

Supporting Children with Disabilities in Play Activities During the Process of Shifting from Home-Based Care to Daycare Settings in Japan

Tomoko YAMAMOTO

Associate Professor of Saitama-gakuen University, Faculty of Human Studies, Japan

*Corresponding author

Tomoko YAMAMOTO, Associate Professor of Saitama-gakuen University, Faculty of Human Studies, Japan, E-Mail: t.yamamoto@saigaku.ac.jp.

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Abstract

This study examined the support for children with disabilities in play activities during the process of shifting from home-based care to daycare settings.

As the results, the support related to child development, families, and communities promoted playing that took into account children's age and the types and levels of disability, understanding of children as well as their disabilities in the process of playing, inclusion of children in the community, and the building of a relationship between children and the community.

Also, the results identified the following: in order to protect children's rights to play, it is important to not only promote their recovery and development through playing, but also respect the independence of children with diseases or disabilities; create a better life for children and ensure their social participation through playing that is supported by a spontaneous motivation aiming at playing for its own sake; and obtain further support from national and local governments.

Introduction

With the advancement of healthcare and home medical services, the number of children receiving home medical care is increasing in Japan. Such children include those who are forced to spend a large part of their daily lives at home due to the necessity of respiratory management using medical devices, which makes it difficult to go out. In general, their mothers or other family members play a central role in caring for them, and measures to ensure their participation in play from infancy are insufficient at present.

Participation in play with support is an ensured basic right of all children. The United Nations (UN) Convention on the Rights of the Child involving Japan and other countries, mainly its Article 31 defines children's right to participate in the areas of rest, leisure, play, and cultural and artistic activities. In March 2013, the UN Committee on the Rights of the Child, which monitors the implementation of the Convention by the ratifiers, issued General Comment No. 17 to promote their compliance with Article 31, specifying the above-mentioned right of children [1].

In Japan, the Child Welfare Act (1947, Act No. 164) to support children with diseases or disabilities who receive home medical care was revised in 2012. In this revision, the conventional subsidy allocation system was reorganized based on the type of support

facility (outpatient/inpatient), rather than disability, with the aim of enabling such children to receive necessary developmental support in their communities. In this respect, systems to provide day services, such as after-school activities, and support nursery school visits were also established.

This report discusses supporting development of children who receive home medical care to use outpatient facilities through participation in play.

Objective and Methods

This report aimed to promote the assurance of the rights of children with diseases or disabilities by examining the supporting development of children who receive home medical care to use outpatient facilities through participation in play.

After clarifying the details of ECEC provided in 3 outpatient support facilities in the process of shifting care from home medicine, the roles of the latter and challenges to developing the former were examined based on children's right to play.

Results

In these facilities, ECEC mainly aimed to support children, attaching particular importance to developmental support.

In such ECEC, developmental rehabilitation was performed with future perspectives and based on individualized support plans, developed upon deliberations between families and professionals engaged in rehabilitation, nursing, developmental consultation, or other areas. Furthermore, approaches for each child to lead an independent life to the maximum extent possible were considered. To promote their development, social and play activities were also organized, according to their age and type/degree of disability.

The child developmental support center Futaba is an outpatient support facility for children with developmental (mainly physical) diseases/disabilities [2]. At this center, ECEC was provided through individualized, age-based, or mixed-group approaches. Play activities were classified into 2 themes to promote gross and fine motor skills, respectively, and children selected and participated in activities for either theme for approximately 2 months. Such a selective ECEC system aimed to promote children's understanding of senses and movements through play activities for each theme.

The child developmental support center Yunagi mainly supported children with hearing loss and their parents. It provided developmental support through individualized and group approaches. The community-based developmental rehabilitation center Aoba is a facility to support infants with severe mental and/or physical disabilities [3]. At this center, outpatient ECEC was provided for children without the company of their parents from Monday to Saturday every week. Its support approaches covered: 1) children's development, 2) their parents, and 3) the shift toward community-based care for them. In the first category, play activities, daily life support covering mealtime and bathing assistance, and rehabilitation were organized based on the age, degree of disability, and individualized support plans developed upon deliberations with families. In the second category, parents were supported to understand their children's mental and physical growth and development, based on the observation of play and daily life activities. Consultation services were also provided in this process. In the third category, comprehensive support for children with disabilities and their families to comfortably live in their communities was provided as a basis for their social inclusion.

