1 day)
Online meeting

3. Organiser

Ministry of Health, Labour and Welfare (MHLW), the Government of Japan
(Logistics: Convention Linkage, Inc.)

4. Collaborators

The ASEAN Secretariat
World Health Organization (WHO)
International Labour Organization (ILO) Office for Japan
Japan International Cooperation Agency (JICA)

5. Participants

(1) ASEAN countries
- Health sector, Welfare sector, Labour sector

* Brunei Darussalam, Kingdom of Cambodia, Republic of Indonesia, Lao People's Democratic Republic, Malaysia, Republic of the Union of Myanmar, Republic of the Philippines, Republic of Singapore, Kingdom of Thailand, Socialist Republic of Vietnam

(2) Observer countries
- People's Republic of China

(3) Collaborators
- ASEAN Secretariat, WHO, ILO office in Japan, JICA

(4) Keynote Speaker and Experts
- Dr. Kamio Yoko, President, General Incorporated Association Japan Center for Developmental Disorders

- Mr. Tanaka Naoki, Coordinator of Measures for Developmental Disorders, Support Office for Children with Disabilities and Persons with Developmental Disorders, Welfare Division for Persons with Disabilities, Department of Health and Welfare for Persons with Disabilities, MHLW
- Dr. Sano Ryuhei, Associate Professor, Faculty of Social Policy and Administration, Hosei University
- Dr. Honda Hideo, Professor, Department of Child and Adolescent Developmental Psychiatry, Shinshu University School of Medicine
- Dr. Umenaga Yuji, Professor, School of Education, Waseda University
- Mr. Iguchi Shuichi, Senior Researcher, Research Group on Support for Persons with Disabilities, National Institute of Vocational Rehabilitation(NIVR), Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers(JEED)
- Dr. Inoue Masahiko, Professor, Department of Clinical Psychology, Graduate School of Medicine, Tottori University

(5) General audiences
- Open to media and general audience

Opening Ceremony

The moderator, Mr. Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare (MHLW), welcomed all of the participants and began the 18th ASEAN-Japan High Level Officials Meeting (HLOM) on Caring Societies. He then went over some housekeeping points.

Opening Speeches

Mr. Taguchi then moved on to the opening ceremony and introduced Mr. Tamura Norihisa, Minister of Health, Labour and Welfare, to give opening remarks.

Mr. Tamura Norihisa, Minister of Health, Labour and Welfare (MHLW)

Mr. Tamura first, on behalf of the Japanese government, welcomed all of participants to the meeting and expressed his appreciation for the Western Pacific Regional Office of the World Health Organization (WPRO), the ILO, JICA, the speakers, representatives, and organizations present today. He then touched upon when and why this meeting began.

Building an inclusive society where people with developmental disorders and their families can receive support daily is essential. Until recently, developmental disorders were relatively unknown in Japan. Considering this, Japan has involved legislation and raised awareness on developmental disabilities since 2005. It is important to detect developmental disabilities at an early age and provide support throughout the individual's life stages. In addition, training human resources in medical fields and other support fields is essential to support individuals with developmental disabilities. Since the coronavirus has made us hesitate to interact face to face, it has made it even harder to make progress on developmental disabilities and for the individuals themselves to progress.

He then expressed his hopes that everyone here will work together to have a fruitful meeting and add something valuable to the advancement and improvement of helping individuals with developmental disorders.

H.E. Kung Phoak, Deputy Secretary-General, ASEAN Socio-Culture Community (ASCC), ASEAN Secretariat

Mr. Taguchi then introduced H.E. Kung

Phoak, Deputy Secretary-General, ASEAN Socio-Culture Community (ASCC), ASEAN Secretariat, to give opening remarks. Mr. Kung Phoak then took over and started by thanking all of the participants. He then touched upon the tremendous pressure that COVID-19 as presented for the countries of the members of this meeting. In addition, children with developmental disorders are less likely to receive tailored support due to overstretched systems and resources from the coronavirus pandemic. In the ASEAN region, it is estimated that 6 million people live with autism and this HLOM is very relevant considering the coronavirus situation. ASEAN is making efforts to make sure people with autism, especially children with autism and developmental disorders, are being taken care of – not left behind.

Adhering to the vision of an inclusive community, the Masterplan has clearly articulated what needs to take place. Throughout the journey of the Autism Mapping Project, much has been learned, but much needs to continue to be learned. ASEAN has been making efforts to support youth with developmental disorders regardless of their gender, economic background, etc. There's a need for more holistic and coordinated delivery of services in promoting an inclusive society for children with developmental disorders and autism. This meeting will help the member states further discuss policy measures and other things which are indispensable to the health, welfare, and well-being of children with developmental disorders and autism as well as their families.

H.E. Kung Phoak again thanked the Ministry of Health, Labour and Welfare of Japan and concluded his opening remarks.

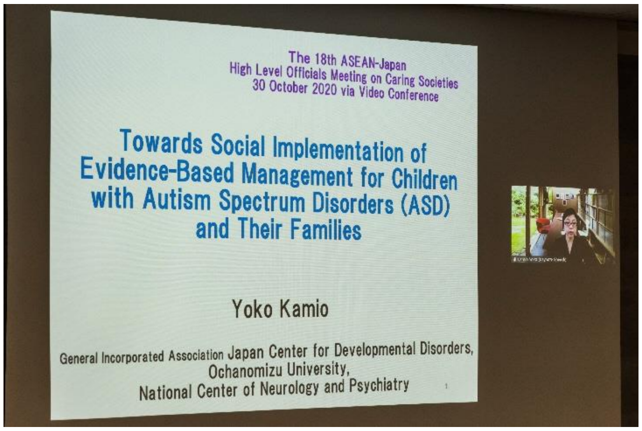
Outline of Meeting Purposes

Mr. Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW

The moderator, Mr. Taguchi, then briefly explained the purpose of the meeting. This meeting has been held since 2003 with officials from the ASEAN region in the sector of health, labor, and welfare. The topic this year is children with developmental disorders and their families. Developmental disorders, including autism, are becoming socio-economically more important in ASEAN member states. So, there is a need to learn and discuss the latest studies and policies.

Keynote Speech

Dr. Kamio Yoko, President, General Incorporated Association Japan Center for Developmental Disorders



The 18th ASEAN-Japan
High Level Officials Meeting on Caring Societies
30 October 2020 via Video Conference

Towards Social Implementation of Evidence-Based Management for Children with Autism Spectrum Disorders (ASD) and Their Families

Yoko Kamio

General Incorporated Association Japan Center for Developmental Disorders,
Ochanomizu University,
National Center of Neurology and Psychiatry

Mr. Taguchi then introduced the keynote speaker, Dr. Kamio Yoko, President, General Incorporated Association Japan Center for Developmental Disorders, who is a medical doctor and specialist in child developmental disorders. The title of her speech is "Towards Social Implementation of Evidence-Based Management for Children with Autism Spectrum Disorders and their Families." Dr. Kamio then took the stage. She began her keynote speech by thanking all of the participants in the meeting.

She explained that the number of individuals diagnosed with autism spectrum disorder or ASD has been increasing. Effective management is not only for people with disorders but also for society. Support for people with ASD should be evidence-based, good quality, and affordable to all who need it whenever they need it. To do so, evidence-based policy making is very important.

