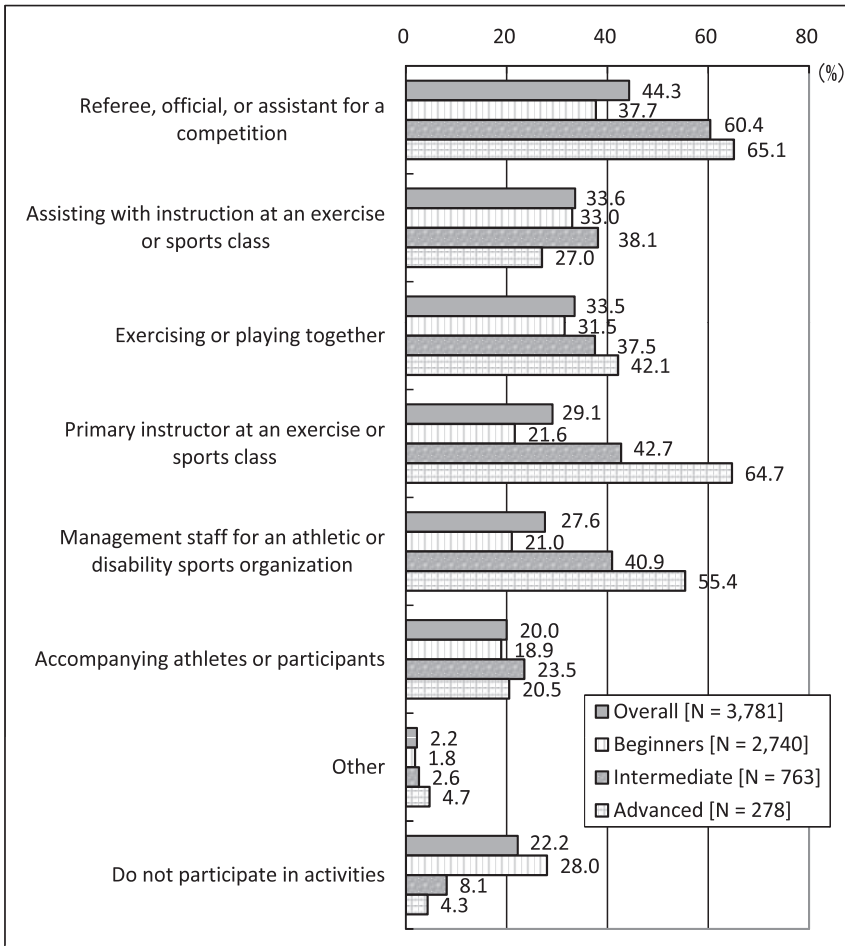


(3) Main role at activities

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.



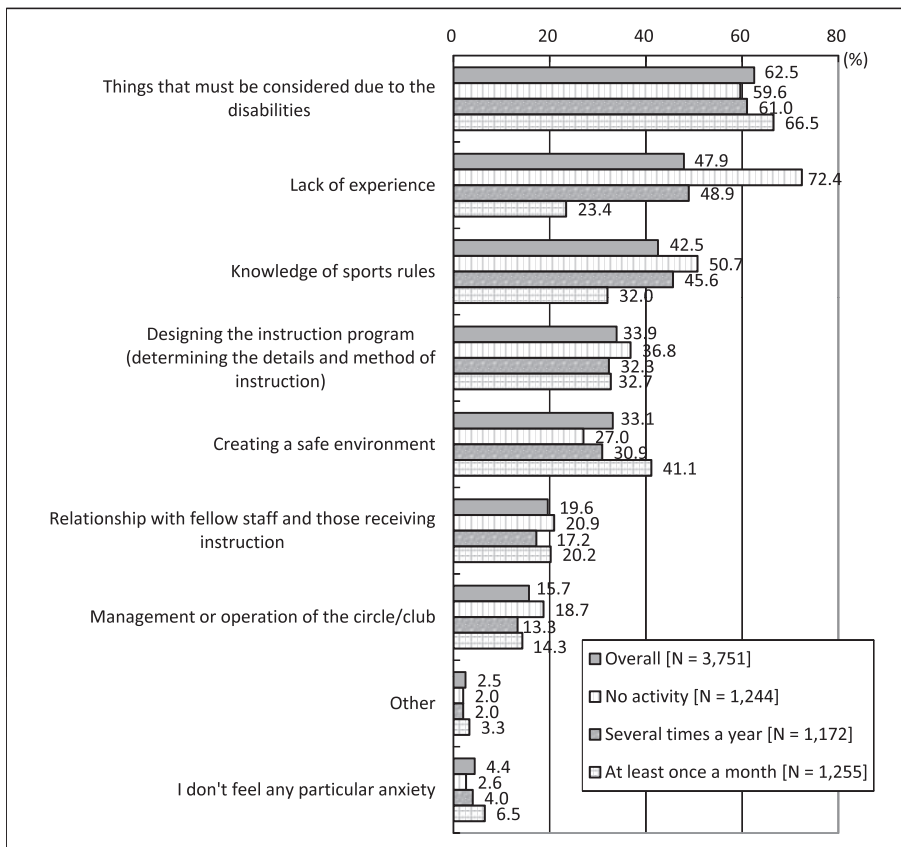
**Figure 5-6 Main role at activities**  
(overall / by qualification type; multiple responses)

