Current Conditions and Issues on Education for Children with Health Impairments in Japan

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Abstract: In recent years, Japan has seen a shift away from “special education”, in which instruction that matches the degree of disabilities is provided at specific sites, to “special support education”, through which appropriate educational support is provided in accordance with the special educational needs of individual schoolchildren. This shift is taking place at special schools and special classes that provide education for children with health impairments and physically weak children. However, beyond simply providing education for schoolchildren with chronic diseases who are undergoing treatment in hospitals, special schools for children with health impairments are now taking on new roles; they are now accepting children with a long absence from school because of psychosomatic illnesses or family problems. Psychosomatic illnesses and school refusal are common and frequent among schoolchildren who are under considerable mental and physical stress. These problems are also associated with school health. While reviewing the history of education for children with health impairments in Japan, in this article problems that confront education for children with health impairments are addressed and special schools for children with health impairments under special support education are discussed.

Key Words: Education for children with health impairments, Special education, Special support education, Special educational needs

I. Introduction

Education for children with health impairments was established to provide learning opportunities to children who must undergo continued treatment as in-or outpatients. Under the current special education system, such education is provided through special schools for children with health impairments, classes in hospitals as special education courses of elementary and lower secondary schools, special classes for children with health impairments and physically weak children in elementary and lower secondary schools, “resource rooms”, and home visits from special schools (i.e., schools for children with health impairments, motor disabilities, thranghont. and intellectual disabilities).

However, Japan is currently undergoing a systematic shift from “special education”, in which instruction is provided at specific sites in accordance with the degree of a person’s disability, to “special support education”, through which appropriate learning support is provided in accordance with the special educational needs of each child.

Special schools for children with health impairments as well as classes for children with health impairments and who are physically weak are part of this shift. Schools for children who are bind or deaf or have intellectual or motor disabilities lead the way in providing education that meets special educational needs of these children. However, because of changes and diversification of diseases with the changing times, special schools for children with health impairments have become places that can encourage nonattendant children, who require hospitalization or medical treatment due to psychosomatic illnesses, to return to society. These facilities have also become places for providing protection to abused schoolchildren with chronic diseases. The operation of varions schools and classes is required because special educational support is needed to meet these different medical and welfare-related needs.

While reviewing the history of education for children with health impairments in Japan, in this article we will examine into current conditions of this type of education, analyze its characteristics, and consider the role it should play in special support education.

II. Prototypes of schools for children with health impairments

If we examine the history of education for children with health impairments in Japan, we find that it has characteristics different from those who are blind or deaf, or those with intellectual disabilities or motor disabilities. Let us clarify these characteristics as we review the social conditions in the early days of education for children with health impairments.

1. Establishment of public health and school systems as state-run operations

Japan began to establish itself as a modernized country on a par with those in Europe and North America during the Meiji Restoration Period. As part of this effort, it took systematic steps to establish a health and medical system as well as a school system.

In the late 1870s and early 1880s, the containment of cholera and other infectious diseases became one of the nation’s highest priorities, and this led to the establishment of a public health administration at the central and regional levels. At the same time, the Meiji government promoted efforts to develop awareness and knowledge of sanitation among the nation’s citizens to raise their understanding of sanitation. The Japan Sanitation Association, which was established as a private-sector organization in 1883, also played a major role in enlightening the public; indeed, the expression “school hygiene” can be found in the Association’s bylaws. With this background, Japan began pursuing a strict education program to build up the nation’s strength after its school system was established in 1872, and continuing health problems among students (called “school diseases” at the time) led to efforts to immediately provide relief and prevention.

2. Birth of special schools for children with health impairments in Japan

The first education for children with health impairments in Japan was provided to pupils suffering from beriberi at Mie Prefectural Normal School for the Primary Level. At the time, beriberi had a major impact on national health as it had a high mortality rate and depleted the country’s labor force.

This led the Ministry of Education to focus on school sanitation, and in 1897 it took steps to assign a physician in all of the country’s public schools. That was a landmark move never before seen even in other countries. Furthermore, because it was believed that those with a weak physical condition were susceptible to tuberculosis and other diseases, the Ministry of Education provided special instruction at “vacation colonies” where children with poor health were gathered on nonschool days with the purpose of promoting health and improving physical strength. From the good results of the activities carried out at the vacation colonies, it was realized that providing long-term and systematic education for physically weak children in forest or coastal areas was effective. It was thus decided that such schools would be set up in all parts of the country.