She then explained that the causes of ASD and developmental disorders are not determined yet. Many genetic factors and environmental factors are related to each other and individuals with developmental disorders experience and respond differently than individuals who develop "normally" especially in perception, attention, socio-emotional relatedness, and cognition.

In the last 30 years, there has been abundant research, but no definite treatment has been discovered. If individuals with developmental disorders receive appropriate support, perhaps they can function normally in society, which they do not currently do. The goal of support is to promote wellness and quality of life.

In May 2014, the World Health Assembly adopted a resolution titled "Comprehensive and Coordinated Efforts for the Management of Autism Spectrum Disorders," which is now supported by more than 60 countries. The resolution urges the WHO to collaborate with member states to strengthen the national capacities to address this issue. Specifically, it says that priorities on national actions are to strengthen countries' leadership by engaging stakeholders, to provide comprehensive health and social care services in community-based settings, to implement multi-sectoral strategies for promotion of well-being, and to strengthen research capacity.

The earliest autistic symptoms occur in the second year of life around age two. A diagnosis of ASD is possible if the children are fully evaluated. Parents are likely to seek help due to the difficulties of raising a child with ASD. Children with ASD and their families tend to be overlooked in primary healthcare settings. If parents can care for their ASD children appropriately, that will lead to fewer mental health problems and a higher quality of life. A national survey of adults with ASD in Japan was conducted recently in 2013. The quality of life was lower in adults with ASD compared to adults without ASD. The quality of life in females was lower than that of males. Comorbid mental disorders were associated with a lower quality of life in adults with ASD. Early diagnosis before four years old was associated with a higher quality of life in adults with ASD. Those indicate that it is important for children to improve their condition in order to enhance their quality of life in adulthood, to receive appropriate support in early years, and to care for their mental health. Another important point is females with developmental disorders are underrepresented and likely to miss appropriate support.

Dr. Kamio then explained that her topic today regarded toddlers and school children. She said that children with early identification and subsequent early diagnosis start intervention earlier. Due to the serious shortage of specialized centers that can evaluate and engage in special support, the Japanese government allows prediagnostic early intervention resulting in a drastic increase in a number of childcare preschools. These preschools offer small group programs, not individualized programs. It is true now that more children can start early support, however, the quality of the programs needs to be monitored. To provide early intervention to children who will be diagnosed with ASD later, reliable, early identification is essential. In Japan, the child health checkup at 18 months is obligatory and the visit rate is more than 90%. In general, traditional developmental screening involves motor development, cognitive development, and language development. Recently, social developmental screening, such as ASD screening, has been added. One tool is called M-CHAT. Japan has created M-CHAT-JV which involves cultural adaptation and Japan found that screening can be enhanced. The M-CHAT asks parents about social development and milestones at different ages, such as joint attention behaviors. Joint attention refers to the function by which a child and an adult can share their attention or interest by pointing to objects and following eye gaze. Joint attention can be a base for later verbal communication or empathy. Also, it relates to development of ASD.

Dr. Kamio then explained the 18-month health checkup process in Japan. At step one, community nurses identify failed cases based on a questionnaire. At step two in the health checkup, the parents are interviewed. When the case is judged to be at high risk, it will be referred to a further detailed assessment by a psychologist or pediatrician. If the parents so choose, the child will be admitted into a specialized center. If parents do not want specialized services, with parental consent, the health center would share information with a nursery or other services in the community.

Dr. Kamio continued to explain what local governments are currently doing to improve services for children with developmental disorders. Early detection skills are being built in local communities. In addition, the reduction of the time lag between early identification and the start of early intervention needs to occur in the future.

She then discussed gaps between development, implementation, and dissemination in early detection, and explained that early detection screening has been put in place, and the use of M-CHAT has been useful. However, for the past two years, things have been moving very slowly in terms of early detection. There are still deep-seated false beliefs and stigma that are hard to dispel in Japan. Studies comparing Japan and western countries reported cultural difference in explanations to parents of child early development and parental perception of children with autistic symptoms. Empirical studies have denied that poor parenting causes ASD. It is also true that ASD is associated with a high level of parenting stress and could lead to distortion in the parent-child relationship. So, it is very important to respect the parental sense of value in each culture and empower parents with evidence-based practices, support the whole needs of vulnerable families, and make intervention accessible and affordable to all families, such as providing evidence-based programs in nursery schools and online parental training.

Dr. Kamio then explained the early intervention of ASD that is affordable for young children with ASD in Japan. The most accumulated evidence comes from the intervention type. In North America, the intervention intensity is 30 hours per week. On the other hand, outside of North America, due to the shortage of qualified therapists and high costs, the intervention type is likely to be low intensity. Recently, there has been a global shift in emphasis of dissemination of affordable intervention and parent-mediated intervention of behavioral programs by preschool teachers, but not by highly specialized therapists. So, low-intensity ABA combined with parental-mediated intervention was studied to see if it makes a difference in children with ASD. The result was that intervention promoted more development in language even at the lower-intensity level although improvement was small. Evidence-based early intervention has not only changed the short-term benefit, but also helps to prevent mental health problems and improve the quality of life in the long term. Recently, the number of ASD diagnoses have increased, especially for individuals with mild ASD without intellectual delays. Such cases usually go undiagnosed. These cases of ASD are diagnosed when children go to see a therapist because of another mental disorder such as related to sleep or gaming addiction. In recent years, elementary and junior high schools in Japan are on the way to a new system to increase their ability to support students with special needs where schools actively utilized outside, professional input. However, mental health professionals are only part time. There is a lack of manpower in school and there is still no clear guideline on how to systematically tackle this issue in schools. Needless to say, schools are the place where all children spend most of their time, and everyone is at risk of having a mental health problem in their lifetime. Although the majority of children are currently healthy, school is the perfect place to systematically teach all children to protect their mental health and to overcome problems when they are faced with them.

Dr. Kamio then explained a three-tier support system called a multi-tiered system of support (MTSS). More schools are turning to this system to meet the complex needs of all students. It is important to note that ASD often accompanies anxiety at the behavioral level from childhood and the connection is profound at the neurological level. It was found that the area in the brain responsible for anxiety and ASD are related. It is important to understand that school refusal is avoidance of what the child experiences at school, and their experiences are influenced by both anxiety and developmental disorders.

Dr. Kamio then showed a graph which shows measurements of autistic traits and the rate of children. The graph shows that autistic traits are distributed continuously from children with almost no autistic traits to children with severe autistic traits. This shows that ASD is a spectrum as the name suggests. Previously, epidemiological studies have shown that approximately 2% of children fall under an ASD diagnosis. Children with mild to moderate autistic traits do not meet the full criteria of ASD. These cases have received little attention in practice and research because it used to be considered as not having a diagnosis. Dr. Kamio emphasized that these cases are at a high risk of mental health problems, but they are unlikely to attract mental health professionals' attention. That is why school is the best place to provide preventive support for a wide range of children. Support for ASD should be comprehensive and community-based within the mental health framework.

