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Disability Sports in Japan

– Community Disability Sports and Recreation Activities –

Ministry of Education, Culture, Sports, Science and Technology
2012 - 2014

"Project on Collaborative Sports/
Recreation Activities for People with and without Disabilities
-Research on Community Disability Sports and Recreation Activities-"

SASAKAWA SPORTS FOUNDATION

Disability Sports in Japan
–Community Disability Sports and Recreation Activities–

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Contents

Introduction

Sasakawa Sports Foundation (SSF) was established in March 1991. Since the establishment, SSF has implemented a wide range of activities such as survey research, grant programs, and international cultural exchange through sports in order to promote the enjoyment of sports by "anyone, anytime, anywhere".

Between 2012 and 2014, SSF was commissioned by Ministry of Education, Culture, Sports, Science and Technology (Japan Sports Agency) to conduct “Project on Collaborative Sports/Recreation Activities for People with and without Disabilities -Research on Community Disability Sports and Recreation Activities-”. This is the English summary of the project reports and the issues cover the latest data about sports participation, sports facilities, special schools, and instructors for people with disabilities in Japan.

SSF will continue promoting the firm establishment of "Sport for Everyone", a philosophy that aims to create a happier, healthier society, with the ultimate goal of enriching the athletic lives of each individual and creating an environment in which people can continue enjoying sports in their own ways.

Lastly, this book would not have been possible without the contributions and support of our advisory board. I would like to thank them and acknowledge their outstanding work.

Kiyoko Ono
President, Sasakawa Sports Foundation
March, 2016

Report findings are based on the research projects conducted between 2012-2014 by Sasakawa Sports Foundation.

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Executive summary

Sports-Life Survey of People with Disabilities

44.4% of disabled people engaged in sports/recreation in the past year

By disability type, "Physical disability" had the lowest percentage of individuals who engaged in sports/recreation at around 30%, while the disabilities that had the highest percentages were "Developmental disability", "Hearing impairment", and "Intellectual disability".

Sports for Students in Special Schools

About 60% of schools provide the opportunities for students with "sports club and other club activities (year-round activities)"

When viewed by disability type, school for "Hearing impairment" had a participation percentage of 90.5% and school for "Visual impairment" had a percentage of 80.4% in sports club activities.

Sporting Opportunities for People with Disabilities in Social Welfare Facilities

About 80% of facilities participated in external sports/recreation competitions

The most common type of competition was "Disability sports games such as the National Sports Festival for People with Disabilities and its prefectural qualifying matches" (54.0%) followed by "Sports carnivals and sports/recreation competitions held by municipal governments for people with disabilities".

Sports Facilities for People with Disabilities

There are 114 disability sports facilities throughout Japan as of 2013

There are 114 sports facilities that allow people with disabilities to have exclusive or priority access (disability sports facilities) throughout Japan. Most of facilities had been established before 1990.

Disability Sports Instructors

21,924 para-sports instructors as of 2011

21,924 para-sports instructors are registered under Japanese Para-Sports Association (JPSA) (85% beginners, 10% intermediate, 3% advanced) and the number of instructors has been steady for the past 10 years.

Disability Sports Administration in Local Governments

"Social welfare departments or departments related to the welfare of persons with disabilities" accounted for nearly all of the departments which take primary charge of disability sports

With prefectures, 45 prefectures had "Social welfare departments or departments related to the welfare of persons with disabilities" taking primary charge of disability sports, and other 2 prefectures were "Sports departments of executive offices" taking a primary charge. For municipalities, "Social welfare departments or departments related to the welfare of persons with disabilities" (66.7%) was the most common type of department which takes primary charge of disability sports, followed by "Sports departments of boards of education" (16.7%).

Disability Sports Promotion within Comprehensive Community Sports Clubs

About 40% of clubs had former or current participation of people with disabilities

Clubs with disabled members seem to have more resources in terms of the number of members, budget, and full-time managers and staff compared to the clubs without disabled members.

Commentary

Organizations and facilities related to the promotion of community sports for people with disabilities

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Two groups of organizations which play an essential role in promoting disability sports in communities are the "prefectural sports association council for people with an impairment" and the "prefectural sports instructors council for people with an impairment". By coordinating with the prefectural departments in charge of disability sports, these organizations engage in a variety of activities throughout Japan.

1. Prefectural sports association council for people with an impairment (In this report, the term "disability sports association" is used concurrently)

Of the 47 Japanese prefectures, 44 have established associations. First formed in 1952 in Aichi Prefecture, these associations were established in a large number of prefectures starting in the late 1980s. This occurred in the context of several events: the founding of the "Liaison Council for Physical Disability Sports Associations" in 1990; the 1998 Nagano Paralympics creating an opportunity for the first integration of sports promotion associations for all three types of disabilities (physical, intellectual, and mental health); and the formation of the Japanese Paralympic Committee within the Japanese Para-Sports Association in 1999. Their primary work involves (1) holding qualifying matches for the National Sports Festival for People with Disabilities as well as sending athletes to that event and (2) developing para-sports instructors certified by the Japanese Para-Sports Association.

Note: Some prefectures do not use the name "sports association council for people with an impairment" but have organizations that are members of the Liaison Council for Disability Sports Associations. These organizations essentially function as prefectural associations, so they have been counted as "sports association council for people with an impairment".

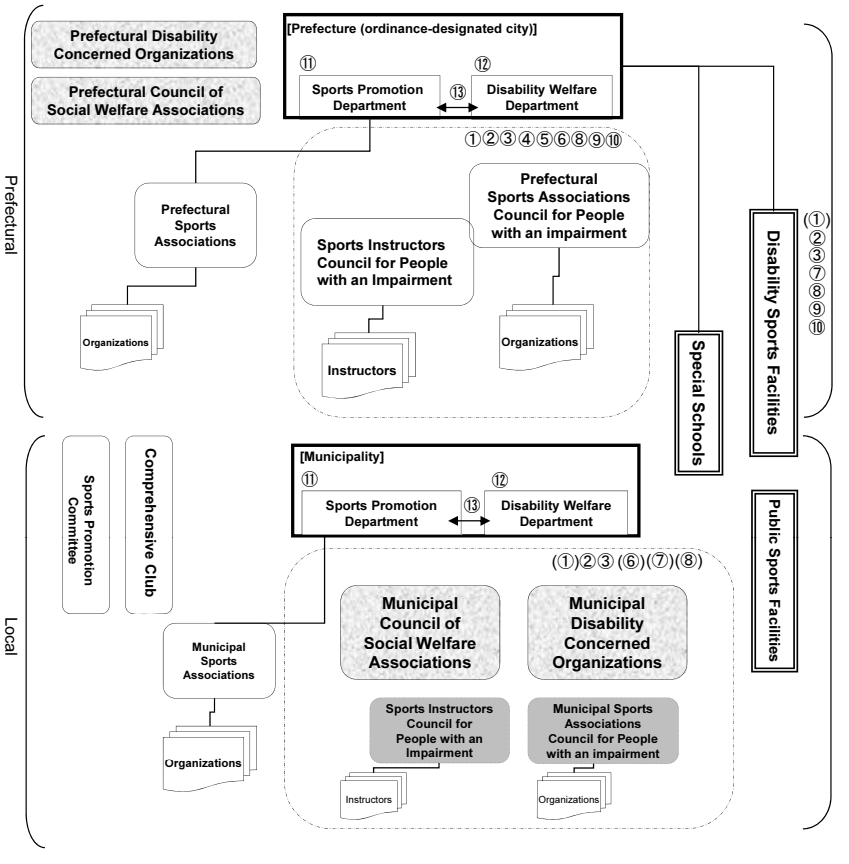
2. Prefectural sports instructors council for people with an impairment

All 47 prefectures in Japan have established instructors council for those para-sports instructors certified by the Japanese Para-Sports Association. First formed in 1986 in Hokkaido, these councils were established in a large number of prefectures starting in the late 1990s. In 1994, councils were created for eight blocks throughout Japan; the following year saw the formation of a Physical Disability Sports Instructors Representative Council as an organization for communication and coordination between those blocks. Sports instructors council for people with an impairment subsequently spread to all prefectures. Their primary work involves (1) holding and assisting with disability sports competitions and (2) holding workshops and classes for improving the skills of their members.

3. Sports facilities for people with disabilities

Prefectures and some municipalities have established sports facilities for exclusive or priority use by people with disabilities. Bearing names such as “disability sports center”, “welfare center for persons with disabilities”, and “gymnasium for workers with physical disabilities”, these facilities are designed and equipped for use by people with disabilities and are staffed with specialist instructors.

Disability Sports Promotional System



■ **Projects Related to Disability Sports**

(primary organizations are displayed in the diagram)

① Disability sports competitions
② Disability sports/recreation sports carnivals (eg.,community sports carnivals)
③ Disability sports/recreation classes
④ Qualifying matches for the National Sports Festival for People with Disabilities
⑤ Sending athletes to the National Sports Festival for People with Disabilities
⑥ Development of disability sports instructor
⑦ Management/Operation of disability sports facilities
⑧ Dispatching disability sports instructors
⑨ Disability sports outreach classes
⑩ Lending disability sports equipment
⑪ Formulating a sports promotion plan
⑫ Formulating government plans for: People with Disabilities and welfare of Persons with Disabilities
⑬ Liaison meetings between departments

Research 1

Sports-Life Survey of People with Disabilities

I. Overview

1. Purpose

The purpose of this study is to investigate the level of participation of people with disabilities in sports, and to provide an evidence-based data to the government and relevant sectors for future policy development.

2. Data collection method

(1) Method

Online survey

(2) Questions

- Respondents attributes (disability types, possession of disabled ID card)
- Engagement in sports/recreation (activities, frequency, purpose)
- Barriers to engage in sports/recreation

(3) Sample

Clients registered as internet monitors under one of the research companies in Japan and those who meet the following criteria;

- Have a disability or live with a person with a disability
- The person with a disability is at the age of 7 or older

There were 4,268 clients who responded. The following tables (Tables 1-1, 1-2, 1-3) are the respondents' attributes. If more than two people with disabilities are present, we asked them to answer the age of the oldest person. As a result, a total number of people with disabilities (themselves or other person with a disability in the family) was 5,381.

Table 1-1 Living region

(N=4,268)

Region	%
Hokkaido region	6.1
Tohoku region	5.8
Kanto region	33.9
Chubu region	19.4
Kinki region	19.0
Chugoku region	5.6
Shikoku region	2.6
Kyushu region	7.6

Table 1-2 Age

(N=4,268)

Age	%
Under 19	0.4
20s	6.7
30s	18.7
40s	32.9
50 ～ 64	35.1
65 ～ 74	5.2
75+	1.0

Table 1-3 Gender

(N=4,268)

Gender	%
Male	57.2
Female	42.8

(4) Timeframe

November 1, 2013 – November 15, 2013

II. Survey Results

1. Respondents attributes

(1) The individual or a family member living together

As for whether or not the individual or a family member living together is a person with a disability, the most common response was “Myself” (44.2%) followed by “Spouse” (21.1%) and “A child (the oldest child)” (17.9%) (Figure 1-1).

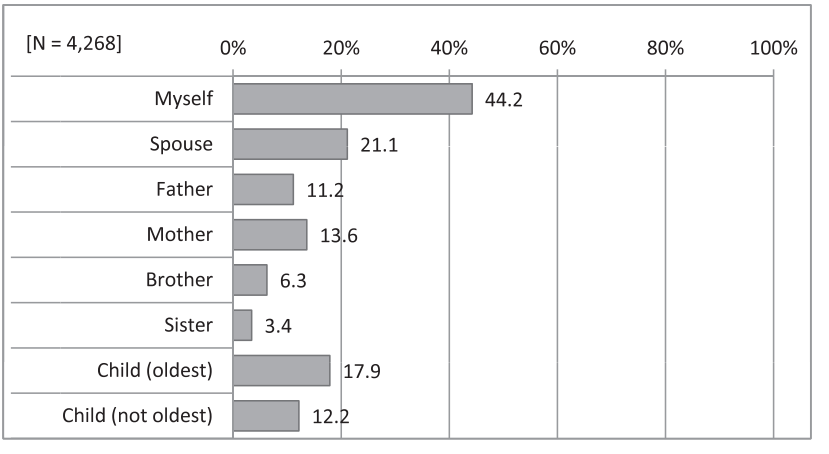


Figure 1-1 Child or adult with a disability (multiple responses)

The following report describes the results of 5,381 disabled respondents and family members with disabilities.

(2) Age

The age breakdown was: 7–19 years old = 13.2%; 20–64 years old = 68.3%; and 65+ years old = 18.6% (Figure 1-2). Population statistics from the Ministry of Internal Affairs and Communications (October 1, 2012) show the age breakdown to be 7–19 years old = 11.9%, 20–64 years old = 58.1%, and 65+ years old = 24.1%. The age distribution of people/children with disabilities who responded to this survey was thus found to contain a somewhat higher proportion of working age individuals than was seen in the national population data.

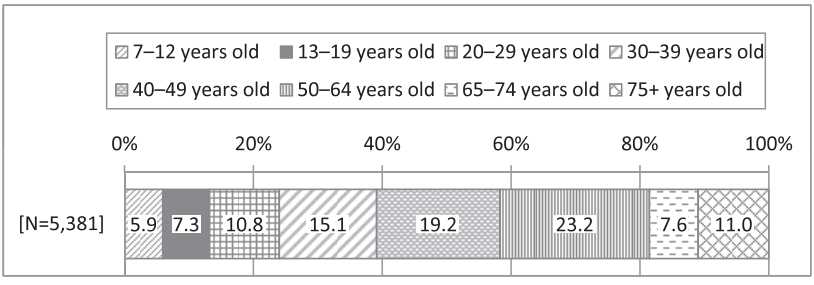


Figure 1-2 Age

(3) Gender

Regarding gender, among respondents there were more men (56.6%) than women (43.4%) (Figure 1-3).

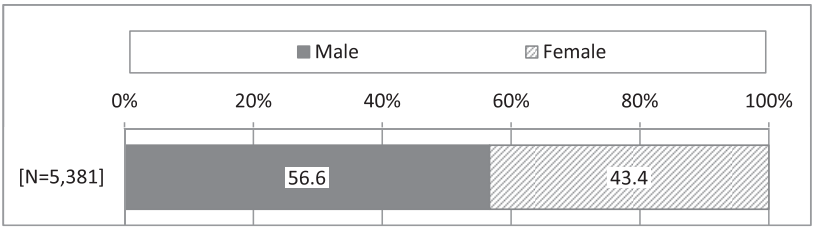


Figure 1-3 Gender

(4) Disability types

The most common disability type was "Physical disability", accounting for one-third of respondents (11.7% of those individuals require a wheelchair for daily life and 23.5% do not), followed by "Mental health issues" (24.4%), "Intellectual disability" (12.9%), and "Developmental disability" (11.6%) (Figure 1-4). According to the Cabinet Office's "People with disabilities white paper" (2013), there are 3,663,000 physically-disabled children and adults in Japan (2.9% of the total population), 547,000 intellectually-disabled children and adults (0.4% of the total population), and 3,201,000 children and adults with mental health issues (2.5% of the total population). In this survey, physical disabilities and intellectual disabilities had the highest frequencies of appearance.

When viewing cases involving multiple disabilities according to disability type, the most common was "Speech or chewing impairment" with 69.6%, demonstrating a high percentage of multiple disabilities compared to other disability types such as "Intellectual disability" or "Physical disability (requiring wheelchair)" (Figure 1-5).

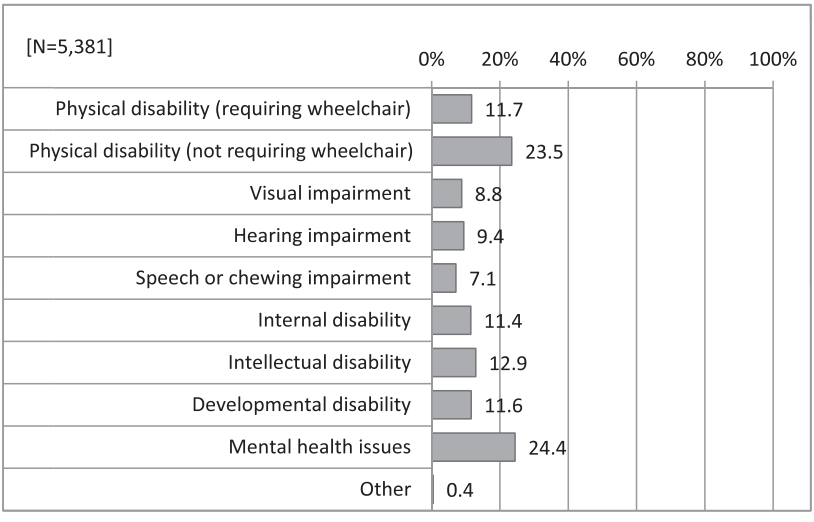


Figure 1-4 Type of disability (multiple responses)

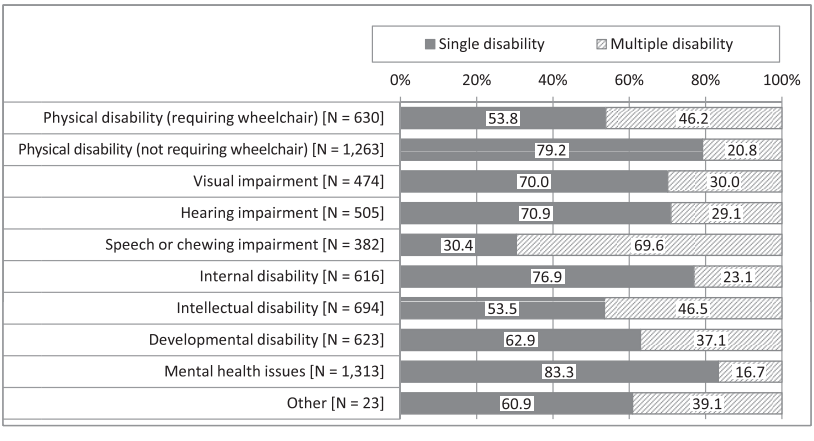


Figure 1-5 Ratio of single/multiple disabilities

Note: "requiring wheelchair / not requiring wheelchair" refers to whether or not a wheelchair is necessary for daily life.

(5) Possession of disabled ID cards

When asked whether or not they were in possession of a disabled ID card, 36.3% responded “I don’t have a disabled ID card”. Among individuals who have a disabled ID card, “Class-1 physical disability ID card” was the most common (13.4%) followed by “Class-2 physical disability ID card” (8.9%) and “Class-2 mental disability health and welfare ID card” (8.2%) (Figure 1-6). With physical disability ID cards, there was a tendency for the percentage of possession to increase as class level increased.

The results for disabled ID card possession by disability type tells us that some people have multiple disabled ID cards (Table 1-4). This result provides further evidence to support the high number of individuals with multiple disabilities in Figure 1-5.

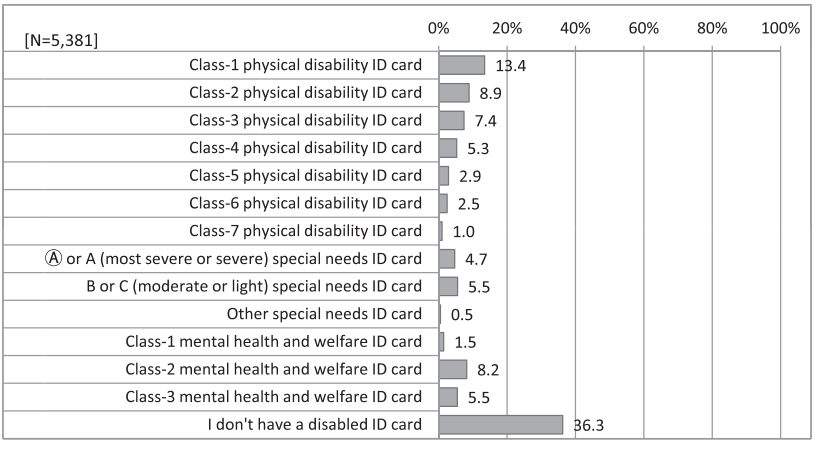


Figure 1-6 Possession of a disabled ID card (multiple responses)

Note: please see Appendix 1 for determining the level of disability for each ID card

Table 1-4 Possession of a disabled ID card (by disability type)

(%)

	Physical disability (requiring wheelchair)	Physical disability (not requiring wheelchair)	Visual impairment	Hearing impairment	Intellectual disability	Developmental disability	Mental health issues	Other (including an internal disability or a speech or chewing impairment)
	N = 630	N = 1,263	N = 474	N = 505	N = 694	N = 623	N = 1,313	N = 992
Class-1 physical disability ID card	41.1	8.6	17.1	10.5	13.8	3.7	2.7	38.8
Class-2 physical disability ID card	18.3	13.3	14.6	15.0	6.1	2.4	3.5	9.1
Class-3 physical disability ID card	7.0	13.3	7.8	8.1	2.9	2.6	3.1	12.1
Class-4 physical disability ID card	5.7	10.8	4.9	5.1	2.2	0.5	1.0	8.6
Class-5 physical disability ID card	3.7	7.0	5.3	3.8	1.0	0.8	0.6	2.1
Class-6 physical disability ID card	0.8	3.7	2.7	10.5	1.2	0.5	1.2	1.2
Class-7 physical disability ID card	0.8	1.4	1.7	3.8	0.6	0.6	0.7	0.5
Ⓐ or A (most severe or severe) special needs ID card	7.3	2.1	2.5	2.2	31.4	10.6	1.2	3.6
B or C (moderate or light) special needs ID card	0.8	1.1	0.8	2.4	30.7	20.2	2.1	2.2
Other special needs ID card	0.2	0.1	1.1	0.2	1.3	1.3	0.5	0.2
Class-1 mental health and welfare ID card	1.9	0.7	0.4	1.0	3.0	0.6	4.3	0.4
Class-2 mental health and welfare ID card	1.3	0.7	1.1	1.6	2.9	7.2	30.2	1.4
Class-3 mental health and welfare ID card	0.8	0.8	0.8	1.0	1.3	6.3	19.0	0.8
I don't have a disabled ID card	20.2	40.1	44.7	40.2	15.0	47.4	34.1	24.7

Note 1: “requiring wheelchair / not requiring wheelchair” refers to whether or not a wheelchair is necessary for daily life.

Note 2: Samples include all applicable disability types in cases of multiple disabilities.

(6) Age at which the disability occurred

Regarding the age at which the disability occurred, the prenatal/birth periods and the pre-elementary-school period accounted for about 30% overall, with “0 years” at 18.0% and “1–6 years old” at 12.2% (Figure 1-7). Also, the percentage of individuals who acquired their disabilities after the age of 40 exceeded 30%, revealing that disabilities occur at different ages.

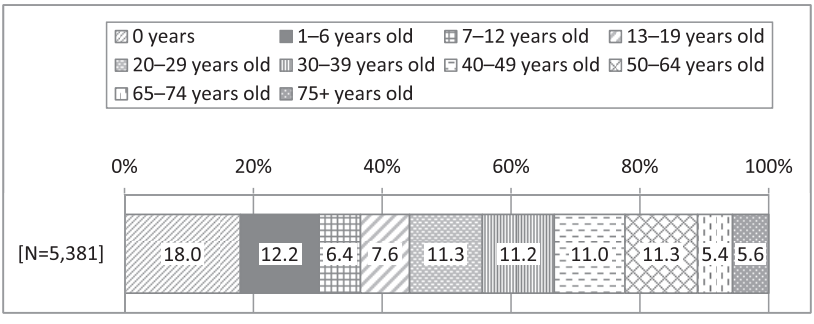


Figure 1-7 Age at which the disability occurred

Note: When multiple disabilities are present, responses are for the age at which the first disability occurred.

2. Engagement in sports/recreation

(1) Engagement in sports/recreation in the past year

When asked whether or not the individuals engaged in sports/recreation in the past year, 44.4% responded "Yes" (Figure 1-8). According to Sasakawa Sports Foundation's "National Sports-Life Survey" (2012), the percentage of adults who engage in exercise or sports at least once a year is 74.4%, which is higher than that of people/children with disabilities who engage in sports.

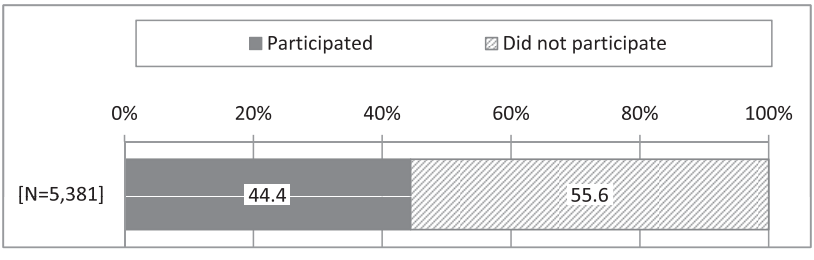


Figure 1-8 Engagement in sports/recreation in the past year

When viewed according to disability type, "Physical disability (requiring wheelchair)" (29.4%) and "Physical disability (not requiring wheelchair)" (36.4%) had the lowest proportions of individuals who engaged in sports/recreation, while the disabilities with the highest percentage were "Developmental disability" (58.9%), "Hearing impairment" (53.9%), and "Intellectual disability" (51.3%) (Figure 1-9).

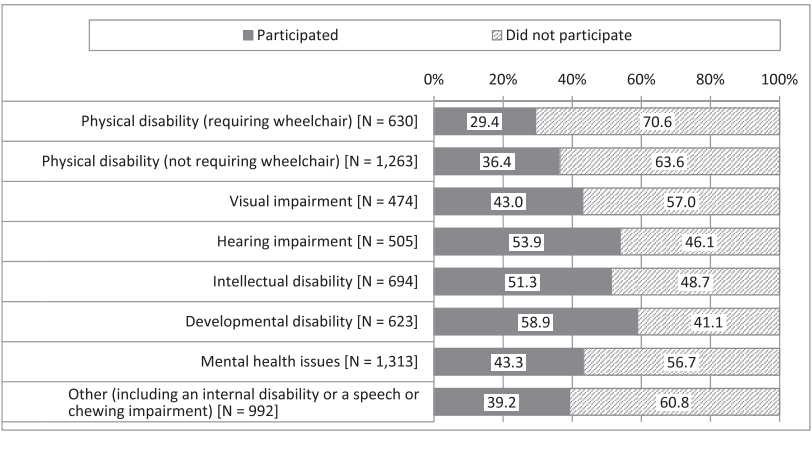


Figure 1-9 Engagement in sports/recreation in the past year (by disability type)

Note: "requiring wheelchair / not requiring wheelchair" refers to whether or not a wheelchair is necessary for daily life.

(2) Number of days engaged in sports/recreation in the past year

For the 7–19 age group, 30% of individuals engaged in sports/recreation at least one day a week, with "Over three days a week" totaling 10.0% and "One or two days a week" at 20.7%; the highest percentage was "Not doing sports/recreation" at 38.6%. The proportion of individuals in the 20+ age group who engaged in sports/recreation at least one day a week did not reach 20%, with approximately 60% responding "Not doing sports/recreation" (Figure 1-10). The Ministry of Education, Culture, Sports, Science, and Technology (MEXT)'s "Sports and Physical Fitness Poll" (January 2013) which targeted adults throughout Japan showed that around half (47.5%) of adults engage in sports at least one day a week, which means that there is a trend of lower sports participation among people with disabilities.

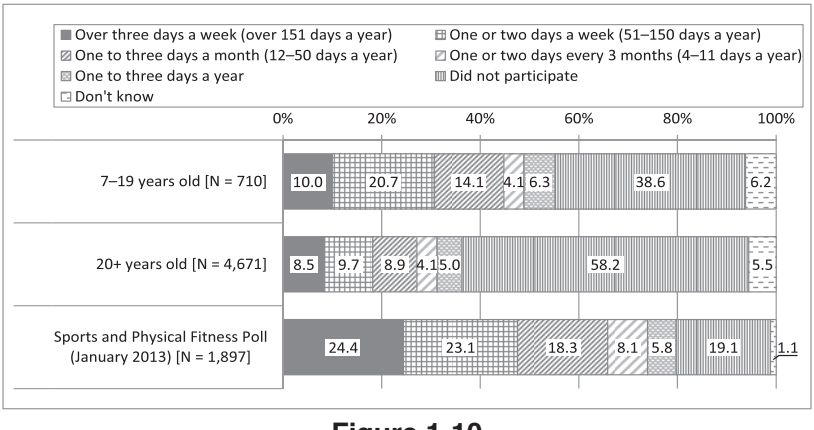


Figure 1-10

Number of days engaged in sports/recreation in the past year

Note: MEXT's "Sports and Physical Fitness Poll" (January 2013) targeted Japanese nationals over the age of 20 from throughout Japan.

