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Abstract of Thesis

Name	(Mustakim Malika)

Title	Community living of People with Disabilities in Kazakhstan and Japan 「カザフスタンと日本における地域生活に関する研究」

Abstract of Thesis

People with Disabilities (PWDs) are the biggest minority group in the world (WHO, 2023). They face various challenges in terms of poverty and limited economic participation due to barriers in education, employment, and persistent discrimination (United Nations Department of Economic and Social Affairs, 2019).

Since 2006, the Convention on the Rights of Persons with Disabilities (CPRD) has addressed the right to be included and integrated into society internationally. The CRPD contributed to creating legislative and normative procedures that promote various aspects of social inclusion, such as the right to education, employment, and a barrier-free environment. However, due to its universal nature, the CRPD struggles to overcome challenges in countries with differing socio-historical contexts and resource disparities (Wescott et al., 2023).

This thesis addresses Community Living in Kazakhstan and Japan. Article 19, on 'living independently and being included in the community,' promotes the rights of PWDs to choose their residence and have equal rights with others. Kazakhstan and Japan have been critiqued for their strong medical models of disability and ongoing institutionalization practices (UN, 2022; UN, 2024). Therefore, this thesis aims to inspect the implementation of community living in different socio-historical contexts.

The background research mainly inspected community living by focusing on the transition from institutions to the community from various perspectives (Mansell, 2006; Katoda, 2014). This creates a dichotomy mere physical presence of PWDs in communities promotes their social inclusion. Therefore, there is a need to examine the community from the perspective of social inclusion and community participation. Due to the ambiguity of such terms as social inclusion and community participation and their interchangeability (Bigby,2012; Amado et al. 1, 2013), the research will focus on implementing community living by a qualitative approach. The model of CRPD is used to make the framework for examining the implementation of community living. Even though it has a legislative nature, it has various levels that address many barriers to social inclusion. After consideration, the model was created by the author: The human rights (as a foundational level), the accessibility and environmental level, the care and assistance (as a supporter layer), the employment, and education (as integration level).

The second chapter inspected the disability welfare practices in Kazakhstan. It was established that the social inclusion level is low and community living practices are lacking (UN,2019). This was explained through the Soviet heritage of social exclusion of PWDs and practices of institutionalization. PWDs in the Soviet Union were divided by their abilities to participate in labor, and those with higher abilities were favored and put into work therapy and vocational rehabilitation (Madison, 1968). Those people could get partial social inclusion while being encouraged to overcome their disabilities. Those who did not have working capacities were segregated into facilities (children), or their needs were ignored entirely (An,2014). Kazakhstan still uses the same classification of disabilities to this day, which contributes to the small number of PWDs and their low social inclusion.

After its independence, Kazakhstan did not have an accessible environment or any support-care system

for PWDs (Katsui, 2013). Therefore, there were continuous efforts to create an accessible environment, social work (An, 2014), and services supporting PWDs living independently (Katsui, 2013). Despite those efforts, interviews revealed that accessibility is insufficient, there is difficulty getting an education, and people experience social exclusion. Kazakhstan's NPOs, supported by Finland's funding, created personal assistant services (Katsui, 2013) to promote the independent living of PWDs. However, in implementation, it became an escorting service for people with visual and physical disabilities. It also became clear that personal assistants are commonly family members, which negates the meaning of personal assistants. Simultaneously, it shows that the government responds to people's demands on the nature of services, allowing them to hire their family members. Regarding community living, it became clear that Kazakhstan is in the stages of creating services and environments for people to live in communities.

In the third chapter, the history of Japanese welfare was explored. Due to religious background and systematic issues, families took care of children with disabilities, and institutionalization started comparatively late in the 1950s (Nakamura, 2013). Simultaneously, community care and networks were developed due to the efforts of activists (Nakanishi & Ueno, 2003), many of whom were parents of PWDs. Therefore, CILs (centers of independent living), accessible environments, and personal assistant services were established (ibid). The notion of community care in Japan coincides with ongoing institutionalization, as seen in Okamura Shigeo's community care model (1974). In his work, he criticized the effects of institutionalization on PWDs and their independence level(ibid). His community care model does not exclude institutionalization but is created to open institutions and delegate some functions of institutions to the community through intermediate care (such functions as employment, residential function, etc.).

The Community care model of Okamura influenced the research site SSM (Sosonomori) the author focused on. Therefore, it was used to analyze it. It became evident that due to the advancement of community care, SSM was able to further the model. Community care does not have to rely on institutions for care anymore; the model of SSM centers on a community instead of avoiding institutionalization or negating its effect. They put much effort into supporting their users and integrating them into the community through volunteering and organizing various activities. This demonstrates that they acknowledge the community as not a mere place but also as an element of successful community living. Another aspect they succeeded in is addressing the shortage of care workers (CW) in aging countries such as Japan through tremendous effort in training and scouting. SSM also recognizes the importance of PWDs' self-determination within community living and has developed various tools and methods to support it.