(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%).

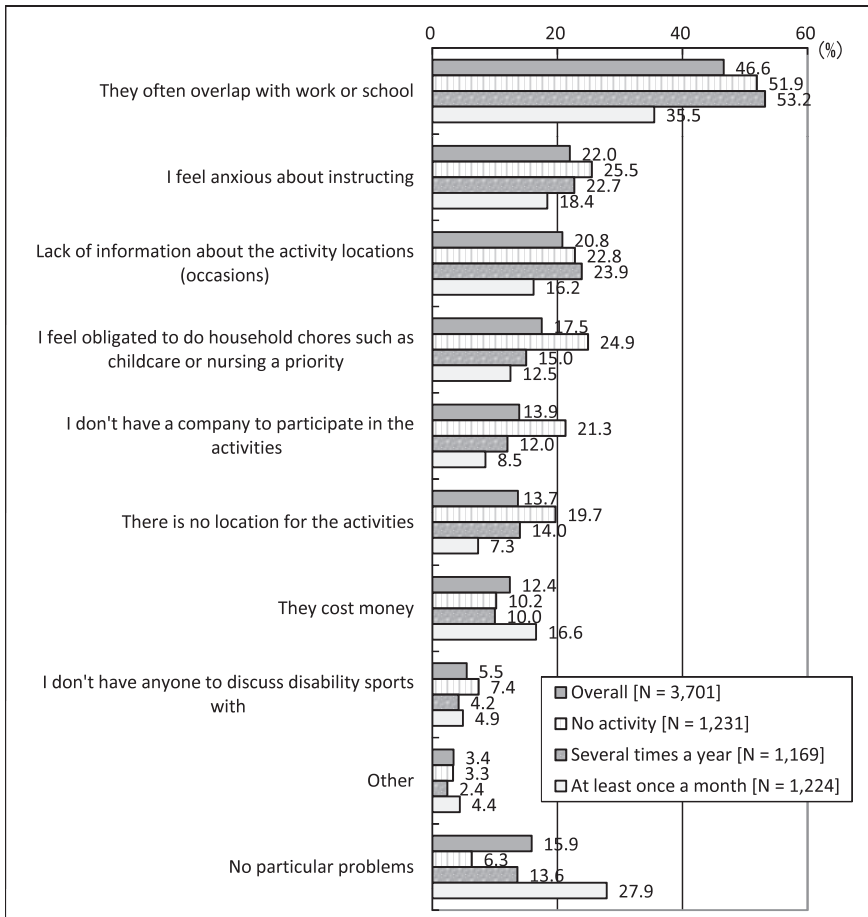


**Figure 5-7 Anxiety factors when instructing (overall / by activity frequency group; multiple responses)**

(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**

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## **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, ordinance-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