When viewed according to disability type, 7–19 year olds with a "Hearing impairment", "Intellectual disability", or "Developmental disability" had the highest number of days on which they engaged in sports (Table 1-5).

Table 1-5 Number of days engaged in sports/recreation in the past year (by disability type and age group)

(%)

		Over three days a week (over 151 days a year)	One or two days a week (51–150 days a year)	One to three days a month (12–50 days a year)	One or two days every 3 months (4–11 days a year)	One to three days a year	Did not participate	Don't know
Overall	7–19 years old [N = 710]	10.0	20.7	14.1	4.1	6.3	38.6	6.2
	20+ years old [N = 4,671]	8.5	9.7	8.9	4.1	5.0	58.2	5.5
Physical disability (requiring wheelchair)	7–19 years old [N = 58]	3.4	8.6	19.0	1.7	5.2	55.2	6.9
	20+ years old [N = 572]	6.1	5.9	4.9	3.7	3.8	72.2	3.3
Physical disability (not requiring wheelchair)	7–19 years old [N = 78]	3.8	15.4	7.7	1.3	0.0	64.1	7.7
	20+ years old [N = 1185]	7.0	9.4	7.3	3.1	4.3	63.5	5.4
Visual impairment	7–19 years old [N = 38]	7.9	13.2	15.8	2.6	5.3	39.5	15.8
	20+ years old [N = 436]	8.5	10.3	7.6	5.3	5.7	58.5	4.1
Hearing impairment	7–19 years old [N = 60]	15.0	18.3	21.7	5.0	3.3	31.7	5.0
	20+ years old [N = 445]	9.0	13.5	11.0	6.5	5.6	48.1	6.3
Intellectual disability	7–19 years old [N = 224]	9.4	25.4	14.3	5.4	6.3	34.4	4.9
	20+ years old [N = 470]	5.7	8.7	12.8	2.1	8.1	55.5	7.0
Developmental disability	7–19 years old [N = 335]	11.3	25.7	13.7	5.1	9.3	31.0	3.9
	20+ years old [N = 288]	9.0	10.1	10.4	4.5	5.6	52.8	7.6
Mental health issues	7–19 years old [N = 76]	7.9	9.2	7.9	7.9	5.3	53.9	7.9
	20+ years old [N = 1237]	9.8	9.3	9.6	3.8	4.4	56.8	6.2
Other (including an internal disability or a speech or chewing impairment)	7–19 years old [N = 80]	5.0	17.5	17.5	3.8	6.3	42.5	7.5
	20+ years old [N = 912]	8.8	9.3	8.1	3.2	4.4	62.4	3.8
Sports and Physical Fitness Poll (January 2013) [N = 1,897]		24.4	23.1	18.3	8.1	5.8	19.1	1.1

Note 1: "requiring wheelchair / not requiring wheelchair" refers to whether or not a wheelchair is necessary for daily life.

Note 2: MEXT's "Sports and Physical Fitness Poll" (January 2013) targeted Japanese adults over the age of 20.

The items in sections (3) through (5) below were implemented in a survey targeting 2,390 individuals who engaged in some sort of sports/recreation in the past year.

(3) Sport/activity participated in over the past year

For the types of sport/activity engaged in by people who responded "Yes" for sports participation in the past year, we consolidated the ranking of each activity by disability type along with the average number of activities each person engaged in. Overall and among adults (20+), light sports/recreation activities such as "Strolling", "Walking", and "Calisthenics (light calisthenics, radio calisthenics, etc.)" were the most common (Table 1-6, Table 1-8). In addition to these activities, "Swimming" also had a high participation rate among the 7–19 age group, occupying the top rank for "Physical disability (not requiring wheelchair)", "Hearing impairment", "Intellectual disability", and "Developmental disability" (Table 1-7).

The average number of activities each person engaged in varied according to disability type. Overall, "Developmental disability" had the highest number of activities at 3.1 activities, with "Physical disability (requiring wheelchair)" totaling 1.5 activities, which is less than half of "Developmental disability" (Table 1-6).

Table 1-6 Sport/activity participated in in the past year (by disability type; overall, N=2,390) (multiple responses)

(%)

	Physical disability (requiring wheelchair)		Physical disability (not requiring wheelchair)		Visual impairment		Hearing impairment		Intellectual disability		Developmental disability		Mental health issues		Other (including an internal disability or a speech or chewing impairment)	
	N=185		N=460		N=204		N=272		N=356		N=367		N=569		N=389	
#1	Strolling	13.5	Walking	27.2	Walking	27.0	Walking	28.3	Strolling	34.0	Swimming	31.9	Walking	33.0	Walking	33.7
#2	Calisthenics (light calisthenics, radio calisthenics, etc.)	11.9	Strolling	27.0	Strolling	19.6	Strolling	19.9	Swimming	28.1	Strolling	28.1	Strolling	31.3	Strolling	31.1
#3	Ice skating	9.7	Swimming	17.4	Calisthenics (light calisthenics, radio calisthenics, etc.)	16.2	Calisthenics (light calisthenics, radio calisthenics, etc.)	18.8	Calisthenics (light calisthenics, radio calisthenics, etc.)	26.1	Calisthenics (light calisthenics, radio calisthenics, etc.)	24.3	Calisthenics (light calisthenics, radio calisthenics, etc.)	18.8	Calisthenics (light calisthenics, radio calisthenics, etc.)	19.0
#4	Walking	9.2	Calisthenics (light calisthenics, radio calisthenics, etc.)	16.5	Strength training	10.3	Swimming	12.5	Walking	21.1	Walking	18.5	Swimming	12.3	Swimming	14.1
#5	Strength training		Strength training	11.7	Sea bathing	9.8	Strength training	11.4	Bowling	16.0	Sea bathing	16.9	Strength training	11.6	Strength training	9.8
#6	Sea bathing	8.1	Fishing	8.0	Fishing	8.3	Fishing	7.7	Sea bathing	12.9	Bowling	13.9	Jogging/Running	8.4	Fishing	
#7	Swimming		Golf (on a course)	6.3	Swimming	6.9	Bowling		Hiking	9.6	Jump rope		Sea bathing	7.2	Bowling	7.5
#8	Aquatic exercise (walking/moving in water)	5.9	Golf (driving range)	5.7	Jogging/Running	5.9	Sea bathing	6.6	Jogging/Running	6.7	Hiking	9.5	Bowling	6.9	Sea bathing	7.2
#9	Fishing	5.4	Bowling	5.4	Aquatic exercise (walking/moving in water)	4.9	Badminton	6.3	Jump rope	5.3	Jogging/Running	8.7	Fishing	6.5	Golf (driving range)	6.4
#10	Balloon volleyball	4.9	Sea bathing	5.0	Playing catch		Table tennis (including sound table tennis)	5.9	Basketball		Dodgeball	8.4	Cycling	5.4	Golf (on a course)	5.7
#11	Boccia		Aquatic exercise (walking/moving in water)	4.6	Bowling		Hiking		Dancing (ballroom dancing, folk dancing, hula dancing, etc.)	5.1	Soccer	8.2	Table tennis (including sound table tennis)	5.3	Cycling	5.1
#12	Wheelchair tennis	4.3	Jogging/Running	4.3	Baseball	4.4	Cycling	5.5	Mountain climbing		Fishing	7.9	Hiking	5.1	Jogging/Running	4.4
#13	Table tennis (including sound table tennis)	3.8	Mountain climbing	3.7	Camping	3.9	Playing catch	4.8	Playing catch	4.5	Mountain climbing		Mountain climbing		Hiking	
#14	Yoga	3.2	Tennis (regulation tennis)	2.8	Yoga		Jogging/Running		Table tennis (including sound table tennis)	4.2	Table tennis (including sound table tennis)	7.4	Yoga	4.7	Aquatic exercise (walking/moving in water)	4.1
#15	Wheelchair basketball	2.7	Yoga		Ice skating	3.4	Camping	4.4	Soccer		Playing catch	7.1	Dancing (ballroom dancing, folk dancing, hula dancing, etc.)	3.7	Mountain climbing	
	Badminton Bowling								Balloon volleyball							
Average number of activities each person engaged in	1.5		1.9		1.9		2.4		2.5		3.1		2.2		2.2	

Note:“requiring wheelchair / not requiring wheelchair” refers to whether or not a wheelchair is necessary for daily life.

Table 1-7 Sport/activity participated in in the past year (by disability type; 7–19 age group, N=436) (multiple responses)

(%)

	Physical disability (requiring wheelchair)		Physical disability (not requiring wheelchair)		Visual impairment		Hearing impairment		Intellectual disability		Developmental disability		Mental health issues		Other (including an internal disability or a speech or chewing impairment)		(reference) SSF National Sports-Life Survey of Young People (2012)	
	N=26		N=28		N=23		N=41		N=147		N=231		N=35		N=46		N = 1,989	
#1	Strolling	30.8	Swimming	35.7	Strolling	26.1	Swimming	31.7	Swimming	43.5	Swimming	41.6	Calisthenics (light calisthenics, radio calisthenics, etc.)	25.7	Strolling	41.3	Soccer	26.9
#2	Sea bathing	26.9	Strolling	28.6	Sea bathing	21.7	Calisthenics (light calisthenics, radio calisthenics, etc.)	26.8	Strolling	37.4	Calisthenics (light calisthenics, radio calisthenics, etc.)	27.3	Strolling		Swimming	28.3	Basketball	23.8
#3	Swimming	23.1	Jump rope	25.0	Calisthenics (light calisthenics, radio calisthenics, etc.)		Strolling	22.0	Calisthenics (light calisthenics, radio calisthenics, etc.)	24.5	Strolling	25.5	Swimming	22.9	Sea bathing	26.1	Jogging/Running	23.5
#4	Aquatic exercise (walking/moving in water)	15.4	Sea bathing	21.4	Walking	17.4	Strength training	17.1	Sea bathing	22.4	Sea bathing	22.1	Walking	17.1	Calisthenics (light calisthenics, radio calisthenics, etc.)	19.6	Tag	22.8
#5	Horse riding	11.5	Calisthenics (light calisthenics, radio calisthenics, etc.)	17.9	Fishing		Camping	14.6	Bowling	15.0	Jump rope	21.2	Bowling		Bowling	15.2	Swimming	22.7
#6	Fishing		Fishing	10.7	Jump rope	13.0	Soccer		Walking	14.3	Bowling	15.2	Sea bathing		Walking	10.9	Badminton	19.2
#7	Dodgeball		Bowling		Ice skating		Skiing		Jump rope	12.9	Dodgeball	13	Fishing	14.3	Camping		Jump rope	19.1
#8	Boccia				Aquatic exercise (walking/moving in water)	8.7	Fishing		Jogging/Running	10.2	Soccer	12.1	Jump rope		Ice skating	8.7	Strength training	18.9
#9	Ice skating				Playing catch		Jump rope	12.2	Soccer	8.8	Hiking	10.4	Badminton	11.4	Jump rope		Dodgeball	18.8
#10	Calisthenics (light calisthenics, radio calisthenics, etc.)	7.7			Strength training		Dodgeball		Hiking		Walking	10.0	Soccer	8.6	Hiking		Baseball	17.5
	Balloon volleyball				Judo Swimming Baseball						Fishing		Tug of war Mountain climbing Dodgeball		Basketball			
Average number of activities each person engaged in	2.0		2.7		2.5		3.5		3.2		3.5		2.8		2.9		-	

Note : Sasakawa Sports Foundation's "National Sports-Life Survey of Young People" (2012) was a nationwide survey targeting individuals 10–19 years of age.

Table 1-8 Sport/activity participated in in the past year (by disability type; 20+ age group, N=1,954) (multiple responses)

(%)

	Physical disability (requiring wheelchair)		Physical disability (not requiring wheelchair)		Visual impairment		Hearing impairment		Intellectual disability		Developmental disability		Mental health issues		Other (including an internal disability or a speech or chewing impairment)		(reference) SSF National Sports-Life Survey of Young People (2012)	
	N=159		N=432		N=181		N=231		N=209		N=136		N=534		N=343		N = 2,000	
#1	Calisthenics (light calisthenics, radio calisthenics, etc.)	12.6	Walking	28.5	Walking	28.2	Walking	32.0	Strolling	31.6	Walking	33.1	Walking	34.1	Walking	36.7	Strolling	34.9
#2	Strolling	10.7	Strolling	26.9	Strolling	18.8	Strolling	19.5	Calisthenics (light calisthenics, radio calisthenics, etc.)	27.3	Strolling	32.4	Strolling	31.6	Strolling	29.7	Walking	25.0
#3	Ice skating	10.1	Calisthenics (light calisthenics, radio calisthenics, etc.)	16.4	Calisthenics (light calisthenics, radio calisthenics, etc.)	15.5	Calisthenics (light calisthenics, radio calisthenics, etc.)	17.3	Walking	25.8	Calisthenics (light calisthenics, radio calisthenics, etc.)	19.1	Calisthenics (light calisthenics, radio calisthenics, etc.)	18.4	Calisthenics (light calisthenics, radio calisthenics, etc.)	19.0	Calisthenics (light calisthenics, radio calisthenics, etc.)	20.5
#4	Walking		Swimming	16.2	Strength training	10.5	Strength training	10.4	Swimming	17.2	Swimming	15.4	Strength training	12.0	Swimming	12.2	Bowling	13.0
#5	Strength training		Strength training	12.0	Sea bathing	8.3	Swimming	9.1	Bowling	16.7	Bowling	11.8	Swimming	11.6	Fishing	11.1	Strength training	12.2
#6	Swimming	5.7	Fishing	7.9	Fishing	7.2	Bowling	7.8	Hiking	10.0	Strength training	10.3	Jogging/Running	8.6	Strength training	10.8	Jogging/Running	9.7
#7	Sea bathing	5.0	Golf (on a course)	6.7	Swimming	6.6	Fishing	6.5	Sea bathing	6.2	Jogging/Running	8.8	Sea bathing	6.6	Golf (driving range)	6.7	Golf (on a course)	8.3
#8	Aquatic exercise (walking/moving in water)		Golf (driving range)	6.0	Jogging/Running	6.1	Sea bathing	6.1	Dancing (ballroom dancing, folk dancing, hula dancing, etc.)	4.8	Hiking	8.1	Bowling	6.2	Bowling	6.4	Golf (driving range)	8.0
#9	Wheelchair tennis		Bowling	5.1	Bowling	5.5	Hiking		Mountain climbing		Sea bathing		Fishing	6.0	Golf (on a course)	6.1	Playing catch	7.5
#10	Fishing	4.4	Aquatic exercise (walking/moving in water)	4.9	Aquatic exercise (walking/moving in water)	4.4	Cycling	5.6	Table tennis (including sound table tennis)	3.8	Mountain climbing	6.6	Cycling	5.8	Cycling	5.5	Fishing	
#11	Balloon volleyball		Jogging/Running	4.4	Playing catch		Badminton		Basketball	3.3	Table tennis (including sound table tennis)		Table tennis (including sound table tennis)	5.4	Sea bathing	4.7	Cycling	7.4
#12	Table tennis (including sound table tennis)	3.8	Sea bathing	3.9	Yoga	3.9	Table tennis (including sound table tennis)	5.2	Strength training	2.9	Cycling	4.4	Hiking	5.1	Jogging/Running	4.4	Sea bathing	7.2
#13	Boccia		Mountain climbing	3.5	Baseball		Yoga	4.8	Cycling		Playing catch		Yoga		Aquatic exercise (walking/moving in water)	4.1	Swimming	7.1
#14	Wheelchair basketball		Yoga	3.0	Camping		Playing catch		Balloon volleyball		Fishing		Mountain climbing	4.9	Mountain climbing		Soccer	5.6
#15	Badminton	3.1	Cycling	2.8	Golf (driving range) Cycling Snowboarding	2.8	Dancing (ballroom dancing, folk dancing, hula dancing, etc.)	4.3	Boccia				Aerobic dance	3.7	Hiking	3.8	Badminton	5.0
#16	Yoga		Tennis (regulation tennis)		Dancing (ballroom dancing, folk dancing, hula dancing, etc.)								Dancing (ballroom dancing, folk dancing, hula dancing, etc.)					
Average number of activities each person engaged in	1.4		1.9		1.9		2.2		2.0		2.3		2.2		2.1		3.5	

Column. Efforts of the Japan Swimming Club Association

The Japan Swimming Club Association (JSCA) periodically tallies the programs offered by affiliated clubs. As of December 2013, about 200 of its 1,060 affiliated clubs have implemented programs aimed at people with disabilities (Table 1-9). Although they didn't offer programs specifically intended people with disabilities, some clubs accepted them into programs such as instructor-less free courses, with a focus on people with light intellectual disabilities. Presently, people with disabilities are projected to be participating in an even greater number of swimming clubs.

Table 1-9 Number of clubs registered with the JSCA

(N = 1,060)

Support Category	Number of clubs	%
People with disabilities (disability types not specified)	108	10.2
People with intellectual disabilities	80	7.5
People with physical disabilities	6	0.6
Total	194	18.3

Since 2010, the JSCA has held swimming workshops throughout Japan for people with intellectual disabilities. In addition to making an effort to train instructors and increase the number of clubs that accept people with disabilities, the association has been proactive in promoting swimming among people with disabilities through avenues such as the JSCA National Swimming Competition for People with Intellectual Disabilities, which is first held in 2011.

(4) Main purpose of engaging in sports/recreation

Regarding the main purpose of engaging in sports/recreation, the most common response was “To improve or promote health” (36.6%) followed by “To change my mood or reduce stress” (23.8%) and “To have fun” (11.1%) (Figure 1-11). The most common responses in MEXT’s “Sports and Physical Fitness Poll” (January 2013) were “To build health and physical fitness” and “To have fun or relax”, showing a similar trend as the results of this survey. Some distinction was observed according to disability type, with “As a part of rehabilitation” responses being the most numerous for physical disabilities (Table 1-10).

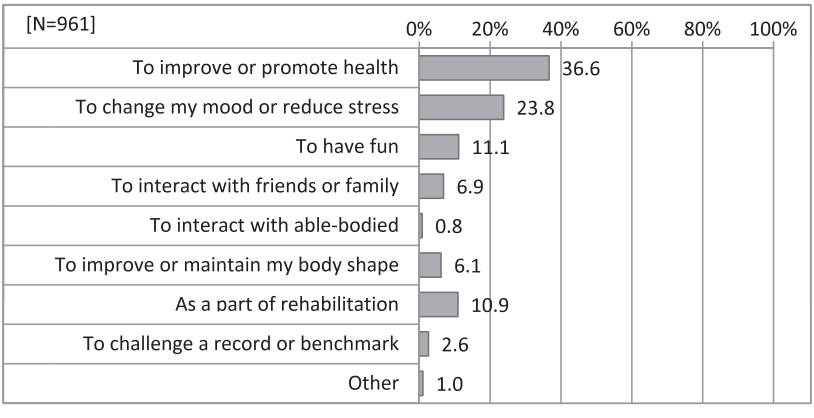


Figure 1-11 Main purpose of engaging in sports/recreation

Table 1-10 Main purpose of engaging in sports/recreation (by disability type)

(%)

	Physical disability (requiring wheelchair)	Physical disability (not requiring wheelchair)	Visual impairment	Hearing impairment	Intellectual disability	Developmental disability	Mental health issues	Other (including an internal disability or a speech or chewing impairment)
	N = 61	N = 273	N = 92	N = 110	N = 13	N = 46	N = 322	N = 186
To improve or promote health	26.2	36.7	38.0	36.4	30.8	45.7	34.2	39.2
To change my mood or reduce stress	13.1	16.5	23.9	29.1	15.4	26.1	30.7	21.0
To have fun	18.0	11.0	10.9	15.5	15.4	4.3	8.1	11.8
To interact with friends or family	8.2	6.8	8.7	7.3	0.0	6.5	5.6	6.5
To interact with able-bodied	3.3	0.4	0.0	0.0	7.7	0.0	1.2	1.1
To improve or maintain my body shape	4.9	3.0	6.5	6.4	7.7	4.3	9.0	3.8
As a part of rehabilitation	21.3	22.8	7.6	1.8	7.7	8.7	8.4	14.0
To challenge a record or benchmark	4.9	2.1	3.3	3.6	15.4	4.3	1.6	1.1
Other	0.0	0.8	1.1	0.0	0.0	0.0	1.2	1.6

(5) Companions when engaging in sports/recreation

Regarding the companions when engaging in sports/recreation, the most common response was “Alone” (40.3%) followed by “Family” (39.0%) and “Friends” (20.8%) (Figure 1-12). “Intellectual disability” and “Developmental disability” had a higher percentage of individuals engaging in sports/recreation together with “Family” or “School faculty members” than other disability types. “Physical disability (requiring wheelchair)” and “Intellectual disability” had the highest percentages of individuals who participated together with “Staff members of welfare/medical facility staff” (Table 1-11).

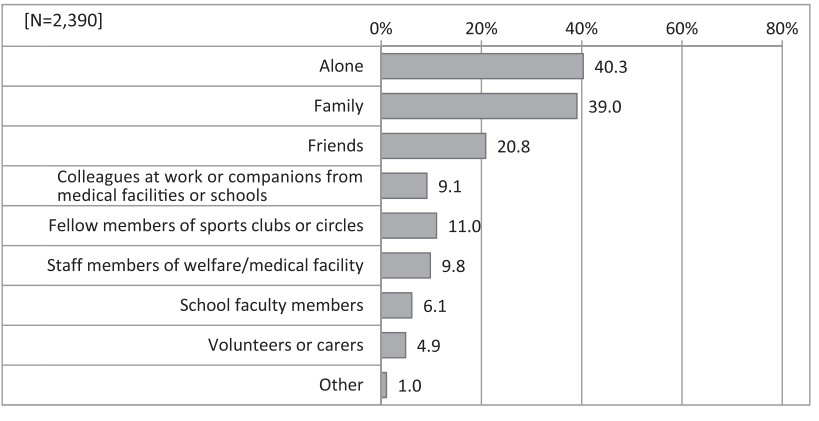


Figure 1-12 Companions when engaging in sports/recreation (multiple responses)

Table 1-11 Companions when engaging in sports/recreation (by disability type)

(%)

	Physical disability (requiring wheelchair)	Physical disability (not requiring wheelchair)	Visual impairment	Hearing impairment	Intellectual disability	Developmental disability	Mental health issues	Other (including an internal disability or a speech or chewing impairment)
	N = 185	N = 460	N = 204	N = 272	N = 356	N = 367	N = 569	N = 389
Alone	20.0	50.0	43.1	36.4	14.6	24.3	56.1	44.5
Family	37.8	35.2	34.8	39.0	50.6	49.0	34.8	40.6
Friends	14.6	22.2	24.0	29.0	15.2	20.4	14.2	23.9
Colleagues at work or companions from medical facilities or schools	11.4	5.9	9.3	7.7	19.1	11.4	8.1	7.5
Fellow members of sports clubs or circles	14.6	8.5	10.8	15.1	10.7	15.3	8.1	12.6
Staff members of welfare/medical facility	25.4	7.2	10.3	6.6	28.7	12.0	7.9	7.5
School faculty members	6.5	2.8	3.9	6.3	14.6	20.2	2.8	4.1
Volunteers or carers	9.7	3.5	4.4	3.7	14.3	7.6	2.8	3.1
Other	1.1	1.1	1.0	0.7	0.8	1.1	1.1	1.3

(6) Current level of participation in sports/recreation

When asked about the current level of participation in sports/recreation, the most common response was “I don’t have any particular interest in sports/recreation” (48.7%) followed by “I want to participate in sports/recreation but I can’t” (22.4%) (Figure 1-13). Compared to Sasakawa Sports Foundation’s “National Sports-Life Survey” (2012), a greater proportion of people showed indifference by answering “I don’t have any particular interest in sports/recreation”.

Although this indifferent group contained many individuals who did not engage in sports/recreation, it also included some people who did participate in the past year (Figure 1-14). On the other hand, a total of 26.0% of people who did not engage in sports or recreation responded “I want to participate in sports/recreation but I can’t”, indicating that there are also some underlying needs with regard to sports and recreation.

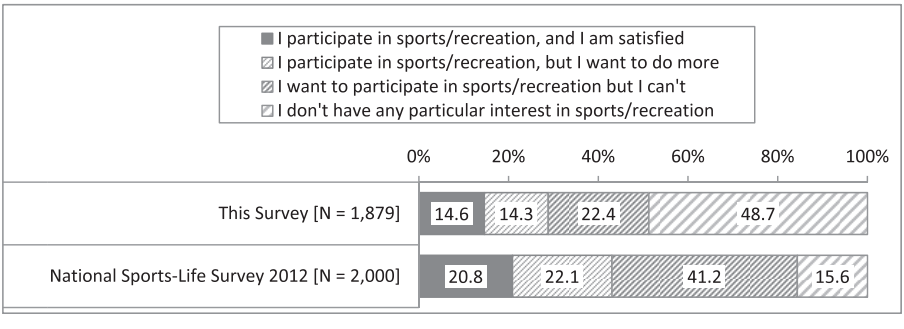


Figure 1-13 Current level of participation in sports/recreation

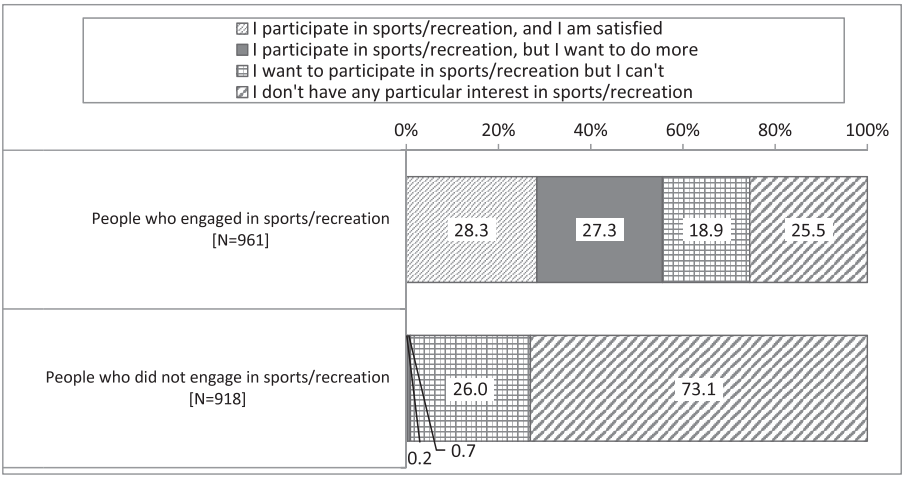


Figure 1-14 Current level of participation in sports/recreation (by engagement)

When viewed according to disability type, the percentage of "I want to participate in sports/recreation but I can't" responses was relatively low for "Intellectual disability" compared to the other disability types, while the percentage of "I don't have any particular interest in sports/recreation" responses was high (Figure 1-15).

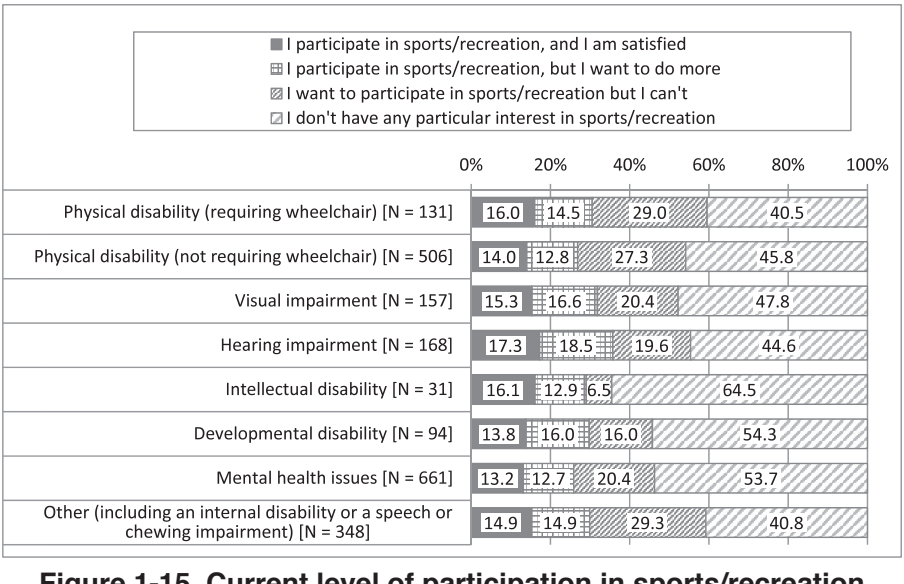


Figure 1-15 Current level of participation in sports/recreation (by disability type)

(7) Barriers to engaging in sports/recreation

Regarding barriers to engaging in sports/recreation, 33.1% of individuals responded “None in particular”. Among those who responded that there are barriers, the most common response was “I don’t have energy” (26.7%) followed by “My budget doesn’t allow it” (25.9%) and “I don’t have time” (14.5%) (Figure 1-16).