Tier 1, tier 2, and tier 3 support correspond to primary, secondary, and tertiary support in healthcare systems. Tier 1 corresponds to a universal approach which provides support for all children. The goal is to promote resilience of children and achieve a higher quality of life in the future. Tiers 2 and 3 support are for children with developmental disorders or mental health risks. Tier 2 includes in-school, small group programs. Children who continue to struggle after receiving tier 2 support go to tier 3 support. It refers to individualized support in school as well as out-of-school services. It will be realistically difficult for school staff alone to provide support to meet all of the needs. Similarly, it is not practical for specialized clinics to support children with special needs. Schools and specialized services need to work systematically and effectively to complement each other.

In Japan, there are multiple regional centers in the community providing services, educational support, and a number of different medical and healthcare agencies with different functions. These different kinds of support need to be coordinated and integrated at schools. To do this smoothly, a system for sharing information and obtaining consent from parents is necessary in the community. Japanese law requires schools to conduct regular health checkups every year, so introducing a comprehensive assessment annually, including developmental and mental health issues, would allow for early and effective management. While children are in school, the creation of such a community-wide comprehensive system is essential in order to ensure that children and their families can receive appropriate support when they need it.

The Ministry of Health, Labour and Welfare has just introduced a new healthcare plan to introduce a community-wide healthcare system corresponding to mental disorders. Although only a small percentage of people receive a diagnosis, more than 10% of people are considered to be affected by some type of developmental disorder, and we can say that developmental disorders are a common disease, similar to diabetes or hypertension. That is why, without the participation of individuals with developmental disorders in society, there

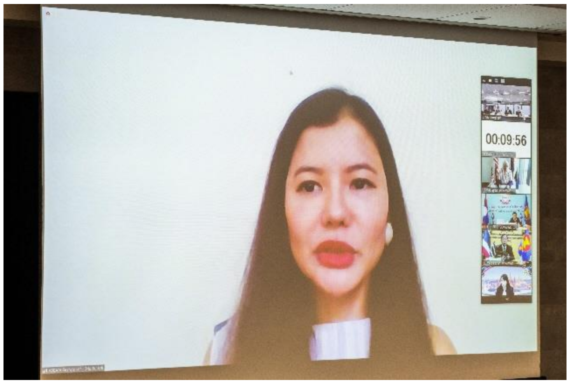
can be no social development. To establish and spread a comprehensive support system in society, convincing evidence is necessary. Dr. Kamio expressed her hope for policymakers and stakeholders to overcome these barriers in our society and reach successful social implementation. She then concluded her presentation by thanking the participants for their attention.

Mr. Taguchi then thanked Dr. Kamio for her presentation and opened the floor to questions. The participant from Brunei asked if there are any support groups for families with ASD in Japan. Dr. Kamio answered that there are several types of parent support groups, such as national and local groups and organizations. Depending on the group, a variety of activities have been enacted regularly.

Speeches by Collaborator Representatives

Mr. Taguchi then moved on to the next session which includes a presentation by collaborative organizations.

Dr. Sita Sumrit, Assistant Director and Head of Poverty Eradication and Gender Division, ASEAN Human Development Directorate, ASEAN Secretariat



Dr. Sita Sumrit, Assistant Director and Head of Poverty Eradication and Gender Division, ASEAN Human Development Directorate, ASEAN Secretariat, was called upon to give a presentation. Dr. Sumrit began by presenting on empowering persons with disabilities and addressing autism. She highlighted that, in line with the subject of the meeting today on an inclusive society for children, the ASEAN sociocultural community blueprint served as the basis to serve the issue of inclusiveness. Key points were highlighted that the sociocultural community also aims to enhance commitment and an inclusive mechanism for benefits for all, promote equal access and opportunity for all, and promote people with disabilities. She emphasized that the ASEAN Secretariat aims to enhance capacity and capability to collectively respond and adapt to emerging trends, and strengthen the ability to innovate.

One of the key instruments to protect and promote the rights of people with disabilities is the ASEAN Declaration on Strengthening Social Protection adopted in 2013 in Brunei. Dr. Sumrit then touched upon the Bali Declaration on the Enhancement of Role and Participation of the Persons with Disabilities in ASEAN Community as being one of the inaugural instruments in policy guidance in reaffirming equal rights for people with disabilities.

The ASEAN Enabling Masterplan 2025 is used as a compass to direct the initiatives by ASEAN. It is a framework to promote rights of persons with disabilities. The implementation is overseen by the Senior Officials Meeting on Social Welfare and Development (SOMSWD) for the principles guiding the Masterplan, acknowledging provisions on building the capacities of persons with disabilities, and promoting continued dialogue on empowering persons with disabilities.

Dr. Sumrit then highlighted the progress two years after the implementation of the Masterplan including engaging more with organizations of persons with disabilities, engagement with multi-stakeholders, and adopting an intersectionality approach, which is relevant to the conversation in the meeting today because children are included in the group of people with disabilities.

In addition, she highlighted the progress of the implementation of the Masterplan, emphasizing the urgent need to mainstream the rights of people with disabilities. In light of the deepening vulnerabilities brought about by the coronavirus, she then presented some recommendations from the Progress Report of the Masterplan, and highlighted that the Report urged ASEAN to empower people with disabilities as a key component for the recovery process.

Dr. Sumrit then discussed that, in the Masterplan, many member states identify autism as a type of disability. The Autism Mapping Project in the ASEAN region was started in 2018 and finalized this year with the leadership of the Asia-Pacific Development Center for Disability (APCD). It is the first of its kind, with objectives to map the prevalence of autism in the region, take stock of existing policies and programs, and identify networks to enhance the development and delivery of care services for people with autism. Dr. Sumrit continued to talk about the key challenges identified in the Autism Mapping Project in ASEAN. Challenges include diagnosis and intervention for persons with autism, which include gender and adults living with autism. Challenges also include family, caregiver and guardian life support as well as the need for education and vocational services, and the level of public awareness. More challenges lie in employment for people with autism, physical facilities for people with autism, and appropriate data management. The recommendations from the Autism Mapping Project in ASEAN include the provision of inclusive education and enhancement of the healthcare capacity which is essential in terms of collaboration with the health sector. Those are the recent initiatives of ASEAN from the perspective of people with disabilities and autism.

Dr. Sumrit continued to explain the ASEAN health development agenda. Children living with autism, their families and the community need to collaborate in order to provide appropriate resources and support from the health sector. She highlighted the importance of access to information and resources, coordination with partners, and building capacity and mechanisms in the health sector. The health sector has been very active in helping ASEAN respond to the coronavirus. Currently, there are 11 ongoing programs aside from the measures to protect and empower people with autism and their families. The labor sector has worked on inclusive employment, which is essential to realize empowerment for families living with children with autism. One of the priorities of the ASEAN Labour Ministers' Work Program is to promote inclusive employment especially for people with disabilities. She then highlighted the ASEAN Plus Three Cooperation on Labour which promotes the inclusive employment of persons with disabilities.

Dr. Sumrit then concluded her presentation by thanking the participants of the meeting. The moderator, Mr. Taguchi, thanked Dr. Sumrit for her comprehensive presentation of the efforts of ASEAN.

Mr. Taguchi then invited the World Health Organization (WHO) to give a presentation.

