(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).

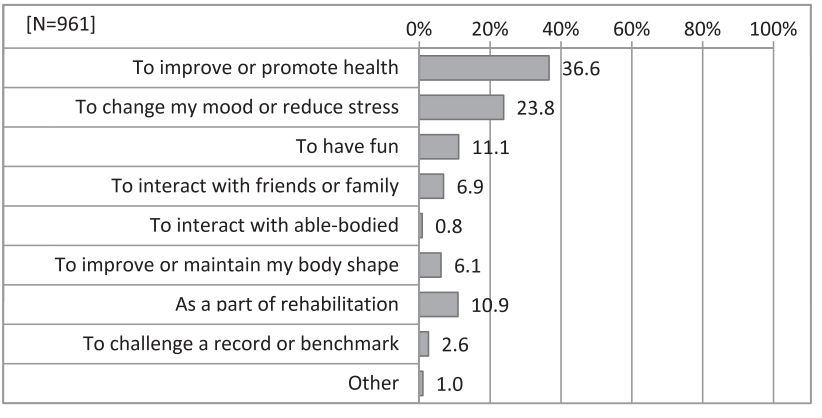

Figure 1-11 Main purpose of engaging in sports/recreation

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).

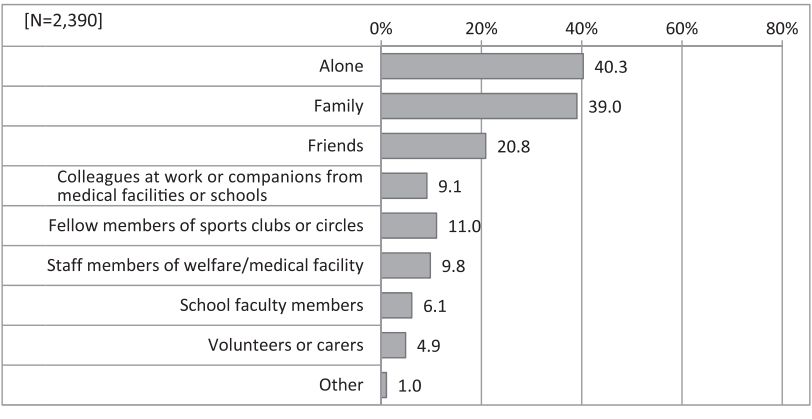

Figure 1-12 Companions when engaging in sports/recreation (multiple responses)

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.

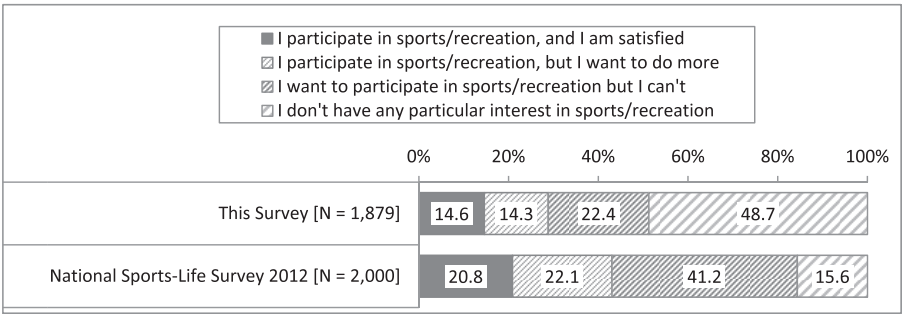

Figure 1-13 Current level of participation in sports/recreation

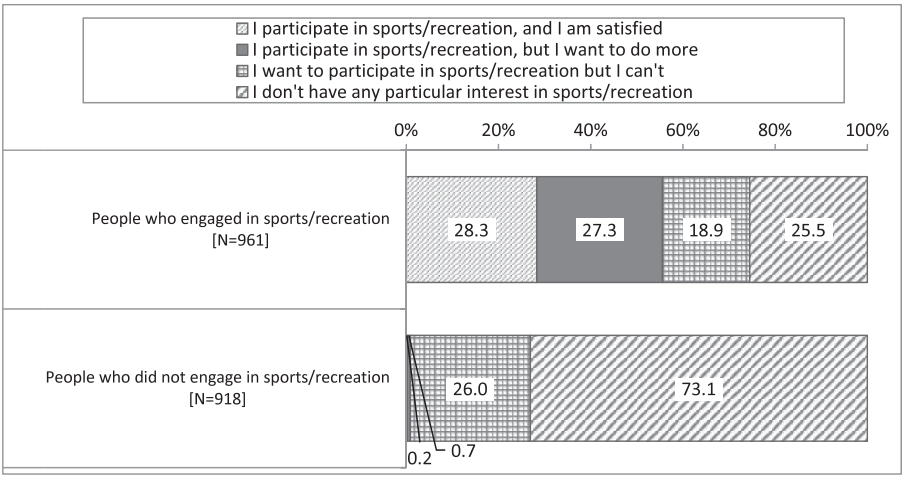

Figure 1-14 Current level of participation in sports/recreation (by engagement)

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).

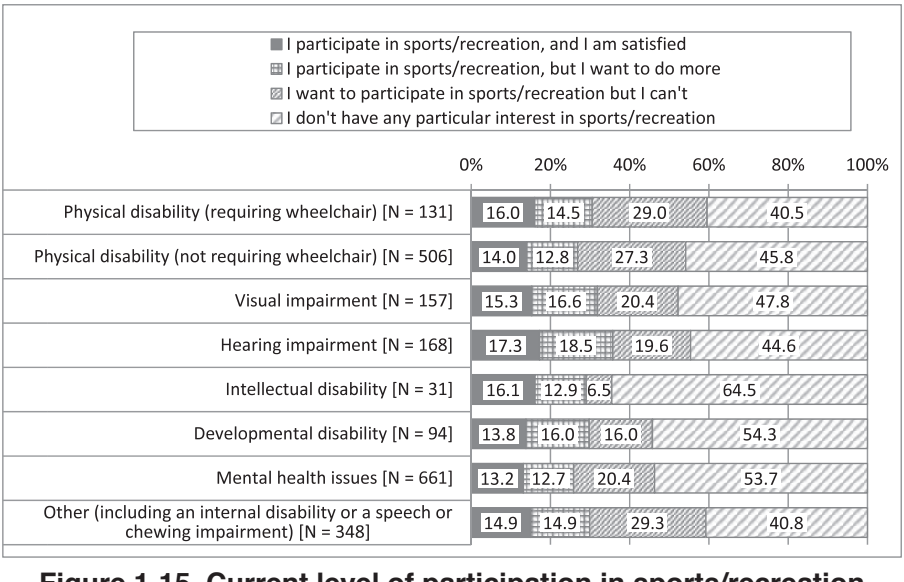

Figure 1-15 Current level of participation in sports/recreation (by disability type)

(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).