When viewed according to disability type, “Physical disability (requiring wheelchair)” had higher percentages of “I don’t have transportation or a way to travel”, “There isn’t anywhere that I can participate in sports/recreation” and “It puts a heavy burden on my family” than other disability types (Table 1-12).

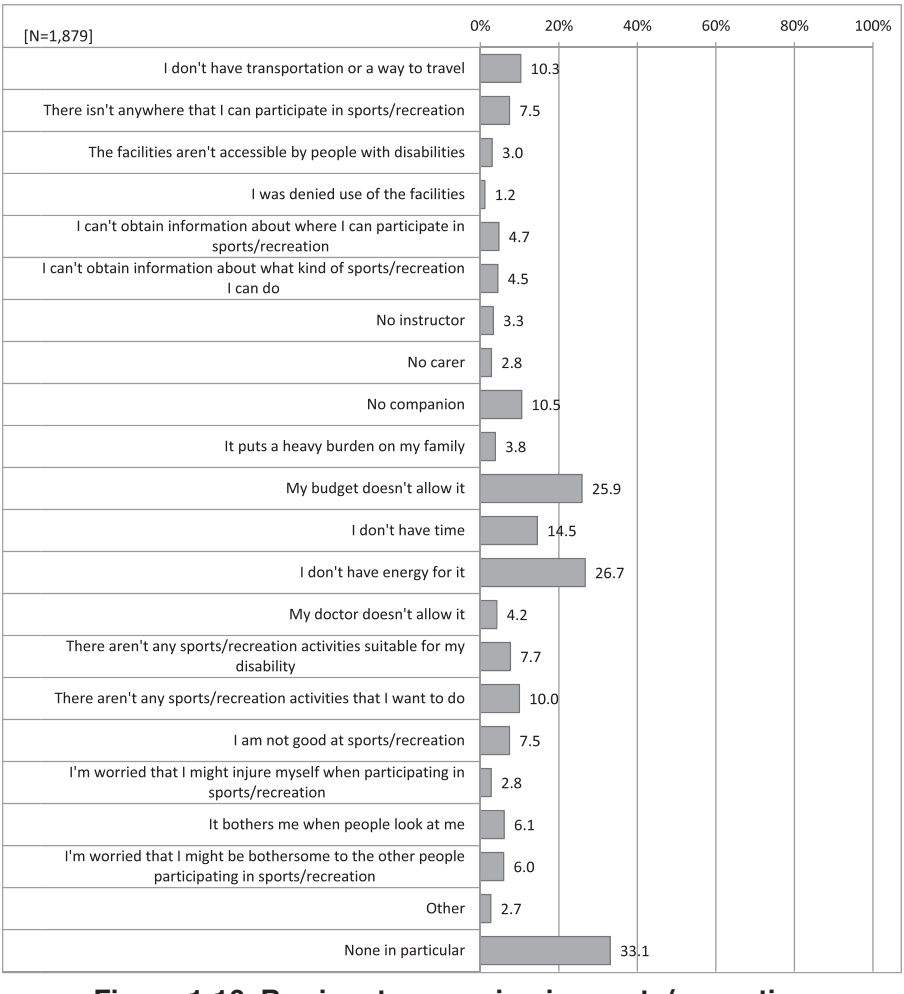


Figure 1-16 Barriers to engaging in sports/recreation (multiple responses)

Table 1-12 Barriers to engaging in sports/recreation (by disability type)

(%)

	Physical disability (requiring wheelchair)		Physical disability (not requiring wheelchair)		Visual impairment		Hearing impairment		Intellectual disability		Developmental disability		Mental health issues		Other (including an internal disability or a speech or chewing impairment)	
	[N=131]		[N=506]		[N=157]		[N=168]		[N=31]		[N=94]		[N=661]		[N=348]	
#1	I don't have the stamina for it	23.7	I don't have the stamina for it	25.5	My budget doesn't allow it	19.7	My budget doesn't allow it	17.9	My budget doesn't allow it	25.8	My budget doesn't allow it	40.4	My budget doesn't allow it	36.2	I don't have the stamina for it	35.3
#2	My budget doesn't allow it	20.6	My budget doesn't allow it	23.9	I don't have the stamina for it	19.1	I don't have time	15.5	I don't have transportation or a way to travel	16.1	I don't have the stamina for it	28.7	I don't have the stamina for it	33.4	My budget doesn't allow it	21.6
#3	I don't have transportation or a way to travel	19.8	There aren't any sports/recreation activities suitable for my disability	15.0	I don't have time	14.6	I don't have the stamina for it	11.3	No companion		I don't have time	22.3	No companion	16.8	I don't have time	16.4
#4	There isn't anywhere that I can participate in sports/recreation	15.3	I don't have time	13.8	I don't have transportation or a way to travel	14.0	No companion	7.1	I can't obtain information about where I can participate in sports/recreation	12.9	No companion	17.0	I don't have time	14.7	My doctor doesn't allow it	10.3
#5	It puts a heavy burden on my family		I don't have transportation or a way to travel	10.9	No companion	10.2	I don't have transportation or a way to travel	6.5	I can't obtain information about what kind of sports/recreation I can do		It bothers me when people look at me	11.7	There aren't any sports/recreation activities that I want to do	13.9	There aren't any sports/recreation activities suitable for my disability	10.1
	None in particular	29.8	None in particular	33.0	None in particular	33.8	None in particular	39.3	None in particular	45.2	None in particular	25.5	None in particular	30.7	None in particular	28.4

Research 2

Sports for Students in Special Schools

I. Overview

1. Purpose

The purpose of this study is to investigate the current situations of sports and recreation opportunities for students with disabilities in 1,211 special schools in Japan, and to provide an evidence-based data to the government and relevant sectors for future policy development.

2. Data collection method

(1) Method

Written Questionnaire - Responded via mail, FAX, or E-mail

(2) Questions

- Attributes of targeted and responding schools (number of students etc)
- Opportunities for sports outside of physical education
- School sports clubs (implemented activities)
- Facilities for exercise/sports activities

(3) Sample

A written questionnaire was sent to 1,211 schools (including branch schools and branch classrooms) listed on "A list of Special Schools (2012)" (as of May 2012). A total of 909 schools responded (the response rate was 75.1%).

(4) Timeframe

September 12, 2013 – November 20, 2013

II. Survey Results

1. Special schools

(1) Attributes of targeted schools

As for the breakdown of targeted schools, schools which handle a single disability (single-disability schools) made up 81.9%, while schools which handle multiple disabilities (multiple-disability schools) comprised 18.1% (Figure 2-1). Regarding disability type, "Intellectual disability (single)" was the most common at 47.7%. The next most common types were "Physical disability (single)" at 12.4% and "Intellectual disability + physical disability (multiple)" at 11.5% (Figure 2-2). As for school configuration, "Main campus" accounted for about 80%, with "Branch school" and "Branch classroom" making up roughly one-tenth each (9.2% and 11.5% respectively) (Figure 2-3).

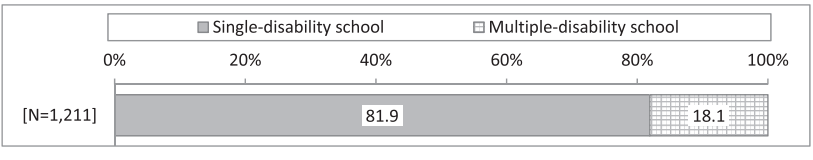


Figure 2-1 Targeted schools (by single/multiple disabilities)

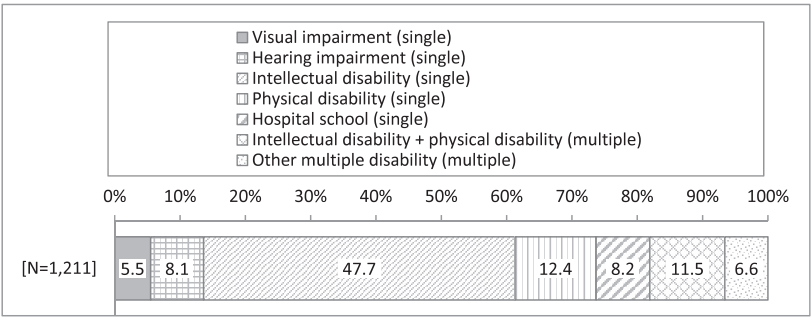


Figure 2-2 Targeted schools (by disability types)

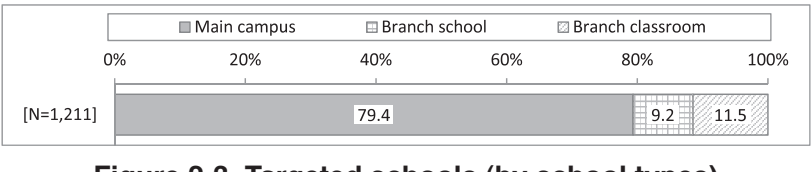


Figure 2-3 Targeted schools (by school types)

(2) Attributes of responding schools

Regarding the responding schools, “Intellectual disability (single)” was the most common at 48.5% followed by “Physical disability (single)” at 11.3%. For multiple-disability schools, “Intellectual disability + physical disability (multiple)” totaled 10.9%, indicating a similar composition as that of the targeted schools (Figure 2-4).

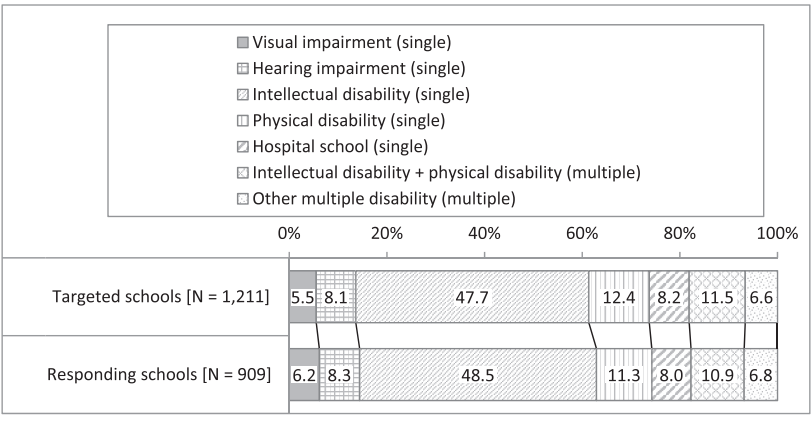


Figure 2-4 Responding schools (by disability types)

(3) Number of children/students

As of May 1, 2013, the most common total number of children/students was “100–199” at 27.6% of schools, followed by “50–99” (25.9%) and “11–49” (25.5%); schools with less than 100 students thus made up the majority (Figure 2-5).

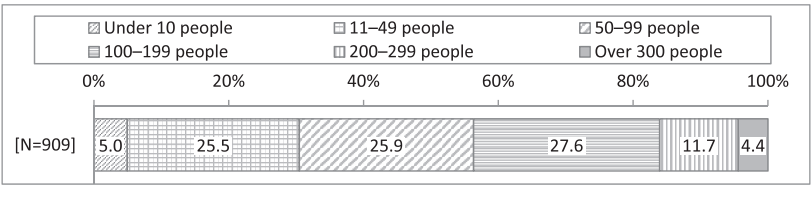


Figure 2-5 Number of children/students

2. Opportunities for sports outside of physical education

As for activities (including extracurricular activities) outside of normal physical education, the most common response was “School sports carnivals/festivals, marathon races, etc.” (90.2%) followed by “School sports club and other club activities (year-round activities)” (60.8%) and “Participation in the sports competitions of prefectural disability sports associations or other organizations” (56.4%) (Figure 2-6). Compared to participation in school-based activities, there isn’t much interaction taking place through sports in the community.

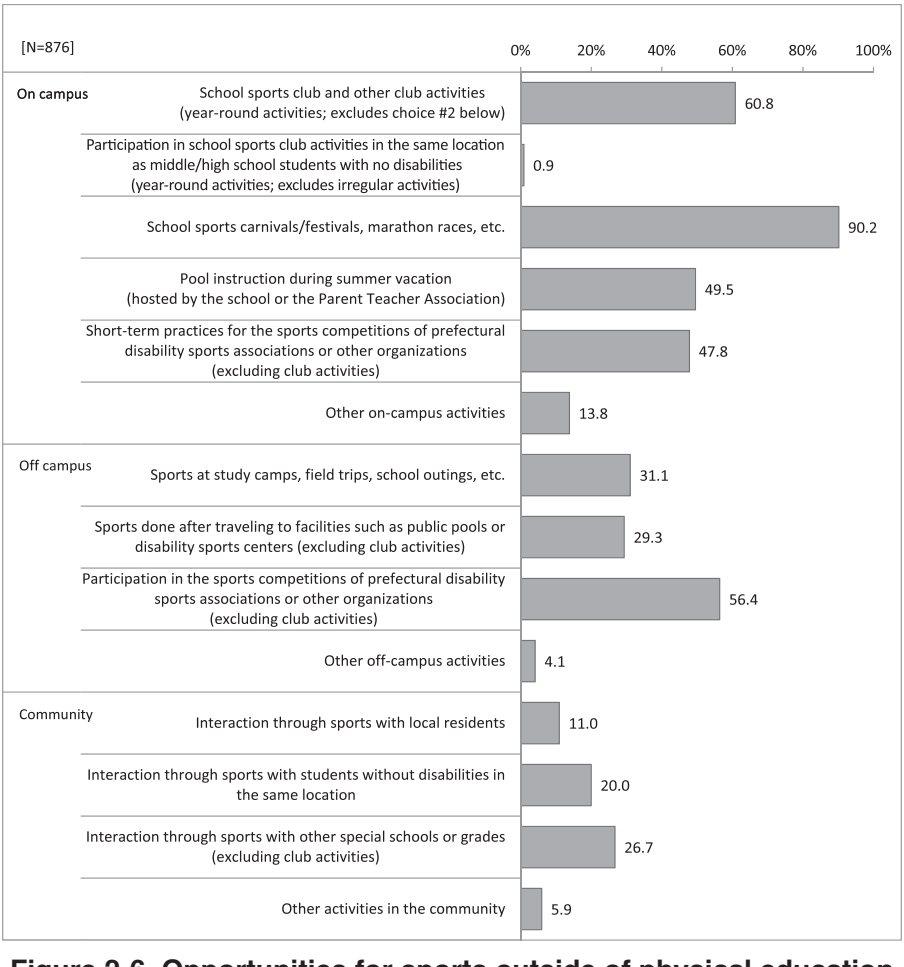


Figure 2-6 Opportunities for sports outside of physical education (multiple responses)

When viewing the sports opportunities outside of normal physical education according to disability type, over 90% of all types participated in "School sports carnivals/festivals, marathon races, etc." with the exception of "Physical disability (single)" and "Hospital school (single)" (Table 2-1). Also, over 60% of all disability types participated in "Sports club and other club activities (year-round activities)" with the exception of "Physical disability (single)" and "Hospital school (single)"; in particular, "Hearing impairment (single)" had a high participation percentage at 90.5% and "Visual impairment (single)" at 80.4%.

Table 2-1 Opportunities for sports outside of physical education (by disability type)

(%)

		Visual impairment (single)	Hearing impairment (single)	Intellectual disability (single)	Physical disability (single)	Hospital school (single)	Intellectual disability + physical disability (multiple)	Other multiple disability (multiple)
		N = 56	N = 74	N = 439	N = 95	N = 54	N = 98	N = 60
On campus	School sports club and other club activities (year-round activities; excludes choice #2 below)	80.4	90.5	61.0	29.5	29.6	70.4	66.7
	Participation in school sports club activities in the same location as middle/high school students with no disabilities (year-round activities; excludes irregular activities)	1.8	0.0	1.4	0.0	0.0	0.0	1.7
	School sports carnivals/festivals, marathon races, etc.	96.4	95.9	93.2	77.9	66.7	91.8	93.3
	Pool instruction during summer vacation (hosted by the school or the PTA)	37.5	39.2	56.3	51.6	18.5	53.1	43.3
	Limited-time practices for the sports competitions of prefectural disability sports associations or other organizations (excluding club activities)	67.9	29.7	48.1	43.2	14.8	68.4	53.3
	Other on-campus activities	7.1	6.8	14.4	14.7	37.0	11.2	6.7

3. School sports clubs

(1) Implemented activities

Regarding the activities implemented within school sports clubs, the most common activities for junior-high schools and high schools were "Track-and-field" and "Soccer (including blind soccer)" (Table 2-2). Over half of the junior-high schools implemented "Track-and-field" (52.4%) followed by "Table tennis" (30.4%) and "Soccer (including blind soccer)" (25.6%). The implementation rate of "Track-and-field" at high schools was over 60%, with "Soccer (including blind soccer)" at 42.9% and "Basketball" at 39.5%.

When viewed according to disability type, activities aimed at children with visual impairment such as "Floor volleyball", "Grand softball", and "Sound table tennis" occupied the top spots for the "Visual impairment only" schools (Table 2-3). Similarly, "Boccia" and "Hand soccer" were the highly ranked activities in the "Physical disability only" schools (Table 2-6).

Table 2-2 Activities implemented within sports clubs (multiple responses)

(%)

Rank	Junior-high school [N = 273]		High school [N = 478]	
#1	Track-and-field	52.4	Track-and-field	60.7
#2	Table tennis	30.4	Soccer (including blind soccer)	42.9
#3	Soccer (including blind soccer)	25.6	Basketball	39.5
#4	Basketball	17.6	Table tennis	33.9
#5	Flying disc (frisbee)	16.1	Flying disc (frisbee)	19.9
#6	Baseball (including T-ball)	11.7	Badminton	17.8
#7	Badminton	11.4	Softball	14.4
#8	Floor volleyball *	10.3	Baseball (including T-ball)	11.7
#9	Swimming	8.8	Volleyball (including soft volleyball)	11.1
#10	Volleyball (including soft volleyball)	8.1	Swimming	9.6
#11	Grand softball **	7.7	Kickball	9.2
#12	Sound table tennis ***	7.3	Floor volleyball	6.7
#13	Kickball	6.6	Boccia	6.1
#14	Softball	5.1	Grand softball	5.9
#15	Boccia	5.1	Sound table tennis	5.0

Note: Of schools that have sports clubs, we totaled the numbers for those schools which responded to the questions regarding the implemented activities.

*Floor volleyball:
Volleyball adapted for people with a visual impairment. 3 blind players in front and 3 players without a visual impairment at the back of the court.

**Grand softball:
Baseball adapted for people with a visual impairment. 10 players in a team, 4 players have to be totally blind.

***Sound table tennis:
Table tennis adapted for people with a visual impairment. Players hit the balls with the bells inside.

Table 2-3 Activities implemented within sports clubs (visual impairment only; multiple responses)

(%)

	Junior-high school [N = 41]	High school [N = 41]
Floor volleyball	63.4	73.2
Grand softball	48.8	68.3
Sound table tennis	48.8	56.1
Track-and-field	39.0	48.8
Judo	7.3	22.0
Swimming	19.5	19.5
Goalball	17.1	17.1
Table tennis	9.8	17.1
Baseball (including T-ball)	0.0	2.4
Soccer (including blind soccer)	4.9	0.0
Flying disc (frisbee)	2.4	0.0

Table 2-4 Activities implemented within sports clubs (hearing impairment only; multiple responses)

(%)

	Junior-high school [N = 63]	High school [N = 49]
Track-and-field	65.1	89.8
Table tennis	71.4	83.7
Volleyball (including soft volleyball)	25.4	34.7
Baseball (including T-ball)	15.9	24.5
Badminton	17.5	20.4
Soccer (including blind soccer)	7.9	8.2
Basketball	3.2	8.2
Tennis	3.2	8.2
Swimming	3.2	4.1
Flying disc (frisbee)	3.2	4.1
Dodgeball	0.0	0.0
Softball	0.0	0.0
Kickball	0.0	0.0

Table 2-5 Activities implemented within sports clubs (intellectual disability only; multiple responses)

(%)

	Junior-high school [N = 106]	High school [N = 294]
Track-and-field	52.8	61.9
Soccer (including blind soccer)	47.2	59.5
Basketball	31.1	56.1
Table tennis	18.9	31.0
Flying disc (frisbee)	25.5	23.5
Badminton	11.3	19.7
Softball	8.5	19.4
Kickball	13.2	12.6
Volleyball (including soft volleyball)	1.9	10.2
Baseball (including T-ball)	9.4	9.5
Swimming	11.3	9.2
Dodgeball	7.5	4.8
Boccia	1.9	4.1
Ground golf *	6.6	3.7
Tennis	0.9	3.7
Kendo	0.9	1.0
Table tennis volleyball **	0.0	1.0
Hand soccer ***	0.9	0.7
Judo	0.0	0.3
Grand softball	0.9	0.0

*Ground golf:

Competed by the total number of strokes used to cover all the holes just like traditional golf. The player with the fewest strokes is a winner. The course can be made on a park or square by setting up the hole posts and start mats at eight holes.

**Table tennis volleyball:

3 players in each team. Players sit in a chair and hit balls to opposite side, maximum of 3 hits per side.

***Hand soccer:

Universal sport originally developed for special school students with severe disabilities. 7 players in a team with a variety of playing style – manual/power wheelchair or standing.

Table 2-6 Activities implemented within sports clubs (physical disability only; multiple responses)

(%)

	Junior-high school [N = 21]	High school [N = 26]
Track-and-field	66.7	65.4
Boccia	52.4	53.8
Hand soccer	52.4	50.0
Flying disc (frisbee)	28.6	30.8
Baseball (including T-ball)	23.8	15.4
Table tennis volleyball	9.5	11.5
Swimming	4.8	11.5
Volleyball (including soft volleyball)	9.5	3.8
Archery	4.8	3.8
Soccer (including blind soccer)	4.8	3.8
Table tennis	4.8	3.8
Basketball	4.8	3.8
Ground golf	4.8	3.8
Wheelchair basketball	4.8	3.8
Kickball	4.8	3.8
Floor volleyball	4.8	3.8
Badminton	0.0	3.8
Dodgeball	0.0	0.0

Table 2-7 Activities implemented within sports clubs (hospital school only; multiple responses)

(%)

	Junior-high school [N = 12]	High school [N = 14]
Badminton	41.7	50.0
Basketball	41.7	42.9
Flying disc (frisbee)	33.3	28.6
Soccer (including blind soccer)	16.7	28.6
Table tennis	33.3	21.4
Baseball (including T-ball)	16.7	21.4
Volleyball (including soft volleyball)	16.7	21.4
Track-and-field	25.0	7.1
Dodgeball	8.3	7.1
Floor volleyball	8.3	7.1
Kickball	0.0	7.1
Boccia	0.0	7.1

(2) Graduates who participate in school sports clubs

Overall, about 30% of graduates participated in the training activities of school sports clubs (Figure 2-7). When viewed according to disability type, "Hearing impairment only" exhibited the percentage of over 40%. The results indicate that the activities of school sports clubs at special schools are also an avenue through which graduates participate in sports or exercise.

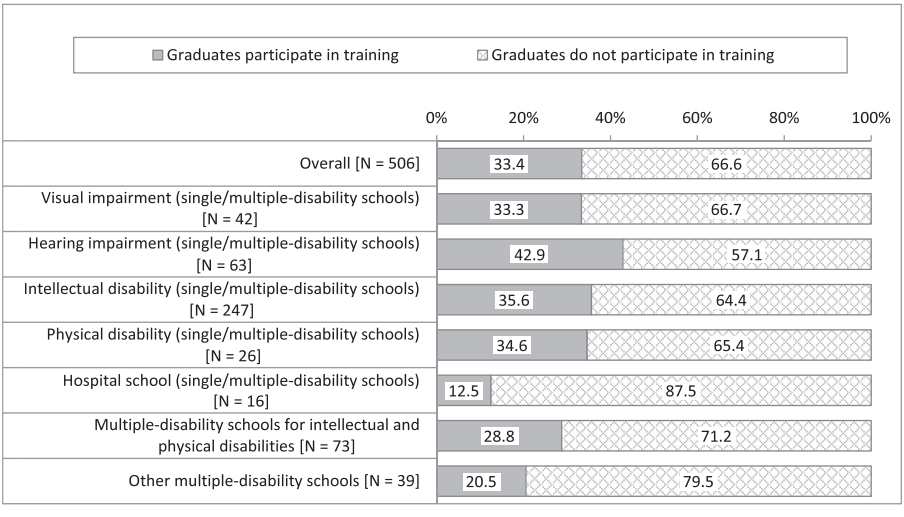


Figure 2-7
Graduates who participate in school sports clubs

Note 1: Of the 876 valid responses, we totaled the numbers for those schools which responded to the questions regarding implemented activities.

Note 2: Visual impairment (single/multiple-disability schools): yes or no for the school sports clubs at both single- and multiple-disability visual impairment schools combined. Same for other disability types.

Note 3: Multiple-disability schools for intellectual and physical disabilities: yes or no for activities which incorporate both physical disabilities and intellectual disabilities, activities which segregate by disability type, and activities which are for only one of the types. Same for "Other multiple-disability schools".

4. Facilities for exercise/sports activities

The most common facilities for exercise/sports activities were "Gymnasiums" (89.0%) followed by "Sports fields" (83.1%) and "Playrooms (multi-purpose rooms)" (66.7%) (Figure 2-8).

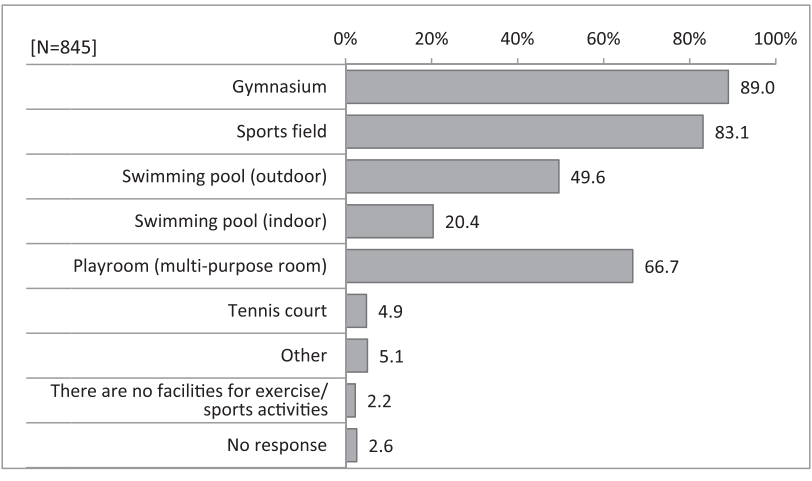


Figure 2-8 School facilities for exercise/sports activities (multiple responses)

Research 3

Sporting Opportunities for People with Disabilities in Social Welfare Facilities

I. Overview

1. Purpose

The purpose of this study is to investigate the current situations of sports and recreation opportunities for people living in social welfare facilities in Japan, and to provide an evidence-based data to the government and relevant sectors for future policy development.

2. Data collection method

(1) Method

Written Questionnaire - Responded via mail, FAX, or E-mail

(2) Questions

- Facility attributes (facility capacity, number of employees and admittees etc)
- Events related to sports/recreation
- Participation in external sports/recreation competitions
- Staff responsible for sports/recreation activities
- Management strategies

(3) Sample

A written questionnaire was sent to 2,454 social welfare facilities for people with disabilities. A total of 1,494 facilities responded (the response rate was 60.9%). Based on the facility capacity and the average age of the admittees, 1,411 facilities were used for analysis.

(4) Timeframe

October 18, 2013 – November 26, 2013

II. Survey Results

1. Social welfare facilities

(1) Basic facility information

Regarding the facility capacity, “40–59 people” was the most common (47.7%) followed by “60–79 people” (21.0%) (Figure 3-1).

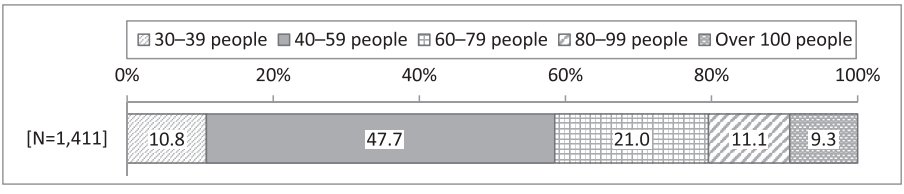


Figure 3-1 Facility capacity

Overall, the average number of staff members at responding facilities was 40.0 people; when viewed according to the type of employment, the average number of full-time employees was 33.6 people and part-time employees was 8.7 people (Table 3-1).