The time from the end of the Meiji Period (1868 - 1912) to the Taisho Period (1912 - 1926) was a period of industrial expansion in Japan. This led, however, to a social problem whereby the conditions of laborers deteriorated in opposition to the nation’s dramatic industrial and economic growth. Japan’s citizens experienced additional hardship because of the Great Depression of 1920 and as a result of the Great Kanto Earthquake of 1923. The infant mortality rate (number of infant deaths per 1,000 live births over the course of a year), which is a measure of regional health, stood at 189 in 1918. This was the highest rate ever recorded in mother-and-child health statistics in Japan. The nation thus experienced a high infant mortality rate as well as a high rate of mortality due to chronic and infectious diseases such as tuberculosis and sexually transmitted diseases.

According to the Ministry of Education statistics on physical examinations for 1924, on average, 5% of the nation’s children (approximately 500,000 children) suffered from poor physical health in forms such as malnutrition, eye diseases (e.g. trachoma), and tuberculosis, and social inequality was noted in the health of the weakest children. In line with changes in the country’s prevailing disiases, Japan’s education for children with health impairments, which had started as a countermeasure against “school diseases” during the Meiji Period, shifted roles to one that provided countermeasures for tuberculosis, the incidence of which increased rapidly during the Taisho Period. Through this shift, education for children with health impairments was making slow but steady progress.

As Japan entered the Showa Peciod (1926 - 1989), it began taking steps to foster healthy soldiers as part of its policy to increase the nation’s wealth and military power amid the Manchurian Incident and other events. The National School Order in 1941 clearly mentioned this as an objective of primary education. The Regulations for the Enforcement of the National School Order thus banned children with infectious diseases from attending classes, called for the organization of special schools and classes for these children, and made the education for physically weak children as a measure against tuberculosis as a national policy. As a result, the number of schools and classes of this type increased markedly.

According to the Ministry of Education documents in 1942, the total number of special classes in national schools was 1,682, with the number of attending children reaching 65,930. Of these, the number of classes for physically weak children was 1,616 (96%) and the number of children attending these classes was 64,891 (98%). Thus, it is notable that nearly all of the children attending these classes had poor physical weakness. If the scarcity of medical resources at the time is considered, the significant role that these special classes played from the aspect of prevention and treatment of tuberculosis, leprosy, and other chronic and contagious diseases is intriguing.

III. Genealogy of education for children with health impairments following World War II

Article 25 of the Constitution of Japan ensures the right to live and stipulates the government's social security obligations by stating that "All people shall have the right to maintain the minimum standards of wholesome and cultured living. In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health." Furthermore, Article 26 ensures the right for the nation's citizens to receive an education and details the government's obligation in terms of education by stating, "All people shall have the right to receive an equal education correspondent to their ability, as provided for by law. All people shall be obligated to have all boys and girls under their protection receive ordinary education as provided for by law. Such compulsory education shall be free."

The above-mentioned items are guaranteed as social rights that are included among citizens' basic human rights, and the guaranteeing of these rights is a responsibility of the government. The two articles mentioned above also form the philosophical basis for Child Welfare Law, Basic Education Law and School Education Law among others that were enacted after the war. While the previous Constitution considered education as one of "three major responsibilities" that must be fulfilled by the nation's citizens (with military service and payment of taxe as the other two responsibilities), the new Constitution represented a 180-degree change in this philosophy by establishing education as a right of the nation's citizens, and by making it the national government's responsibility to ensure this right. Consequently, the foundation ensuring opportunities for schoolchildren with disabilities to receive compulsory education was laid.

1. Issue of securing the right of education for children with health impairments: toward the establishment of compulsory education at special schools

Japan's School Education Law was enacted in 1947. Article 71 of the law stipulates the following as an objective for establishing special education schools: "Schools for blind children, schools for deaf children and special schools will provide education based on kindergarten, elementary school, lower secondary school, and upper secondary school curricula for all schoolchildren suffering from blindness, deafness, intellectual disability, motor disability, or other physical disabilities. At the same time, these schools shall teach their schoolchildren knowledge and skills necessary to help them overcome their disabilities." Thus, efforts from the prewar era to realize compulsory education for the blind and deaf were finally bearing fruit.