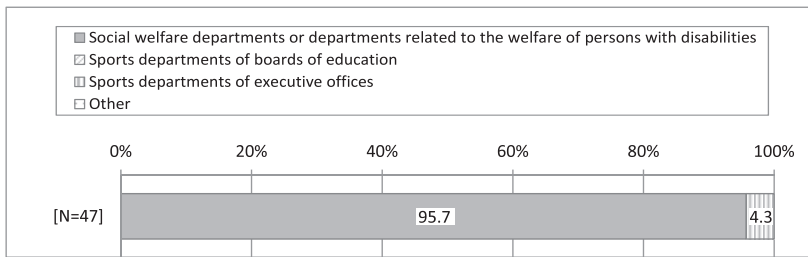
## II. Survey Results

### 1. Prefectures

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

##### ① Primary departments in charge of disability sports

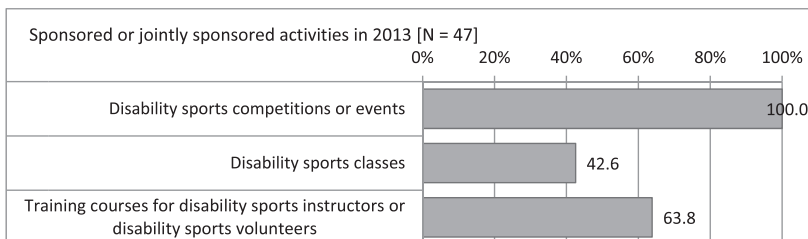
With prefectures, “Social welfare departments or departments related to the welfare of persons with disabilities” accounted for nearly all (95.7%) of the departments which take primary charge of disability sports, while “Sports departments of executive offices” played that role in 4.3% of cases (Figure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



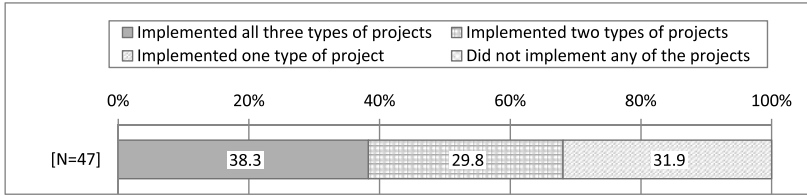
**Figure 6-1 Primary department in charge of disability sports**

##### 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**

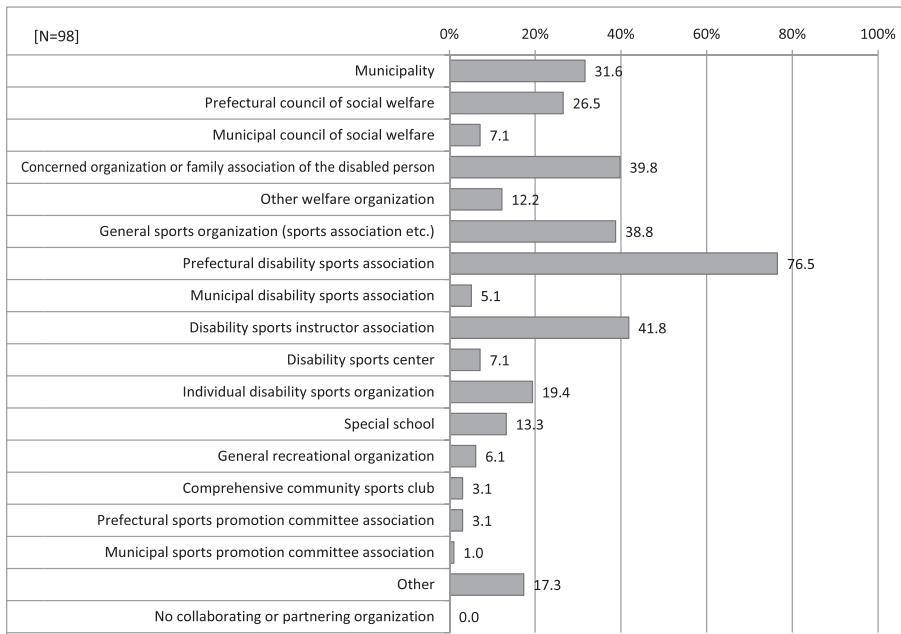


**Figure 6-3 Implementation of three projects in FY 2013**

(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).