Table 3-1 Average number of employees (by facility capacity)

		Overall	Facility capacity				
		N=1,411	30–39 people	40–59 people	60–79 people	80–99 people	Over 100 people
Average number of employees	Overall	40.0	24.0	33.4	40.2	52.4	77.5
	Full-Time	33.6	18.8	27.8	34.6	45.5	64.0
	Part-Time	8.7	5.9	7.4	9.0	10.1	15.9

(2) People admitted to the facilities

The total number of individuals admitted to the 1,411 facilities was 81,485 people (Table 3-2). As for the breakdown according to the primary disabilities of those admittees, “Intellectual disability” was the most common with 70.6% followed by “Physical disability” at 28.6%.

Table 3-2 Number of facility admittees (by disability type and facility capacity)

		Overall	Facility capacity				
		N=1,411	30–39 people	40–59 people	60–79 people	80–99 people	Over 100 people
Number of individuals admitted to the facility	Overall	81,485	4,511	30,900	18,232	12,481	15,361
	Physical disabilities	23,320 (28.6%)	1,332	9,178	5,289	4,025	3,496
	Intellectual disabilities	57,522 (70.6%)	3,111	21,477	12,812	8,301	11,821
	Mental health issues	437 (0.5%)	66	166	105	57	43
	Intractable diseases or other illnesses	206 (0.3%)	2	79	26	98	1

Regarding the average age of individuals admitted to the facilities, 2.6% were in their “20s”, 9.4% in their “30s”, 38.6% in their “40s”, 39.6% in their “50s”, and 9.7% were “60+” years of age; overall, a total of 80% were middle-aged (Figure 3-2). Also, the average age of individvals admitted to the analyzed facilities was 49.3 years.

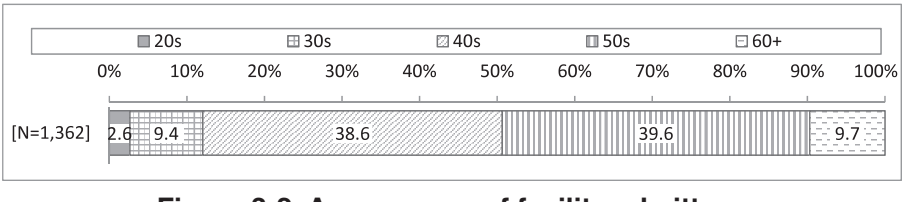


Figure 3-2 Average age of facility admittees

2. Events related to sports/recreation

Approximately 70% of facilities held events related to sports/recreation. The most common event was “Facility sports day or carnival” (45.0%) followed by “Facility program such as a festival or event” (32.7%) and “Individual sports competition” (19.1%) (Figure 3-3). About one in four facilities did not hold events related to sports/recreation.

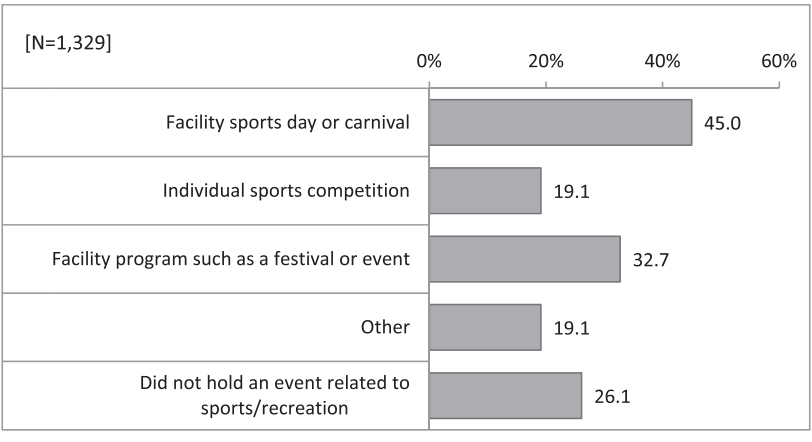


Figure 3-3 Events related to sports/recreation (multiple responses)

3. Participation in external sports/recreation competitions

About 80% of facilities participated in external sports/recreation competitions. The most common type of competition was "Disability sports games such as the National Sports Festival for People with Disabilities and its prefectural qualifiers" (54.0%) followed by "Sports carnivals and sports/recreation competitions held by municipal governments for people with disabilities" (34.9%) (Figure 3-4). The "Other" category (16.8%) included responses such as sports competitions held by disabled facilities councils or disability welfare associations.

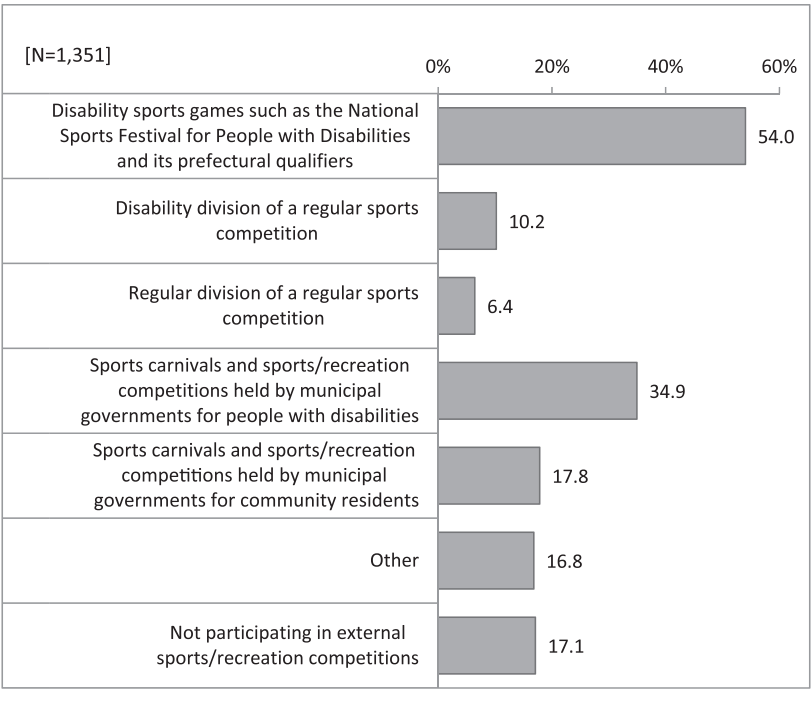


Figure 3-4 Participation in external sports/recreation competitions (multiple responses)

4. Location of sports/recreation activities implemented

Regarding the location where sports/recreation activities are implemented, the most common on-site location was “Multi-purpose room (indoor)” (59.4%) followed by “Courtyard or vacant lot (outdoor)” (41.2%) and “Weights training room or workroom” (26.4%). The most common off-site location was “Walking path or park near the facility” (46.8%) followed by “Neighborhood public sports facility” (27.8%) (Figure 3-5).

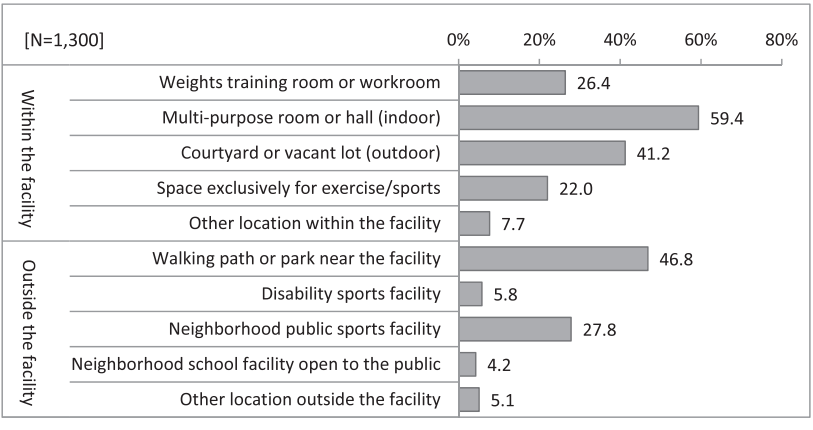


Figure 3-5 Location of sports/recreation activities (multiple responses)

5. Sports/recreation activity supervisor

Regarding the supervisor of the sports/recreation activities, the most common was “Facility staff member (as part of work)” (96.0%) followed by “Instructor outside the facility (compensated)” (11.8%) and “Instructor outside the facility (uncompensated)” (9.7%) (Figure 3-6).

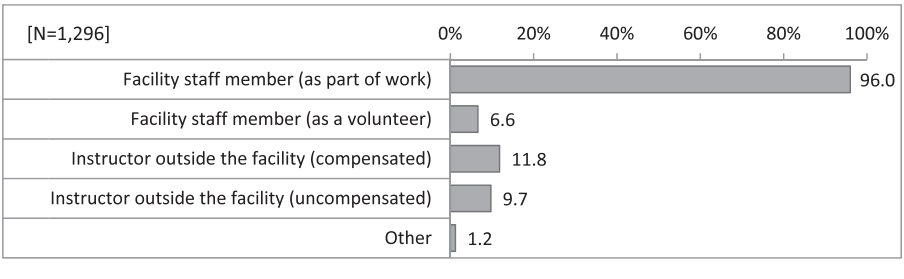


Figure 3-6 Sports/recreation activity supervisor (multiple responses)

6. Management strategies

Regarding the strategies employed when managing sports/recreation activities for admittees, the most common response was “We hold activities that anyone can participate in, regardless of the type or severity of disability” (59.5%) followed by “We hold activities that are easy to instruct even without special knowledge or experience” (39.8%) and “We hold activities that meet the demands of our admittees” (34.3%) (Figure 3-7).

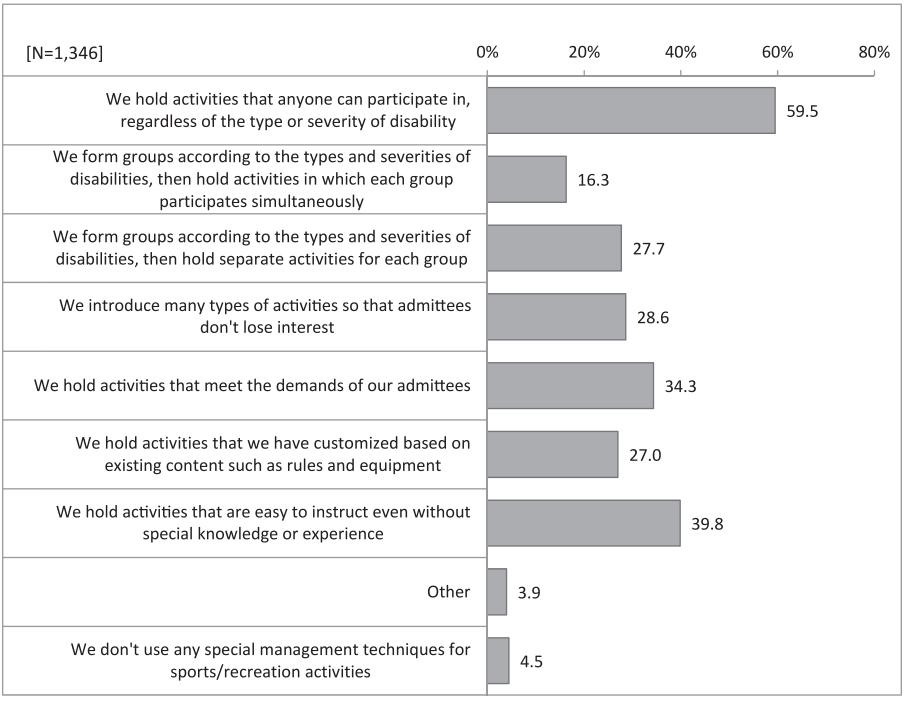


Figure 3-7 Management strategies (multiple responses)

7. Support and collaboration network

Regarding the support and collaboration related to the sports/recreation activities, the most common response was “Don’t receive any support or collaborate with other organizations” (51.9%) followed by “Council of social welfare” (12.4%), “Concerned organization or family association of the disabled person” (11.8%), and “Disability sports organization” (10.3%) (Figure 3-8).

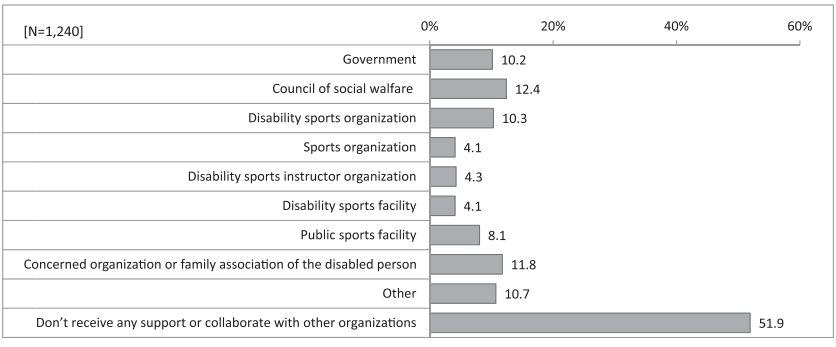


Figure 3-8 Support and collaboration network (multiple responses)

8. Interaction with disabled people outside the facility

Regarding the interaction with people with disabilities outside the facility through sports/recreation activities, the most common response was “Admittees of other facilities for people with disabilities” (48.0%) followed by “No interaction through sports/recreation activities” (27.3%) and “Students or children at nurseries, kindergartens, or elementary/junior-high/high schools” (22.8%) (Figure 3-9).

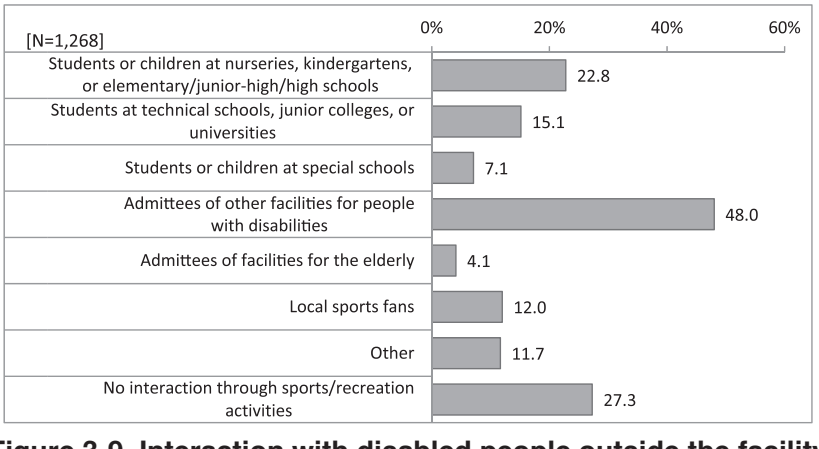


Figure 3-9 Interaction with disabled people outside the facility (multiple responses)

9. Challenges related to sports/recreation activities

Regarding the challenges related to sports/recreation activities, the most common response was “Progression of admittees’ disabilities” (77.4%) followed by “Increased age of admittees” (72.0%) and “Dealing with a wide variety of admittees’ disabilities” (60.0%) (Figure 3-10). Also, about 40% of facilities responded “Facility staff members lack expertise related to sports/recreation” and “We lack staff members (including volunteers) for sports/recreation activities.”

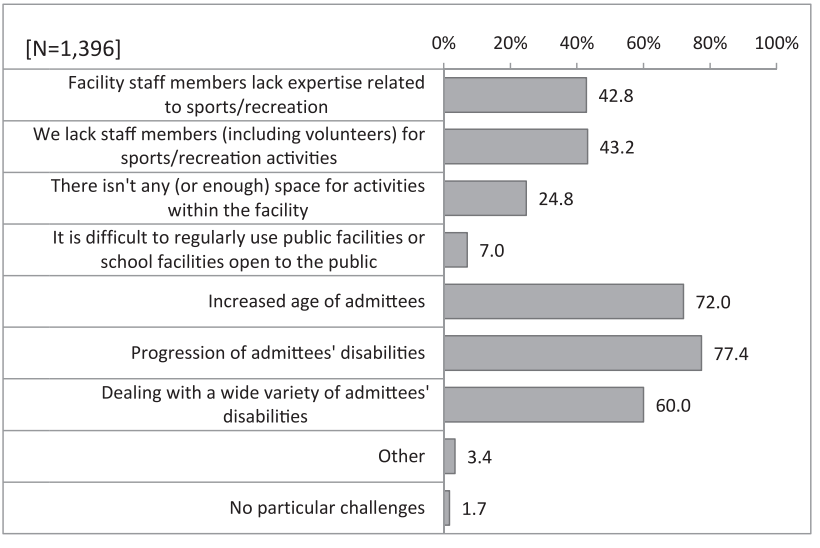


Figure 3-10 Challenges related to sports/recreation activities (multiple responses)

Research 4

Sports Facilities for People with Disabilities

I. Overview

1. Purpose

The purpose of this study is to explore the current situations of sports facilities for people with disabilities in Japan, and to obtain evidence-based data on the level of disability sports promotion within those facilities in Japan.

2. Data collection method

(1) Method

Written Questionnaire - Responded via mail or E-mail

(2) Sample

Sports facilities that allow people with disabilities to have exclusive or priority access

(3) Questions

- Establishment and administration of disability sports facilities (years established, categories, administrative entities)
- Facilities adjoined to disability sports facilities
- Sports instructors
- Implemented projects
- Coordination with disability sports associations and rehabilitation centers

(4) Timeframe

December 5, 2012 – January 31, 2013

II. Survey Results

1. Sports facilities for people with disabilities

Among public sports facilities in Japan, there are sports facilities that allow people with disabilities to have exclusive or priority access. Sasakawa Sports Foundation call them “Disability Sports Facilities”. As of 2013, there are 114 of these facilities located throughout Japan.

(1) Purpose of their establishment

Figure 4-1 shows the categories of disability sports facilities based on the purpose of their establishment. Over 80% of facilities were “Welfare Centers for the Persons with Physical Disabilities” (30.7%), “Gymnasiums for Workers with Physical Disabilities” (25.4%) and “Education, Culture and Sports Centers for Workers with Physical Disabilities” (28.9%).

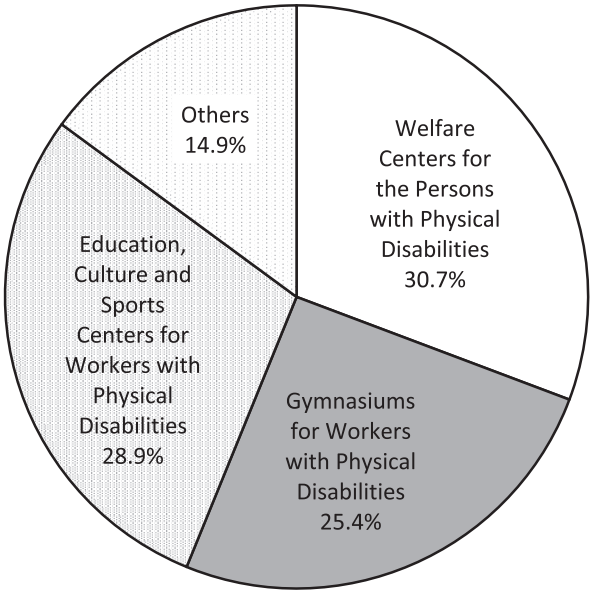


Figure 4-1
Categories of disability sports facilities

(2) Categories of disability sports facilities

1. Welfare Centers for the Persons with Physical Disabilities
   Facilities specified in the Act for the Welfare of Physically Disabled Persons, aimed at supporting social participation of persons with physical disabilities.
2. Gymnasiums for Workers with Physical Disabilities
   Facilities were established between 1975 and 1980 by the Employment Promotion Corporation, with the aim of improving welfare and more stable employment of workers with physical disabilities.
3. Education, Culture and Sports Centers for Workers with Physical Disabilities
   Facilities were also established by the Employment Promotion Corporation between 1981 and 1986, with the aim of making use of available facilities to improve the physical functions, physical fitness, communication, education and cultural welfare of workers with physical disabilities.
4. Others
   Facilities that have been established by prefectures or ordinance designated cities for purposes other than those listed above (1 to 3).

(3) Years established

Figure 4-2 shows the trends in the number of disability sports facilities. About 80% of disability sports facilities (90 facilities) were established before 1990, and there has been only 7 facilities established after 2001.

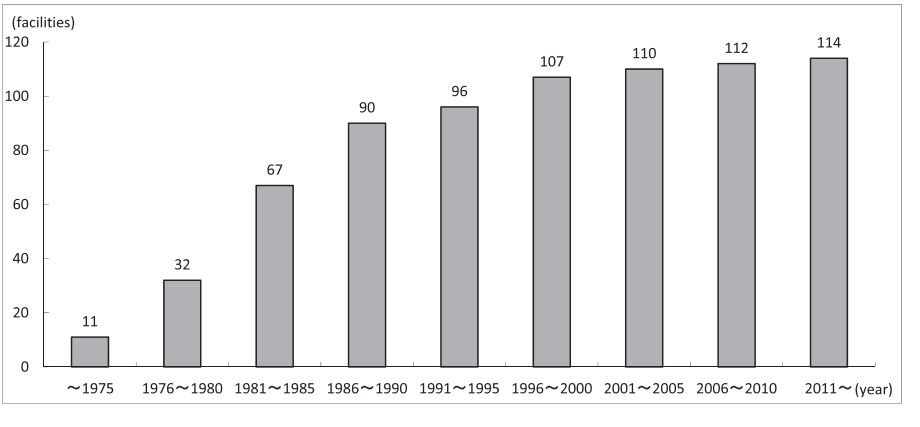


Figure 4-2 Trends in the number of facilities

(4) Administrative entities for disability sports facilities

Figure 4-3 shows the administrative entities for disability sports facilities. Designated administrators handled the management and operation of 84.2% of facilities; 14.9% were administered directly by municipal governments, while 1% were managed by the central government. In addition, the breakdown of designated administrators is shown in Table 4-1. This data shows "Social welfare association/Social welfare agency/Rehabilitation agency" to be the most common (over 60%). Although proportionally few in number, some facilities were also found to be administered by a "Disability sports association", "Sports association/Sports promotion agency", or "Private business operator".

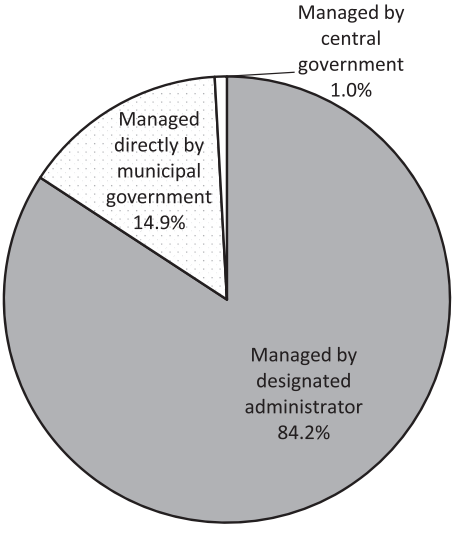


Figure 4-3 Administrative entities

Table 4-1 Breakdown of designated administrators (N=93)

Category	Ratio (%)
Social welfare association / Social welfare agency / Rehabilitation agency	64.5
Disability sports association	7.5
Sports association / Sports promotion agency	10.8
Private business operator	5.4
Sports organization	2.2
Municipality	1.1
Worker cooperative	2.2
Other	6.5

2. Facilities adjoined to disability sports facilities

Figure 4-4 displays information about the facilities adjoined to disability sports facilities. “Gymnasiums” were the most common, being built at 96.5% of disability sports facilities. The next highest was “Weights training rooms” (41.2%) followed by “Swimming pools” (39.5%), “Sports fields” (22.8%), “Archery ranges” (17.5%), “Table tennis rooms” (15.8%), and “Tennis courts” (9.6%).

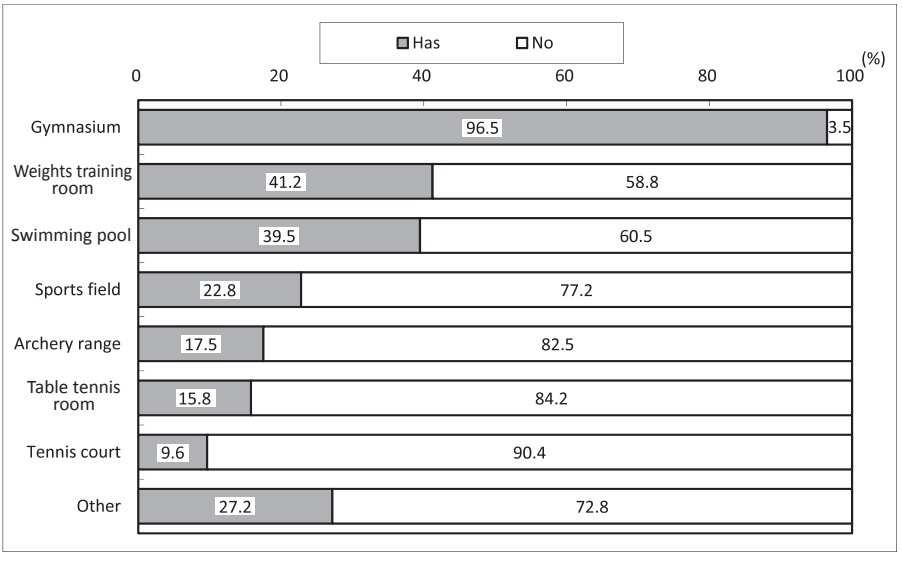


Figure 4-4 Facilities adjoined (N=114; multiple responses)

When viewed by number of different adjoining facilities (including "Other"), stand-alone disability sports facilities made up one-third of the total at 35.1%, while disability sports facilities with two types of adjoining facilities amounted to 21.9%; together, these two groups accounted for over 50% of the total number of facilities (Figure 4-5).

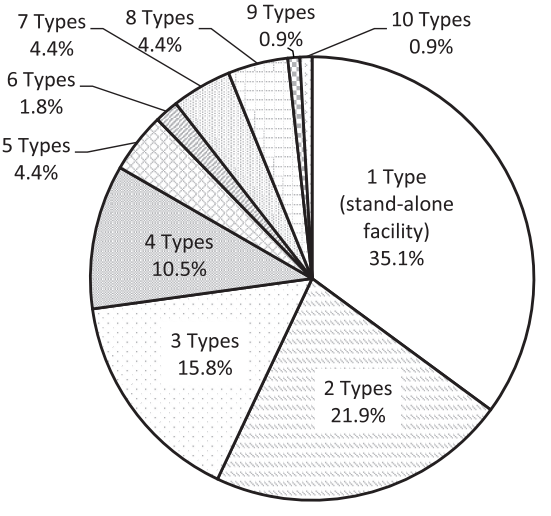


Figure 4-5 Number of adjoining facilities

3. Staffing of sports instructors

(1) Paid or compensated sports instructors

74 disability sports facilities (64.9%) responded that there was at least one sports instructor on staff. The facility with the most instructors had a total of 72 people, while the facility with the least amount of instructors had 1 person. Among facilities with at least one instructor, the average number of instructors was 12.7, with a median of 5 instructors. By including facilities with no instructors it brings the average to 8.3 instructors, with a median of 3 instructors.

(2) Personnel certified in disability sports instruction

68 of 114 disability sports facilities (59.6%) responded that there was a certified instructor on staff. Table 4-2 shows the information regarding each type of instructor certification. On staff at over 50% of facilities, "Para-sports beginners instructors" represented both the highest percentage and the highest total number of individuals. "Para-sports intermediate instructors" and "Para-sports advanced instructors" were each on staff at roughly one-third of facilities. The number of "Para-sports advanced instructors" was slightly higher than that of "Para-sports intermediate instructors".

Table 4-2
Staffing of personnel certified in disability sports instruction

Qualification Name	Ratio (%)	Number of Facilities	Number of People
Para-sports instructors:beginners level	53.5	61	213
Para-sports instructors:intermediate level	32.5	37	79
Para-sports instructors:advanced level	33.3	38	122
Para-sports coaches	18.4	21	28
Para-sports trainers	0.9	1	1
Welfare recreation worker	1.8	2	2
Other	8.8	10	40

4. Projects implemented at disability sports facilities

Regarding the projects implemented at 114 disability sports facilities, "Sports competitions" were implemented at 58 facilities (50.9%), "Sports classes" were implemented at 67 facilities (58.8%), and "Sports mobile classes" were implemented at 27 facilities (23.7%) (Table 4-3).

Table 4-3 Projects implemented

Project	Ratio (%)	Number of Facilities
Sports competitions	50.9	58
Sports classes	58.8	67
Sports mobile classes	23.7	27

5. Coordination with disability sports associations and rehabilitation centers

(1) Coordination with disability sports associations

When disability sports facilities established by a prefecture (45 locations) were asked about whether there is a disability sports association under that prefecture, 34 locations (75.6%) answered "yes". Regarding the relationship between disability sports associations and facilities, about 60% of those facilities were found to coordinate with a disability sports association (Table 4-4).