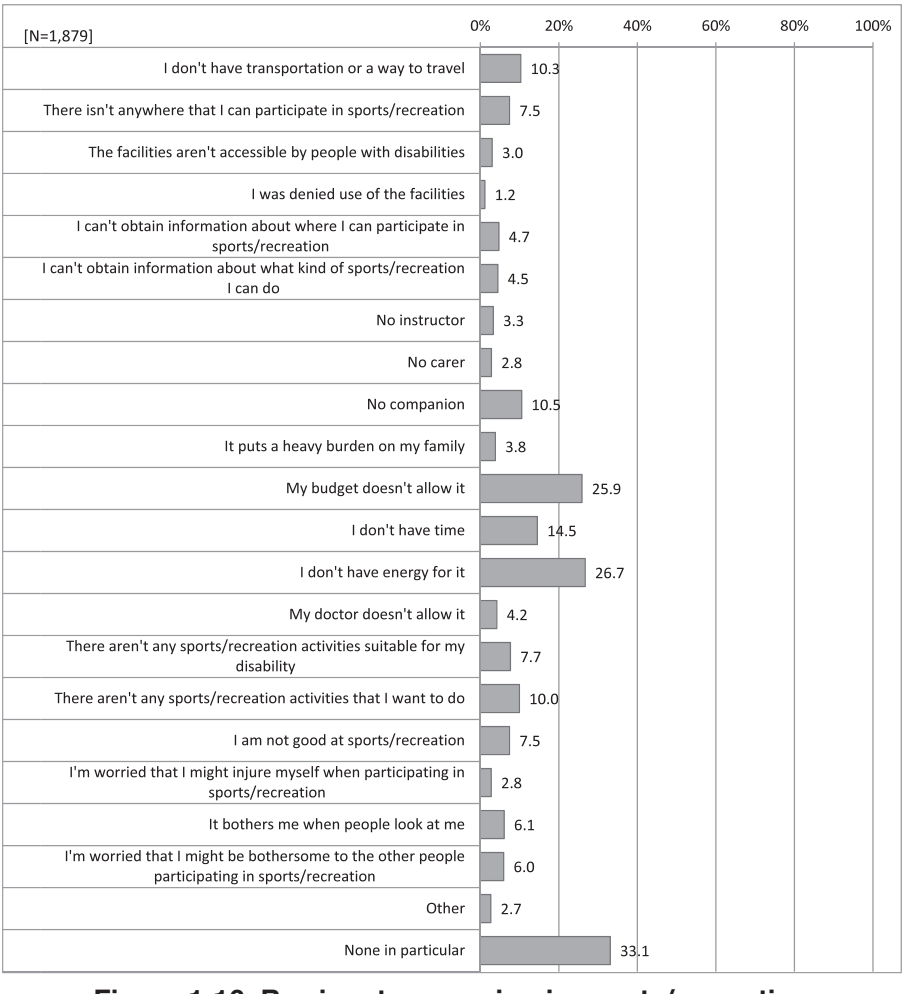

Figure 1-16 Barriers to engaging in sports/recreation (multiple responses)

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).

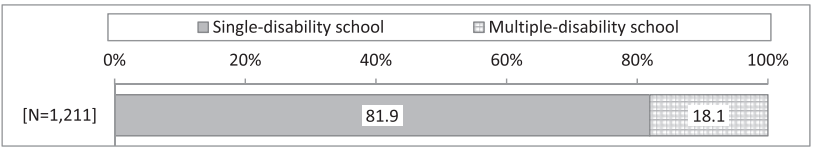

Figure 2-1 Targeted schools (by single/multiple disabilities)

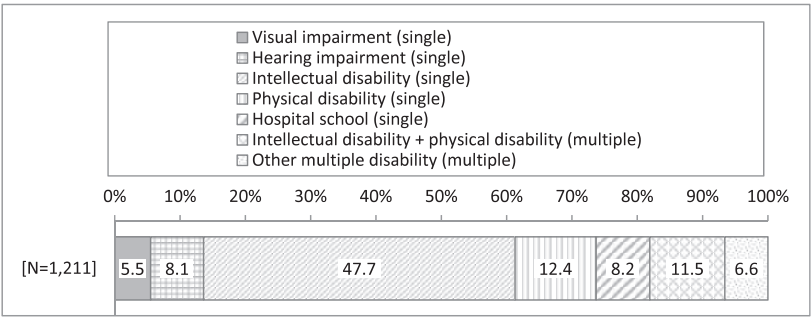

Figure 2-2 Targeted schools (by disability types)

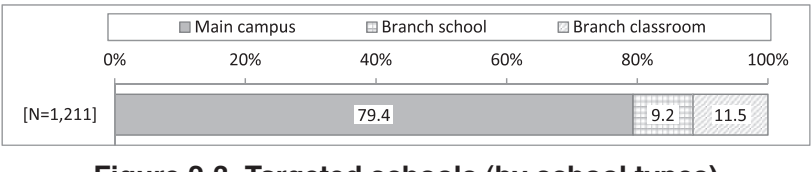

Figure 2-3 Targeted schools (by school types)

(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).

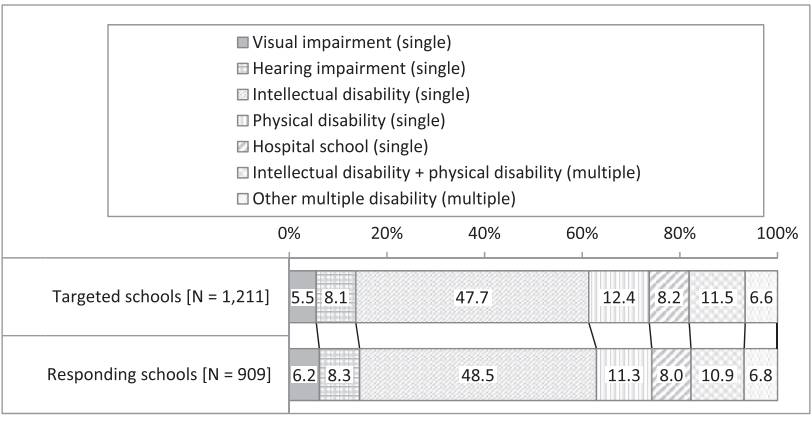

Figure 2-4 Responding schools (by disability types)

(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).

