



## **The Study on the support of the current Status and future of the Way of Working of Persons with Higher Brain Dysfunction II**

### **(Research Reports No. 129) Summary**

#### **[Keywords]**

Higher Brain Dysfunction, employment support, way of work

#### **[Usage of this report]**

The current condition of employment support is clarified by undertaking factual research in several institutions (medical, welfare and employment support) involved in supporting persons with Higher Brain Dysfunction. The data concerning “way of work” and “accommodations points” were also organized regarding the persons with Higher Brain Dysfunction who could work after using support institutions. The effect provided on the vocational rehabilitation because of the progress of the promotional activities to support persons with Higher Brain Dysfunction was clarified by undertaking research within the rehabilitation medical institutions, the Local Vocational Rehabilitation Centers for Persons with Disabilities and the Employment and Life Support Centers for Persons with Disabilities to consider the ideal method of support in the future. The anticipated use of this research is to be used by supporters at the time of the employment support to persons with Higher Brain Dysfunction.

April 2016

Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers. (JEED)

National Institute of Vocational Rehabilitation

## **1 Authors (in writing order)**

Katsuo Taya (Fellow Researcher, Research Group on Support for Social Support, National Institute of Vocational Rehabilitation)  
Tomoko Tsuchiya (Researcher, Research Group on Support for Social Support, National Institute of Vocational Rehabilitation)  
Jun Ogata (Research Cooperator, Research Group on Support for Social Support, National Institute of Vocational Rehabilitation)

## **2 Research Period**

FY 2014 to 2015

## **3 Composition of the Research Report**

Chapter 1: Summary of the research report No. 121 and the purpose of this research  
Chapter 2: Support for persons with Higher Brain Dysfunction at the Employment and Life Support Centers for Persons with Disabilities  
Chapter 3: Employment support for persons with Higher Brain Dysfunction at medical institutions  
Chapter 4: Support for persons with Higher Brain Dysfunction at the Local Vocational Rehabilitation Centers for Persons with Disabilities (cooperation with medical institutions)  
Chapter 5: Summary

## **4 Background and Purpose of Research**

Since the core support institutions for Higher Brain Dysfunction have been improved, the support for persons with Higher Brain Dysfunction in medical rehabilitation has been enhanced. In addition, the support for persons with Higher Brain Dysfunction in the field of vocational rehabilitation, including social welfare, has been progressed and more persons with Higher Brain Dysfunction have been able to work. In the future, more detailed support will be required for employees with Higher Brain Dysfunction. Keeping that in mind, in this research following on the research report №121 “The study on the current status of the way of working of persons with Higher Brain Dysfunction and the way of support in the future” (hereinafter refers to “<part 1>”), the purpose of this research is to consider the support in the future by clarifying the current support status of each support institution and way of work of persons with Higher Brain Dysfunction.

## **5 Method**

(1) Summary of <part 1 (Research Reports No. 121)>  
(2) Literature review  
(3) Survey research (Employment and Life Support Centers for Persons with Disabilities, medical rehabilitation institutions, Local Vocational Rehabilitation Centers for Persons with Disabilities)  
(4) Research on actual way of work (a demonstrating case obtaining employment after utilizing a support from the Employment and Life Support Centers for Persons with Disabilities)

## **6 Summarized Results of the Study**

(1) Summary of <part 1>

1) Any effects on vocational rehabilitation obtained from the model project of the support for persons with Higher Brain Dysfunction and the promotional activities supporting them were clarified by research on the actual use of the Local Vocational Rehabilitation Centers for Persons with Disabilities. 2) Through the research on Work Transition Support Providers, the current status of support from the Support program for continuation of work (Type A) and the Support program for continuation of work (Type B)\* and actual “way of work” were clarified.

\*Work and production activities are provided at the support providers' place to persons with disabilities who have experience to work but have found it difficult to be employed due to age or lack of physical strength.

3) “way of work” was understood from the research to the individuals in question, who are members of the family association and opinions and demands from individuals themselves were clarified. 4) From the research undertaken using opinion interviews with support institutions (the Support program for continuation of work (Type B), etc.) specialized in persons with Higher Brain Dysfunction, accommodations points as well as tasks for the future were clarified for the support for persons with Higher Brain Dysfunction.