Dr. Martin Vandendyck, Technical Lead, Mental Health and Substance Use, Division of Programmes for Disease Control (DDC) , World Health Organization Regional Office for the Western Pacific

Mr. Taguchi introduced Dr. Martin Vandendyck, Technical Lead, Mental Health and Substance Use, Division of Programmes for Disease Control (DDC), World Health Organization Regional Office for the Western Pacific, who shared the WHO's work on children with developmental disorders and autism. He explained that globally it is estimated that 52.9 million children under the age of five experience some form of developmental disability. The vast majority, 95%, live in low and middle-income countries and lack access to care. Many children are at risk of not reaching their developmental potential due to various factors. There are many explanations for this increase in developmental disorders. Globally and regionally, there are mandates and frameworks which provide a basis for actions to support children with developmental disabilities. In addition, these relate to Sustainable Development Goals (SDGs) 3 and 4. He added that the World Health Assembly passed a resolution in 2014 for comprehensive and coordinated efforts for the management of ASD.

Dr. Vandendyck then explained the WHO Nurturing Care Framework by highlighting that adequate nutrition, responsive caregiving, security and safety, opportunities for early learning, and good health are a set of conditions that are necessary. He explained that recently the WHO and its international partners developed a program for families of children with developmental delays or disorders including autism, which could be implemented in low resource settings. This is called the Caregiver Skills Training Program or CST. The program was developed to help bridge the gap in healthcare access for children with developmental delays or disorders. It applies a family-centered approach and is designed to be delivered by non-specialists including nurses, community-based workers, or caregivers. As part of a network of health and social services for children and families, the program is based on evidence that caregivers can learn skills to support their children's social communication, adaptive behavior, and to reduce their challenging behavior. The program is also based on the assertion that caregivers of children with developmental disorders or delays can and should be specifically supported. It consists of nine group sessions and three individual sessions focused on training caregivers how to use everyday activities, and it has opportunities for learning and developing. The sessions specifically address communication engagement, daily living skills, challenging behavior, and caregiver coping strategies.

Dr. Vandendyck then shared a video on this program. The video explained that children with developmental disabilities are being left behind around the world, and 95% of them live in low or middle-income countries, and these children do not have access to the care that they need. The WHO recognizes the important role that caregivers play in care for children with developmental disorders and autism. Therefore, the WHO created a program to teach caregivers how to use play in different activities to provide support for children with developmental disorders and autism. This program is being tested and implemented in more than 30 countries, and caregivers have expressed that this program has led to success. Following the video, Dr. Vandendyck reiterated that the program is being tested and implemented in more than 30 countries.

To conclude, he shared the Mental Health Gap Access Programme, which was launched in 2008 and aims to support mental healthcare. Its focus is to build capacity among non-mental health specialists. It is an intervention guide and provides tools for support and supervision. For example, these tools can support member states to make a shift towards a more suitable community for children with developmental disorders and autism.

Mr. Takasaki Shinichi, Director, ILO Office for Japan

Mr. Taguchi then introduced Mr. Takasaki Shinichi, Director, ILO Office for Japan, to give the third collaborating organization presentation. Mr. Takasaki introduced the activities of the ILO in conjunction with this meeting. People with developmental disorders should not be stereotyped as those who cannot work. People with developmental disorders have potential to enter the labor force and provide valuable work. One of the platforms that the ILO provides is the Global Business and Disability Network (GBDN) which is a platform for business-to-business support and peer-to-peer learning on disability issues. Mr. Takasaki encouraged the ASEAN members to join this network. He gave an example that, according to the GBDN survey recently, there is an increasing number of companies which focus on people with autism. They are proactive in targeting people with autism. The focus is that people with autism are not only used for their labor, but also used as a good image for the employer. Among global companies, there is a multidiscipline type of focus to try to tap the capacity and capability of people with disabilities. It is a win-win relationship between the corporations and the people with disabilities. Companies who hire individuals with developmental disorders can satisfy SDG 8. Therefore, it leads to a positive image of their company, and not only a positive image but also positive actions.

Mr. Takasaki then gave his personal story of his wife, who is a counselor working with people with developmental disorders. He showed that people's process of development as a human being is not perfect or uniform. Imbalances in development and in personality are considered to be individuality. However, some people are sufficiently or insufficiently developed in certain areas, and this is considered a developmental disorder. Some people have over-development or under-development. In that sense, there is no such thing as a perfect human because everyone has uniqueness and it is okay to be different. If everyone is exactly the same, like a robot or clone, it is not natural and normal. Each person has their own uniqueness and difference and that should not be ignored. People cannot be forced to fit into a prefect, prefixed box. If so, that person will fail and break. For example, when children go to school and don't take any notes in class, the teacher may criticize the child for not taking notes. That is wrong because some children have a unique capacity to remember everything that they see or hear, so they should not be forced to take notes.

Mr. Takasaki shared another anecdote of a woman who cannot clean her room. Her parents said that they did not raise their daughter to clean her room, therefore, she does not clean her room. However, it was found that maybe the daughter is suffering from a developmental disorder. After hearing this, the parents became relieved because it was not due to the parenting that the daughter did not clean her room, instead, the daughter was not capable of cleaning her room. So, each person has their own uniqueness in developmental disorders and we have to respond accordingly. With this understanding, all human beings are created equal and all human beings have negative points, but people also have positive points. So, we should not just focus on the negative points and we should also focus on the positive points to nurture them. It is common for family or friends to see only negative points. So, it is important to get a third-party opinion or a supporter outside of the home which can focus on a positive aspect of the individual in question. With that, Mr. Takasaki concluded his presentation.

Dr. Kuno Kenji, Senior Adviser on Social Security, JICA

Dr. Kuno Kenji, Senior Adviser on Social Security, JICA, presented on JICA's cooperation

and contributions to people with developmental disorders. He started his presentation by asking two simple questions to the participants of the meeting. The first was, what is disability? He also asked, where is disability?

JICA understands disability based on the social model of disability, which gives a view to look at disability in society and the environment, not in the person. He then asked another question regarding a star-shaped item and a box with a circular hole cut out of the top, and if the star should fit into the circular hole in the box. The circular hole is too small to fit the star-shaped item, so how does one put the star into the box? One option would be to make the star smaller to put into the box. Another option is to make the hole bigger to be able to accommodate the star. The first solution implies that everything in the box would be the same size. The star-shaped item is analogous to a person with disabilities, and the hole is analogous to society. He illustrated that changing the person with disabilities is "integration." The second option is called "inclusion," which is changing society (the hole) to accommodate people with disabilities (the star-shaped item). JICA works toward inclusion. More concretely, JICA calls their approach a "twin track approach." The twin track approach includes empowerment and enablement. Empowerment and enablement act as solutions for social inclusion. JICA is working on empowering people with disabilities and their families, and creating an enabling environment.

Next, Dr. Kuno discussed JICA's support of the ASEAN Network on Autism. He explained the importance of self-advocacy for people with disabilities so people with disabilities can make their voices heard by themselves. He also talked about employment and how JICA has helped to promote the employment of people with developmental disorders. He highlighted that the retention rate is 84.5%. This resulted in companies realizing that people with developmental disorders could be the real workforce. Dr. Kuno concluded his presentation by explaining that JICA's job coaching efforts have expanded from Malaysia to Myanmar, China and Jordan.