When disability sports facilities established by a municipality (68 locations) were asked about the existence of a disability sports association, 19 locations (27.9%) answered "yes". Regarding the relationship between disability sports associations and facilities, about 80% of those facilities were found to coordinate with a disability sports association.

Table 4-4 Relationship with disability sports associations

	Prefectures (N = 34) (%)	Municipalities (N = 19) (%)
A disability sports association has offices in the administrative organization for the facility or the facility is managed by a disability sports association	23.5	36.8
Coordinates with a disability sports association	38.2	42.1
Does not coordinate with a disability sports association	26.5	15.8
Other	11.8	5.3

(2) Coordination with rehabilitation centers

Rehabilitation centers are facilities that provide people with disabilities with a comprehensive service from functional recovery training to rehabilitation into society. Because some facilities bearing the name "rehabilitation center" exist within disability sports facilities, we examined the relationship between the two.

Regarding the relationship between disability sports facilities established by a prefecture and rehabilitation centers, about one in four of those facilities were found to coordinate with a rehabilitation center (Table 4-5). Of those facilities, 16.3% were "Managed by the same organization as the rehabilitation center or adjoined to the rehabilitation center". Also, approximately 20% of disability sports facilities established by a municipality were found to coordinate with a rehabilitation center. Of those facilities, 13.6% were "Managed by the same organization as the rehabilitation center or adjoined to the rehabilitation center".

Table 4-5 Relationship with rehabilitation centers

	Prefectures (N = 43) (%)	Municipalities (N = 59) (%)
Managed by the same organization as the rehabilitation center or adjoined to the rehabilitation center	16.3	13.6
Managed by a different organization of that of the rehabilitation center, but the two coordinate	9.3	5.1
Does not coordinate with the rehabilitation center	67.4	78.0
Other	7.0	3.4

6. Disability sports centers

Public sports facilities in Japan in 1960s were not built for the use by people with disabilities. However, in May 1974 the very first sports center targeted at people with physical disabilities was built in Osaka prefecture. The center was managed with a strong focus on improving physical and mental well-being of individual users. With the success of disability sports center in Osaka, the number of centers throughout Japan increased after 1980 (25 centers in total as of 2015).

Moreover, in order to exchange information, share knowledge, and solve the common facility management issues of the centers, "Disability sports center council" was launched in 1984.

Research 5

Disability Sports Instructors

I. Overview

1. Purpose

The purpose of this study is to investigate the current situations of para-sports instructors, and to provide an evidence-based data to the government and relevant sectors for future policy development.

2. Data collection method

Secondary analysis -1

(1) Method

Japanese Para-Sports Association (JPSA)'s "JPSA Certified Sports Instructor System (2012)" and "JPSA-JPC Educational Programmes (2015)" were used for secondary analysis to obtain the latest number of registered para-sports instructors (as of December 2014).

Secondary analysis -2 (written questionnaire)

(1) Method

Secondary data analysis of JPSA's "Survey on Para-Sports Instructors 2012)".

(2) Sample size

"Survey on Para-Sports Instructors (2012)" targeted at 21,924 registered para-sports instructors (beginners, intermediate, and advanced). 3,803 instructors responded (the response rate was 17.3%). In this report, 12 instructors were removed from the analysis due to a low sample in a specific age category, and a total of 3,791 samples were used for the analysis.

(3) Questions

- Respondents attributes (gender, age)
- Acquisition of instructor qualifications (purpose, frequency of activities etc)
- Activity as an instructor (frequency, activity location, main role, anxiety factors, problems experienced)

(4) Data Analysis

Grand total, cross-Sectional Analysis

II. Results (secondary analysis-1)

1. Japanese Para-Sports Association's Educational Programs

(1) Overview of Japanese Para-Sports Association's educational Programs

Japanese Para-Sports Association (JPSA) authorized by the Ministry of Health and Welfare (currently Ministry of Health, Labour and Welfare:MHLW) was established in 1965 as the celebration of the Tokyo 1964 Paralympic Games. With the first National Sports Festival for People with Disabilities held in 1964, MHLW authorized JPSA to develop para-sports instructors, and since 1966 JPSA has been responsible for conducting the following educational programs; Para-Sports Instructors (Beginners, Intermediate, Advanced), Para-Sports Coaches, Para-Sports Doctors and Para-Sports Trainers (Table 5-1).

Table 5-1 Overview of JPSA's Para-Sports Instructors

	Para-Sports Instructors (FY2011)		
	Beginners Level	**Intermediate Level**	**Advanced Level**
Number of Instructors	18,841	2,395	688
Role	Providing instructions for beginners in sports at the community level.	Working as a leading instructor at the community level with extensive knowledge and experience in instructing	Working as a leader at the prefectural level with highly sophisticated knowledge and experience in instructing

JPSA Certified Sports Instructor System (2012)

(2) Certification school system for obtaining qualifications

In 1993, JPSA established a system that designates certification schools for obtaining the JPSA-certified instructor qualification and committed itself to maintaining instructors. As of FY 2012, there are 170 certification schools in Japan; 148 of these allow individuals to obtain the beginners certification, while 22 schools offer the intermediate certification.

When viewed according to school type, 78 of the schools were four-year universities (of these, 56 offered beginners certification and 22 offered intermediate certification), 17 were junior colleges, and 75 were vocational schools. Among these were 13 sports-related universities or departments (including junior colleges) and 20 welfare or health-related (including health/social welfare) junior colleges and universities.

III. Results (secondary analysis-2)

1. Respondents Attributes

There were proportionally more female respondents than male respondents, and a comparison with the gender ratio of registered instructors (46.2% male, 53.8% female) reveals an almost identical ratio (Table 5-2 and 5-3).

When viewed according to age group, a proportionately high number of respondents to this survey were in their 50s or 60s, even though 40% of all registered instructors are in their 20s.

Table 5-2 Number of registered Para-Sports instructors in FY2011

	Overall		Beginners		Intermediate		Advanced	
	Number	%	Number	%	Number	%	Number	%
Overall	21,924	100.0	18,841	85.9	2,395	10.9	688	3.1
Gender								
Male	10,138	46.2	8565	45.5	1,156	48.3	417	60.6
Female	11,786	53.8	10,276	54.5	1,239	51.7	271	39.4
Age								
10s	112	0.5	111	0.6	1	0.0	0	0.0
20s	9,611	43.8	9,085	48.2	511	21.3	15	2.2
30s	4,047	18.5	3,491	18.5	412	17.2	144	20.9
40s	2,881	13.1	2,286	12.1	420	17.5	175	25.4
50s	2,736	12.5	2,057	10.9	504	21.0	175	25.4
60s	1,902	8.7	1,368	7.3	413	17.2	121	17.6
70+	635	2.9	443	2.4	134	5.6	58	8.4

Information provided by JPSA

Table 5-3 Respondents Attributes (overall・gender・age・gender×age)

	N	%
Overall	**3,791**	**100.0**
Gender		
Male	1,845	48.6
Female	1,945	51.4
Age		
20s	613	16.2
30s	712	18.8
40s	676	17.8
50s	791	20.9
60s	737	19.4
70+	261	6.9
Gender×Age		
Male		
20s	206	11.2
30s	315	17.1
40s	326	17.7
50s	390	21.1
60s	411	22.3
70+	197	10.7
Female		
20s	407	20.9
30s	397	20.4
40s	350	18.0
50s	401	20.6
60s	326	16.8
70+	64	3.3

2. Acquisition of instructor qualifications

(1) Breakdown of instructors by qualification - overall / by age group

When viewing the qualification categories according to age group, 90.0% of instructors in their 20s held the beginners certification, 10.0% held the intermediate certification, and none were found to hold the advanced certification (Figure 5-1). A total of 28.1% of instructors in their 60s held the intermediate certification, which was higher than in other age groups; instructors in their 40s and those 70+ showed the highest percentages for the advanced certification, with 10.1% and 11.5% respectively.

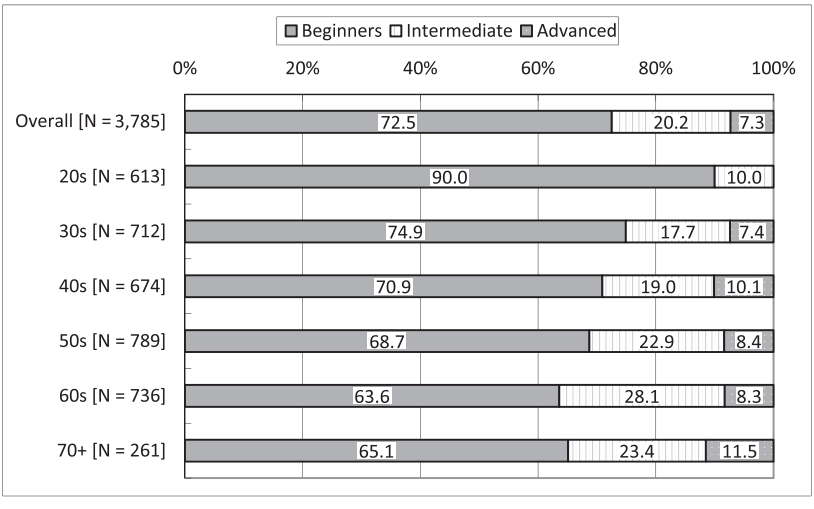


Figure 5-1 Instructors by qualification type (overall / by age group)

(2) Purpose of obtaining a qualification

The most common overall response was “I was interested in the high-performance sports of people with disabilities” (53.3%) followed by “I wanted to increase my disability sports knowledge and skills” (52.7%), and “I was interested in the everyday sports of people with disabilities” (46.2%) (Figure 5-2).

When viewed according to qualification type, intermediate instructors gave a proportionally higher number of “I was interested in the high-performance sports of people with disabilities” responses (61.4%), while a large number of advanced instructors answered “I wanted to increase my disability sports knowledge and skills” (70.0%).

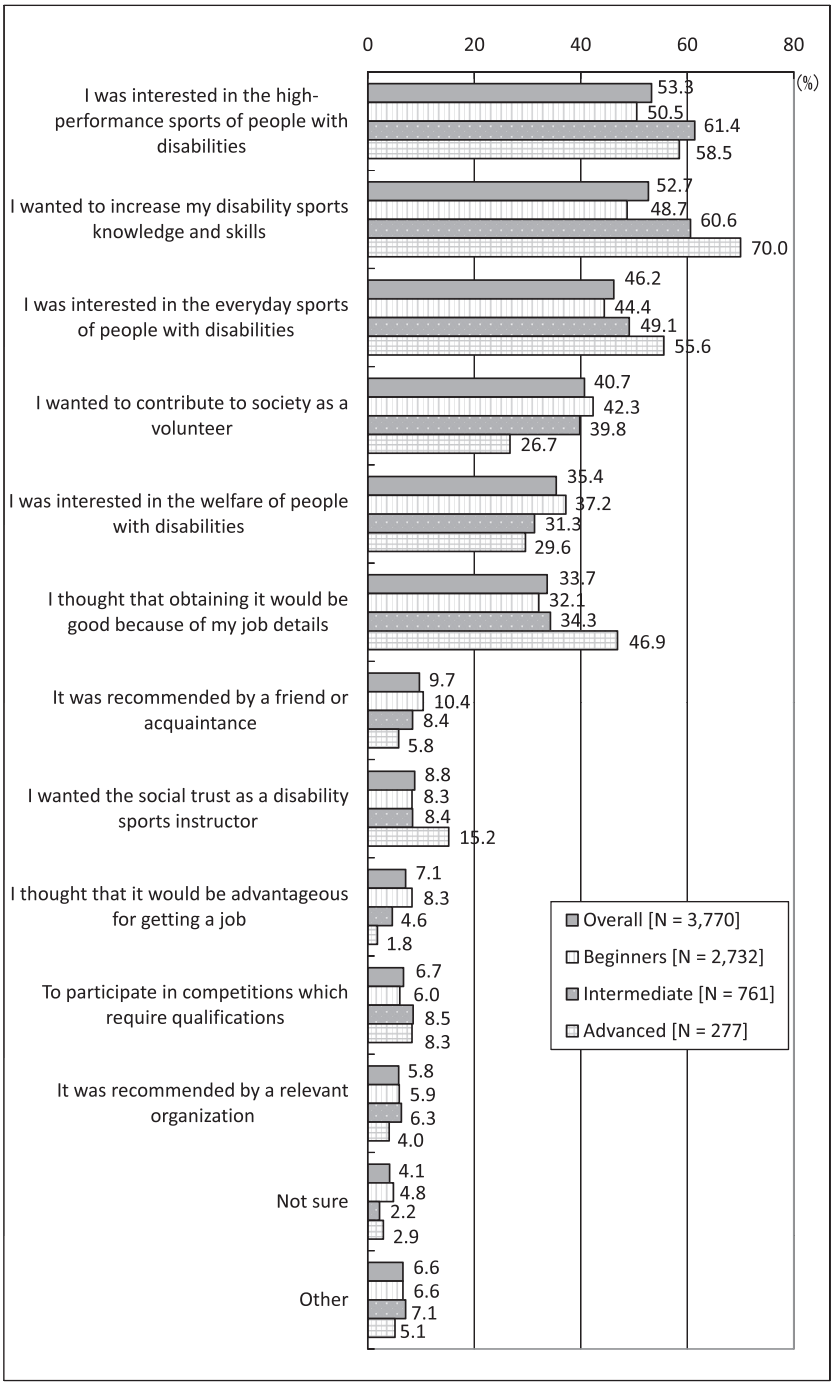


Figure 5-2 Purpose of obtaining a qualification (overall / by qualification type; multiple response)

(3) Benefits of obtaining qualifications

The respondents overall felt that obtaining qualifications had benefited them, with over half responding “It increased the opportunities for meeting a wide variety of people” (56.4%) followed by “I saw the smiling faces of many people with disabilities” (43.4%), and “Acquiring information related to disability sports instruction became easier” (42.3%) (Figure 5-3).

When viewed according to qualification type, intermediate instructors had the highest percentage of “I increased my opportunities to be involved in disability sports” (46.9%), indicating that obtaining the qualifications allowed them to feel the benefits of increased participation in activities.

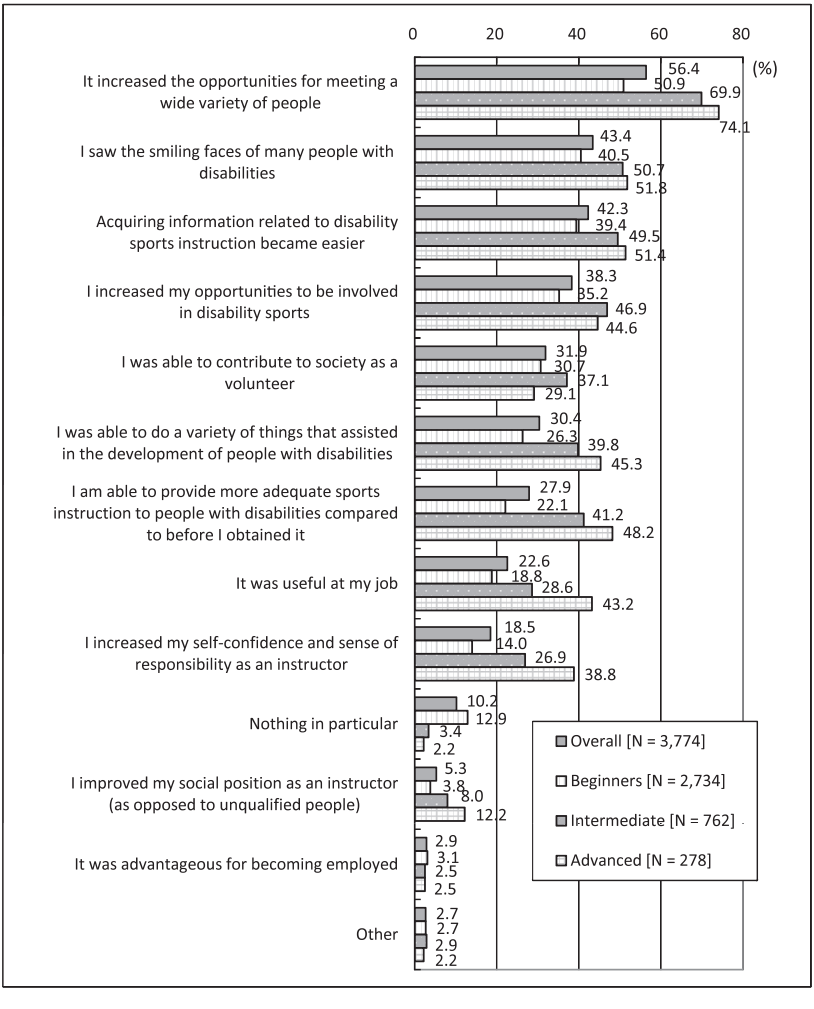


Figure 5-3 Benefits of obtaining a qualification (overall / by qualification type; multiple responses)

3. Activities as instructors

(1) Frequency of activities as instructors

Regarding the frequency of activities as instructors, the most common response was “Not at all” at 33.8%. A similar percentage of instructors (34.3%) participated at least once a month, while 13.5% participated at least once a week (Figure 5-4).

By gender, 42.0% of women answered “Not at all” compared to only 25.2% of men. On the other hand, no gender difference was observed among individuals who participate in activities at least once a week (14.4% of men and 12.5% of women).

By qualification type, approximately 40% of beginners instructors responded “Not at all” while 9.0% of them routinely participated in activities at least once a week. “Almost every day” was the most common response (16.4%) among advanced instructors, with over 40% of them routinely participating in activities at least once a week.

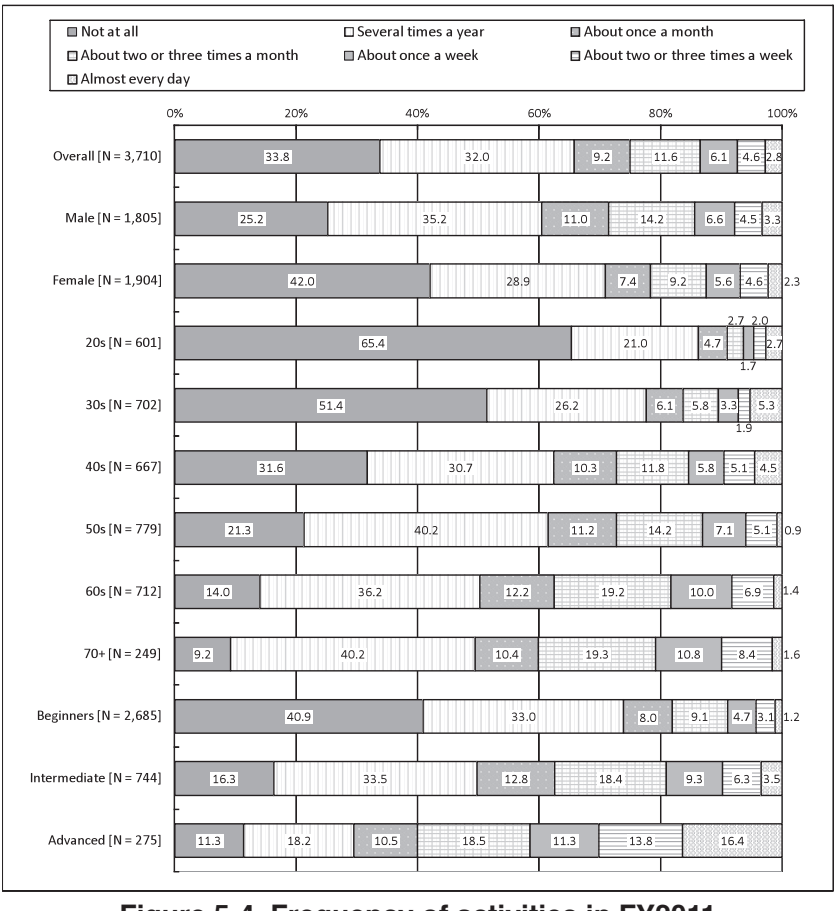


Figure 5-4 Frequency of activities in FY2011

(2) Main activity locations as instructors

Overall the most common response was “Competitions or other events” (47.6%), meaning the activities were irregular (not routine) events (Figure 5-5). The next most common was “Various leagues or organizations related to disability sports” (35.2%) followed by “Local clubs or circles” (23.2%).

When viewed according to qualification type, the higher the level of qualification is, the higher the percentage of participation in all activity locations.

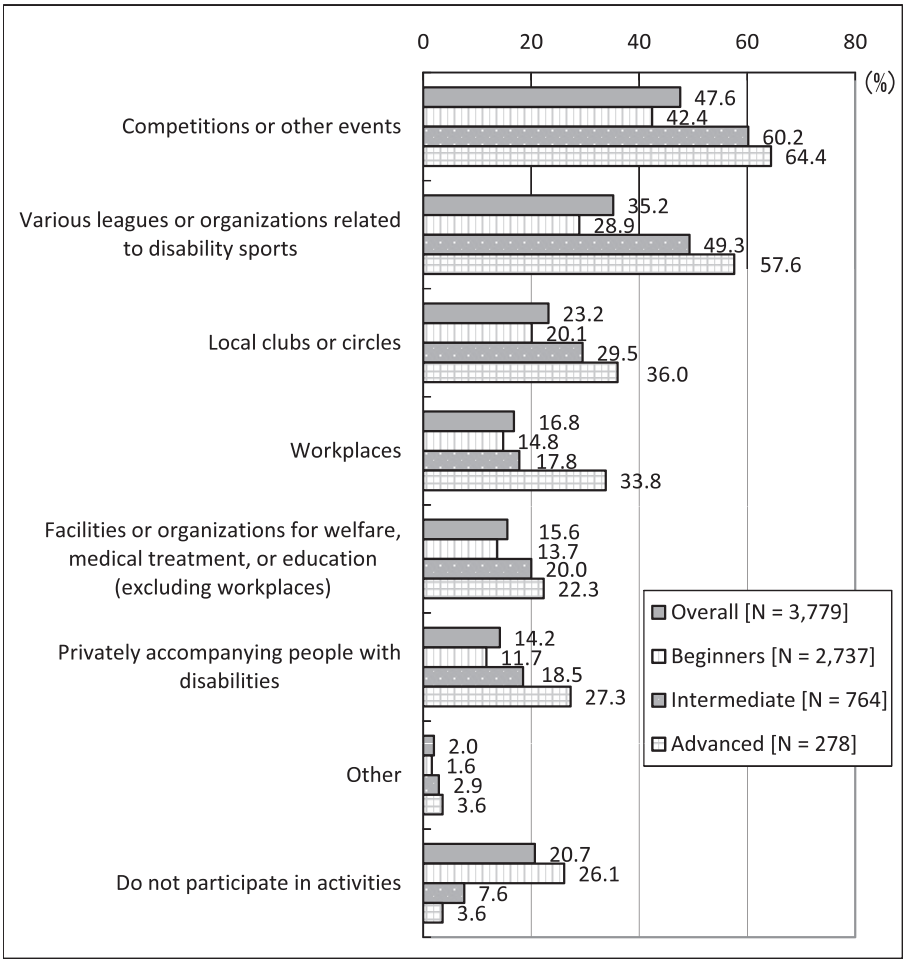


Figure 5-5 Main activity locations
(overall / by qualification type; multiple responses)

(3) Main role at activities

Overall the most common response was “Referee, official, or assistant for a competition” (44.3%) followed by “Assisting with instruction at an exercise or sports class” (33.6%) and “Exercising or playing together” (33.5%) (Figure 5-6).

When viewed by qualification type, the proportions of “Referee, official, or assistant for a competition”, “Primary instructor at an exercise or sports class”, and “Management staff for an athletic or disability sports organization” responses increased as the level of qualification increased. The data revealed that instructors with higher qualifications assume a large number of different roles.

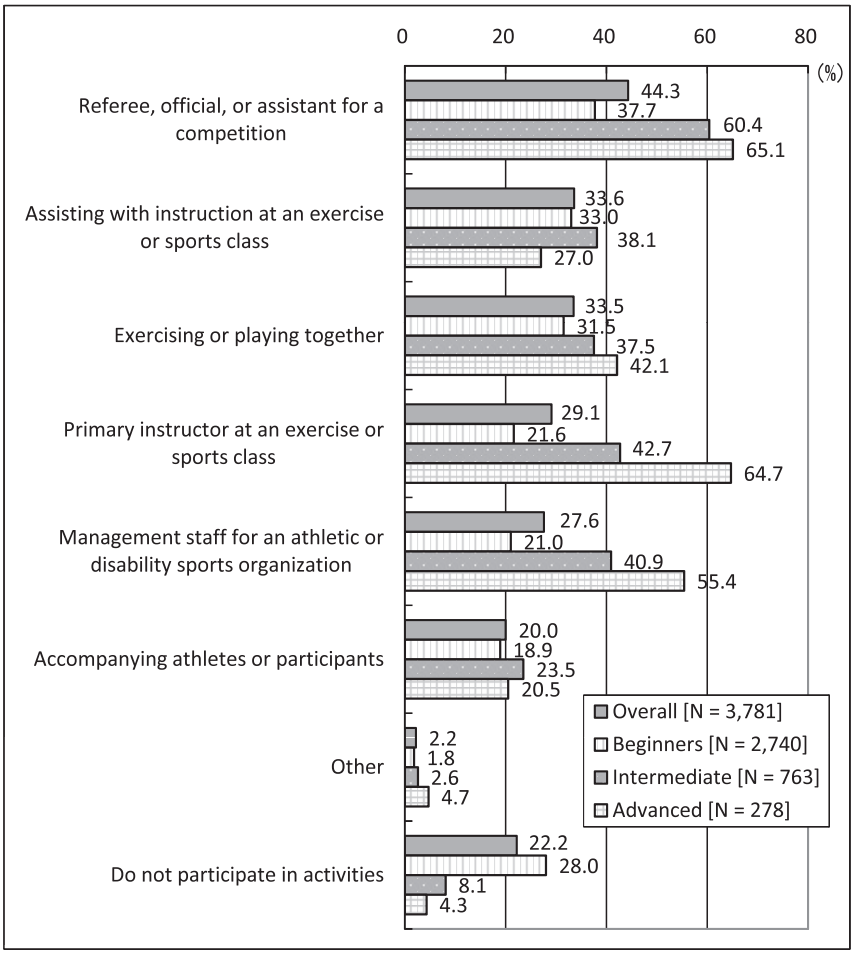


Figure 5-6 Main role at activities
(overall / by qualification type; multiple responses)

(4) Anxiety factors when instructing

The most common response was “Things that must be considered due to the disabilities” (62.5%) followed by “Lack of experience” (47.9%), “Knowledge of sports rules” (42.5%), and “Designing the instruction program” (33.9%) (Figure 5-7).

We also divided the activity frequency into three groups; “No activity”, “Several times a year”, and “At least once a month”. “No activity” group had the highest proportion of individuals who felt anxiety, with seven out of ten (72.4%) responding that the biggest anxiety factor was “Lack of experience” followed by “Things that must be considered due to the disabilities” (59.6%) and “Knowledge of sports rules” (50.7%).

The “At least once a month” group had the highest percentage of “Things that must be considered due to the disabilities” responses (66.5%) of all the activity frequency groups, followed by “Creating a safe environment” (41.1%) and “Designing the instruction program” (32.7%).