In the past, there was a persistent belief that education for children with health impairments would worsen their condition because the main treatments of tuberculosis and other infectious diseases were rest and eating nutritious food. Thus, such children were exempted from attending schools under Article 23 of the School Education Law. Article 75 of the law, however, stipulated the establishment of special classes for these children. Paragraph 1 of Article 75 states that children with physical weakness should be educated at special classes, and Paragraph 2 states that schoolchildren currently undergoing treatment can be educated at special classes or by dispatching teachers to them. The two paragraphs. followed in the wake of the special classes that were established in prewar elementary schools, national schools, secondary schools, and girls' secondary schools. There was an increasing need to continue special classes for schoolchildren with physical weakness. because of food shortages, worsening sanitation, tuberculosis epidemics, and other problems that occurred in the days following World War II.

After the war, many special classes were set up. However, to realise the continual establishment of special schools for children with health impairments, which were not covered in legal stipulations, a government notification on disability classification standards in 1953 was revised in 1957 to clearly state that schoolchildren suffering from tuberculosis, heart diseases, renal diseases, or those with physical weakness should receive education in special schools. Furthermore, the Special Measures Law for Establishment of Public Special Schools in 1956 added momentum to the establishment of schools for children with health impairments, as did a revision of Article 71 of the School Education Law in 1961, which clearly laid the groundwork for the establishment of such schools (including those for persons with physical weakness). A newly revised Item 2 of Article 71 entrusted the regulation of the degree of disability of schoolchildren attending special education schools to government ordinance. Item 2 of Article 22 of the enforcement regulations of the School Education Law in 1962 established that the term "health-impaired schoolchildren" should refer to those who experienced medical or living restrictions lasting for six months or more.

It was at this point that health-impaired schoolchildren were finally included in the School Education Law and began to receive the same educational services as schoolchildren with other disabilities.

A preliminary government ordinance on a compulsory program for special school education was issued in 1971. In working toward implementation of this program, one of the major barriers in education for children with health impairments was that their parents had to shoulder an extremely high portion of their medical expenses because they require long-term hospitalization or medical care. However, through the efforts of concerned individuals with common interests, a path was opened for making public support, which covered many diseases, available for many of the children with health impairments. The compulsory program was thus implemented in 1979.

2. Transitions in school curricula

The first course of study at special schools for children with health impairments was established in 1963 through a notification issued by the Administrative Vice Minister of for Education. Prior to this, the courses at these schools were imprementud in accordance with the condition of the schoolchildren, and varions methods were tried in efforts to return the schoolchildren to their former schools. While engaging in health management in a suitable natural environment and based on a well-regulated daily routine, their school courses put emphasis on care from the standpoint of education that is based on elementary and secondary school courses.

Apart from physical education, the educational content of the initial school curriculum was based on that in elementary and secondary schools. The subject “physical education” was replaced by “care and physical education”, with “care” being composed of “rest, exercise, and recreation”. Even schoolchildren with diseases or health impairments were able to participate in the lessons and to easily move up to the next grade.

The course of study was revised in 1971 and inplemented through a ministerial notification. Moving away from the traditional assumptions for tuberculosis or physical weakness, this revision allowed for a flexible response to diversified types of illness and disability as well as to interruptions in the studies of schoolchildren. Major changes included those based on the compulsory program for special school education to “include all children, no matter how severe their disabilities” and, in terms of education, the establishment of a sphere of instruction in “care and training”, as it was deemed necessary to cultivate a base for harmonized development of both the mind and body by alleviating children’s disabilities and by providing these children the knowledge, skills, and attitude, they will require to overcome their disabilities.

The course of study for upper secondary schools was estalalished in 1973, and the first course of study for kindergarten was implemented in 1989.

3. Conditions since establishment of compulsory program for special school education

Through the implementation of the compulsory program for special school education, all children with health impairments and who had been excluded from schooling due to their illnesses were now guaranteed the opportunity to receive an education. The number of health-impaired schoolchildren who received this special education reached a high point of 8,313 in 1979. However, for several years after, this number vacillated up and down before beginning a declining trend in 1984. As of 2002, the number stands at 3,921, which is less than half the 1979 figure.