Panel Session 1: Promoting a Seamless Community Support System to Care Children with Developmental Disorders and their Families

Moderator: Mr. Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW

The moderator, Mr. Taguchi, moved the meeting onto the first panel session. He explained that it is important for children with developmental disorders and their families to receive support at each stage of their life. Mr. Taguchi then introduced the participants of the panel session.

Mr. Tanaka Naoki, Coordinator of Measures for Developmental Disorders, Support Office for Children with Disabilities and Persons with Developmental Disorders, Welfare Division for Persons with Disabilities, Department of Health and Welfare for Persons with Disabilities, MHLW

To begin the panel session, Mr. Tanaka Naoki, Coordinator of Measures for Developmental Disorders, Support Office for Children with Disabilities and Persons with Developmental Disorders, Welfare Division for Persons with Disabilities, Department of Health and Welfare for Persons with Disabilities, MHLW, presented on building seamless community support systems for children with developmental disorders and their families. A seamless community support system is so important, and there are many policies to support these systems in different jurisdictions in Japan.

Mr. Tanaka then shared his own personal experience about when he volunteered with children with developmental disabilities, and he highlighted that they are not able to sit calmly in their classes and are stigmatized because of that. When these children went on to become adults and go through interviews to get a job, they all failed. Gradually, the government realized that they should be more responsible to provide support to children with developmental disabilities. This is why a new law was created to provide support to people with developmental disorders. Thanks to this new law, children and adults suffering from developmental disorders are entitled to receive support.

Mr. Tanaka then explained the definition of a developmental disorder and the typical developmental disorders include autism, Asperger's syndrome, ADHD, and LD. Taylor-made support should be created for each person because the diagnosis of a specific developmental disorder does not determine the appropriate care that the individual should get. Individuals should be considered independently when determining how to properly care for them. He then emphasized that there should be seamless support throughout all stages of life and detailed support, including families, etc., and support available for familiar environments and communities as pillars which should be implemented in all local communities.

Mr. Tanaka then explained some programs which he is in charge of. The local community support system is developed his office. Support centers focus on each community and act as a core in the community. Support centers give direct support, but they collaborate with local organizations to give support, consultation, and human resources training and capacity building. Also, local challenges and the uniqueness of local community challenges need to be considered. Early detection and early support stipulated in the law and assessment tools need to be promoted and utilized, and there are education campaigns about how to use the tools. One example could be to give support to children by training teachers or by providing in-home care. Individual home visit support is now possible. Regarding support for each family, there is a parent-mentor program. In this program, parents who have raised children with developmental disorders mentor new parents with children with developmental disorders. In addition, there is some support for people with developmental disabilities to experience life outside of just work and home, such as, something they can do leisurely and meeting up with friends and chatting about their day.

To conclude his presentation, Mr. Tanaka highlighted a few important points: to reduce the amount of wait time needed for hospitals and for children with developmental disabilities to become diagnosed; education and welfare need to collaborate and facilitated as much as possible; and to enhance support for adults with developmental disabilities – as they are getting older and older, more support is needed.

Dr. Sano Ryuhei, Associate Professor, Faculty of Social Policy and Administration, Hosei University

Dr. Sano Ryuhei, Associate Professor, Faculty of Social Policy and Administration, Hosei University, then took the floor to present research on the current status and issues of healthcare policies for persons with developmental disorders in Southeast Asia. He started by introducing the background of this research. A big turning point of this topic in Japan was an act which was adopted regarding persons with disabilities. He explained that there are common viewpoints between Southeast Asia and Japan; developmental disorders are a relatively new topic; and the future is uncertain because this topic poses new challenges for everyone. There are several topics that have to be handled or tackled together along with the stakeholders.

In ASEAN, a project was proposed to have a comparison of developmental disorders between Southeast Asia and Japan, and the outline of this research involved clarifying the current status and issues of healthcare policies for people with developmental disorders. It is assumed that the timing of this research is important to contribute to the ASEAN Enabling Masterplan 2025. Regarding implementation, Nozominosono, a government institute in Japan, and Indonesia would meet the implementation agencies to manage the research project activities based on network and collaboration in the region. Hopefully, implementation can start sometime soon, but due to the coronavirus, it has not been able to start. The research would be conducted in all ASEAN member states.

In conclusion, Dr. Sano outlined that, in 2016, participation of guests from Southeast Asia in the World Autism Awareness Day event in Japan provided great discussion and idea exchanges, and in 2017, there was continued exchange among partners and people with developmental disorders in Southeast Asia and Japan which lasted until this year. Hopefully, from next year, the implementation of the research project will occur until 2023. Between 2024 and 2025, reflecting the findings could occur in the process of developing laws and policies.

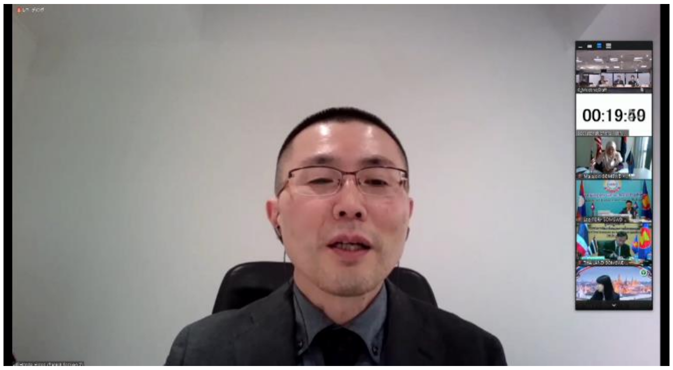
Following Dr. Sano's presentation, the moderator, Mr. Taguchi, moved the meeting on to panel session two.

Panel Session 2: Development of Medical and Welfare Services and their Coordination for Early Detection and Intervention for Developmental Disorders

Moderator: Mr. Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW

Mr. Taguchi introduced the first speaker of panel session two.

Dr. Honda Hideo, Professor, Department of Child and Adolescent Developmental Psychiatry, Shinshu University School of Medicine



Dr. Honda Hideo, Professor, Department of Child and Adolescent Developmental Psychiatry, Shinshu University School of Medicine started by discussing the support needs for children with neurodevelopmental disorders. According to the Center for Disease Control (CDC), they report that 17% of children aged 3 to 17 years were diagnosed with a developmental disability as reported by parents, and according to a survey in Japan, more than 10% of elementary school children have some characteristics of neurodevelopmental disorders, including intellectual disorders or disabilities.

Developmental disorders is a big issue for the inclusive society and not just small areas of society. Dr. Honda then explained the number of children per year in need of developmental support in the community. He showed a table in his presentation and explained it. In Japan, in municipalities with 200,000 people is considered large and it means that the birth per year is about 2,000. So, if it is over 2,000, then it can safely be said that the local community is large. Then, there is a potential need of 200. In the case of local municipalities with a birthrate of 5,000, the potential need is over 500. So, the apparent need is over 300. There are certain areas of support for children with neurodevelopmental disorders. One area is for children to promote social participation and prevent secondary problems which are mainly mental health problems. Another area is for families, particularly providing support for families. It is important for families to promote understanding in the children and support rearing. The final area is for the community in particular, to provide a community support system.