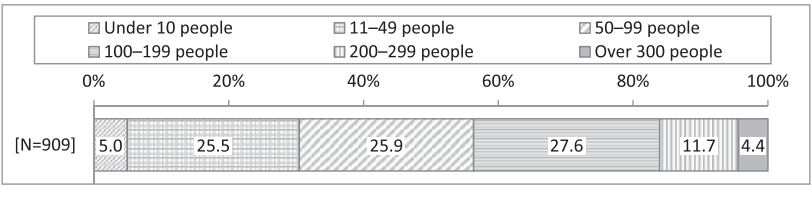

Figure 2-5 Number of children/students

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.

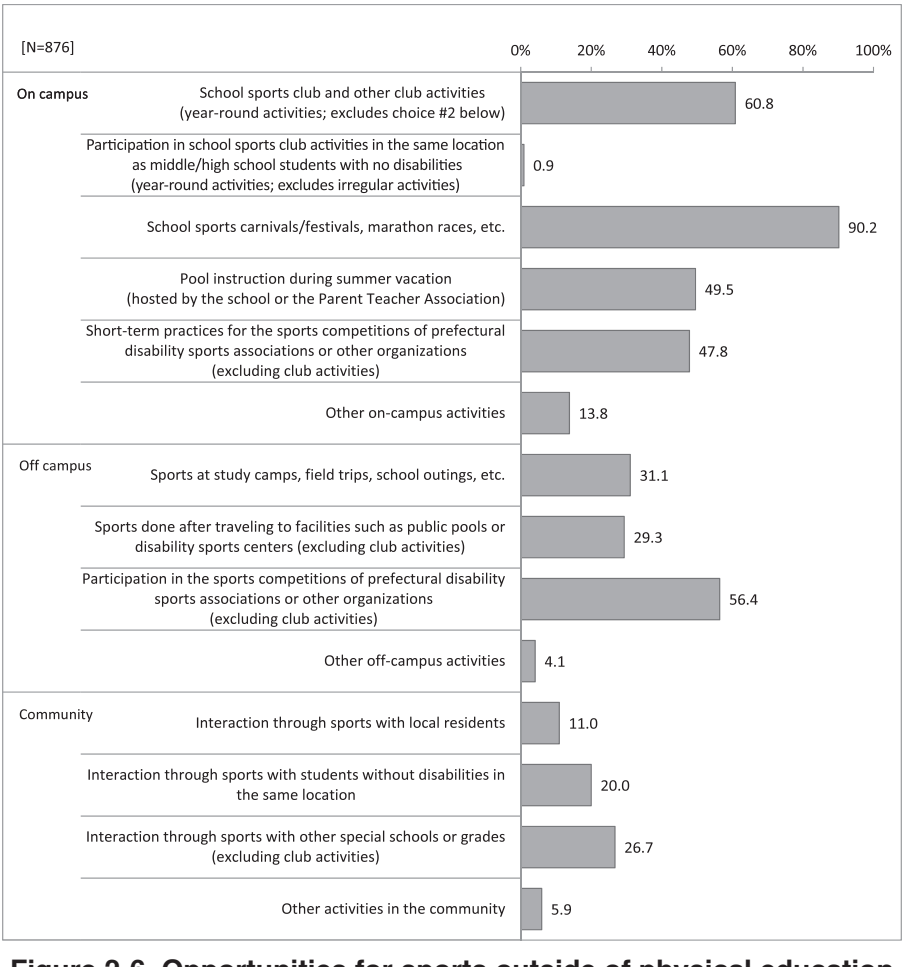

Figure 2-6 Opportunities for sports outside of physical education (multiple responses)

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.

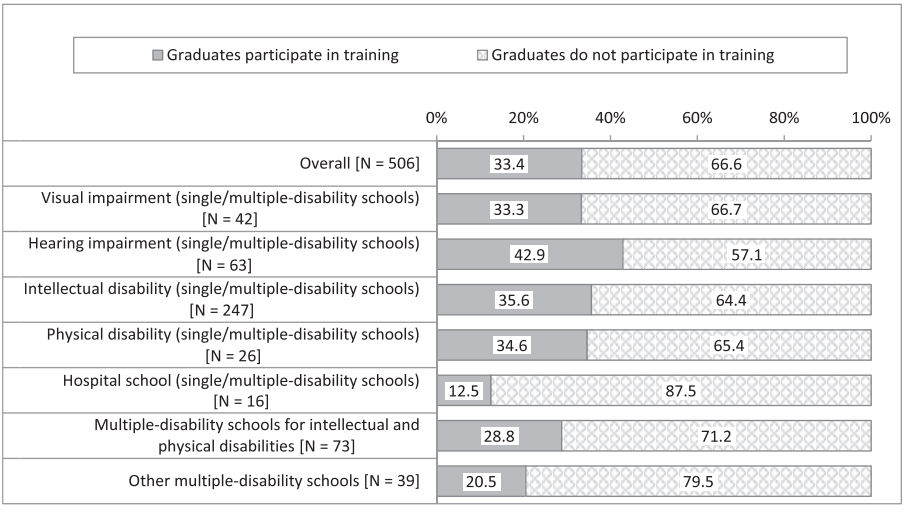

Figure 2-7
Graduates who participate in school sports clubs

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).

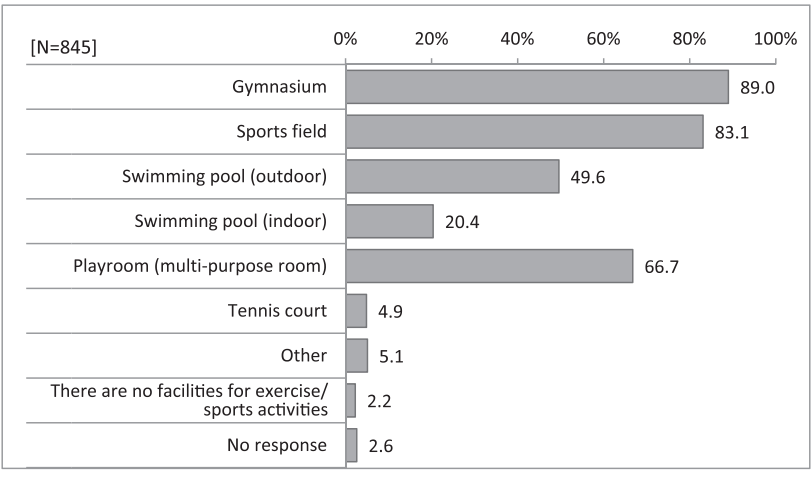

Figure 2-8 School facilities for exercise/sports activities (multiple responses)

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).