There are three reasons for this decline. One is improved medical management, which has resulted in a decline in the number of schoolchildren requiring long-term hospitalization due to asthma or kidney disease, which made up a large proportion of health-impaired children receiving special school education. Furthermore, regarding the quality of life (QOL) continuous medical treatment through repeated short-term hospitalizations (even for patients with malignant neoplasms), has led to fewer schoolchildren needing to go to special schools for children with health impairments. Moreover, a revision of medical insurance coverage of medical fees has resulted in shorter hospitalization, and the withdrawal of highly non-profitable pediatric treatment imparticular, due to limitations on long-term hospitalization. Even for patients reguiring continuous treatment, there is a trend toward repeated hospitalizations and discharges.

The second reason is that education-related personnel, medical personnel, and caretakers have insufficient understanding of education for children with health impairments. It is also true that these children and their families are not receptive to the idea of transferring to a special school. Conversely, the more understanding of these schools grows, the more schoolchildren (and their families) not attending school because of psychosomatic disorder elect these schools.

The third reason involves administrative problems; expertise in education to support children with health impairments at the regional level is in decline. This is evident in an insufficient placement of personnel specializing in children with health impairments in boards of education of local government, the manner in which school enrollment and guidance committees are set up, and the short terms that school principals serve, among other items. It can thus be inferred that many health-impaired school children do not receive the special education they require.

4. Working to "provide education to all children undergoing medical treatment"

In compulsory education, schoolchildren who do not attend classes due to illness make up a large proportion of all students who are absent from school for a long period of time. Because only a portion of these schoolchildren have received education for children with health impairments, in 1993 the Ministry of Education established a "Conference of Persons Involved in Survey and Research on Education for Children Receiving Medical Treatment". An official notice entitled, Byoki Ryoyo-ji no Kyoiku ni Tsuite (On Education for Children Receiving Medical Treatment), was released in December 1994 based on the Conference's report.

The notice basically called for the following: a.) understanding of the actual conditions of children who are hospitalized, b.) work to ensure appropriate educational measures (e.g. simplification of transfer procedures) for schoolchildren who want to change their schools, c.) promotion of educational institutions for children receiving medical treatment (e.g. establishment of classes in hospitals) by boards of education of local government, and d.) improvement in the expertise of educational personnel. Since then, there has been a gradual increase in the number of classes held in hospitals.

However, a basic survey of schools conducted in 2002 revealed that 54,336 schoolchildren had long-term absences of 30 days or more due to illness in compulsory education. Of these, 2,761 went to schools for children with health impairments, 1,693 attended special classes, 8 attended "resource rooms", and 64 were exempted from education. Of the children that possibly require special education to health impairments, the percentage of those actually receiving this education was 8.3% . This is only a slight improvement over the 6.8% recorded in 1994.

Schoolchildren who require special education due to health impairments but who do not receive it are registered in regular schools. An issue for future reseach will be to investigate the actual conditions in these schools.

5. Education for children with health impairments and "On Special Support Education in the Future"

In March 2003, a report entitled Kongo no Tokubetsu Shien Kyouiku no Arikata ni Tsuite (Saishu Houkoku) (On Special Support Education in the Future [Final Report]) clerly showed a shift away from special education conducted in particular places to "special support education" that meets individual needs. For the framework for special support education, the report pointed out the need to "actively respond to the needs of schoolchildren who require special educational support in regular classes" as well as the need to provide integrated counseling on medical care, welfare and labor for children and their caretakers that spans from infancy to graduation from upper secondary schools. Although these perspectives are considered important for the future education of children with health impairments, "special educational support" currently focuses only on mild developmental disorders; the issue of children undergoing medical treatment and attending regular classes was not clearly addressed.

6. New school enrollment measures and education for children with health impairments

Article 22, Item 3 of the Enforcement Order of the School Education Law was revised in April 2002. This revision allow for the flexible management of disability levels (school enrollment measures) for enrollment in schools for children who are blind or deaf or with other disabilities. The revision also made it possible for children to enroll in an elementary and secondary school as a "certified enrollee", if the board of education of local government certifies that they have conditions requiring them to receive an appropriate education in the said school, even if the schoolchild do not meet the school enrollment measures. This was the first time in 40 years that a revision was made to the Enforcement Order of the School Education Law, which is the foundation of the school enrollment system for children with disabilities, and it brought Japan closer in line with international education trends.