Dr. Honda then discussed early detection and early intervention. Early detection is often uncertain. So, it is important to find a balance between early detection and early intervention. In addition, boundaries of responsibility must be considered among facilities. Delineating services should also be considered. In childcare, there is a health checkup at 18 months which should be the starting point of early detection. However, at this stage, accuracy is not very strong, so it is difficult to make detections. In Japan, there is a school entrance health examination which follows all of the early childhood checkups and, in this way, there is a possibility of early intervention and support because after checkups, follow ups occur to determine if any further action needs to take place.

Dr. Honda then explained some studies which predict ASD being present in a child or not, and this includes a questionnaire at 18 months of age of the children. He also explained some studies about parents learning about the potential developmental disabilities or disorders of their children. He then described the model which he created that highlights multidisciplinary approaches to detection, diagnosis, and intervention. Next, he explained community care for children and adults with neurodevelopmental disorders including stage one of daily consultation in inclusive settings; stage two as specified, psychological welfare and educational support; and stage three as psychiatric assessment and intervention. He explained that there must be individuals which act as interfaces between stages one, two, and three as described above.

Dr. Honda then explained recommendations which were submitted for local governments in Japan. These included cities larger than 200,000 people. All levels of support, including interfaces, should be prepared. In cities larger than 200,000 people, all of these stages should be prepared in cities smaller than 200,000 people. Stage one support should be prepared and stages two and three support may be offered by the prefecture instead of the local government.

To conclude his presentation, Dr. Honda explained that the role of local governments includes hardware, software, and humanware. Hardware includes facilities on medicine, welfare, and special needs education. Software includes programs for early detection, assessment, diagnosis, intervention, and social inclusion. Finally, humanware includes training programs for staff members. Humanware is the most important because it is important to develop human resources within the community and within the local municipalities.

The moderator, Mr. Taguchi, then moved the meeting on to country reports, the first being a report from Thailand.

Thailand Dr. Duangkamol Tangviriyapaiboon Medical Officer Expert Level, Mental Health Department Ministry of Public Health, Thailand

Dr. Duangkamol Tangviriyapaiboon took the floor to present on behalf of Thailand. She presented on Thailand's experiences around support for families for children with developmental disorders. She highlighted that a survey of three to five-year-old children by the Department of Mental Health in Thailand found 30% with delayed development. In 2019, Thailand initiated an early childhood development training course for neighboring countries. Dr. Duangkamol Tangviriyapaiboon then explained some tools which can be used for screening processes in Thailand. To conclude, she explained that after the initial positive screening, there was a significant number of children diagnosed with developmental disabilities.

The moderator, Mr. Taguchi, opened the meeting to a discussion. He read a question from the representative from Indonesia. Following, the representative from Malaysia shared that during the coronavirus, to minimize the length of time where the parent comes to a clinic, Malaysia has asked nurses to call parents and ask questions which are in M-CHAT and from that, they can identify if there is a failure in the test so that when they come to the clinic, they will spend a shorter amount of time there.

Mr. Taguchi then read a question from Brunei which asks if there is any particular mechanism used to maintain parents' and families' commitment in raising their child with developmental disorders.

Regarding M-CHAT, Dr. Honda answered that the most important is to work on the early detection of the developmental disabilities with a relatively high level of accuracy. So, at this point, due to COVID-19, it is acceptable to implement M-CHAT flexibly.

Regarding the question from Brunei, in Japan, there are programs which promote outreach programs and visits by nurses. In that way, parents feel that they are connected to public services.

The moderator, Mr. Taguchi, concluded the morning session and expressed his sincere appreciation to all of the presenters.

Panel Session 3: Support for Work and Social Life for Persons with Developmental Disabilities

Moderator: Mr. Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW

The moderator, Mr. Taguchi, started the afternoon session. The first item for the afternoon session was panel session three. Mr. Taguchi introduced the first presenter, Dr. Umenaga Yuji, Professor, School of Education, Waseda University.

Dr. Umenaga Yuji, Professor, School of Education, Waseda University

Dr. Umenaga started his presentation by thanking the participants and introducing himself. He presented on the challenges, and supporting the employment and social lives of people with developmental disabilities. He briefly explained the different types of disabilities, including LD, ADHD, and ASD.

According to a survey in the United States, the employment rate of people with autism spectrum disorders or intellectual disabilities who have graduated from normal high school is 18%. This is mainly Asperger's syndrome. In Japan, in the case of ASD full-time workers, the percentage is quite low and it is difficult for them to get a job. In the United States, the individuals with Asperger's syndrome that do not pursue further education or work after graduating from high school is about 35%. It must be considered why vocational training has not been successful for people with ASD.

Challenges for people with ASD in the workplace include the inability to understand what superiors and coworkers say and the inability to communicate clearly with others. They are not able to express themselves, and they tend to express themselves in objectionable language that makes others uncomfortable. They have an inability to understand ambiguous language and behavior. They continue talking only about personal likes and ignore the feelings of others. They tend to act selfishly, which puts people off. They are prone to emotional outbursts and temper tantrums, and many of them are unable to read between the lines which obstructs human relationships.

People with ASD tend to have difficulties shifting from the school environment to the employment environment. In addition, unfortunately, individuals with ASD are not able to learn about the employment environment. So, individuals with ASD or Asperger's syndrome tend to have difficulty understanding social cues and the facial expressions of others. They are incapable of expressing emotions in ways that the general public can habitually understand. They are inflexible and have difficulty adapting to changes. They have difficulties in learning and adapting to new jobs. Especially when they go to university, they are not able to deal with the new unexpected things. The ability to adapt to new or unexpected situations is an issue.

Mr. Iguchi Shuichi, Senior Researcher, Research Group on Support for Persons with Disabilities, National Institute of Vocational Rehabilitation (NIVR), Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers (JEED)

Mr. Iguchi Shuichi, Senior Researcher, Research Group on Support for Persons with Disabilities, National Institute of Vocational Rehabilitation (NIVR), Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers (JEED), took the floor to discuss work support at local vocational centers for people with disabilities. He explained an overview of work support for persons with developmental disorders and work support at local vocational centers for persons with disabilities. First, he explained the process of work support. Broadly speaking, there are three steps. The first one is preemployment support including vocational counseling, and in parallel with that is vocational assessments. The second step is employment support in which job search support is provided and job offering development which should lead to employment referrals. The third is postemployment support. There are many main supporting organizations for different types of work support. Different types of work support include vocational counseling and vocational assessment to employment referral. A main supporting organization includes local vocational centers for persons with disabilities and work transition support providers. In addition to these organizations, there are many other organizations which provide work support. For example, local support networks are established. Since the attributes of developmental disorders are difficult to understand, individuals with developmental disorders may have a more difficult time to find employment. In addition, people with ASD tend to have difficulties adapting to their work environment. Therefore, many people with developmental disorders require specialized work support that takes full account of the attributes of disabilities. One example of specialized work support is local vocational centers for persons with disabilities. These centers are vocational rehabilitation institutions for persons with disabilities established and operated by the national government. The centers provide vocational counseling for persons with disabilities, vocational assessment, vocational readiness, support from job coaches for workplace conditions, and so on. Vocational counseling must be done in ways that take weaker concentration skills into account. Consultations, sheets, and checklists are used for persons with developmental disorders. Also, vocational assessments must use evaluation methods that take disability attributes into account. So, there is an emphasis on assessments through real and simulated work experiences. Specific consultations on required support and reasonable accommodations based on outcomes of vocational counseling and assessments are provided. Also, self-understanding for people with developmental disorders is promoted.