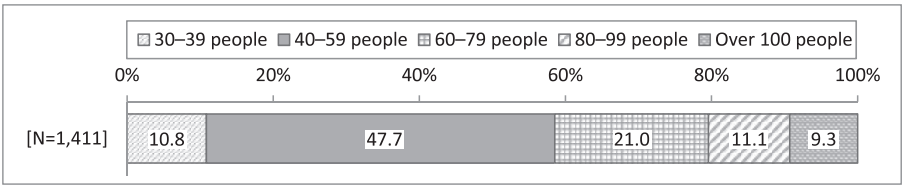

Figure 3-1 Facility capacity

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.

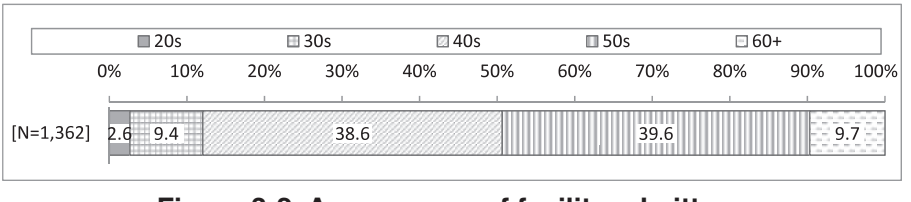

Figure 3-2 Average age of facility admittees

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.

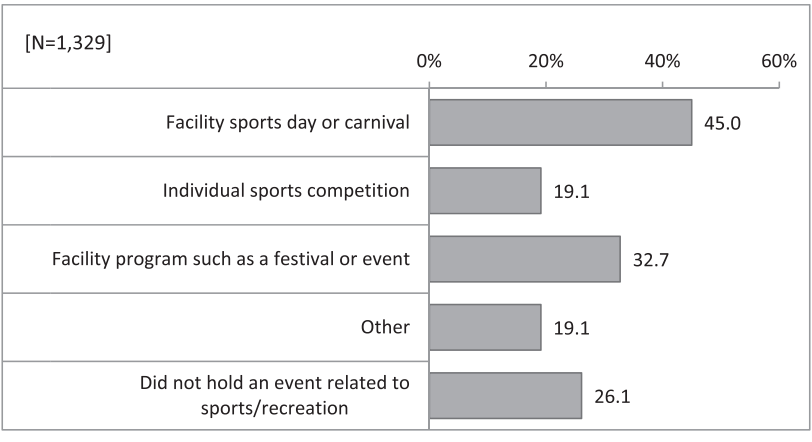

Figure 3-3 Events related to sports/recreation (multiple responses)

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.

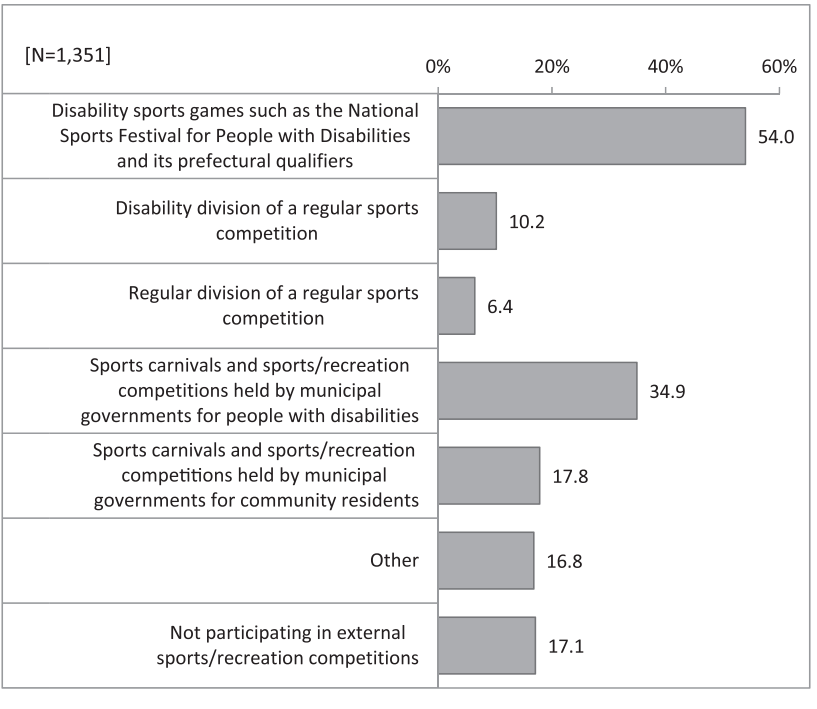

Figure 3-4 Participation in external sports/recreation competitions (multiple responses)

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).

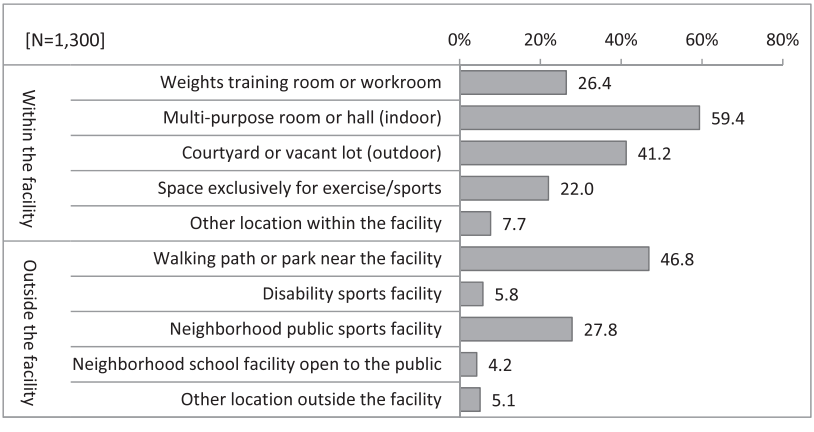

Figure 3-5 Location of sports/recreation activities (multiple responses)

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).

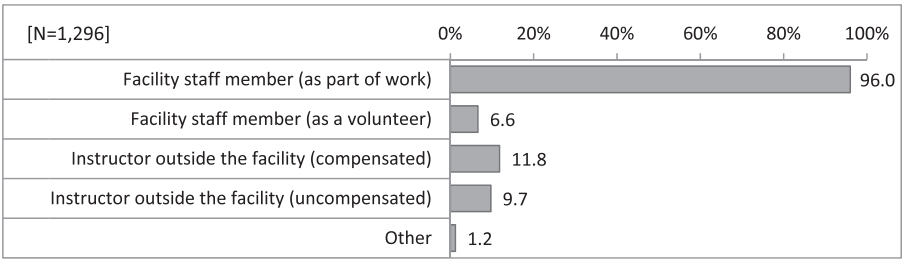

Figure 3-6 Sports/recreation activity supervisor (multiple responses)

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).