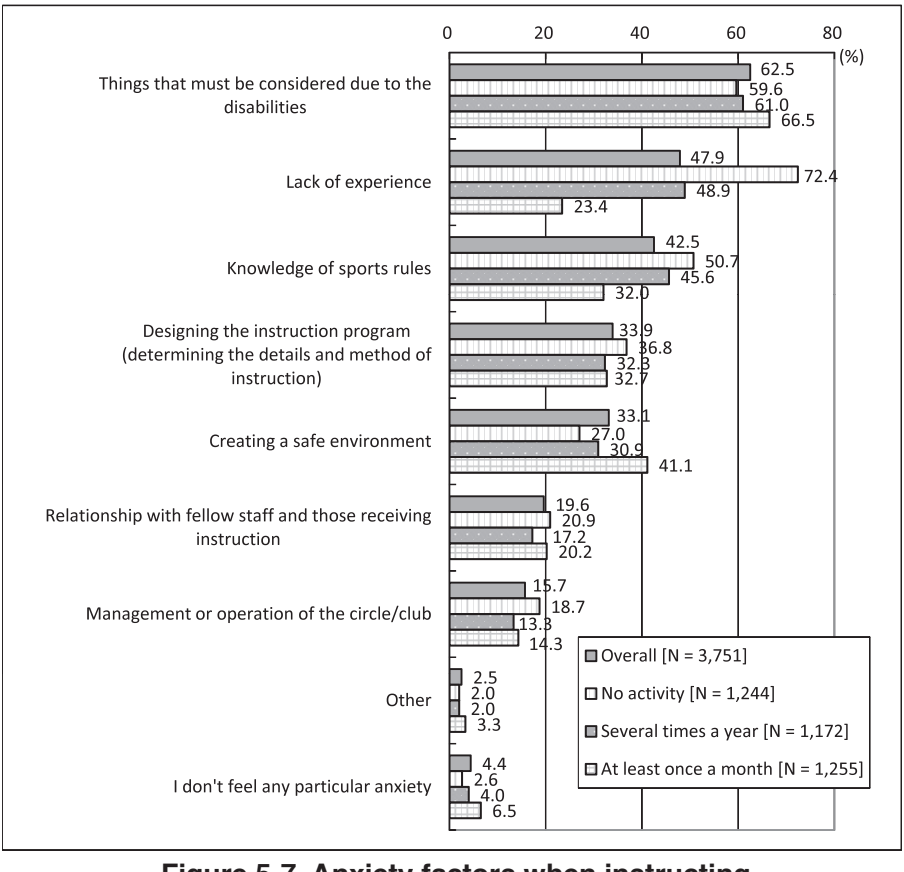


Figure 5-7 Anxiety factors when instructing (overall / by activity frequency group; multiple responses)

(5) Problems when instructing

The most common response was “They often overlap with work or school” (46.6%) followed by “I feel anxious about instructing” (22.0%), and “Lack of information about the activity locations (occasions)” (20.8%) (Figure 5-8).

We also divided the activity frequency data into three groups; “No activity”, “Several times a year”, and “At least once a month”. For “No activity” group, the most common response was “They often overlap with work or school” (51.9%) followed by “I feel anxious about instructing” (25.5%), and “I feel obligated to do household chores such as childcare or nursing a priority” (24.9%). Over half of the “Several times a year” group responded “They often overlap with work or school” (53.2%) followed by “Lack of information about the activity locations (occasions)” (23.9%), and “I feel anxious about instructing” (22.7%).

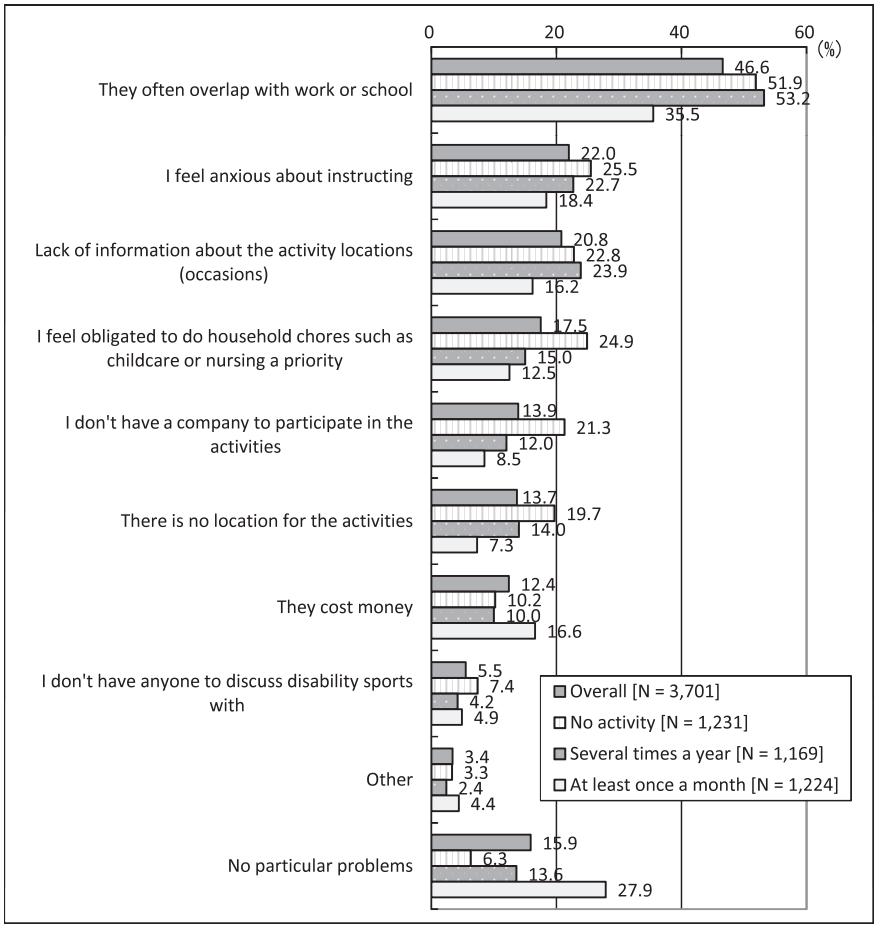


Figure 5-8 Problems when instructing (overall / by activity frequency group; multiple responses)

Research 6

Disability Sports Administration in Local Governments

I. Overview

1. Purpose

The purpose of this study is to investigate the current situations of sports and recreation opportunities for people with disabilities in prefectures, ordinace-designated cities, core cities, special cities and special wards, and to provide an evidence-based data to the government and relevant sectors for future policy development.

2. Data collection method

(1) Method

Written Questionnaire - Responded via mail or E-mail

(2) Questions

- Departments in charge of disability sports
- Sponsored or jointly sponsored disability sports competitions or events
- Sponsored or jointly sponsored disability sports classes
- Sponsored or jointly sponsored training courses for disability sports instructors or disability sports volunteers
- Sports facilities which improved accessibility
- Impact of transferring control of disability sports administration to MEXT

(3) Sample Size

A written questionnaire was sent to 173 local governments (prefectures and municipalities). In this survey, municipalities mean ordinance-designated cities, core cities, special cities, and special wards.

A total of 167 local governments (47 prefectures <100% response rate> and 120 municipalities <95.2% response rate>) responded. The response rate overall was 96.5%.

(4) Timeframe

August 18, 2014 – September 16, 2014

II. Survey Results

1. Prefectures

(1) Departments in charge of disability sports and their implemented projects

① Primary departments in charge of disability sports

With prefectures, "Social welfare departments or departments related to the welfare of persons with disabilities" accounted for nearly all (95.7%) of the departments which take primary charge of disability sports, while "Sports departments of executive offices" played that role in 4.3% of cases (Figure 6-1).

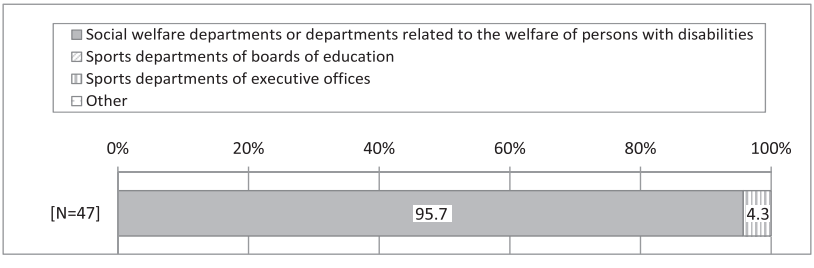


Figure 6-1 Primary department in charge of disability sports

② Sponsored or jointly sponsored projects

Regarding the projects sponsored or jointly sponsored by prefectures in fiscal year 2013, all prefectures held "Disability sports competitions or events", with 42.6% of prefectures implementing "Disability sports classes" and 63.8% holding "Training courses for disability sports instructors or volunteers" (Figure 6-2). In addition, 38.3% of prefectures implemented all three of the above types of activities; 29.8% implemented two of the types; and 31.9% implemented one of the types (Figure 6-3).

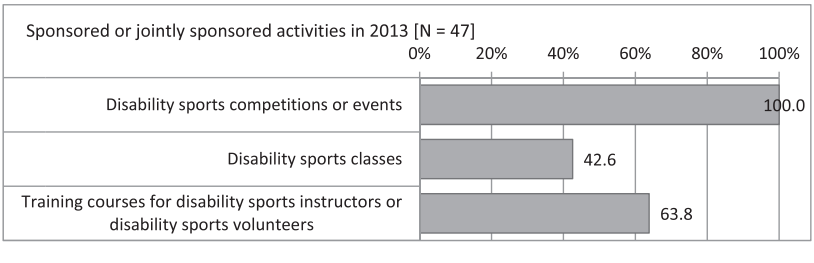


Figure 6-2 Disability sports projects implemented in FY 2013

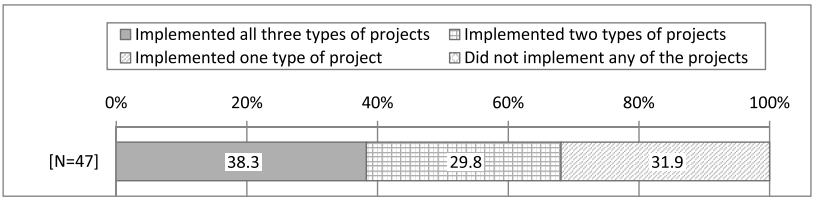


Figure 6-3 Implementation of three projects in FY 2013

(2) Disability sports competitions or events

① Collaborating organizations for disability sports competitions or events

Regarding the organizations which collaborated or partnered for disability sports competitions or events, the most common was "Prefectural disability sports association" (76.5%) followed by "Disability sports instructor association" (41.8%), and "Concerned organization or family association of the disabled person" (39.8%) (Figure 6-4).

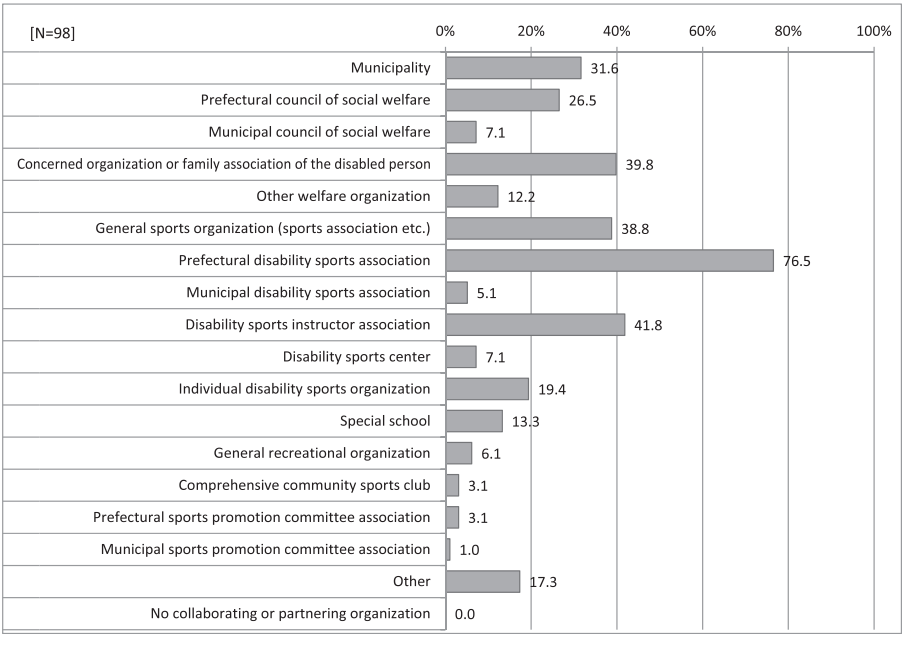


Figure 6-4
Collaborating organizations for disability sports competitions or events

② Implemented activities at disability sports competitions or events

Regarding the activities implemented at disability sports competitions or events, the most common was “Track-and-field” (61.2%) followed by “Flying disc (frisbee)” (59.2%), “Table tennis” (53.1%), and “Swimming (including underwater walking)” (46.9%), with the top positions occupied by activities which are held at the National Sports Festival for People with Disabilities (Figure 6-5).

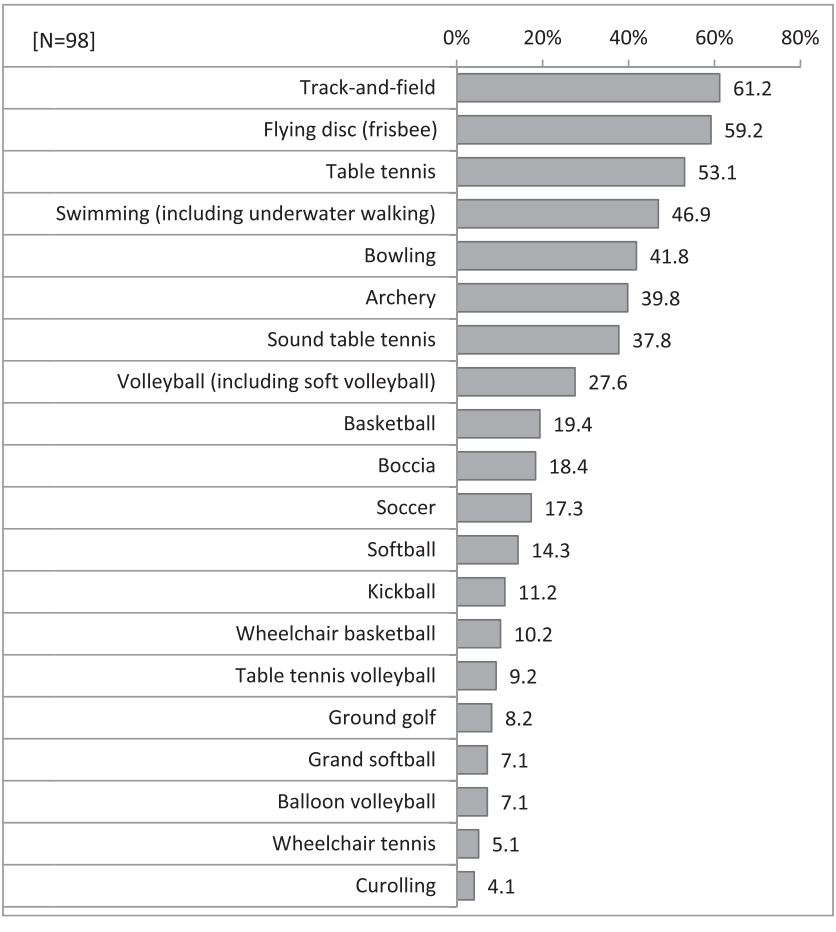


Figure 6-5
Implemented activities at disability sports competitions or events (top 20)

(3) Disability sports classes

① Collaborating organizations for disability sports classes

Regarding the organizations which collaborated or partnered for disability sports classes, the most common was “Prefectural disability sports association” (80.0%) followed by “Disability sports instructor association” (28.9%) and “Concerned organization or family association of the disabled person” (22.2%) (Figure 6-6).

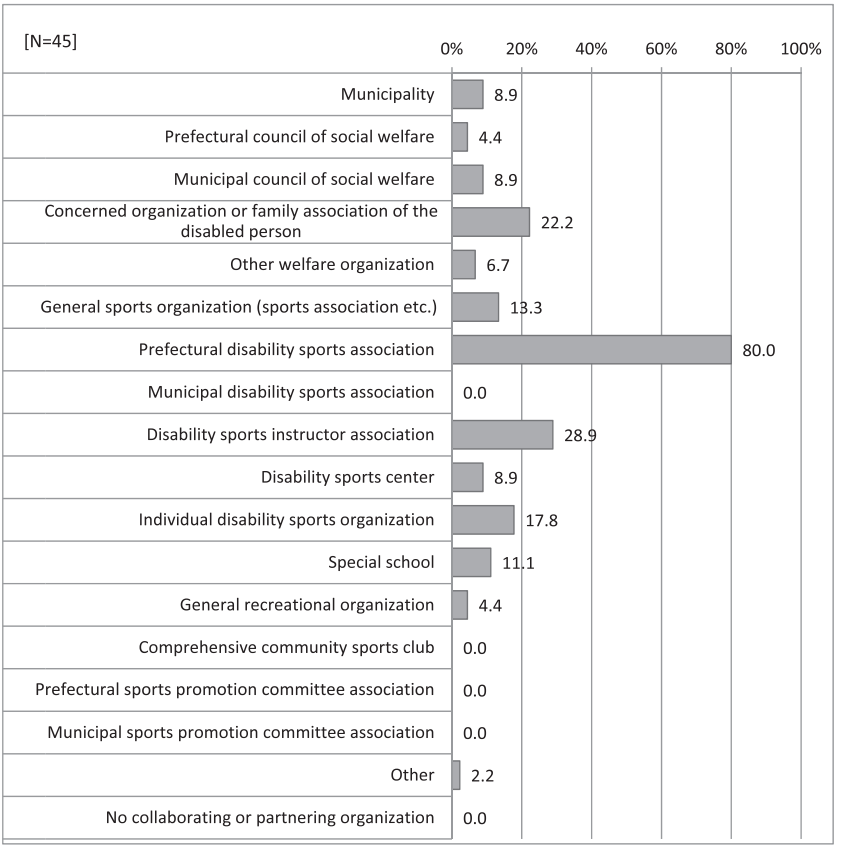


Figure 6-6 Collaborating organizations for disability sports classes

② Implemented activities at disability sports classes

Regarding the activities implemented at disability sports classes, the most common was “Swimming (including underwater walking)” (48.9%) followed by “Flying disc (frisbee)” (31.1%), “Table tennis” (28.9%), and “Boccia” (24.4%) (Figure 6-7).

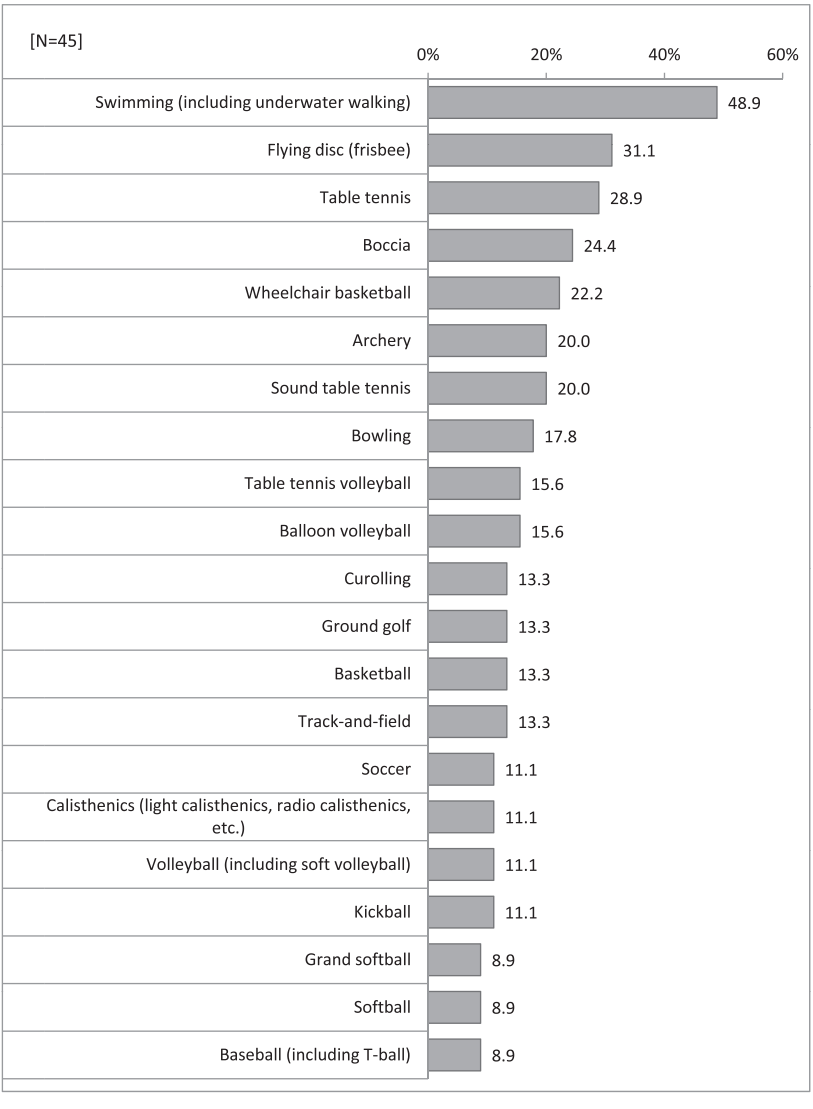


Figure 6-7 Implemented activities at disability sports classes (top 20)

(4) Training courses for disability sports instructors or volunteers

Regarding the organizations which collaborated or partnered for training courses, the most common was “Prefectural disability sports association” (71.1%) followed by “Disability sports instructor association” (52.6%) (Figure 6-8).

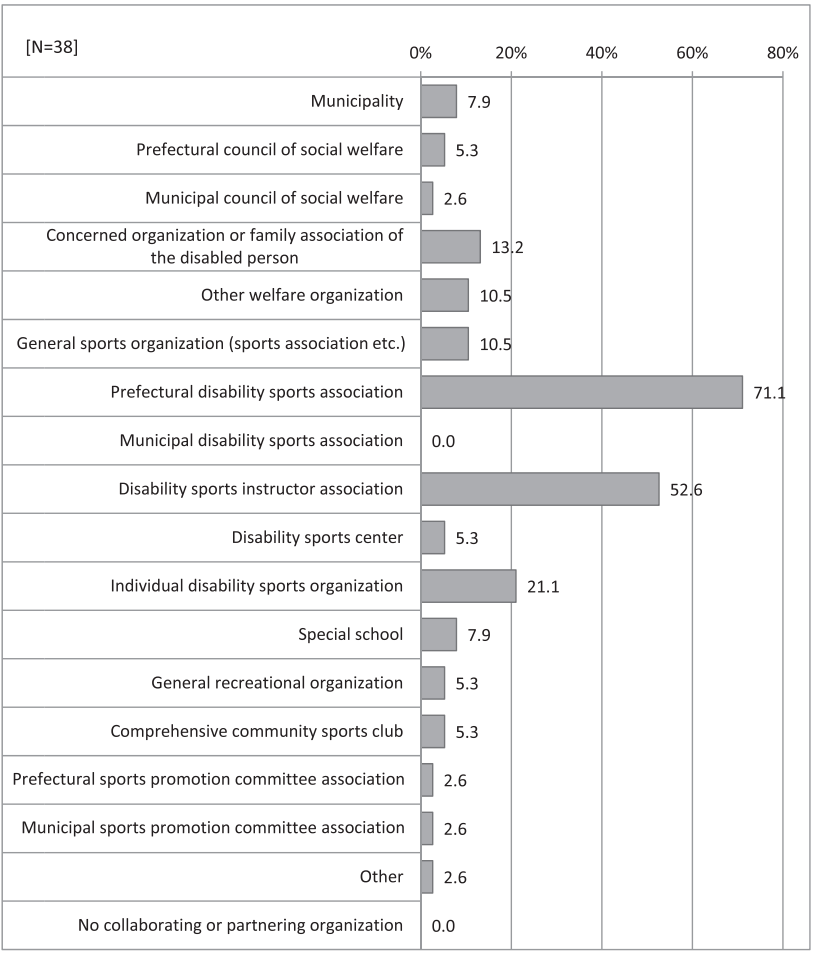


Figure 6-8 Collaborating organizations for training courses

(5) Other disability sports projects

Regarding the disability sports projects other than “Disability sports competitions or events”, “Disability sports classes”, and “Training courses for disability sports instructors or volunteers”, the most common was “Financial assistance for competitions or athletic events held by disability sports organizations or for participation in national or block-specific competitions” (66.0%) followed by “Supporting activities for the training sessions of disability sports organizations” (48.9%) (Figure 6-9).

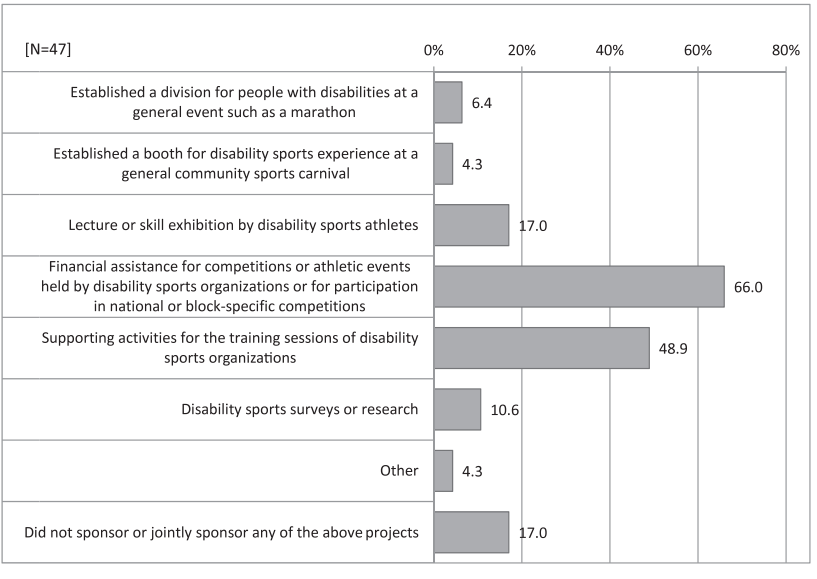


Figure 6-9 Implementation of other projects

(6) Sports facilities with improved accessibility

Regarding the sports facilities for which prefectures improved accessibility over the past three years, "Some facilities were improved" responses totaled 47.8% followed by "No facilities were improved" (21.7%) (Figure 6-10).

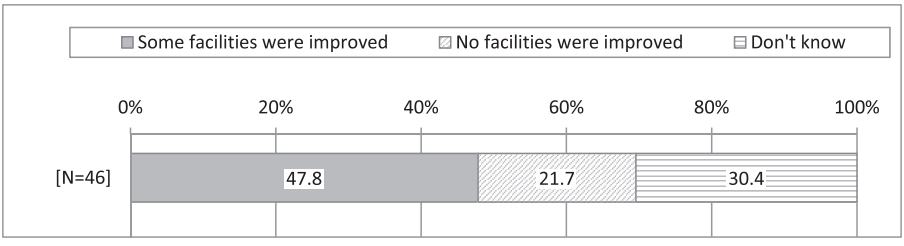


Figure 6-10 Improvement of accessibility at sports facilities

(7) Impact of transferring control of disability sports administration to MEXT

Regarding the reorganization or transferring of control of prefectural departments in charge of disability sports, "There are no plans to transfer control or reorganize" responses made up about 70% (Figure 6-11). A total of 6.4% had transferred control or undergone reorganization.

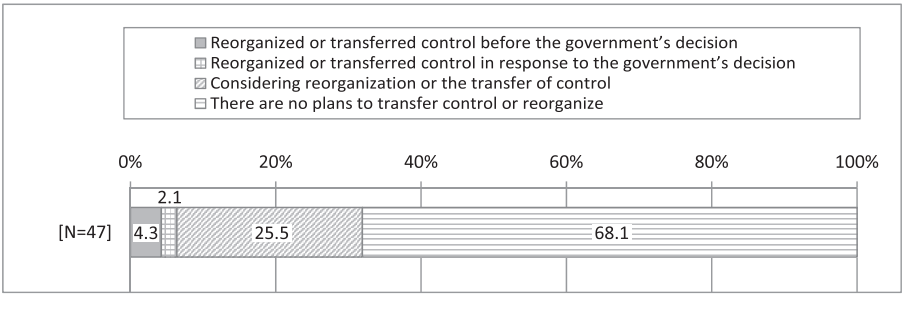


Figure 6-11
Reorganization or transfer of control of departments in charge of disability sports

2. Municipalities (ordinance-designated cities, core cities, special cities, and special wards)

(1) Departments in charge of disability sports and their implemented projects

① Primary departments in charge of disability sports

With municipalities, "Social welfare departments or departments related to the welfare of persons with disabilities" (66.7%) was the most common type of department which takes primary charge of disability sports, followed by "Sports departments of boards of education" (16.7%) (Figure 6-12).

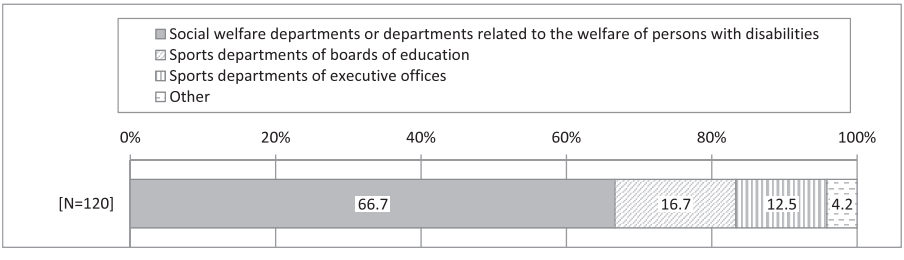


Figure 6-12 Primary department in charge of disability sports

② Sponsored or jointly sponsored projects

Regarding the projects sponsored or jointly sponsored by municipalities in fiscal year 2013, the most common was "Disability sports competitions or events" (66.7%) followed by "Disability sports classes" (50.8%) and "Training courses for disability sports instructors or disability sports volunteers" (16.7%) (Figure 6-13). Also, of those three types of projects, 10.8% of municipalities implemented all three, 29.2% implemented two types, and 43.3% implemented one type, with 16.7% of municipalities not implementing any of the three (Figure 6-14).