## (2) Research on the Employment and Life Support Centers for Persons with Disabilities

Targeting the Employment and Life Support Centers for Persons with Disabilities throughout Japan (324 centers), some factual research was undertaken regarding the support for persons with Higher Brain Dysfunction with 93 centers responding (a collection rate of 29.1%). The details of the research were 1) the actual status of usage and the main point of support and 2) gathering actual cases of obtaining employment after utilizing support.

### <Actual status of usage and principal point of support>

Facilities which supported persons with Higher Brain Dysfunction totaled approximately 88%. Sources of introduction were mostly medical institutions, persons themselves and their family, Public Employment Security Office and public offices. The other party of introduction was mostly received by Public Employment Security Office, Local Vocational Rehabilitation Centers for Persons with Disabilities, corporations and employers. 28% of users were able to obtain jobs and out of these employees, 14% of them were employed as regular employees and 77% of them were employed as non-regular employees. Accommodations points at the workplace included “the way of giving instructions” “duty details suitable to the employees’ characteristics” “assigning persons in charge” and “accommodations given for the ease of fatiguability” with 66% fixed into their employment (Table 1). The characteristics of persons with Higher Brain Dysfunction who did not make it to their registrations had “no awareness of their disability/no sense of requiring any support” “not at the right stage to look for employment” and “details of what was provided did not match their needs”. Reviewing the cooperation with the involved institutions, 20-30% of both medical institutions and Local Vocational Rehabilitation Centers for Persons with Disabilities answered “no cooperation” (Figure1). The main points to consider regarding the support of persons with Higher Brain Dysfunction were “cooperation support” “recognition of disability” “obtaining understanding from their surroundings and corresponding to them” and assessments”. The points regarding the employment support were “cooperation support” “on the job practice” “understanding from corporations” “employment matching with corporations” and “using job coaches”.

\* In order to assist persons with Intellectual Disabilities and persons with Mental Disabilities in smoothly adjusting to the workplace, the centers dispatch job coaches to workplaces to provide direct and professional support to such persons and their employers based on individual disability traits.

Table 1: Type of employment and the status of settling into the workplace for users who were successfully placed in employment

Type of employment	N	%
Regular employees	27	13.6
Non-regular employees	153	77.3
Unknown	18	9.1
The status of settling into the workplace post employment	N	%
Settled	130	65.7
Resigned	20	10.7
Re-employment	25	12.6
Unknown	23	11.6

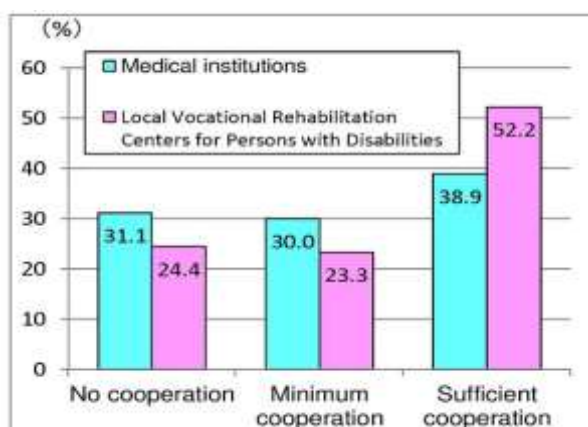


Figure1: Cooperation with involved institutions

### <The characteristics of persons with Higher Brain Dysfunction who were able to obtain employment after receiving the support from the Employment and Life Support Centers for Persons with Disabilities>

Understanding the characteristics of persons with Higher Brain Dysfunction (N=198) who were able to obtain employment after receiving the support from the Employment and Life Support Centers for Persons with Disabilities, for gender, there were more males (83%) and the age range within the forties was the highest. The average duration from the date of trauma until the date of registration was 88 months (date range of 4 to 480 months)

and the average duration from the date of registration until the date of obtained employment was 15.6 months (date range of 0 to 120 months). 91% had experiences in employment before their trauma. 49% had traumatic brain injury and 38% had cerebrovascular disturbance as a symptom of their injury. The characteristics of the disabilities caused by the Higher Brain Dysfunction were mainly memory disorders (82%), attentional dysfunction (58%) and executive function disorders (49%). The status of individuals who hold a Handicapped Person's Passbook is broken down as the following: Mental Disabilities Certificates (50%), Physical Disability Certificates (31%) and no certificate (5.6%).