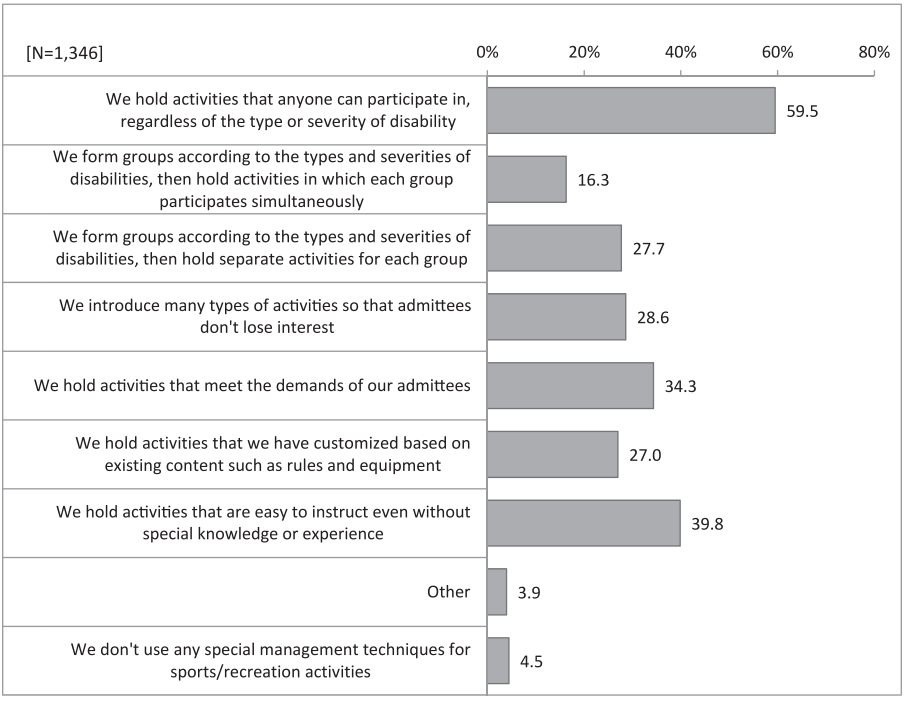

Figure 3-7 Management strategies (multiple responses)

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).

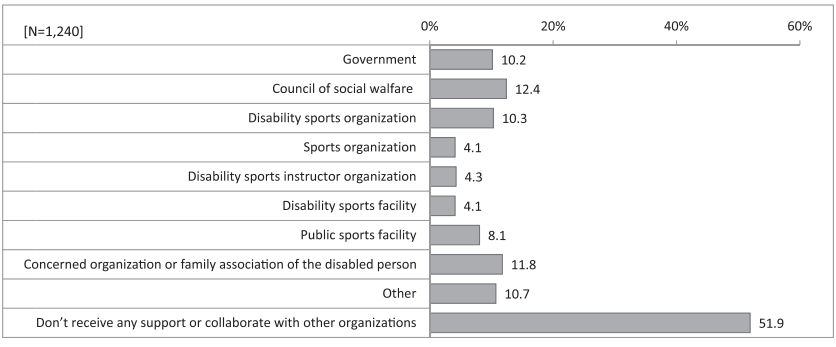

Figure 3-8 Support and collaboration network (multiple responses)

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).

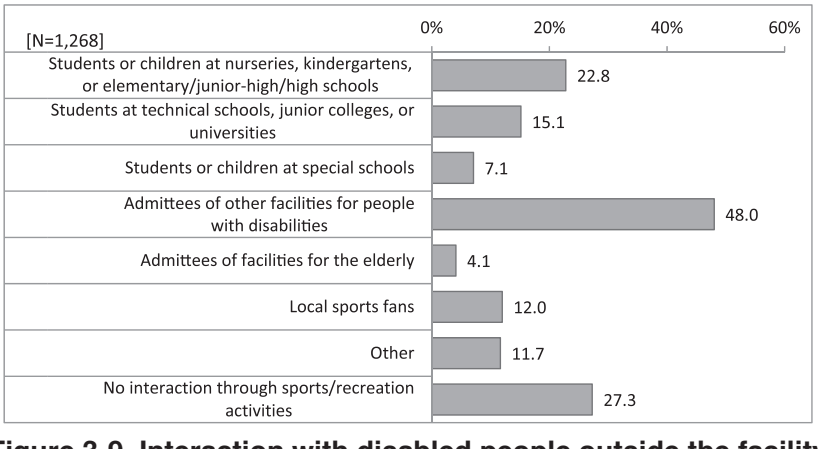

Figure 3-9 Interaction with disabled people outside the facility (multiple responses)

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.”

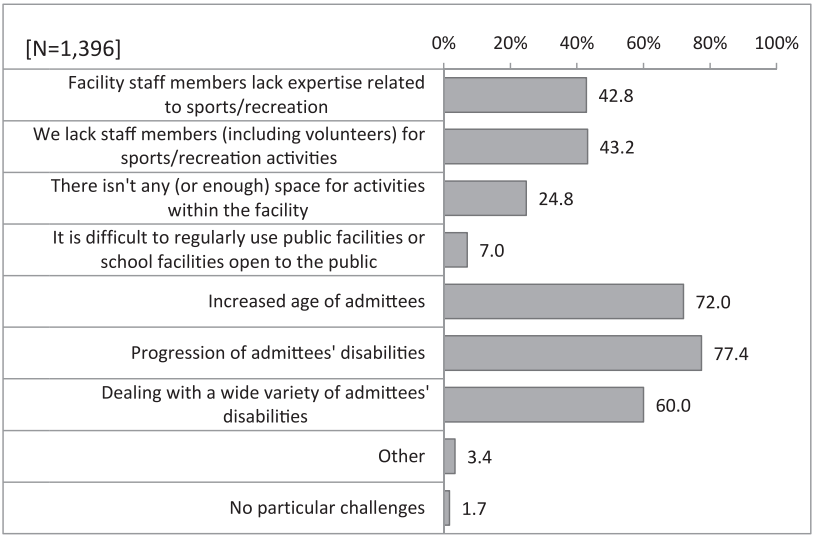

Figure 3-10 Challenges related to sports/recreation activities (multiple responses)

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%).