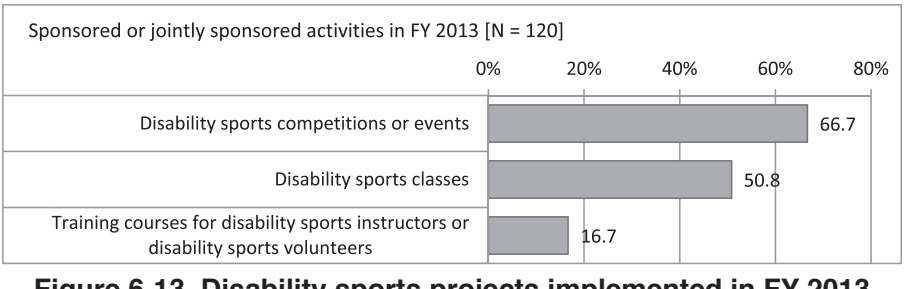


Figure 6-13 Disability sports projects implemented in FY 2013

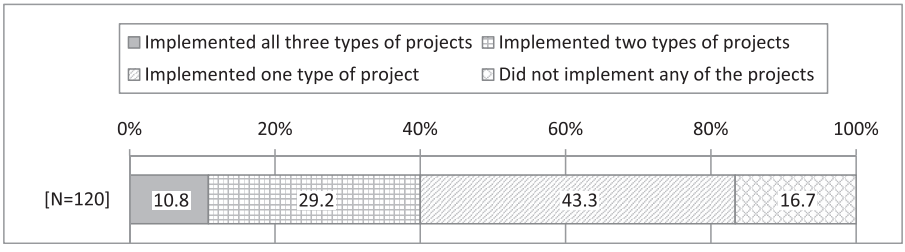


Figure 6-14 Implementation of three projects in FY 2013

(2) Disability sports competitions or events

① Collaborating organizations for disability sports competitions or events

Regarding the organizations which collaborated or partnered for disability sports competitions or events, the most common was "Concerned organization or family association of the disabled person" (48.0%) followed by both "Municipal council of social welfare" and "General sports organization (sports association etc.)" at 23.7% each (Figure 6-15).

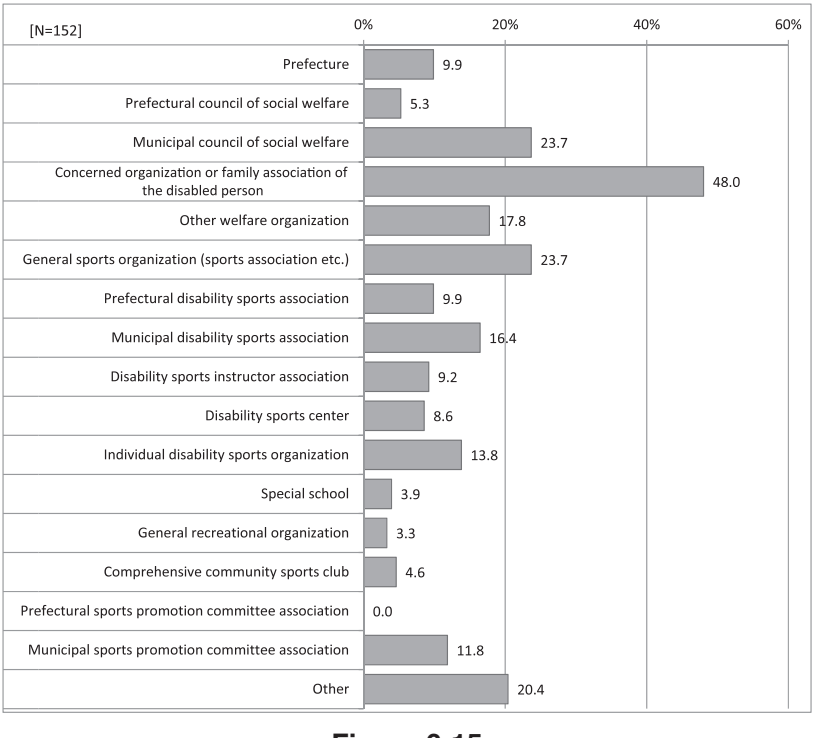


Figure 6-15
Collaborating organizations for disability sports competitions or events

② Implemented activities at disability sports competitions or events

Regarding the activities implemented at disability sports competitions or events, the most common was “Flying disc (frisbee)” (34.2%) followed by “Track-and-field” (28.9%) and “Swimming (including underwater walking)” (21.7%), with the top positions occupied by activities which are held at the National Sports Festival for People with Disabilities (Figure 6-16).

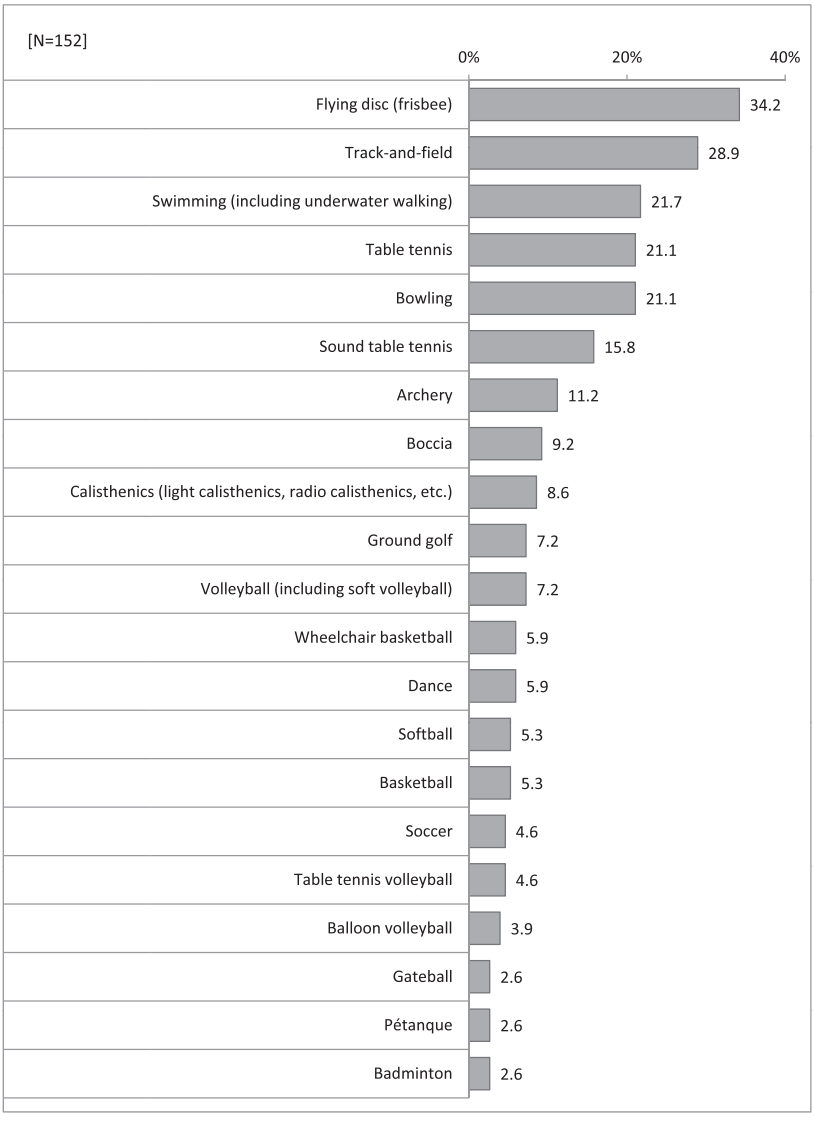


Figure 6-16
Implemented activities at disability sports competitions or events (top 20)

(3) Disability sports classes

① Collaborating organizations for disability sports classes

Regarding the organizations which collaborated or partnered for disability sports classes, the most common were “Other welfare association” and “General sports organization (sports association etc.)” at 15.8% each (Figure 6-17).

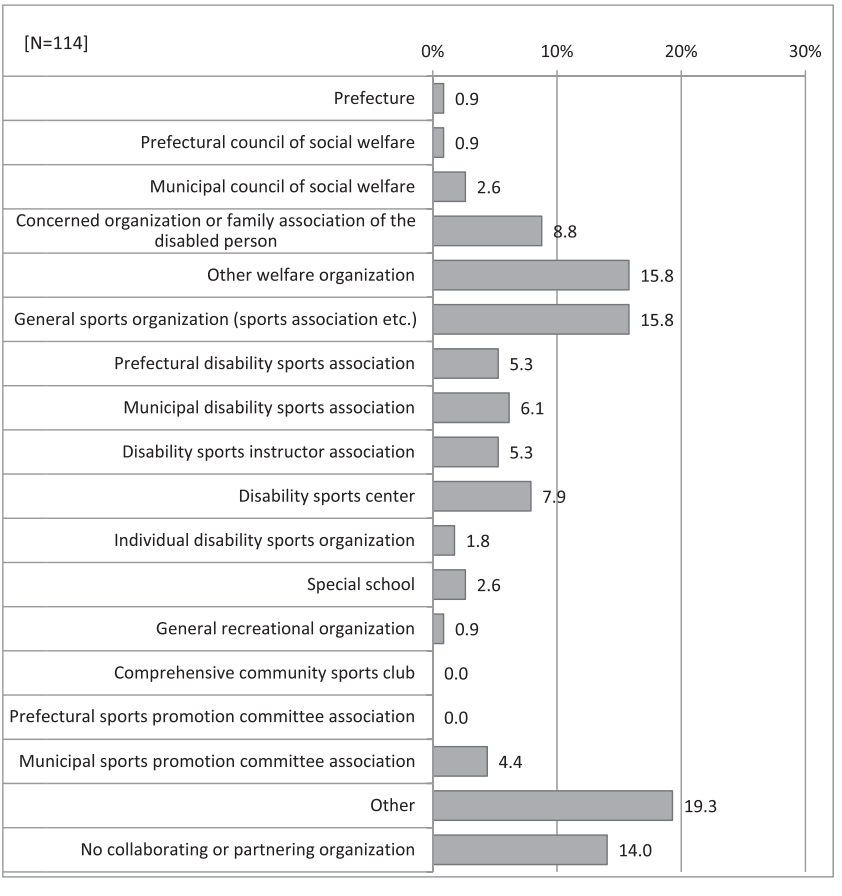


Figure 6-17 Collaborating organizations for disability sports classes

② Implemented activities at disability sports classes

Regarding the activities implemented at disability sports classes, the most common was “Swimming (including underwater walking)” (30.7%) followed by “Table tennis” (14.9%), “Boccia” (14.0%), and “Flying disc (frisbee)” (14.0%) (Figure 6-18).

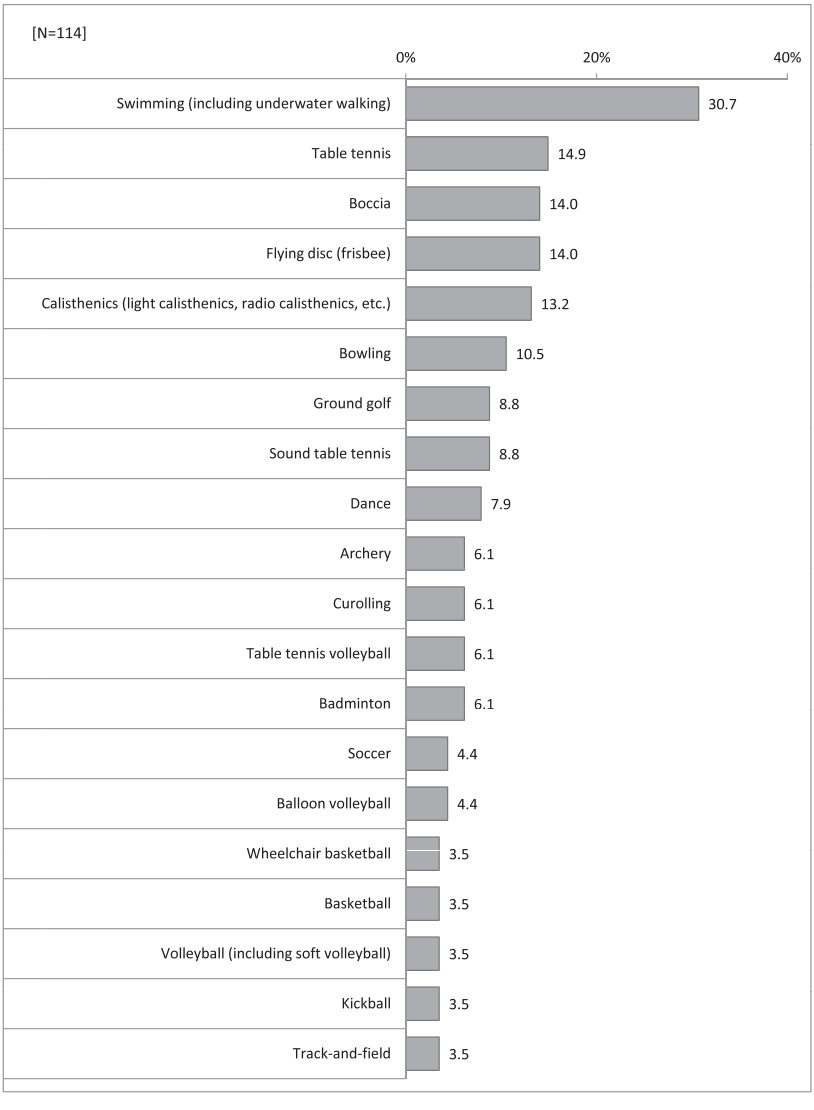


Figure 6-18 Implemented activities at disability sports classes (top 20)

(4) Training courses for disability sports instructors or volunteers

Regarding the organizations which collaborated or partnered for training courses, the most common was “Prefectural disability sports association” (33.3%) followed by “Disability sports center” (29.2%) (Figure 6-19).

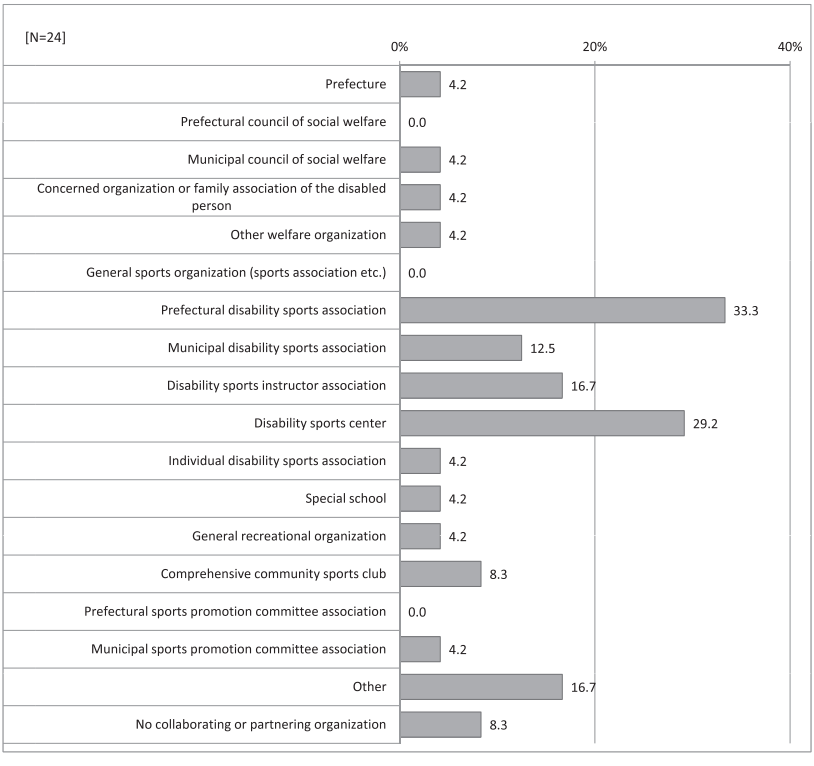


Figure 6-19 Collaborating organizations for training courses

(5) Other disability sports projects

Regarding the disability sports projects other than "Disability sports competitions or events", "Disability sports classes", and "Training courses for disability sports instructors or disability sports volunteers", about half of the municipalities did not sponsor or jointly sponsor any disability sports projects (Figure 6-20). "Financial assistance for competitions or athletic events held by disability sports organizations or for participation in national or block-specific competitions" responses totaled 21.7%.

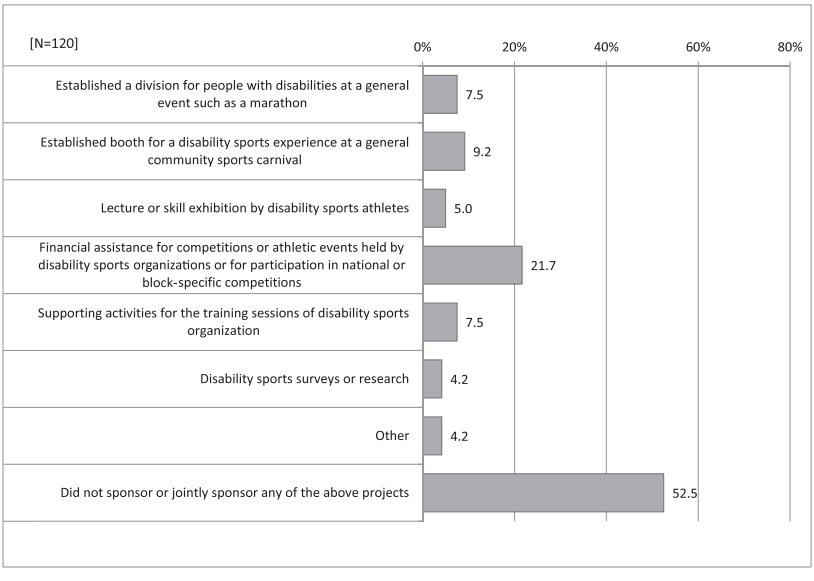


Figure 6-20 Implementation of other projects

(6) Sports facilities which improved accessibility

Regarding the sports facilities for which municipalities improved accessibility over the past three years, "Some facilities were improved" responses totaled 35.8% while "No facilities were improved" came in at 44.2% (Figure 6-21).

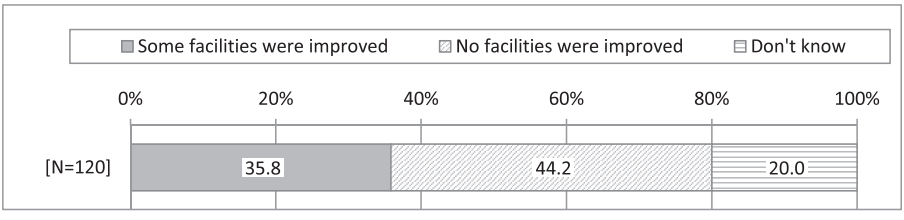


Figure 6-21 Improvement of accessibility at sports facilities

(7) Impact of transferring control of disability sports administration to MEXT

Regarding the reorganization or transferring control of municipal departments in charge of disability sports, "There are no plans to transfer control or reorganize" responses made up about 90% (Figure 6-22). A total of 3.4% had transferred control or undergone reorganization.

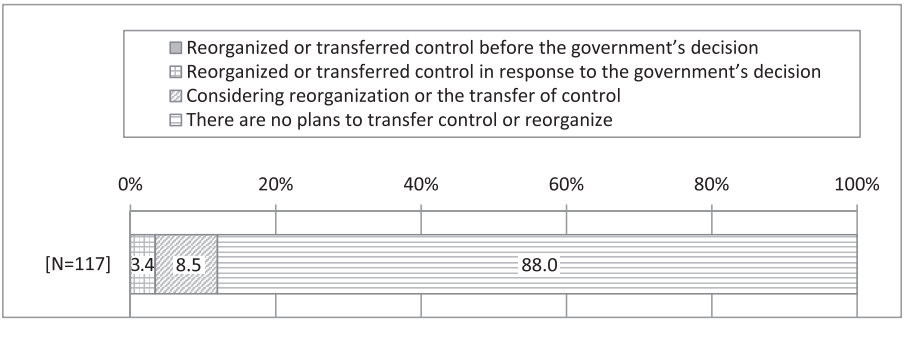


Figure 6-22
Reorganization or transfer of control of departments in charge of disability sports

Research 7

National Sports Festival for People with Disabilities

I. Overview

1. Purpose

The purpose of this study is to investigate the current situations of hosting the qualifying matches for National Sports Festival for People with Disabilities, and to provide an evidence-based data to the government and relevant sectors for future policy development.

2. Secondary analysis (written questionnaire)

(1) Method

Secondary data analysis of the research survey "Survey on the sports implemented at the National Sports Festival for People with Disabilities" conducted by Japanese Para-Sports Association in 2013.

(2) Data Analysis

"Survey on the sports implemented at the National Sports Festival for People with Disabilities" targeted at the departments in charge of disability sports and disability sports associations in prefectures and ordinance-designated cities. A total of 63 local governments (47 prefectures <100% response rate> and 16 ordinance-designated cities <80.0% response rate>) responded. The response rate overall was 94.0%.

II. Results

1. Overview of the National Sports Festival for People with Disabilities

(1) Festival history

The National Sports Festival for People with Disabilities (NSFPD) is an event that was created by integrating the "National Sports Festival for People with Physical Disabilities" held since 1965 and the "National Sports Festival for People with Intellectual Disabilities" held since 1992; the NSFPD was first held in 2001 and takes place in the same location as the National Sports Festival of Japan, following the conclusion of that event. Its goal is to promote sports participation of people with disabilities and to facilitate public's understanding of them, and it has grown to encompass a scale of about 3,000 athletes and 2,000 staff (Table 7-1).

Because sports regulations have been established for the NSFPD, in the case of a person with a physical disability, the individual's physical disability ID card is consulted and a classification is chosen which matches the existing disability. This means that the disability classification may differ from those in sports regulations stipulated by international organizations such as the International Paralympic Committee which determines classifications based on the severity of motor impairment.

Table 7-1 Number of participants in NSFPD (2001–2014)

Year	Location Held	Number of Athletes	Number of Staff
2001	Miyagi Prefecture	3,195	1,747
2002	Kochi Prefecture	3,201	1,935
2003	Shizuoka Prefecture	3,289	2,089
2004	Saitama Prefecture	3,089	1,995
2005	Okayama Prefecture	3,238	2,009
2006	Hyogo Prefecture	3,261	2,071
2007	Akita Prefecture	3,227	2,071
2008	Oita Prefecture	3,202	2,030
2009	Niigata Prefecture	3,231	2,164
2010	Chiba Prefecture	3,238	1,925
2011	Yamaguchi Prefecture	3,238	2,166
2012	Gifu Prefecture	3,165	2,150
2013	Tokyo Prefecture	3,308	2,154
2014	Nagasaki Prefecture	3,232	2,245

Information from the Japanese Para-Sports Association website

(2) Implemented sports

NSFPD's sports are divided into two groups: official sports and open sports. Official sports are the 13 sports (6 individual sports and 7 team sports) established in the sports regulations of the NSFPD (Table 7-2). Open sports are those sports deemed to be effective in disseminating sports among people with disabilities, and differ from festival to festival.

Table 7-2 Official sports of the NSFPD

	Individual Sports	Team Sports
Sports	Track-and-field	Basketball
	Swimming	Wheelchair basketball
	Archery	Softball
	Table tennis	Grand softball
	Flying disc (frisbee)	Volleyball
	Bowling	Soccer
		Kickball

The sports regulations of the NSFPD (2014)

(3) Number of sports by disability type

When viewing the sports by disability type, the highest number for individual sports was seen with "Physical disability", "Hearing/Equilibrium disability or speech/chewing disability", and "Intellectual disability", which had 5 sports each. For team sports, "Intellectual disability" had the most with 7 sports (Table 7-3). No individual sports were implemented for "Mental health issues" and no team sports were implemented for "Internal disability".

Table 7-3 List of NSFPD sports (by disability type)

Division	Disability Type	Sports	Number of Sports
Individual	Physical disability	Track-and-field, swimming, archery, table tennis, flying disc (frisbee)	5
	Visual impairment	Track-and-field, swimming, table tennis, flying disc (frisbee)	4
	Hearing/Equilibrium disability or speech/chewing disability	Track-and-field, swimming, archery, table tennis, flying disc (frisbee)	5
	Intellectual disability	Track-and-field, swimming, table tennis, flying disc (frisbee), bowling	5
	Mental health issues	None	0
	Internal disability	Track-and-field, archery, flying disc (frisbee)	3
Team	Physical disability	Wheelchair basketball	1
	Visual impairment	Grand softball	1
	Hearing impairment	Volleyball (gender-segregated)	2
	Intellectual disability	Basketball (gender-segregated), softball, volleyball (gender-segregated), soccer, kickball	7
	Mental health issues	Volleyball	1
	Internal disability	None	0

The sports regulations of the NSFPD (2014)

Note: Volleyball (Hearing disability/Intellectual disability) and Basketball (Intellectual disability) was implemented in both male and female events.

(4) Athlete selection

As a general rule, athletes participating in individual sports can compete in up to two events within the same sport. However, athletes participating in team sports cannot compete in individual sports. Athletes are selected by an athlete selection committee comprised of individuals associated with the disability sports or disability sports organization of a prefecture or ordinance-designated city. In addition to referring to the results of disability sports competitions in the prefecture or ordinance-designated city, the selection committee must also consider factors such as preferentially selecting athletes who have never competed in the NSFPD.

In addition to teams from the prefecture or ordinance-designated city where the festival is held, teams which won the block qualifying matches also earn the right to compete in team games. There are six blocks: Hokkaido/Tohoku, Kanto, Hokushinetsu/Tokai, Kinki, Chugoku/Shikoku, and Kyushu. Block qualifying matches are held through negotiations between the Japanese Para-Sports Association and block qualifier organizations.

(5) Form of participation in block qualifying matches

How to participate in block qualifying matches vary depending on the prefectures and ordinance-designated cities, but they can generally be classified as follows.

① Teams which won qualifying matches within the prefecture or ordinance-designated city
② Teams formed by selecting athletes from multiple teams within the prefecture or ordinance-designated city
③ Nomination of a single team within the prefecture or ordinance-designated city (cases where only one team exists within the prefecture or ordinance-designated city correspond with this)
④ Merging prefectural and ordinance-designated city teams (only for prefectures which contain an ordinance-designated city)

Research 8

Disability Sports Promotion within Comprehensive Community Sports Clubs

I. Overview

1. Purpose

The purpose of this study is to investigate the current situations of sports and recreation opportunities for people with disabilities in Comprehensive Community Sports Clubs (clubs), and to provide an evidence-based data to the government and relevant sectors for future policy development.

2. Data collection method

(1) Method

Written Questionnaire - Responded via mail, online, or E-mail

(2) Questions

- Number of members, activity locations etc
- Participation of people with disabilities
- Circumstances behind participation
- Disability type
- Events participated
- Club's plans and efforts

(3) Sample size

A written questionnaire was sent to 1,840 clubs registered under Comprehensive Community Sports Clubs National Network (SC National Network). However, in Hyogo Prefecture 20 clubs out of 833 clubs were randomly selected. A total 969 clubs responded and the response rate was 52.7%.

(4) Timeframe

June 18, 2012 – July 31, 2012

(5) Secondary data analysis

"MEXT's Survey on Comprehensive Community Sports Clubs"

Club attributes such as the number of members, budgets, years established, number of club managers and full-time staff were obtained by conducting a secondary data analysis of "MEXT's Survey on Comprehensive Community Sports Clubs" conducted in 2011.

II. Survey Results

A comprehensive community sports club is a sport club that is independently run by local residents, usually at a public facility or a school facility that is open to the public, and available for all members of the communities.

1. Clubs responded

(1) Number of members in responding clubs

Regarding the number of members in comprehensive community sports clubs (clubs), the most common was 101–300 members (45.1%), followed by 301–1,000 (26.5%) (Figure 8-1). Results of the Ministry of Education, Culture, Sports, Science, and Technology's "Study on Comprehensive Community Sports Club for Fiscal Year 2011" (the "2011 MEXT Study") (2,630 responses, 97.4% response rate, three prefectures excluded) followed the same trend as those of this study, showing the club membership structure to be: 101–300 people = 45.7%; 301–1,000 people = 24.4%; and 100 or less people = 22.9%.