### (3) Research on rehabilitation medical institutions (including core support institutions) <Employment support for persons with Higher Brain Dysfunction at rehabilitation medical institutions>

It has been approximately ten years since the first research (undertaken in October 2005) reviewing the support for persons with Higher Brain Dysfunction which targeted the main rehabilitation medical institutions throughout Japan. Today, the second research was undertaken (undertaken in April 2015) with 1) the primary purpose to clarify the effect provided on the vocational rehabilitation because of the progress of the promotional activities to support persons with Higher Brain Dysfunction (started in 2006) and 2) the second purpose to clarify the current status of approach at medical institutions towards social behavioral disorders.

The main results are 1) the medical institutions which are able to support persons with Higher Brain Dysfunction have increased from 89% to 96%. The details of support offered are not only "diagnosis/evaluation only" but also there was a slight increase (7%) in medical institutions which "offer employment support". At the core support institutions for Higher Brain Dysfunction, approximately 40% of them offer "employment support" (Figure 2). 2) Reviewing the cooperation with involved institutions after leaving the medical institution (support from support institution has finished), the cooperation with "medical institutions" has slightly decreased (11.3%) and the cooperation with "employment support institutions" has slightly increased (8.6%). If limited only to the core support institutions, the cooperation support with "welfare institutions" and "employment support institutions" scored more than 70% (Figure 3). 3) As overall medical institutions, reviewing the cooperation with the Local Vocational Rehabilitation Centers for Persons with Disabilities, there was no significant change compared to ten years ago. However, if limited only to the core support institutions, more than 40% answered "employment support is offered with

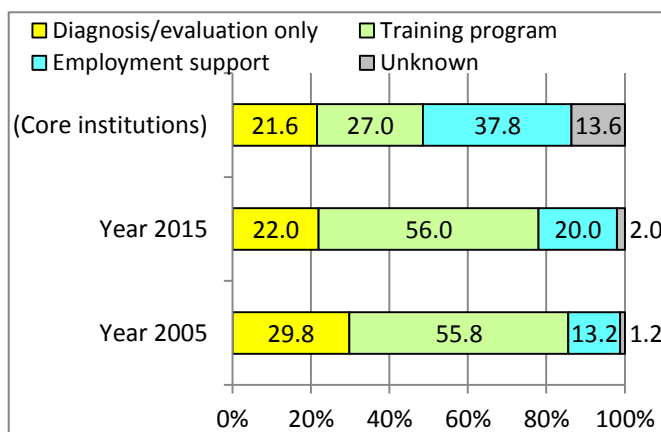


Figure 2: Details of the support at rehabilitation medical institutions

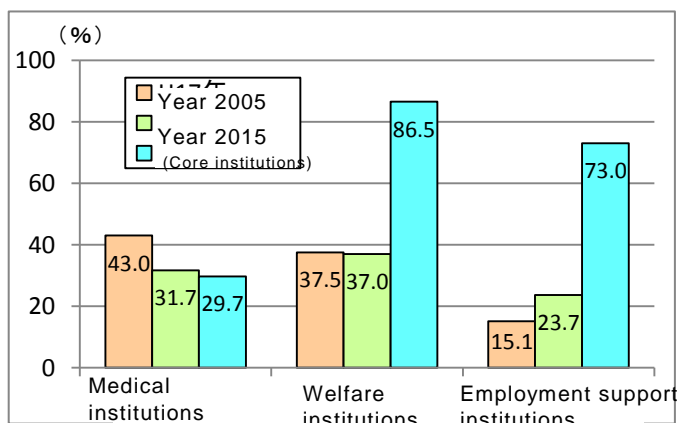


Figure 3: Cooperation with involved institutions

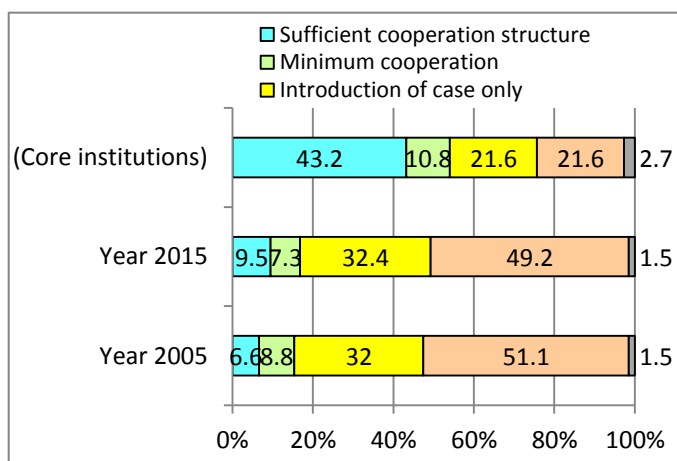


Figure 4: Cooperation with the Local Vocational Rehabilitation Centers for Persons with Disabilities

sufficient cooperation structure” (Figure 4).