Next, Mr. Iguchi highlighted vocational readiness support. There are three different categories. The first is work experience such as work experience in a simulated and actual workplace. Second is lecture and skills training such as business etiquette, assertiveness, problem solving skills, and so on. Third is individual consultations, such as career counseling, with respect to methods to support vocational readiness. The counseling and learning experience are conducted in a circular fashion. So, there is a cycle of learning experience and counseling to promote self-understanding and prepare specific coping strategies for the workplace. Finally, Mr. Iguchi commented on workplace accommodations with support from job coaches. Job coaches give advice to employers, such as for reasonable accommodations, and they also give advice to persons with disabilities such as support to perform duties. Examples of support for workplace accommodations include workplace performance, rules and etiquette, and adaptive actions. With that, Mr. Iguchi concluded his presentation.

The moderator, Mr. Taguchi, asked the representative from Malaysia, to give a country report.

Malaysia Ms. Fatimah Zuraidah binti Salleh, Deputy Director General (Operation)
Malaysia Social Welfare Department, Ministry of Women, Family and Community Development

Dr. Salleh from Malaysia presented on support for work and social life for persons with developmental disabilities. She started the presentation by giving a background of people with developmental disabilities in Malaysia. She explained the Economic Empowerment Programme. This program is a CBR one-stop center, in which CBR trainees with autism are involved in planting mushroom blocks. In addition, CBR trainees are involved in sewing craft such as bags and purses.

The second program that she shared is about a job coach services program. This is a collaboration program between the Department of Social Welfare in Malaysia and Japan International Cooperation Agency (JICA). The objective is for intermediaries between people with developmental disabilities and employers to provide support for sustainable employment. She then highlighted the fact that because of the coronavirus pandemic, isolation and loneliness have had a big effect on people with developmental disabilities. She concluded by highlighting Malaysia’s five-year way forward. This plan for the way forward involves policies in plan of action, including government policies, education, transportation including access of public transportation systems and facilities, health such as programs to increase the detection of children with disabilities, and employment.

Mr. Taguchi asked Dr. Umenaga about the ideal or desirable pathway for people after completing university or high school, and their transition into employment. He also asked if Dr. Umenaga recommends people with developmental disabilities to seek employment after school. Dr. Umenaga answered that there is a subsidy available, and in order to be entitled to the subsidy, a handbook must be acquired by the individual with developmental disabilities. It is important to have a connection to the medical services, and then receive some education and training, so they are able to understand what kind of jobs they have to assume. Also, internships are important because they allow people with developmental disabilities to have opportunities to experience work and decide whether they like it or not.

The participant from Brunei asked if there are any cases of bullying in the workplace, and if so, how they are being tackled.

Then, the participant from Malaysia asked Mr. Iguchi about how training is arranged for different types of developmental disorders in vocational training centers. It seems that if they are placed in training rooms in groups, some may be too active and have difficulties focusing on the training session.

Dr. Umenaga explained that there are many cases of bullying. So, the bosses are educated about people with ASD, and especially educated about ASD care.

Mr. Iguchi answered that it is important to have job coaches at workplaces who can provide information to bosses and coworkers, and to understand the profile of the disorder. As far as having a training session in one room, group work for vocational readiness support has worked in the past. Since there are many different types of disorders, it is important to minimize the groups.

The participant from Brunei then asked if there are quotas set to employ people with developmental disabilities. Dr. Umenaga answered that there are quotas at 2% in private companies and eventually it will increase. Gradually and steadily, the increase in employment is occurring.

Panel Session 4: Support for Families of Children with Developmental Disorders

Moderator: Mr. Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW

The moderator, Mr. Taguchi, move the meeting on to the final session, which is panel session four. This panel session focused on how to support families by educating and training parents.

Dr. Inoue Masahiko, Professor, Department of Clinical Psychology, Graduate School of Medicine, Tottori University

Dr. Inoue Masahiko, Professor, Department of Clinical Psychology, Graduate School of Medicine, Tottori University, presented on support for families of children with developmental disorders. In Japan, there is a support law for people with developmental disorders and support for family is outlined in that legal framework. The approach that is taken towards parents is key to solving the problem of behavioral issues in children with developmental disabilities. Other issues about developmental disorders in Japan include child abuse, domestic violence, refusing to attend school, social withdrawal, and addiction to the Internet, and online gaming. For example, a survey was conducted on social withdrawal, and about 30% of socially withdrawn people have a developmental disorder.

There are two major systems that Dr. Inoue presented. First is the Parent-Mentor System. Parent-mentors can consult and help younger parents. Parent-mentors are parents who have raised children with developmental disorders, and they can share their experience and knowledge with younger parents. In Japan, 6.5% of children are considered to be at a high risk of developmental disabilities. However, the number of experts and facilities available is limited, resources are limited, and therefore parent-mentors can give assistance.

In 2005, the Japan Foundation started to provide assistance, and in 2010, the MHLW established a parent-mentor support system for children with developmental disabilities. The parent-mentor activity has been expanded across Japan. The role of parent-mentors is to empathize and guide young parents as they have shared similar experiences, provide information about local resources, and introduce support agencies. Characteristics of parent-mentors include too much empathy among some other elements.

Dr. Inoue then explained the effects of mentor training. Mentor trainees go through basic and advanced training courses. The general activities of a parent-mentor include making support workshops, peer counseling, telephone counseling, enlightening activities about development disabilities, and parent training. Parent-mentors are not specialists, so they need training from specialists so they can give proper support to parents. This Parent-Mentor Program acts as a buffer between the specialists and the parents.

Dr. Inoue also introduced parent training for developmental disabilities. In the U.S., parent training devolved since the 1960s. In Japan, parent training was introduced in the 1990s. The parent training effects on children include reduction of problematic behavior, and acquiring adaptive behavior and communication skills.

Program contents include groups of five to eight people with consecutive courses which include how to interact with the children with developmental disabilities through lectures, role-plays, and homework. Dr. Inoue highlighted a specific program which he developed and he explained from this program parents developed tools such as praising children through visible representations and these tools help parents raise their children with developmental disabilities. There are also group activities and discussions in the program. For the children, self-care, at-home study, and life-related skills can be acquired through this program. For the parents, their mental health status improved. This type of training requires a certain level of expertise and specialists. Right now, parent training is web based due to the coronavirus pandemic. Parent-to-parent training could also be possible because they share the same issues and difficulties, and they can communicate together to overcome them and share ideas.

Dr. Inoue concluded his presentation by expressing his hope that parent-mentor and parent training develop as effective family support systems in the ASEAN region.

Vietnam & Indonesia
Viet Nam Ms. Nguyen Ngoc Anh, Official International Cooperation Department
Ministry of Labour, Invalids and Social Affairs
Indonesia Mrs. Eva Rahmi Kasim Director of Social Rehabilitation for People with Disabilities Directorate of Rehabilitation of Persons with Mental Disabilities, Ministry of Social Affairs

The moderator, Mr. Taguchi, invited two ASEAN countries, Vietnam and Indonesia, to give their country reports.