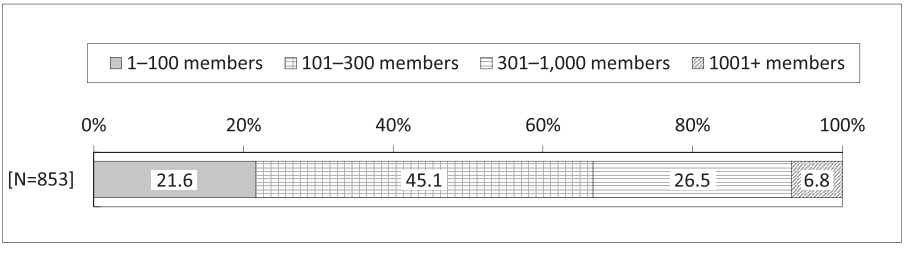


Figure 8-1 Number of members in responding clubs

Note: When comparing the MEXT study data with the data from this survey, newly established clubs as well as clubs without matching names for which membership information could be obtained were excluded from analysis.

(2) Activity locations for responding clubs

Regarding the clubs' activity locations, "Gymnasiums" was the most common at 93.0% followed by "Sports fields" at 60.6% (Figure 8-2).

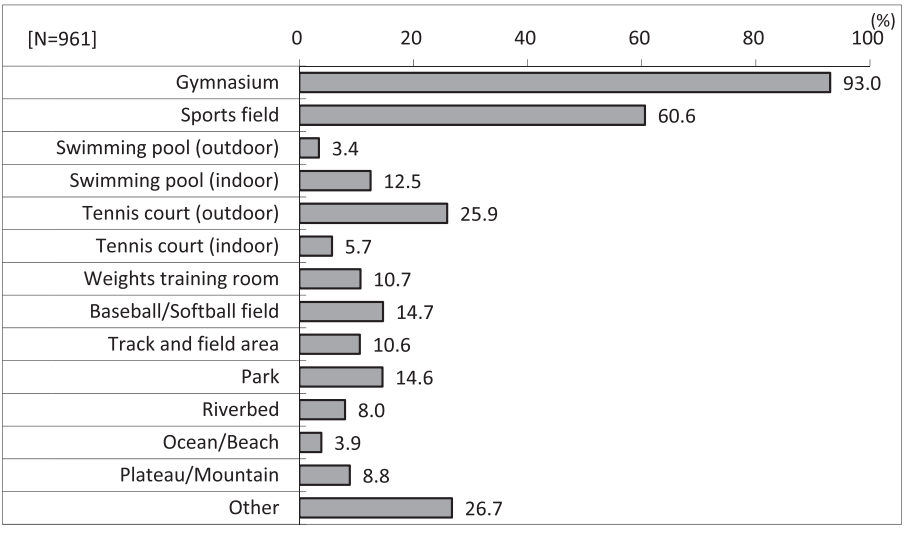


Figure 8-2 Activity locations (multiple responses)

2. Former or current participation of people with disabilities

Regarding the former or current participation of people with disabilities in clubs, the most common response was "No participation" (46.4%) followed by "Currently participating" (30.6%) (Figure 8-3).

Combining the "Formerly participated" (12.3%) and "Currently participating" (30.6%) responses reveals that people with disabilities have participated or are participating at 42.9% of the clubs.

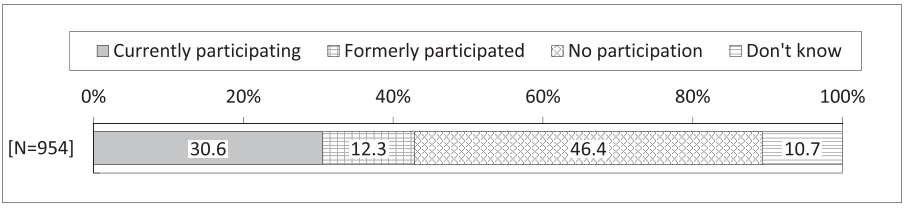


Figure 8-3 Former or current participation of people with disabilities

3. Clubs which responded that people with disabilities "Formerly participated" or are "Currently participating"

(1) Circumstances behind the participation of people with disabilities

Regarding the circumstances behind the participation of people with disabilities, the most common was "People with disabilities wanted to participate in a general program" (69.6%) followed by "We held an event in which people with disabilities and people without disabilities could participate together" (30.1%) and "People without disabilities who had a good understanding about people with disabilities were involved in the creation of the club" (18.0%) (Figure 8-4).

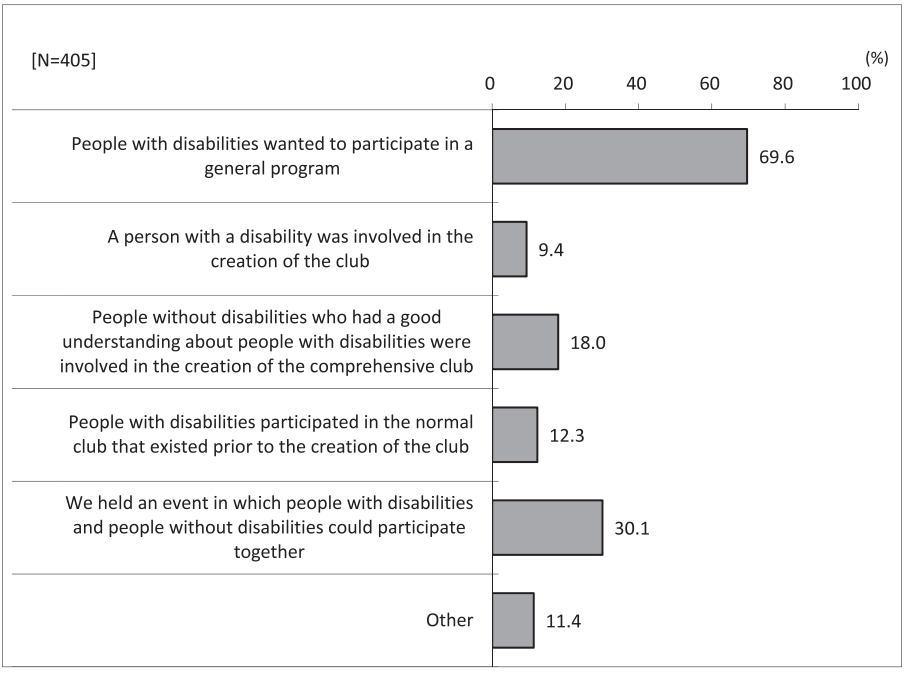


Figure 8-4 Circumstances behind participation (multiple responses)

(2) Disability types

Regarding the disability type of people who formerly participated or are currently participating, the most common was “Physical disability” (48.0%) followed by “Intellectual disability” (38.9%) and “Developmental disability” (28.5%) (Figure 8-5).

By looking at the number of clubs with the total number of disability types, “One type” was the most common (48.5%) followed by “Two types” (26.0%) and “Three types” (12.9%) (Table 8-1).

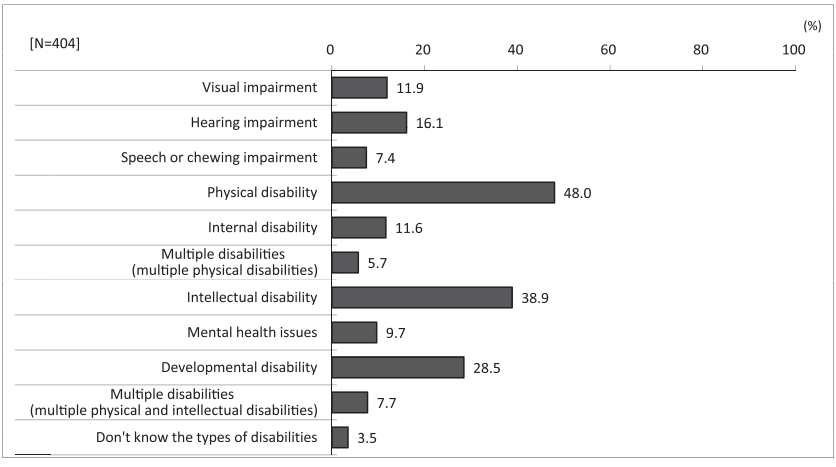


Figure 8-5 Types of disability (multiple responses)

Table 8-1 Clubs by total number of disability types

Number of types	Number of clubs	%
1 Type	196	48.5
2 Types	105	26.0
3 Types	52	12.9
4 Types	21	5.2
5 Types	6	1.5
6 Types	5	1.2
7 Types	2	0.5
8 Types	0	0.0
9 Types	1	0.2
10 Types	2	0.5
No response	14	3.5
Total	404	100.0

Note: Types of disabilities are based on the 11 categories in Figure 8-5

(3) Participation of people with disabilities

Regarding the participation of people with disabilities, the most common was “Participate or participated in general programs without any special consideration” (65.5%) followed by “Participate or participated in general programs with special consideration” (25.3%) and “Participate or participated in programs aimed at people with disabilities” (13.3%) (Figure 8-6).

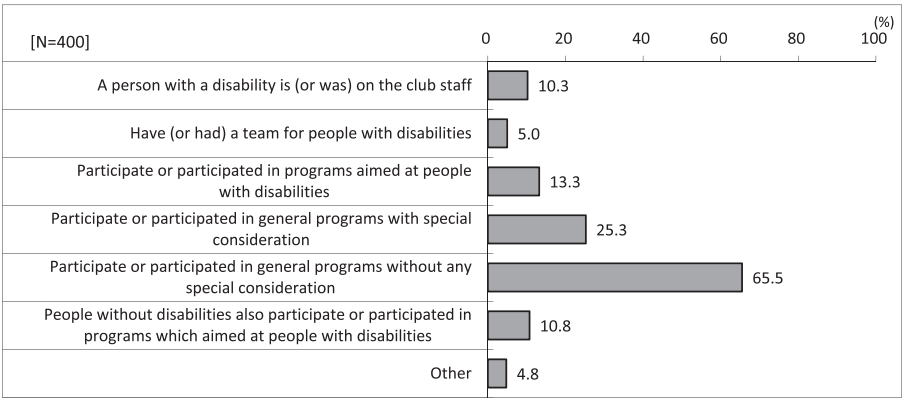


Figure 8-6 Participation of people with disabilities (multiple responses)

(4) Events participated in by people with disabilities

Regarding the events in which people with disabilities are participating or had participated, the most common was “Table tennis” (15.1%) followed by “Ground golf” (13.1%), “Stretching/Calisthenics” (11.4%), and “Walking/Hiking” (10.4%) (Table 8-2).

Table 8-2 Events participated in by people with disabilities (free answer)

Rank	Item	Number of responses (N = 405)	%
1	Table tennis	61	15.1
2	Ground golf	53	13.1
3	Stretching/Calisthenics	46	11.4
4	Walking/Hiking	42	10.4
5	Junior sports school	34	8.4
6	Soccer/Futsal	33	8.1
7	Badminton	30	7.4
8	Swimming pool classes/Swimming	26	6.4
9	Sport blowgun	23	5.7
10	Marathon/Track and field	22	5.4
	Soft Volleyball	22	5.4

Note: a tally of the number of responses of the top five events

(5) Plans and efforts to support participation of people with disabilities

We asked about efforts to support the participation of people with disabilities in terms of three categories: the safety aspect, the provision of information (public relations), and other efforts. Regarding the safety aspect, the most common was "Understanding health status and the details of disabilities" (53.8%) followed by "Knowing emergency contact information" (36.1%) and "Acquiring staff knowledge about disabilities" (34.4%) (Figure 8-7).

Regarding the provision of information (public relations), the most common was "Appeals from members (word of mouth)" (57.7%) followed by "Publication in municipal PR information" (32.4%) and "Information transmitted through the Internet and websites" (21.8%) (Figure 8-8).

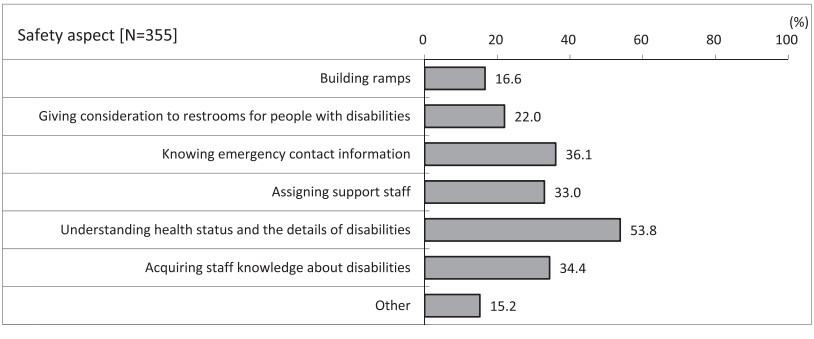


Figure 8-7 Efforts to support participation: the safety aspect (multiple responses)

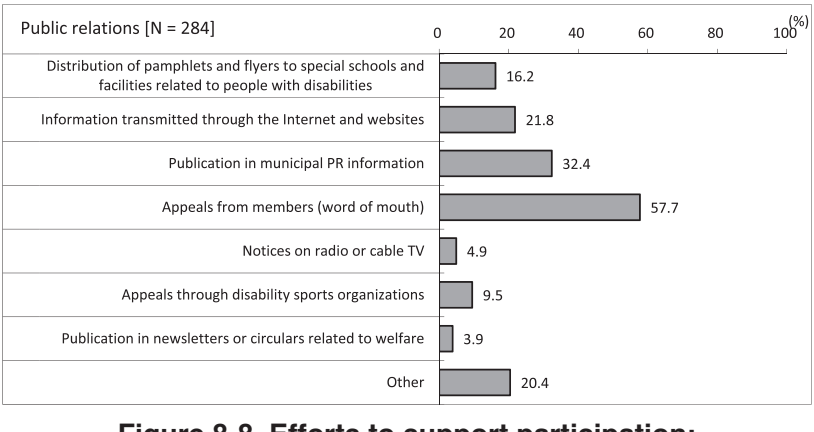


Figure 8-8 Efforts to support participation: the provision of information (multiple responses)

(6) Types of support desired for accepting people with disabilities

When the clubs were asked about which types of support would be desirable for accepting people with disabilities, the most common response was “Workshops or classes for club staff on the topics of accepting people with disabilities and introducing disability sports” (60.0%). It was followed by “Dispatching instructors to the club to conduct disability sports programs (outreach classes, hands-on events, etc.)” (47.2%) and “Dispatching instructors to club events” (34.8%) (Figure 8-9).

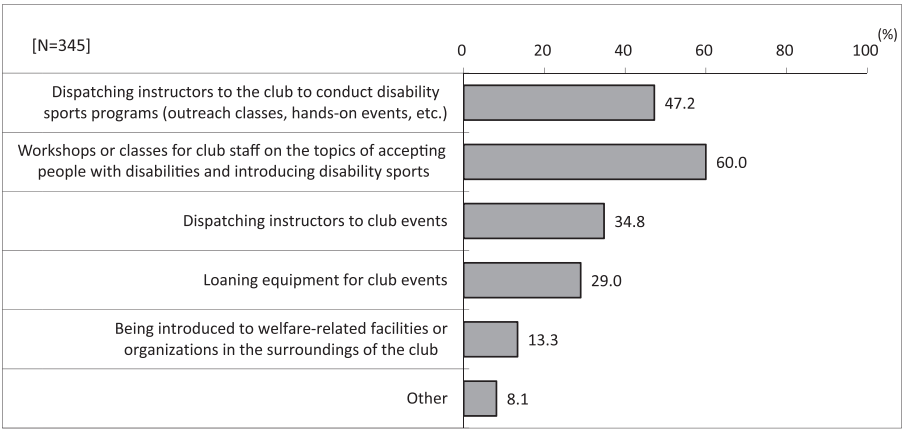


Figure 8-9 Types of support desired (multiple responses)

Appendix 1

References for determining the level of disability for each disability ID card

1. Reference for determining the level of disability for Physical Disability ID cards

Physical Disability Severity Classification Table - Act on Welfare of Physically Disabled Persons, Enforcement Regulations, Schedule 5)

Class	Visual Impairment	Hearing/Equilibrium Disability		Speech/ Chewing Disability	Physical Disability					Disability Related to the Heart, Kidneys, Respiratory Organs, Urinary Bladder, Rectum, or Small Intestine; to the Immune System due to HIV; or to Liver Function						
		Hearing Impairmen	Equilibrium Disability		Upper Limbs	Lower Limbs	Torso	Motor Impairment Caused by Non-Progressive Brain Lesions Occurring Prior to Infancy		Heart Dysfunction	Kidney Dysfunction	Respiratory Organ Dysfunction	Urinary Bladder or Rectal Dysfunction	Small Intestine Dysfunction	Immune Disorder Caused by HIV	Liver Dysfunction
								Upper Limb Function	Mobility							
Class 1	The sum of the eyesight (as measured using a universal visual acuity chart; for individuals with ametropia, as measured regarding corrected eyesight; same below) for both eyes is 0.01 or below				1 Total loss of function in both upper limbs 2 Missing the portion below the wrist joint in both upper limbs	1 Total loss of function in both lower limbs 2 Missing at least half of the thigh and below in both lower limbs	Cannot sit due to torso dysfunction	Inability to perform almost any task using the upper limbs in daily life due to involuntary movement or ataxia	Inability to walk due to involuntary movement or ataxia	One's own everyday activities are extremely limited due to heart dysfunction	One's own everyday activities are extremely limited due to kidney dysfunction	One's own everyday activities are extremely limited due to respiratory organ dysfunction	One's own everyday activities are extremely limited due to urinary bladder or rectal dysfunction	One's own everyday activities are extremely limited due to small intestine dysfunction	An almost complete inability to accomplish daily life due to an immune disorder caused by HIV	An almost complete inability to accomplish daily life due liver dysfunction
Class 2	1 The sum of the eyesight for both eyes is between 0.02 and 0.04 2 The field of vision in each eyes is within 10 degrees and the loss ratio of visual function for the field of vision in both eyes is 95% or greater	Decibel hearing level of each ear is 100 dB or greater (total deafness in both ears)			1 Considerable dysfunction in both upper limbs 2 Missing all of the fingers on both upper limbs 3 Missing at least half of the upper arm and below on one upper limb 4 Total loss of function in one upper limb	1 Considerable dysfunction in both lower limbs 2 Missing at least half of the lower leg and below in both lower limbs	1 Difficulty maintaining a sitting or standing position due to torso dysfunction 2 Difficulty standing up due to torso dysfunction	Extremely limited in performing tasks using the upper limbs in daily life due to involuntary movement or ataxia	Walking is extremely limited due to involuntary movement or ataxia						Daily life is extremely limited due to an immune disorder caused by HIV	Everyday activities are extremely limited due to heart dysfunction
Class 3	1 The sum of the eyesight for both eyes is between 0.05 and 0.08 2 The field of vision in both eyes is within 10 degrees and the loss ratio of visual function for the field of vision in both eyes is 90% or greater	Decibel hearing level in both ears is 90 dB or greater (cannot understand loud voices unless within proximity of the auricle)	Severe impairment of the equilibrium	Loss of speech or chewing function	1 Missing the thumb and index finger on both upper limbs 2 Total loss of function in the thumb and index finger on both upper limbs 3 Considerable dysfunction in one upper limb 4 Missing all of the fingers on one upper limb 5 Total loss of function in all of the fingers on one upper limb	1 Missing the portion beyond at least the Chopart joint in both lower limbs 2 Missing at least half of the thigh and below in one lower limb 3 Total loss of function in one lower limb	Difficulty walking due to torso dysfunction	Considerably limited in performing tasks using the upper limbs in daily life due to involuntary movement or ataxia	Walking is limited to everyday activities within the home due to involuntary movement or ataxia	Everyday activities within the home are considerably limited due to heart dysfunction	Everyday activities within the home are considerably limited due to kidney dysfunction	Everyday activities within the home are considerably limited due to respiratory organ dysfunction	Everyday activities within the home are considerably limited due to urinary bladder or rectal dysfunction	Everyday activities within the home are considerably limited due to small intestine dysfunction	Daily life is considerably limited due to an immune disorder caused by HIV (excludes considerable limitations on everyday activities within the community)	Everyday activities are considerably limited due to liver dysfunction (excludes considerable limitations on everyday activities within the community)

Class	Visual Impairment	Hearing/Equilibrium Disability		Speech/ Chewing Disability	Physical Disability					Disability Related to the Heart, Kidneys, Respiratory Organs, Urinary Bladder, Rectum, or Small Intestine; to the Immune System due to HIV; or to Liver Function						
		Hearing Impairmen	Equilibrium Disability		Upper Limbs	Lower Limbs	Torso	Motor Impairment Caused by Non-Progressive Brain Lesions Occurring Prior to Infancy		Heart Dysfunction	Kidney Dysfunction	Respiratory Organ Dysfunction	Urinary Bladder or Rectal Dysfunction	Small Intestine Dysfunction	Immune Disorder Caused by HIV	Liver Dysfunction
								Upper Limb Function	Mobility							
Class 4	1 The sum of the eyesight for both eyes is between 0.09 and 0.12 2 Field of vision in each eye is within 10 degrees	1 Decibel hearing level in both ears is 80 dB or greater (cannot understand normal speaking voices unless within proximity of the auricle) 2 Intelligibility of normal speech is 50% or below for both ears		Considerable speech or chewing dysfunction	1 Missing the thumb on both upper limbs 2 Total loss of function in the thumb on both upper limbs 3 Total loss of function in either the shoulder joint, elbow joint, or wrist joint of one upper limb 4 Missing the thumb and index finger on one upper limb 5 Total loss of function in the thumb and index finger on one upper limb 6 Missing three fingers (including either the thumb or index finger) on one upper limb 7 Total loss of function in three fingers (including either the thumb or index finger) on one upper limb 8 Considerable dysfunction in four fingers (including either the thumb or index finger) on one upper limb	1 Missing all of the toes on both lower limbs 2 Total loss of function in all of the toes on both lower limbs 3 Missing at least half of the lower leg and below in one lower limb 4 Considerable dysfunction in one lower limb 5 Total loss of function in the hip joint or knee joint of one lower limb 6 One lower limb is at least 10 cm shorter than the healthy limb or is one-tenth or more shorter than the length of the healthy limb		Everyday activities within the community are considerably limited due to involuntary movement or ataxia of the upper limbs	Everyday activities within the community are considerably limited due to involuntary movement or ataxia	Everyday activities within the community are considerably limited due to heart dysfunction	Everyday activities within the community are considerably limited due to kidney dysfunction	Everyday activities within the community are considerably limited due to respiratory organ dysfunction	Everyday activities within the community are considerably limited due to urinary bladder or rectal dysfunction	Everyday activities within the community are considerably limited due to small intestine dysfunction	Everyday activities within the community are considerably limited due to an immune disorder caused by HIV	Everyday activities within the community are considerably limited due to liver dysfunction
Class 5	1 The sum of the eyesight for both eyes is between 0.13 and 0.2 2 Missing at least half of the field of vision in both eyes		Considerable impairment of the equilibrium		1 Considerable dysfunction in the thumbs on both upper limbs 2 Considerable dysfunction in either the shoulder joint, elbow joint, or wrist joint of one upper limb 3 Missing the thumb on one upper limb 4 Total loss of function in the thumb on one upper limb 5 Considerable dysfunction in the thumb and index finger on one upper limb 6 Considerable dysfunction in three fingers (including either the thumb or index finger) on one upper limb	1 Considerable dysfunction in the hip joint or knee joint of one lower limb 2 Total loss of function in the ankle joint of one lower limb 3 One lower limb is at least 5 cm shorter than the healthy limb or is one-fifteenth or more shorter than the length of the healthy limb	Considerable torso dysfunction	Everyday activities within the community are hindered due to involuntary movement or ataxia of the upper limbs	Everyday activities within the community are hindered due to involuntary movement or ataxia							

Class	Visual Impairment	Hearing/Equilibrium Disability		Speech/ Chewing Disability	Physical Disability					Disability Related to the Heart, Kidneys, Respiratory Organs, Urinary Bladder, Rectum, or Small Intestine; to the Immune System due to HIV; or to Liver Function						
		Hearing Impairmen	Equilibrium Disability		Upper Limbs	Lower Limbs	Torso	Motor Impairment Caused by Non-Progressive Brain Lesions Occurring Prior to Infancy		Heart Dysfunction	Kidney Dysfunction	Respiratory Organ Dysfunction	Urinary Bladder or Rectal Dysfunction	Small Intestine Dysfunction	Immune Disorder Caused by HIV	Liver Dysfunction
								Upper Limb Function	Mobility							
Class 6	Eyesight in one eye is 0.02 or below and 0.6 or below in the other eye, with the sum for both eyes exceeding 0.2	1 Decibel hearing level in both ears is 70 dB or greater (cannot understand spoken conversation at distances of 40 cm or greater) 2 Decibel hearing level is 90 dB or greater in one ear and 50 dB or greater in the other ear			1 Considerable dysfunction in the thumb on one upper limb 2 Missing two fingers (including the index finger) on one upper limb 3 Total loss of function in two fingers (including the index finger) on one upper limb	1 Missing the portion beyond at least the Lisfranc joint in one lower limb 2 Considerable dysfunction in the ankle joint of one lower limb		Inferior upper limb function due to involuntary movement or ataxia	Inferior mobility due to involuntary movement or ataxia							
Class 7					1 Slight dysfunction in one upper limb 2 Slight dysfunction in either the shoulder joint, elbow joint, or wrist joint of one upper limb 3 Slight dysfunction in the fingers on one upper limb 4 Considerable dysfunction in two fingers (including the index finger) on one upper limb 5 Missing the middle finger, ring finger, and little finger on one upper limb 6 Total loss of function in the middle finger, ring finger, and little finger on one upper limb	1 Considerable dysfunction in all of the toes on both lower limbs 2 Slight dysfunction in one lower limb 3 Slight d ysfunction in either the hip joint, knee joint, or ankle joint of one lower limb 4 Missing all of the toes on one lower limb 5 Total loss of function in all of the toes on one lower limb 6 One lower limb is at least 3 cm shorter than the healthy limb or is one-twentieth or more shorter than the length of the healthy limb		Involuntary movement or ataxia is present in the upper limbs	Involuntary movement or ataxia is present in the lower limbs							

Note :

1. If multiple disabilities from the same class are present, assign one class above that class. However, if that multiple disability is clearly specified in this table, then its corresponding class will be assigned.
2. Cases where two or more physical disabilities corresponding to the items in Class 7 are present will be considered to be Class 6.
3. In cases where two or more disabilities from different classes are present, a class higher than those classes can be assigned after considering the severity of the disabilities.
4. "Missing a finger" means missing the portion at least beyond the interphalangeal joint for the thumb and the portion at least beyond the distal interphalangeal joint for the other fingers.
5. "Finger dysfunction" means impairment beyond the metacarpophalangeal joint, and includes impairment of the movement of opposition in the case of the thumb.
6. The length of a residual upper or lower limb is defined as the measured usable length (as measured from the armpit for upper limbs and from the height of the ischial tuberosity for thighs).
7. When measuring the length of a lower limb, measure from the anterior iliac spine to the lower edge of the inner ankle.

2. Reference for determining the level of disability for Special Needs ID cards

Because each municipality has its own system for issuing special needs ID cards, category names and criteria may differ somewhat by jurisdiction. Reference for determining disability category:

- Most severe (IQ<20): requires continuous assistance for every aspect of daily life
- Severe (IQ<35): requires continuous assistance for daily life
- Moderate (IQ<50): requires assistance for daily life
- Light (IQ<70): can accomplish the tasks of daily life (IQ<75 for some municipalities)

3. Reference for determining the level of disability for Mental Health and Welfare ID cards

These identification cards are for individuals with some form of mental disorder (including epilepsy and developmental disabilities) which places long-term limitations on their daily or social lives. This covers all mental disorders including the ones below:

- Schizophrenia
- Mood disorders such as depression and bipolar disorder
- Epilepsy
- Binge addiction or dependency on drugs or alcohol
- Higher brain dysfunction
- Developmental disability (autism, learning disabilities, attention deficit hyperactivity disorder, etc.)
- Other mental disorders (such as stress-related disabilities)

However, these identification cards are not intended for individuals with intellectual disabilities who do not suffer from any of the above mental disorders, as there is a separate ID card system that covers those disabilities (individuals with both intellectual disabilities and mental disorders can receive both ID cards). Also, at least six months must have elapsed since the initial diagnosis of the mental disorder to be eligible for an ID card. Mental Health and Welfare ID Cards are categorized from Class-1 to Class-3.

- Class-1 : the mental disorder is at a level that makes it impossible to accomplish the tasks of daily life.
- Class-2 : the mental disorder is at a level that places considerable limitations on daily life or requires things that add such limitations.
- Class-3 : the mental disorder is at a level that places some limitations on daily or social life or requires things that add such limitations.

Figure

<Municipalities>

Table

SASAKAWA SPORTS FOUNDATION