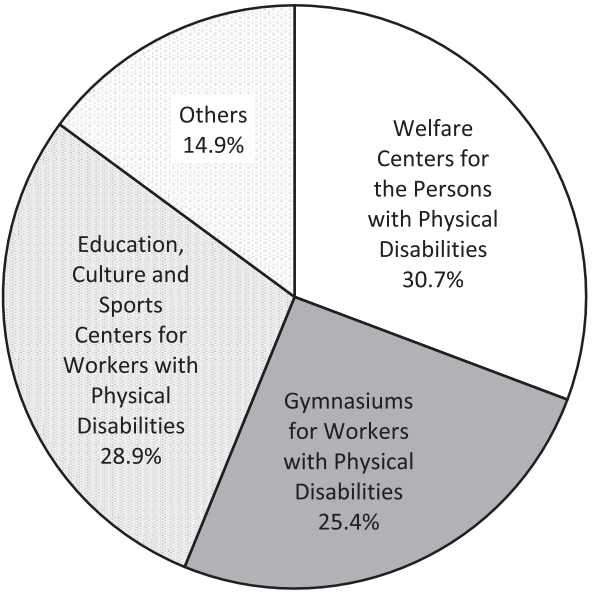

Figure 4-1
Categories of disability sports facilities

(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.

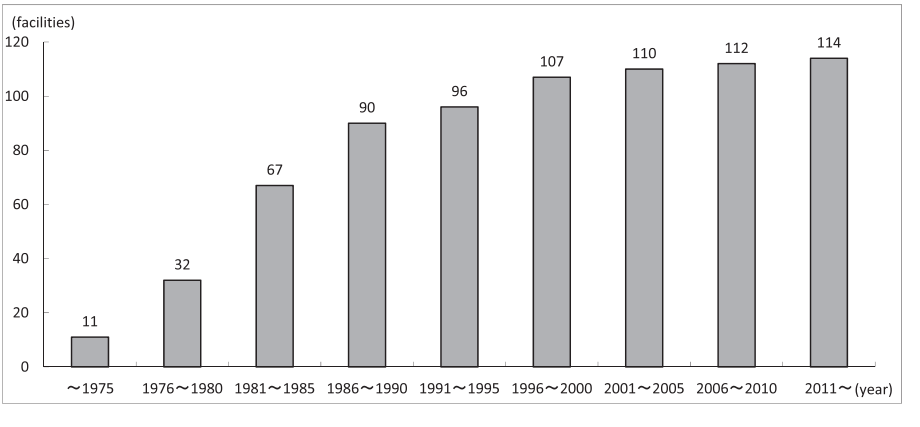

Figure 4-2 Trends in the number of facilities

(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".

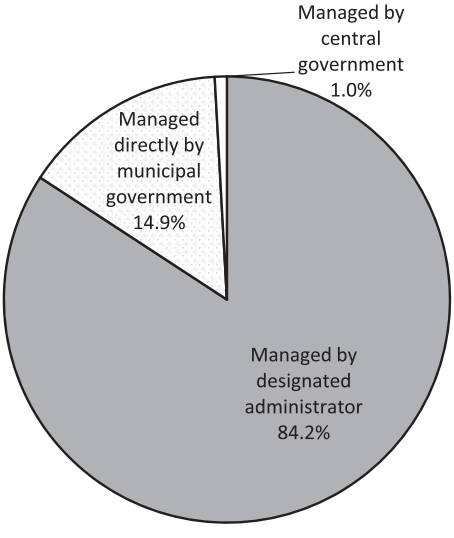

Figure 4-3 Administrative entities

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%).

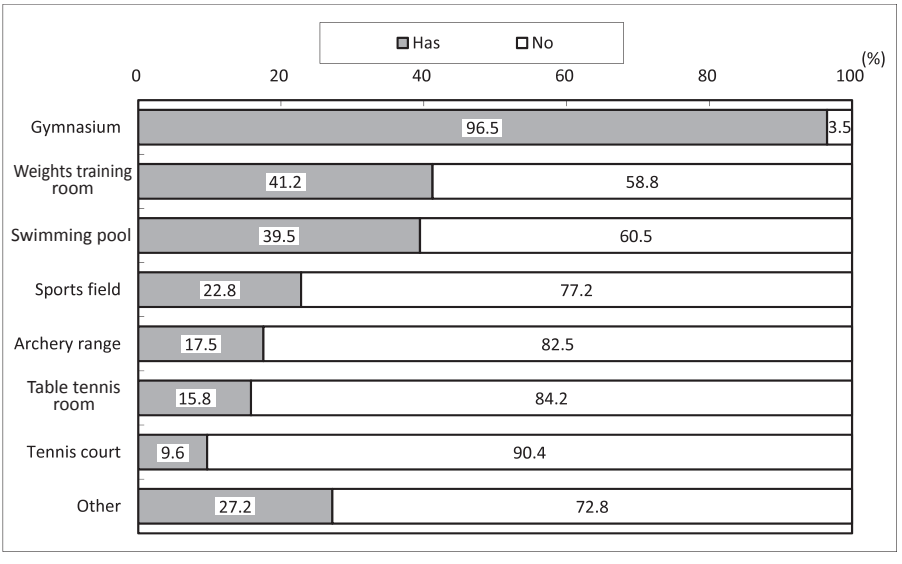

Figure 4-4 Facilities adjoined (N=114; multiple responses)

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).

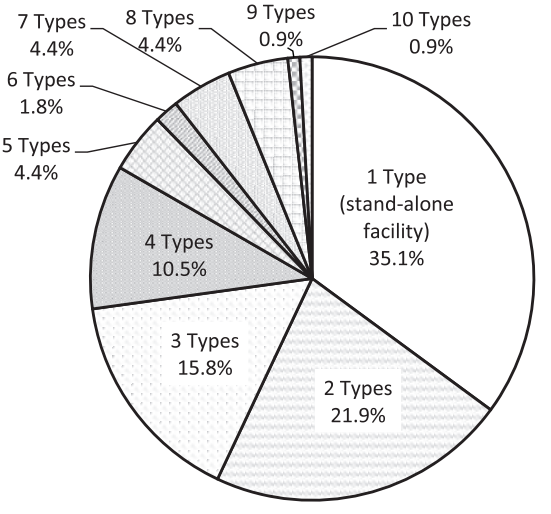

Figure 4-5 Number of adjoining facilities

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.