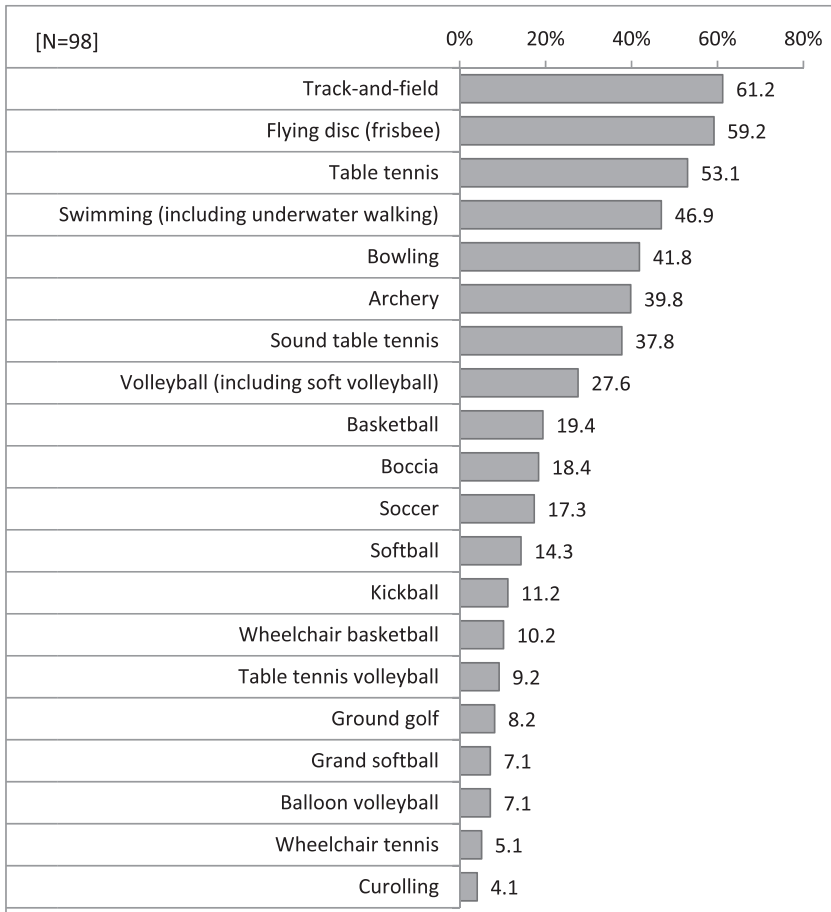
**Figure 6-4**

**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).



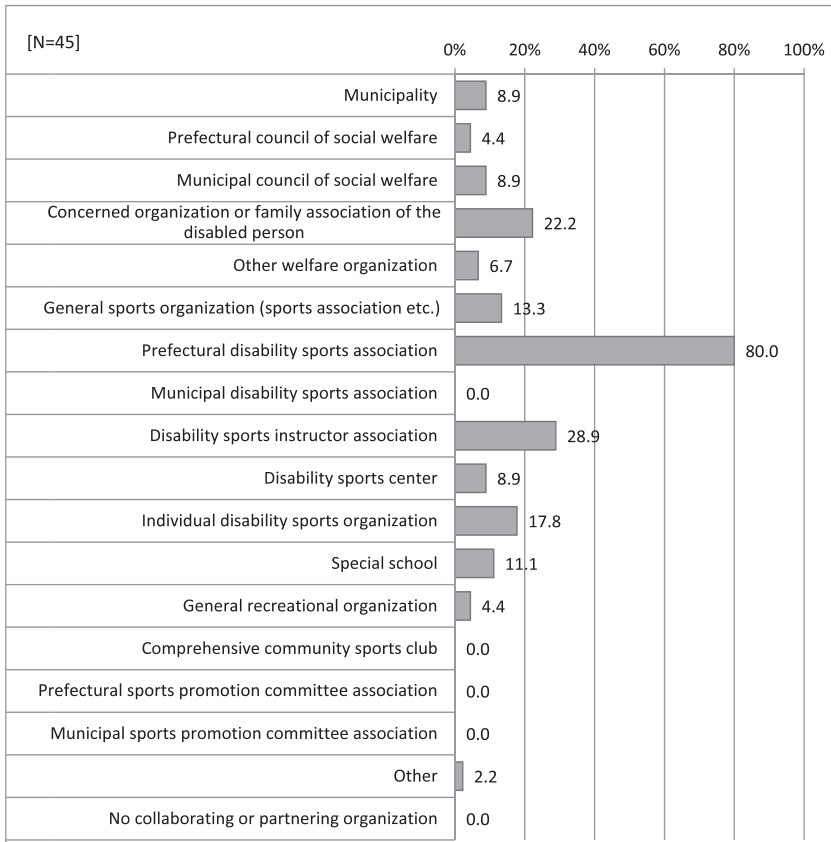
**Figure 6-5**

**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).