Reviewing the task for the future, it is important 1) to enhance the cooperation between medical institutions, excluding the core support institutions, and both “welfare institutions” and “employment support institutions” and/or 2) to promote the cooperation between medical institutions, excluding the core support institutions, and both “welfare institutions” and “employment support institutions” in order to promote and strengthen the cooperation between medical rehabilitation and vocational rehabilitation.

#### <Support and technique offered at medical institutions for social behavioral disorders>

Consideration was given regarding the support techniques at medical institutions for persons with conditions of “emotion control disorders” and “difficulty in interpersonal relationships” that are considered to have a deep relation with vocational rehabilitation. Many have answered that the assessment and environmental adjustment, as well as the support techniques in order to aim for emotion stability of the persons concerned, have been carried out in usual medical practice, no matter if the medical institution that the respondent belongs to offers the employment support or not, indicates that these support techniques are the basic support techniques for persons with “emotion control disorders” and/or “difficulty in interpersonal relationships” (Figure 5). Regarding the support techniques that aim to give deeper self-understanding, respondents who belong to the medical institutions offering the employment support, have been applying the techniques slightly more.

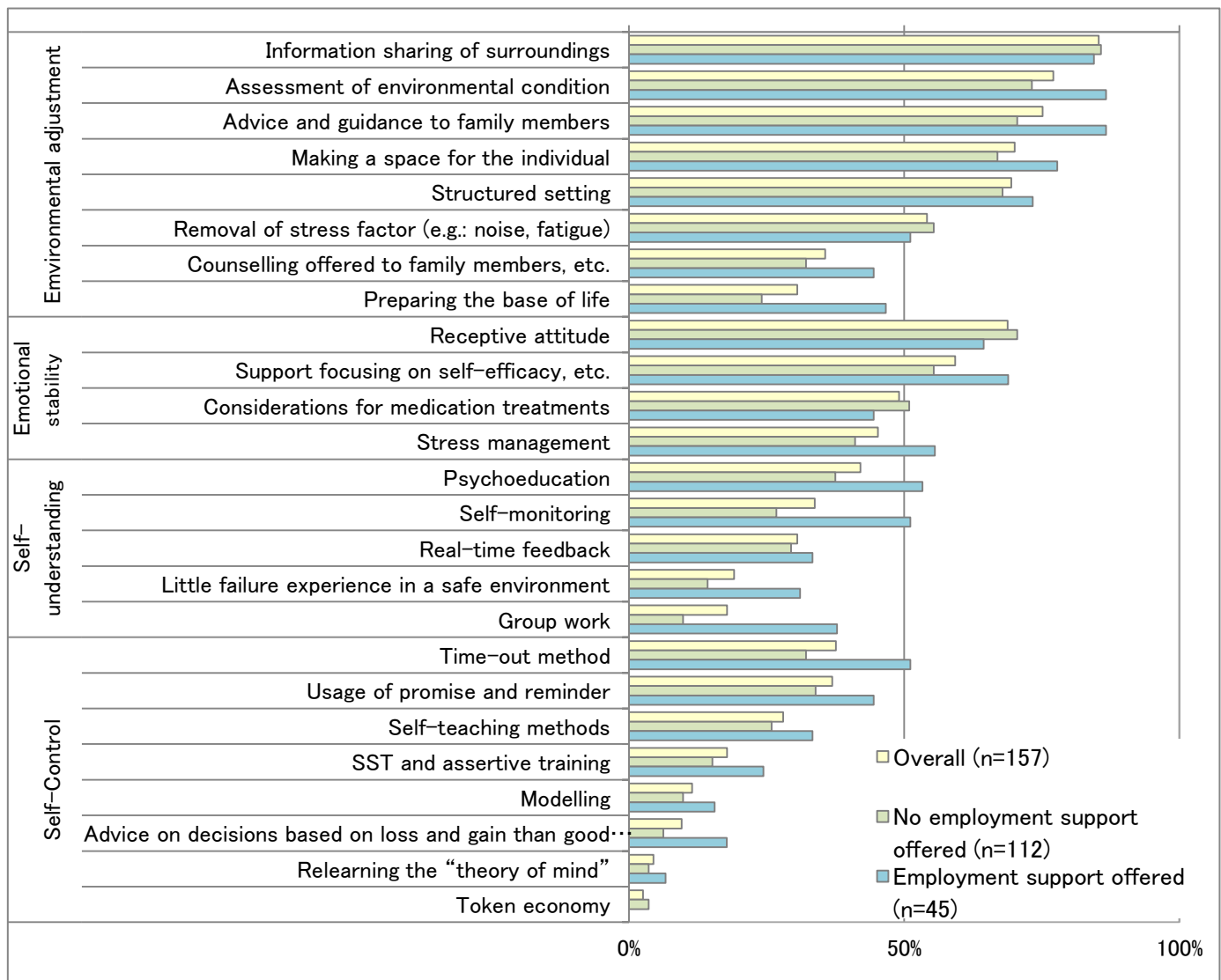


Figure 5: The total results of the support techniques offered for persons with “emotional control disorders”



(4) Support for persons with Higher Brain Dysfunction at the Local Vocational Rehabilitation Centers for Persons with Disabilities (cooperation support with medical institutions)