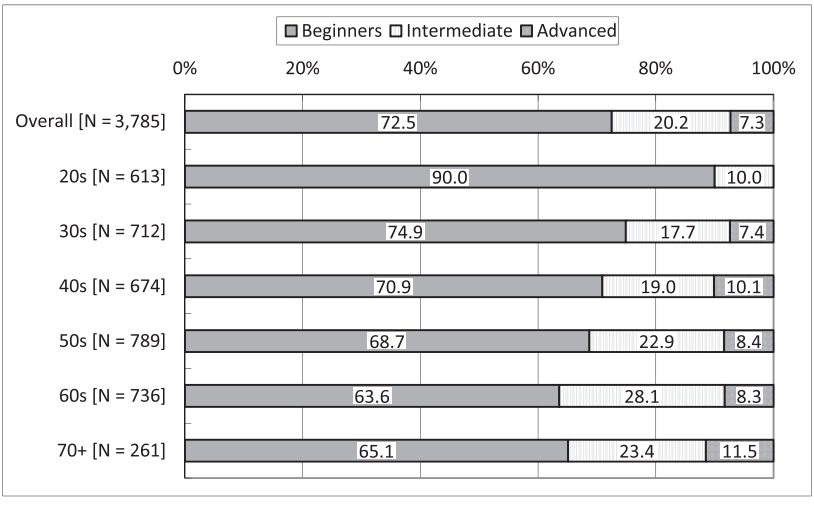

Figure 5-1 Instructors by qualification type (overall / by age group)

(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%).

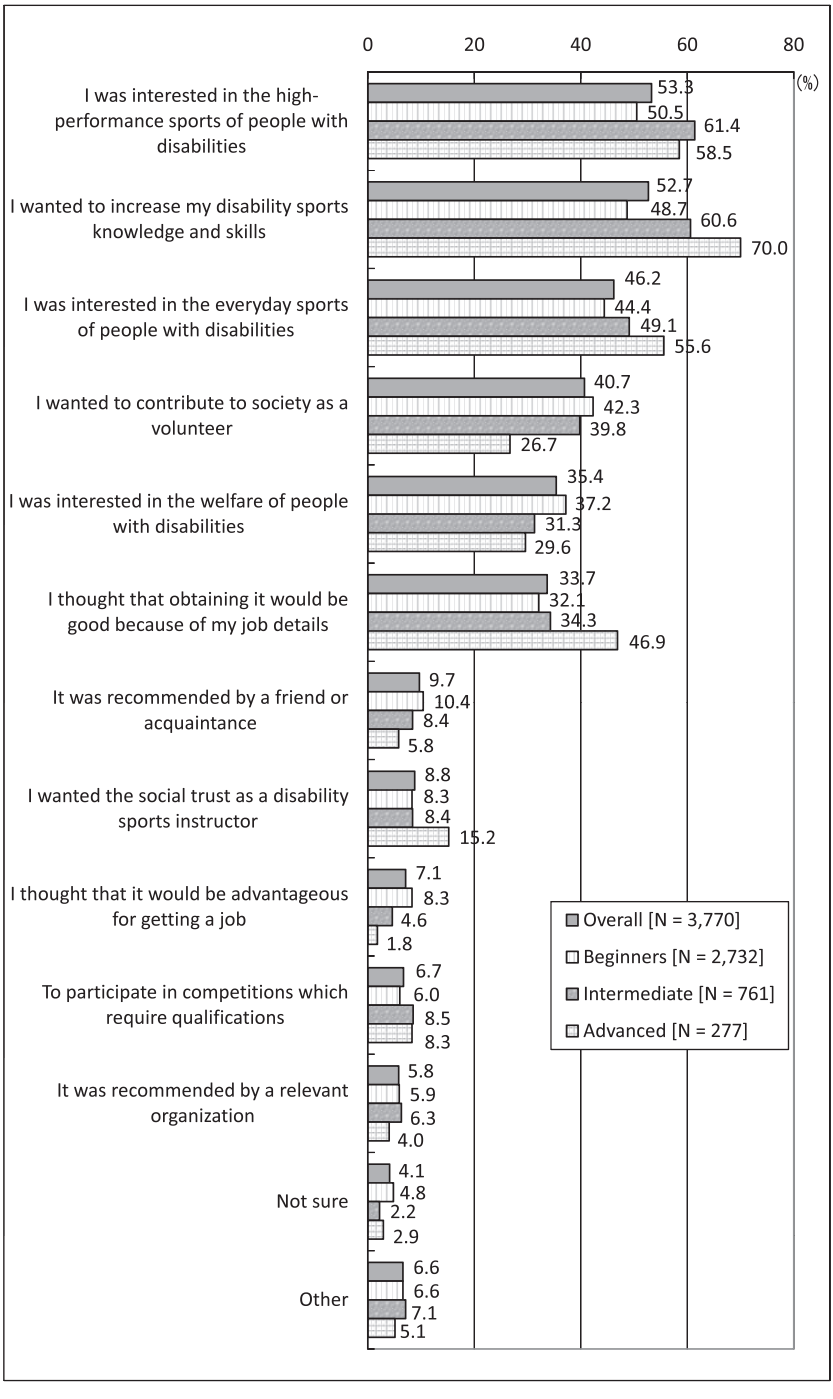

Figure 5-2 Purpose of obtaining a qualification (overall / by qualification type; multiple response)

(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.