IV. Transitions in basic concept regarding human rights as noted in education and welfare-related policies: advancement of normalization in Japan

The constitution of Japan establishes that all of the nation's citizens shall "possess basic human rights", "be guaranteed freedoms and rights", and "be respected as individuals" among other items. The Basic Education Law places emphasis on the "dignity of the individual" and "equal educational opportunities". The concept behind child welfare is described in the Child Welfare Law as “All citizens must work to ensure that children are born healthy in both mind and body and that they are given an education” and “All children must be ensured fairness in daily living and protection.” The Children’s Charter, which was enacted in 1951, integrated both mental and physical disabilities into its philosophy on child welfare as follows: “All children shall be guaranteed a healthy birth (both mentally and physically), upbringing, and living environment”, “All children shall be given appropriate medical care, education, and protection, if they would be born with physical or mental disabilities.”

However, analyzing these policies in more detail, it was clear that the concepts of social defense and social effectiveness were the cornerstone. For example, implementing educational and welfare policies for people with intellectual disabilities entails only minimal burden and hardship on the society, and these policies were considered necessary to turn negative aspects of the society into positive aspects.

Japan’s Fundamental Law on Measures for People with Physical and Mental Disabilities was enacted in 1970. This law stated, “The dignity of all persons with disabilities shall be respected and they shall have the right to be treated in such a manner” (Article 3) and “nation and regional municipalities shall prevent the occurrence of physical and mental disabilities.”(Article 4) Article 9 of the Fundamental Law defined the basic policy for prevention of physical and mental disabilities.

Two contrary statements in The Fundamental Law were as follows: measures to prevent disabilities and strategies to provide welfare support to persons with disabilities. These became a source of problem later.

In connection with the “International Year of Disabled Persons” (1981) and “The United Nations Decade of Disabled Persons” (1983 to 1992), Japan domestically enacted its “Long-Term Plan for Measures for Disabled Persons”.

Then, in 1993, Japan made large-scale revisions to the Fundamental Law on Measures for People with Physical and Mental Disabilities, which was eacted as the Disabled Persons Fundamental Law. With the end of The United Nations Decade of Disabled Persons, this revision was carried out to reflect the concept of “normalization”. The words “measures for people with disabilities” were excluded from the law’s name. In Article 1 (“Purpose”) of the new law, the expression “measures for disabled persons” was clarly mentioned, whereas, the expression “prevent the occurrence of physical and mental disabilities” was eliminated. In Article 3 (“Fundamental Principles”), the phrase, “All disabled persons shall, as members of society, be provided with opportunities to fully participate in social, economic, cultural and other area of activity” was added to the phrase, “The dignity of all disabled persons shall be respected and they shall have the right to be treated in such a manner” that appeared in the law’s previous version. The new law states that the “prevention of disabilities” is a responsibility of the nation and its municipalities.

In 1995, Japan enacted “The Government Action Plan for Persons with Disabilities: A Seven-year Normalization Strategy” in connection with the Disabled Persons Fundamental Law. The Action Plan was established as a specific means for implementing the high-priority policies of the “New Long-Term Program of Government Measures for Disabled Persons: Towards a Society for participation of all estalolished in 1993”. The government is currently working to implement these policies based on the Action Plan’s idea of rehabilitation, which aims at improving disabilities at all stages of the life cycle and that of normalization, which aims to create a society in which persons with disabilities are equal to those without disabilities in daily life and activities by minimizing their handicaps.

A new “Master Plan for Persons with Disabilities” and “Action Plan for Persons with Disabilities” were commenced in 2003. The Master Plan fine-funes the government’s response on the basis of the special needs of an individual in line with its basic policy in the education and care field: “In order to provide fine-tuned support that meets the needs of each child with disability, the government shall provide integrated and systematic education and medical care from infancy to postschool graduation, while at the same time responding appropriately to children with special educational and care needs by, among other activities, providing educational support for disorders suchas leaning disabilities (LD), attention deficit/hyperactivity disorder (ADHD), and autism.”

Furthermore, as a cross-sectional approach within the basic policy of the entire Master Plan, the government will study strategies toward the application of International Classification of Functioning, Disability, and Health (ICF), which was adopted by the World Health Organization, from the standpoint of promoting understanding of disabilities and appropriate policies.

“Disability” is understood as the relationship between an individual and his or her environment. When considering disability from this new perspective, it is important to take an integrated approach that involves working for the individual by alleviating disability and developing capacity, while also creating an environment in which people with disabilities can be fully active and utilize their own particular skills. Rather than helping people with disabilities live and work independently by building their personal capacity, it is better to create an environment in which they can live and work independently. It is considered that this method is more effective in helping people with disabilities develop the capacity for independent living.