The first representative from Vietnam took the stage to give her country report. She presented on support for people with developmental disabilities and their families. She gave an overview of the situation in Vietnam and highlighted that there are about 6.2 million people with developmental disabilities, about 6.5% of the population, in which there are about 1 million people with autism. Vietnam does have laws and policies that support individuals with developmental disabilities. There are also state policies regarding social protection, healthcare, education, vocational training, and employment. Vietnam has divided the types of children with developmental disorders into eight categories, including ADHD, autism spectrum disorder, cerebral palsy, hearing loss, intellectual disability, vision impairment, and learning disabilities. There are dedicated centers for caring for children with developmental disorders. Vietnam has established various ways to support individuals with developmental disabilities, including raising awareness, education and training, early intervention for children, developing the social assistance network, and developing legal registration.

The second representative from Vietnam took the stage to present on the good practices. The Vietnam Autism Network is a member of the Global Autism Network. They work towards supporting individuals with autism in their families. Various activities are underway including Autism Awareness Day, Friendship Games, children’s holidays, Mid-Autumn Festival’s, and teacher days; also, collaboration and policy coordination in the health sector, education sector, raising awareness, and networking with other disability organizations within and outside of the country. She concluded by stating that the Vietnam Autism Network has become a great representative of individuals with autism in Vietnam.

Mr. Taguchi introduced Indonesia for the next country presentation. Mrs. Kasim began her presentation by thanking the moderator and all participants in the meeting. She presented on support for families of children with developmental disorders, and policies and good practices from Indonesia. Indonesia has enacted laws including one in 2019 on the ratification of the Convention of the Rights of Persons with Disabilities, and one in 2016 on people with disabilities which include many factors such as access to healthcare, rights to social welfare, equal treatment, and so on.

She then presented on the health services of children under five years old. In Indonesia, primary healthcare is utilized, for example, in early detection of developmental disorders. Indonesia also profiles corrective approaches to people with disabilities and especially in early childhood development. Through primary healthcare services, Indonesia also provides support for families. Indonesia provides tools and guidelines for families to practice in homes and provides support in psychology issues. Through the Ministry of Social Affairs, support for families is provided to families of children with disabilities. For example, social assistance is provided and preparation of living in the community. Also, support for families to encourage and support the children to get jobs is provided.

Mrs. Kasim outlined good practices and these good practices include the government, the family, the community, self-help groups and the village community. She emphasized that sometimes children become emotional in conducting various activities or in various situations. So, parents should encourage the children to become and remain enthusiastic.

Mrs. Kasim concluded by highlighting what Indonesia has learned which is instead of the old mentality of people with developmental disorders not being able to earn money and work, in fact, they are able to be independent, work, and make money.

The moderator, Mr. Taguchi, then opened the floor to discussion. The representative from Brunei asked Dr. Inoue to share criteria for being a parent-mentor. Dr. Inoue answered that there are no explicit criteria regarding a parent-mentor. However, if the age of the child is very young, such as younger than the third year in elementary school, parent-mentors should work with other parents whose child is younger than that of the parent-mentor's. Parent-mentors should register and receive training and be closely connected to the organizations and specialists in the community.

Mr. Taguchi then concluded panel session four.

Case Study

Next, three short videos were played which showed Japan's approach to individuals with developmental disorders.

Osaka Support Center for Persons with Developmental Disorders, Act Osaka

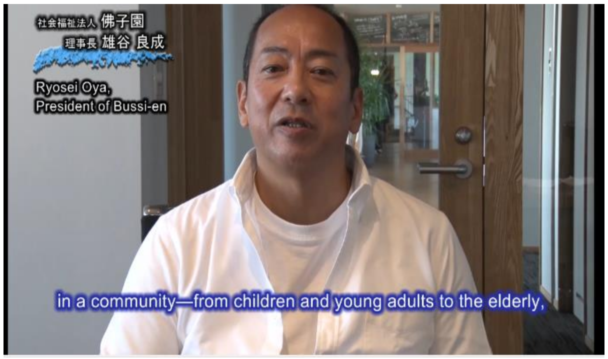
Act Osaka carries out programs to spread understanding of people with developmental disabilities and support systems with the aim of creating a comfortable society. The support that Act Osaka starts with is providing understanding to invisible developmental disorders and also support for individuals with developmental disorders and their families so that they can live in communities with a sense of security according to their own needs. Since the center opened, it has focused on providing consultation services for individuals over the phone and in person so that people with developmental disorders and their families can receive the appropriate level of support when they need it, regardless of where they live in Osaka Prefecture. The key point in support is for the people involved to have a common understanding of the characteristics of developmental disorders, and provide continuous support on a collaborative basis. Act Osaka also works to support families and parents of those with developmental disorders.

Region Vocational Centers for Persons with Disabilities, JEED

This video shared a story of a woman with a developmental disability who got a job but then left after one year because she ran into difficulties at work. She worked on slips and invoices but when a lot of work came to her, she said that her mind went blank. She had a hard time when the workload was heavy.

Vocational counselors which are familiar with these kinds of disabilities listen to the individuals with these disabilities and give them support and advice. Counselors help identify what strengths a person has and areas which they may have issues. Individuals are provided with a plan which highlights strengths and weaknesses, and what they can do to take advantage of the strengths. There are job skills training sessions such as how to speak to bosses and coworkers. There are also support services for employers, including job coaching and other services. Job coaching services provide employers with ways to deal with those with developmental disabilities. Job coaches who act as mediators between offices and employees with disabilities ensure that work can be carried out efficiently.

Social Welfare Cooperation, 'Busshien'



Providing spaces where people with and without developmental disabilities can, for example, exercise in a gym or relax in a hot spring have proven to be valuable. Some of these facilities and shops are also work places for persons with disabilities. President of Bussi-en believes that a new type of community power will emerge as we again connect these vertically divided welfare and medical services in all directions, vertically, horizontally and diagonally. He also believes that if we can create inclusive connections with all different people, our communities today will become even more vibrant.

The representative from Indonesia asked a question regarding vocational counseling. Mr. Inoue answered that regarding vocational counseling, the counselor is at local vocational centers, and various offices provide support and they are not provided by the employers.

Discussion on Recommendations

Mr. Taguchi Kazuho, Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW

Next, Mr. Taguchi moved the meeting on to the recommendations and screen shared the draft of the recommendations. Mr. Taguchi asked the participants to adopt it. There were several agreements on the chat box, and no objections. A consensus was reached, and the recommendations will be presented at the ASEAN Plus 3.

Closing

Mr. Hiraiwa Masaru, Deputy Assistant Minister for International Affairs, Minister's Secretariat, MHLW

Mr. Taguchi invited Mr. Hiraiwa Masaru, Deputy Assistant Minister for International Affairs, Minister's Secretariat, MHLW, to give the closing remarks. Mr. Hiraiwa expressed his sincere gratitude to the many experts that attended the meeting today. Considering this was the first time the meeting was held online, he thanked everyone for the fruitful discussions. Today's meeting has been a great opportunity to step forward, to find solutions, and help people with disabilities take advantage of their potential. In closing the meeting, Mr. Hiraiwa wished all success in their ongoing progress.

Once again, Mr. Taguchi thanked all of the participants and he deeply thanked the presenters from today for sharing their knowledge and good practices, and Mr. Taguchi closed the meeting.