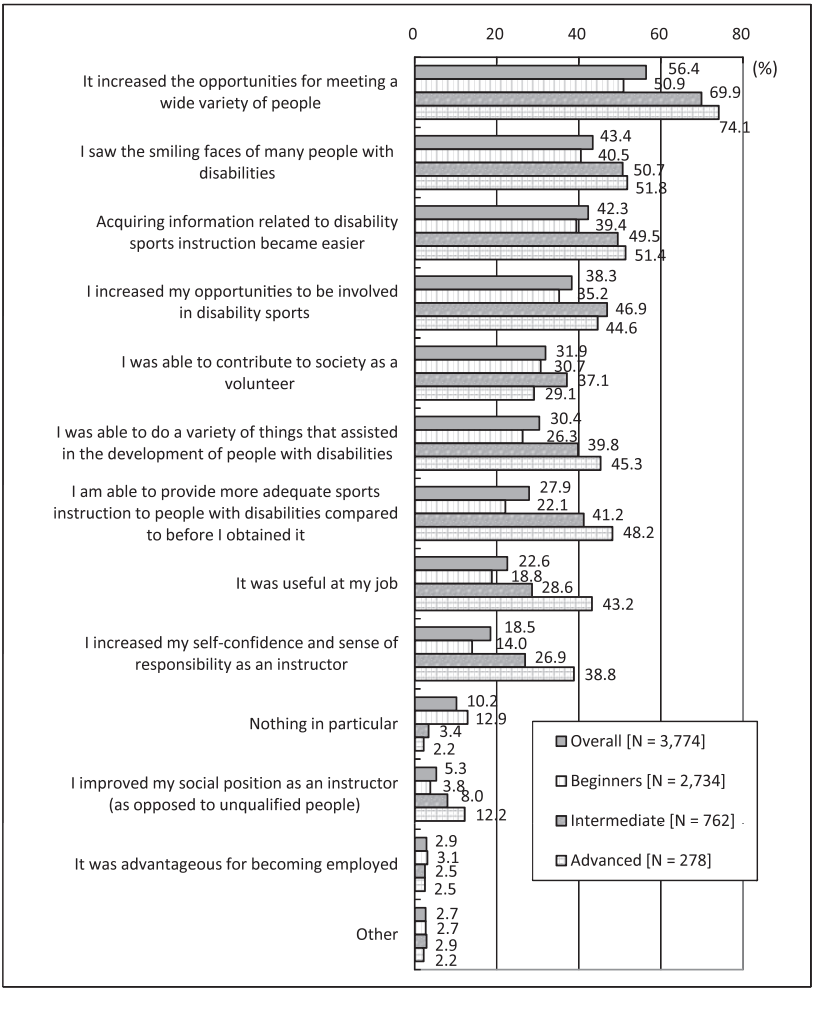

Figure 5-3 Benefits of obtaining a qualification (overall / by qualification type; multiple responses)

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.

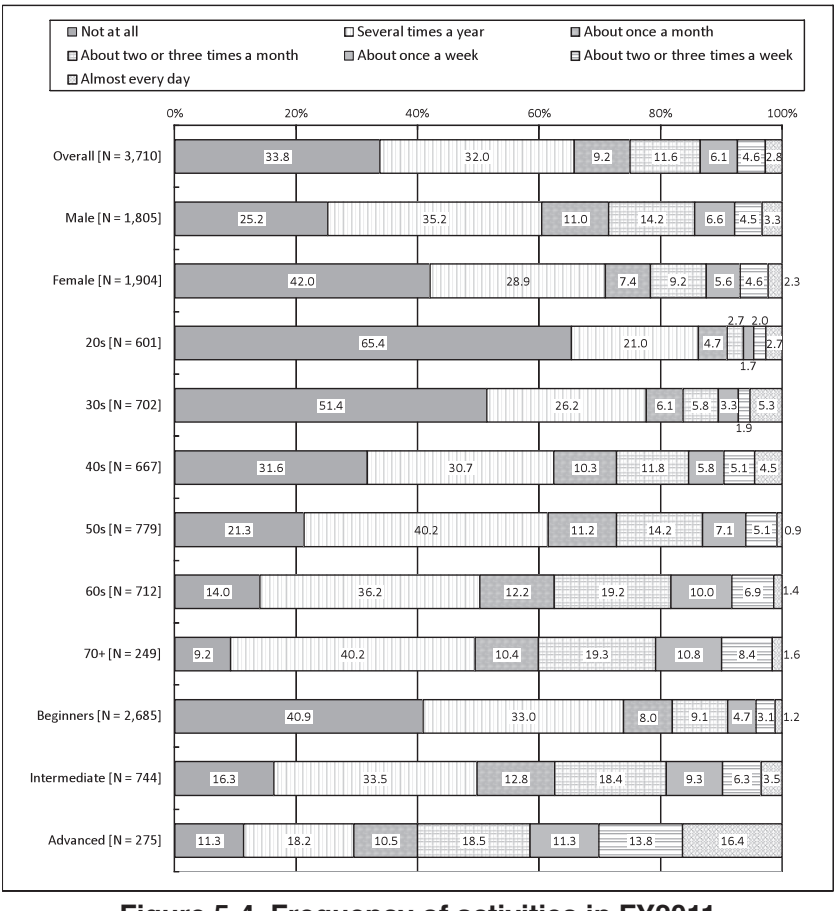

Figure 5-4 Frequency of activities in FY2011

(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.

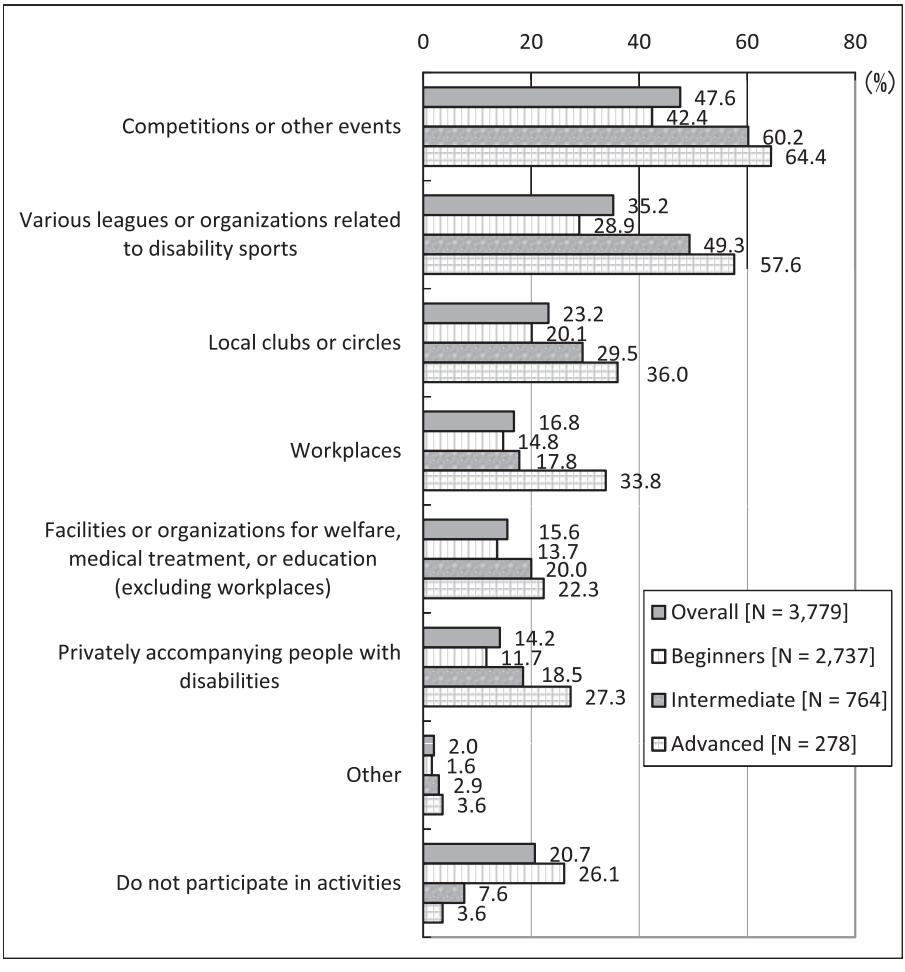

Figure 5-5 Main activity locations
(overall / by qualification type; multiple responses)