Macover, in looking at the relationship between the two above-mentioned ideas, if we realize "normalization that aims to create a society in which persons with disabilities are equal to those without disabilities in daily life and activities by reducing their handicaps", then it is only natural that the "rehabilitation that aims at improving disabilities at all stages of the life cycle" will also realized.

V. Current issues surrounding education for children with health impairments

If we look at efforts that promote measures for people with disabilities and current conditions in education for children with health impairments in Japan, we find that education for children with disabilities is undergoing a significant shift and that relevant issues cover a wide spectrum. This section will concentrate on issues about schools for children with health impairments.

1. Establishment of integrated counseling and support system

Currently, schools for children who are blind or deaf or with other disabilities are utilizing their expertise in their particular fields to become regional centers for special education-related counseling and support for elementary and secondary school teachers and their caretakers. Only one school for children with health impairments in Japan sets up kindergarten. This is primarily thought to be because infants are generally hospitalized for short periods of time and because there is a tendency toward placing emphasis on the treatment of their illness. However, the types of illness of hospitalized infants are diversifying, and the disabilities appear to be more severe and complicated. Some of them must be hospitalized for long periods of time. People have become increasingly aware of the importance of early education in recent years, and it is becoming particularly necessary to provide childcare and kindergarten education, including play, for hospitalized infants. Thus, in the field of medical care studies are underway on the introduction of a system for nursery teachers in hospital wards as well as volunteers who assist hospitalized infants to play in pediatric wards. Tests on guidance and counseling of infants are also being started in the field of school education. It is desirable that "kindergarten should be set up in schools for children with health impairments that are attached (linked) to hospitals having a certain number of hospitalized infants in order to provide appropriate education for them.

Furthermore, there will be an increase in the number of schoolchildren who need long-term medical care and regimen in daily living following the end of their compulsory education and who are judged suitable for education at upper secondary department of special schools for children with health impairments. Consequently, it will be important to promote the establishment of these departments to enhance educational opportunities for them so that they can receive an upper secondary education. In addition, current procedures for leaving school or entering school in midterm in upper secondary education, schools make it difficult for students to return to their original schools. Even in cases in which students move on to senior high school, there are many instances when these students suffer disadvantages because their studies have been delayed by their medical treatment or because it is difficult for them to participate in physical education. Thus, there are issues that must be resolved with regard to credit acquisition and college preparation at senior high schools. It will be necessary to respond to the diversifying educational needs of children with health impairments by strengthening frameworks related to credit systems and their admission to credit-system or part-time senior high schools.

2. Securing education for hospitalized children

Classes in hospitals serve an important role by providing hospitalized schoolchildren with opportunities to learn and by making up for delays in learning, while at the same time stabilizing their conditions and making the most of their time in hospiatls. In actual fact, however, there are prefectures in Japan that have not established these classes in hospitals, while others are abolishing these classes due to the scaling back of pediatric services in hospitals. On top of this, hospitalized schoolchildren must transfer from regular schools to schools for children with health impairments to receive education, and this takes time as the procedure is both difficult and burdensome. Furthermore, children and their families sometimes have an aversion to transferring to such a special school.

A flexible education management that will allow schoolchildren to receive the education they need without transferring schools is required. Furthermore, under the current system, through which classes are certified based on the number of registered students as of May 1 of each year, teacher allocation cannot be immedialely implemented in response to increases in students that occur during the fiscal year. Thus, there are many instances in which a gap occurs in a schoolchild's learning during the period of home treatment that occurs between the student's discharge from the hospital and his or her return to the original school. It is therefore important to ensure that education is provided not only during a student's hospitalization but during home treatment as well.

3. Expanding the range of schoolchildren with health impairmcnts eligible for special education

In recent years, the number of schoolchildren with health impairments attending special schools has been declining. This trend has become a problem in the management of these special schools that are attached (linked) to hospitals and other medical care institutions. However, there are schoolchildren who need to go to hospitals over a long period of time and to undergo medical care in their daily life without hospitalizing. It is important to promote the acceptance of such children with health impairments in resolving the above problem. Such schoolchildren are showing a gradual increase nationwide.