<Cooperation with medical institutions>

The survey research (first research) undertaken targeted the Local Vocational Rehabilitation Centers for Persons with Disabilities throughout Japan in January 2004 was conducted four years after the model project for the support for Higher Brain Dysfunction started. This was before the promotional activities for the support for Higher Brain Dysfunction, which the core support institution was aiming to expand throughout Japan, commenced. More than ten years have passed since then and now the core support institution for Higher Brain Dysfunction has been expanded throughout Japan, the second research (October 2015) was undertaken with the purpose of understanding the progress status as well as the cooperation tasks between rehabilitation medical institutions and the Local Vocational Rehabilitation Centers for Persons with Disabilities.

- Cooperation status -

1) The same result as the first research, the majority have answered, “through the case” as the trigger of how they started cooperating with the rehabilitation medical institutions. Individuals who were in charge of cooperation were not only case workers but an increased number of occupational therapists and support coordinators (a professional job allocated at the core support institutions) were involved.

2) Reviewing the cooperation support, the cooperation with support core institutions was relatively good, however, the reality was the cooperation with general rehabilitation medical institutions was lacking. (Figure 6)

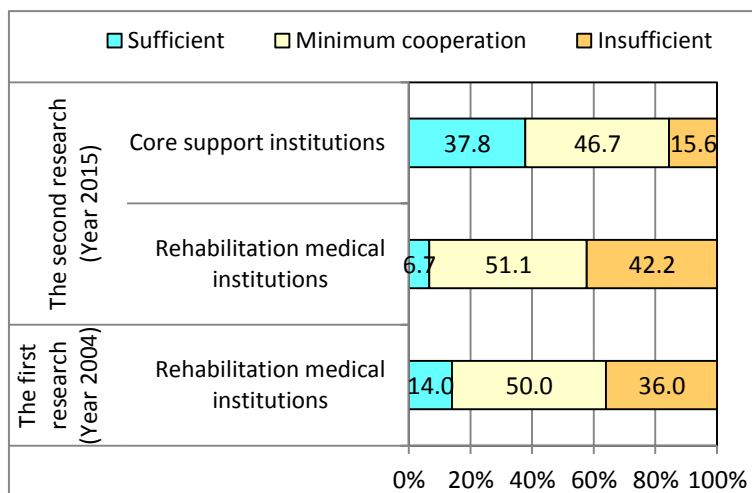


Figure 6: Cooperation between the Local Vocational Rehabilitation Centers for Persons with Disabilities and rehabilitation medical institutions – comparison between the first research (2004) and the second research (2015) -