In addition to these approaches, the Nadeshiko program was available to provide developmental and life support for individuals aged 18 or over after a shift toward community-based care. The program was designed to support users' daily life activities, including exercise and recreation, exchange with other users and facility staff through various activities, and communication with other community residents through social activities in a space created for community exchange.

At the Futaba Center, outpatient support was provided from 9:30 to 14:35. Until 15:30, activities based on individualized ECEC programs were also performed, as needed.

As listed, ECEC contents were practiced based on an annual plan at the Futaba Center, in which a theme, purpose, creative activity, and event were determined for each month.

Table 1

Month	Theme	Purpose	Creative activity	Event
4	Physical plays Group plays	To experience various movements To adapt to groups		Entrance ceremony
5	Outdoor plays	To experience outdoor activities To learn how to use play equipment	Creating a Mother's Day gift	Excursion
6	Tactile plays	To touch multiple objects To enjoy various sensations	Creating a Father's Day gift	
7	Water plays	To adapt to water To experience a summer festival	Preparing for the Star Festival Exhibition	Summer festival
8	Swimming pool	To feel the buoyant force To enjoy body movements		
9	Physical plays	To enjoy moving the body		
10	Athletic meet	To enjoy using outdoor play equipment To experience competing		Athletic meet
11	Cooking	To taste various ingredients using the 5 senses		
12	Christmas plays	To feel sounds and light	Creating musical instruments	Christmas event
1	New Year plays	To enjoy New Year plays with parents		
2	Early spring plays	To enjoy bean-throwing		
3	Group plays	To enjoy playing with friends	Creating dolls for the Girls' Festival	Graduation ceremony

At the Futaba Center, importance was attached to health support, covering daily observation (visual examination), periodic physical examinations, advice and consultation on health management, and arrangements to discuss methods for such management with parents.

The center also provided safe and palatable lunches for children at 300 yen per serving. Based on the diagnoses provided by physicians, appropriate types of food for individual children were prepared, adopting countermeasures against food allergies. Furthermore, dietary consultation services for parents to make appropriate foods for their children at home were provided.

with the aim of contributing to their health, development, and well-being. For children with diseases or disabilities themselves, play is not only a measure to promote their recovery, but also an activity undertaken for its own sake.

Discussion

In the study facilities supporting the shift of care from home medicine to outpatient facilities through ECEC, approaches to promote children's recovery were provided during play activities, with the aim of contributing to their health, development, and well-being. For children with diseases or disabilities themselves, play is not only a measure to promote their recovery, but also an activity undertaken for its own sake.

Therefore, ECEC is also expected to ensure opportunities for children, including those with diseases or disabilities, to play based on their own intrinsic motivation by contributing to the creation of environments, reflecting the key characteristics of play, such as fun, uncertainty, challenge, flexibility, and non-productivity. In order to enrich the lives of such children, and ensure the quality of their childhood, it may be necessary to define play as their participation in daily life, and appropriately remove barriers that impede their access to their rights, such as isolation at the home.

As a first step to realize this, the value of play as children's right should be shared with their families and society. The provision of opportunities for children to contribute to the development of legislation, policies, strategies, and design of services may also be important to create child-friendly communities and environments through collaboration with them, with effective feedback on opportunities for play and mutual respect.

Conclusion

This report examined the supporting children who receive home medical care to use outpatient facilities.

ECEC provided in study facilities in the process of promoting outpatient facility use were characterized by the provision of child, family, and community life support. On the other hand, to ensure children's right to play, the necessity of respecting children's autonomy from the perspective.

In short, in the process of supporting children who receive home medical care to use outpatient facilities, ECEC is expected to support children, mainly their development, and their parents, with insight into community-based care.

In order to ensure children's right to play based on their own intrinsic motivation, it may be necessary to support their participation in play through collaboration with them from the perspective of the living.

References

1. UN Convention on the Rights of the Child Committee on the Rights of the Child. General Comment No.17 "The right of the child to rest, leisure, play, recreational activities, cultural life and the arts (Article 31)" 18 March 2013.
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