According to a basic survey on reasons for long-term absence from school that was conducted in 2002, of 204,069 schoolchildren who did not attend school for 30 days or more, 54,336 were absent due to illness and 131,211 refused to attend school. Thus, the educational needs of children who refused to attend school and those who are undergoing medical treatment are significant. Pediatricians often point out the various problems that affect the school life of children suffering from chronic diseases (e.g. asthma, atopic dermatitis, epilepsy, diabetes, heart diseases, renal diseases, and psychosomatic disorders) when they attend regular schools. However, despite the fact that over 90% of schoolchildren who were absent from school for long periods of time due to illness are registered in regular schools and are eligible for school health services, the special needs of these schoolchildren are rarely recognized as in the case of the needs of those who refuse attendivg school. In the future, it will be necessary to include persons connected with school health (e.g. school physicians, health managers, and school nurses) as targets for training in education for children with health impairments.

At the same time, it will be important to conduct enlightenment activities to deepen understanding and awareness of education for children with health impairments among elementary, secondary school students who are absent for long periods of time due to illness as well as among their caretakers and teachers in charge. Similarly, it will be necessary to expand the range of children who are eligible for this kind of education by working to transfer children to schools for children with health impairments.

4. Enhancing educational content and methods

The upper secondary departments of schools for children with health impairments currently have general courses for full-time studies. In recent years, vocational education in a variety of forms (including such courses as domestic science and commerce) have been implemented, with consideration for admission and transfer of students from commercial and industrial high schools among others. Considering changes in society brought about by computerization and other factors as well as the conditions of students enrolled in such upper secondary department of school, it will be important to study the establishment of data processing, commerce and other courses, and means of mading school curricula flexible so as to promote future employment and academic advancement.

In addition to children with severe and complicated disabilities, it is anticipated that there will be a further increase in the number of schoolchildren who refuse to attend school and who are diagnosed as having psychosomatic disorders and nervous disorders, amony others. It will be important to develop and devise an appropriate educational content and methods that match the conditions of these children. Among children with health impairments, there are some that are hospitalized while facing the prospect of dying. For example, schoolchildren with severe heart or renal diseases or pediatric cancer require terminal care. For these children, it will be necessary to improve the quality of teacher training in universities and other institutions as well as on-the-job training to respond appropriately to the diversifying conditions of schoolchildren and to implement effective education.

VI. Conclusion

In looking back at the history of education for children with health impairments, we see that such education has progressed while being influenced by attitudes toward school hygiene and physical education. This has occurred against a background in which each era has had its own school health issues, beginning with simultaneous medical care and education for schoolchildren needing treatment for a disease (beriberi) that was becoming problematic in the early days of Japan's schools system. As part of this trend, differences in the historical development of education for children with health impairments and education for children with other disabilities, such as blindness and deafness, began to emerge. Following World War II, special schools for children with health impairments were developed and enhanced to ensure an education for schoolchildren who were forced to undergo long-term treatment (e.g. tuberculosis, muscular dystrophy, asthma, renal and heart diseases.), without first establishing the legal basis for ensuring education for children with health impairments. With the establishment of a compulsory program for special school education, education for children with health impairments was set within the framework of special education.

However, today, as efforts are underway for a systematic shift toward "special support education", the basic foundation of education for children with health impairments, which has been built within the "special education" framework, has become endangered. We are now facing a situation in which the methodologies that have been developed until now cannot, by themselves, handle issues such as the decrease in the number of schoolchildren enrolled in special schools for children with health impairments and the diversification of illnesses eligible for special education. The number of school children with health impairments who actually need special education is not decreasing. Rather, the issues here are to respond to the diversification of eligible illness and to expand a sphere within which the services of schools for children with health impairments can reach.

On the other hand, education administration is not exempt from reforms of local administration and finance. Thus, there are some prefectures in Japan that are merging or abolishing schools for children with health impairments because of low enrollment or to increase financial efficiency. All areas in Japan are now facing merging or abolishment of national and public hospitals, and this is leading to the closure of educational institutions established within these hospitals.

At the foundation of the shift toward "special support education" is the international trend toward "education that is based on special needs". Here, it is important to view this foundation not only within the traditional special education framework, but also within the current school system, including regular classes. In this article, the points that should be borne in mind in this endeavor has been summerized by examining the changes that have occurred in the history of Japan's education for children with health impairments.

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