3) When cooperation existed, the roles of the rehabilitation medical institutions required the Local Vocational Rehabilitation Centers for Persons with Disabilities to undertake were the “evaluation of duty ability” “preparation support for new employment and return to work” and “detailed employment support activity”. Reviewing the tendency in the situation of where the Local Vocational Rehabilitation Centers for Persons with Disabilities was used with an introduction from the rehabilitation medical institutions, the result of the first research indicated a “tendency to increase” however, the answer “no change” was the most common response this time. Reviewing the employment status of persons with Higher Brain Dysfunction after using the Local Vocational Rehabilitation Centers for Persons with Disabilities with an introduction of rehabilitation medical institutions, the number of answers to “there are many cases that lead to employment” has increased this time compared to the first research. This indicates the medical institutions’ deep understanding of the local centers. Reviewing the method of obtaining medical information, many answered “possible to obtain if asked” the same result as the first research. Reviewing the information volume provided, more answered “short supply (further information is required)” compared to the first research. Reviewing the details of the provided information, the answer to “accommodations provided to jobs other than the medical profession” has increased compared to the first research. Reviewing the request details from the rehabilitation medical institutions to the local centers, more answered “appropriate” compared to the first research.

From the above, with survey research to the vocational counselors for persons with disabilities at the Local Vocational Rehabilitation Centers for Persons with Disabilities, comparing the cooperation condition with the rehabilitation medical institutions at the time of “before the promotional activities supporting for persons with Higher Brain

Dysfunction” and “after the expansion of core support institutions throughout Japan” the progress in cooperation between both parties within “appropriate introduction” “request towards the Local Vocational Rehabilitation Centers for Persons with Disabilities ” and “consideration to the information details provided” was identified.

#### (5) Summary (desirable support in the future)

In the model project for the support for persons with Higher Brain Dysfunction, new approaches such as “evaluation standard for Higher Brain Dysfunction” “standard training program for persons with Higher Brain Dysfunction” and “support program for the persons with Higher Brain Dysfunction for returning to society, life and care” have been created for a group of persons with disabilities who were not able to obtain necessary support due to being in a “chasm of disabilities”. With the purpose to promote this outcome throughout Japan, the promotion activities for the support for persons with Higher Brain Dysfunction commenced in 2006. As a principle of this activity, the consistent support without any intervals from the time of trauma to the employment was held up and support coordinators were allocated in core support institutions. As a result of progress in promotion activities for the support for Higher Brain Dysfunction (support core institutions were allocated throughout Japan in 2008), identifying persons with Higher Brain Dysfunction within the medical rehabilitation field has progressed while the needs of life rehabilitation and vocational rehabilitation after obtaining some medical rehabilitation have also increased. In this research, regarding “Support of the current status and future of the Way of Working of Persons with Higher Brain Dysfunction I (2012 – 2013) and II (2014 – 2015)” consideration was given concerning the support in the future by clarifying the current status of the support for persons with Higher Brain Dysfunction (including cooperation support) in the field of medical, welfare and employment support and by comprehending the actual status of way of work through seven types of research (shown in the following Figure 7, (1) – (7)).