The fourth chapter discussed the meaning of self-determination within community living. According to the research literature, community living is not valued without the support of self-determination (Okabe, 2019). It becomes institutional care within community settings. The support of self-determination was explored through field research (May 2023 to May 2024) and interview research (May 2023) of 13 CWs. Finding suggest CWs, based on the length of their experience, view self-determination differently. People with shorter work experience and view self-determination rather simplistically, such as responding to requests and arranging errands. However, people with more extended experience recognize self-determination as a process with various stages.

In the fifth chapter, the role of activist networks in developing services was discussed in Japan and Kazakhstan. Although some elements, such as family being caregivers and lack of environment, were similar in both countries, the disability activists overcame it and contributed to support of community living in Japan. The study suggests that the influence of those networks is essential and should be promoted further.

However, more efforts should be made to acknowledge the issues of medical model of disability and strong institutionalization practices towards PWDs in Kazakhstan and Japan.

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["Citizenship of/for Persons with Disabilities": Structures and Mechanisms of Exclusion and Marginalization [Special Issue I] The Boundaries of "Citizenship" and Welfare: Considering from the Perspectives of "Non-Citizens" and "Partial Citizens"]

論文審査の結果の要旨及び担当者

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論文審査の結果の要旨

　障がい者支援の政策目標は「脱施設化」（De-institutionalization）から「地域生活への移行」（Community Living）の時代へと移り変わってきた。障害者権利条約は障がい者が地域社会で普通に暮らすことができる権利の保障を締約国に求めているが、多くの国々は国連からその不十分さを指摘されており、日本も、カザフスタンも同様である。本論文は障がいのある人たちが地域で普通で暮らせる社会をテーマに、日本とカザフスタンの障がい者支援の現状を分析し、その相違点を明らかにし、その背景と要因を歴史的、社会文化的な側面からの説明を試みている。また支援専門職へのインタビュー、長期にわたる障がい者支援現場でのフィールドワークを通じて、障がい者の自立生活、自己決定とは何かを議論しており、オリジナリティの高い論文となっている。

　３つの点で本論文総括すると、一つめに、申請者はカザフスタンの障がい者福祉制度の整理したうえで、障がい当事者９人に対するインタビュー結果の分析も加えて、その支援はいまでも旧ソ連時代の政策が色濃く残っている現実を指摘している。旧ソ連時代の障がいに対する社会主義的な考え方やその理念を基盤として行われてきたワークセラピー等の旧ソ連時代の障がい者政策を紹介し、また西側諸国では障がい者支援が医療モデルから社会モデルに移り変わろうとしているにもかかわらず、カザフスタンではいまだ医療モデルが続いている現状を指摘した。

　二つめに、日本の障がい者福祉制度は世界的にも精神科病床数、長期入院者数が多く、医療の役割が大きいため、障がい者の生活施設は少なかったにもかかわらず、世界的潮流のなかで「脱施設化」が始まり、地域移行の模索が始まった点を指摘している。申請者は、大阪市内で障がい者支援に取り組む、社会福祉法人「そうそうの杜」で１年にわたる丁寧なフィールド調査を行い、岡村重夫の地域福祉理論を援用して、その結果を分析している。「そうそうの杜」は障がいのある人が最期まで住み慣れた地域で暮らせるために、訪問介護等の在宅サービス、就労支援事業、グループホーム等の居住支援などの事業を展開し、地域社会を基盤とする障がい者支援を構築してきた。申請者は「そうそうの杜」の実践は、障がい当事者の自己決定を促すケア（「わたしモデル」）、それを行うことができる職員のリクルートと養成等の２点において岡村理論を越えていることを指摘した。

　三つめに、本研究は自己決定を促すケアに焦点を当て、知的障がいのある人たちの自己決定についてケアワーカーの実践を丁寧に観察し分析している。ケアの現場では「どちらがいいですか」と選択肢を示すことで、障がい当事者の自己決定を促す等の小さな取り組みが繰り返されている。この自己決定を促すケアは「そうそうの杜」が目指すケアの理念に基づき、研修やOJTのなかで職員が身に着けていることを、職員13人を対象としたインタビューから明らかにしている。

　本論文の学術的貢献は、岡村重夫の難解な地域福祉理論に挑戦し、それを日本の障がい者支援の実践例の分析に用いている点、さらに岡村理論を超える実践を見出し検討した点である。さらに学位申請者は約１年間のフィールドワークのなかで「そうそうの杜」が運営するほとんどすべての事業を経験した結果、日本の障がい者支援サービスの具体的な内容を理解するに至っており、それが記述内容の説得力にもつながっている。障がいの種類によっては障がい当事者へのインタビューは困難な場合も多く、フィールドワークが有効となる。作業を共にすることで、言語以外でのコミュニケーションも可能となる。また本研究では、カザフ語を母国語とする学位申請者の日本語の運用力、コミュニケーション力が十分に発揮されており、論文にはロシア語による旧ソ連の社会福祉の文献の引用等、希少価値のある情報も多く含まれており、社会福祉学、福祉社会学、社会政策研究をはじめ、関連研究領域に寄与する研究といえる。以上のことから、本論文は博士（人間科学）の学位授与に値するものと判定された。