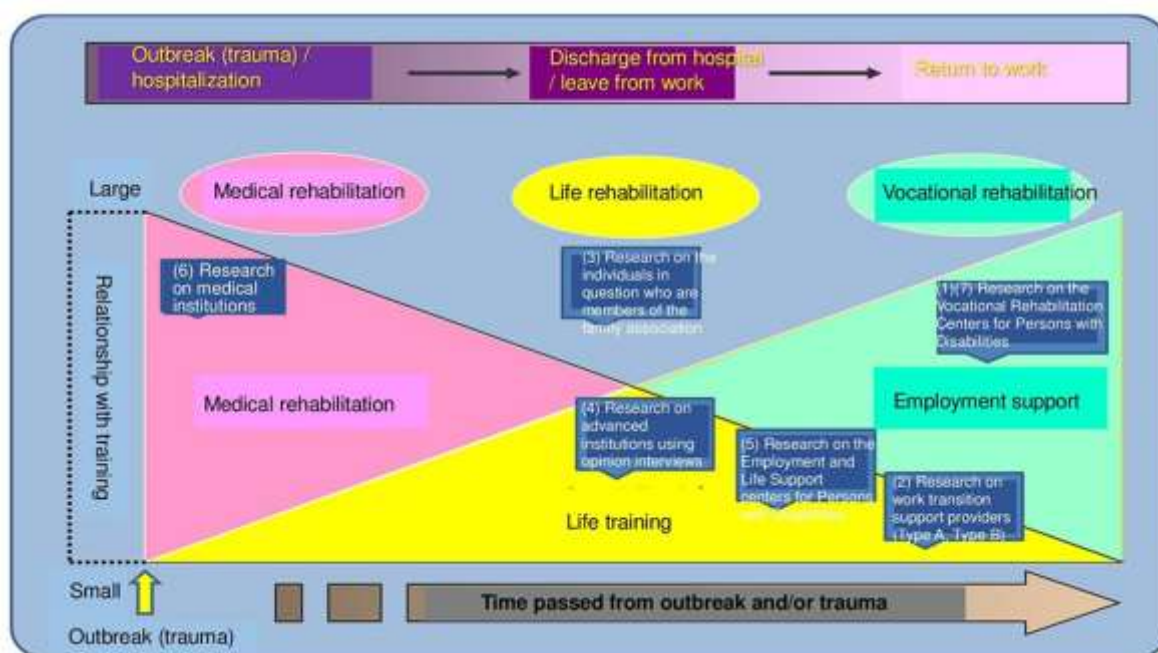


Figure 7: Rehabilitation flow for persons with higher brain dysfunction

- 1) Reviewing the medical rehabilitation field, the number of rehabilitation medical institutions which are “able to accept” persons with Higher Brain Dysfunction has increased. However, reviewing the details of support, general rehabilitation medical institutions offer only up to “evaluation” and “training” and the number of medical institutions which are able to support up to “employment support” are extremely low. On the other hand, reviewing the core support institutions (likely to be medical institutions) allocated in each prefecture, approximately 40% offer the employment support independently. Even though the employment support is not offered at their own institutions, through cooperation with employment support institutions such as Employment and Life Support Centers for Persons with Disabilities and Local

Vocational Rehabilitation Centers for Persons with Disabilities, approximately more than 70% of institutions are prepared to provide the employment support. Therefore, as the task for the future, it is important to progress the cooperation between medical institutions, excluding core support institutions, and both “welfare institutions” and “employment support institutions” as well as to promote cooperation between medical institutions, excluding core support institutions, and core support institutions in order to promote and strengthen the cooperation between medical rehabilitation and vocational rehabilitation.

- 2) Reviewing the life rehabilitation field (in this case referred to as Work Transition Support Providers), there are more than 60% of support institutions which have no achievement in supporting persons with Higher Brain Dysfunction (20% of them have had only one user) showing that many institutions lack even “understanding the characteristics of disorders”. Therefore, having an institution with an advanced approach as a model, it is necessary to create the support structure which many institutions are able to approach.
- 3) Reviewing the vocational rehabilitation field (employment support), at the Employment and Life Support Centers for Persons with Disabilities, nearly 90% of institutions have an achievement in supporting persons with Higher Brain Dysfunction and the case using the Employment and Life Support Centers for Persons with Disabilities leading to employment was 30%. Reviewing the actual condition of work capacity, as a type of employment, more than 80% were non-regular employees. Reviewing the cooperation support, it seems comparatively good with a rate of more than 70% that had “cooperation” with medical institutions and Local Vocational Rehabilitation Centers for Persons with Disabilities. However, since only approximately 20% had “sufficient cooperation” with medical institutions and approximately 30% had “sufficient cooperation” with the Local Vocational Rehabilitation Centers for Persons with Disabilities, it is a task to strengthen the cooperation support structure with each involved institution in the future. Regarding the Local Vocational Rehabilitation Centers for Persons with Disabilities, as the core support institutions for Higher Brain Dysfunction are improved, there has been an increase in the number of users (359 persons in 2002, 483 persons in 2007 and 664 persons in 2011). Moreover, reviewing the employment status of individuals after obtaining support covering the last three years (2009 – 2011), approximately 60% obtained general employment (employment with employment contract) (employed: 31.1%, return to work: 26.5%, Support program for continuation of work (Type A): 4.6%), and especially with support from job coaches (approximately 10% of users), approximately 90% obtained general employment (employed: 51.8%, return to work: 36.6%, Support program for continuation of work (Type A): 0.9%).

Reviewing the cooperation with medical institutions, only 14.0% answered “sufficient cooperation” ten years ago. This time, the survey was undertaken separately regarding the general rehabilitation medical institutions and core support institutions. As a result, “sufficient cooperation” with general rehabilitation medical institutions scored low at 6.7%, however, the cooperation with core support institutions scored high at 37.8%. With the research above, the task for the future regarding the cooperation support with the Local Vocational Rehabilitation Centers for Persons with Disabilities, it is important to strengthen the cooperation with rehabilitation medical institutions, excluding core support institutions, as well as to promote cooperation with core support institutions