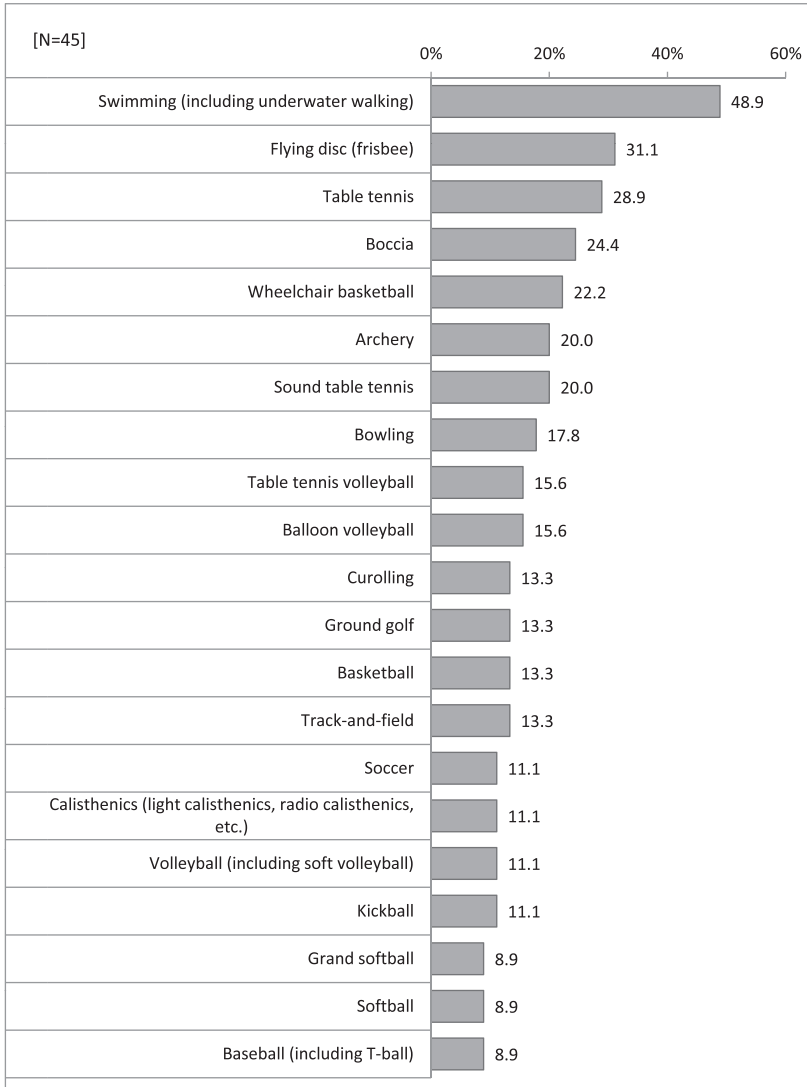
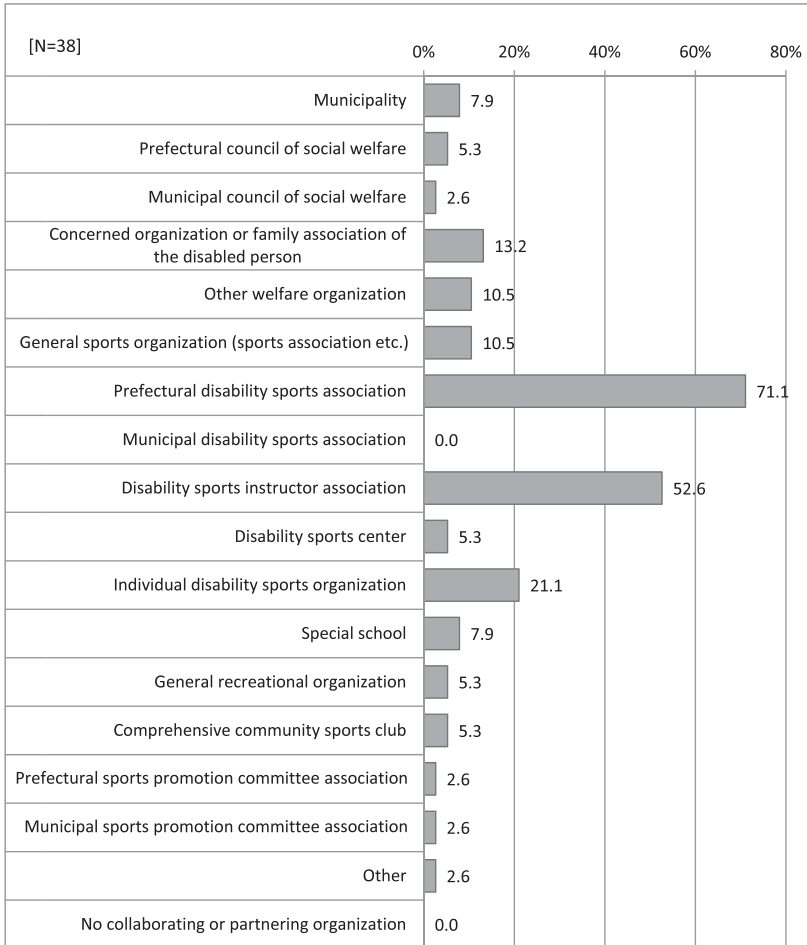


Figure 6-7 Implemented activities at disability sports classes (top 20)

(4) Training courses for disability sports instructors or volunteers

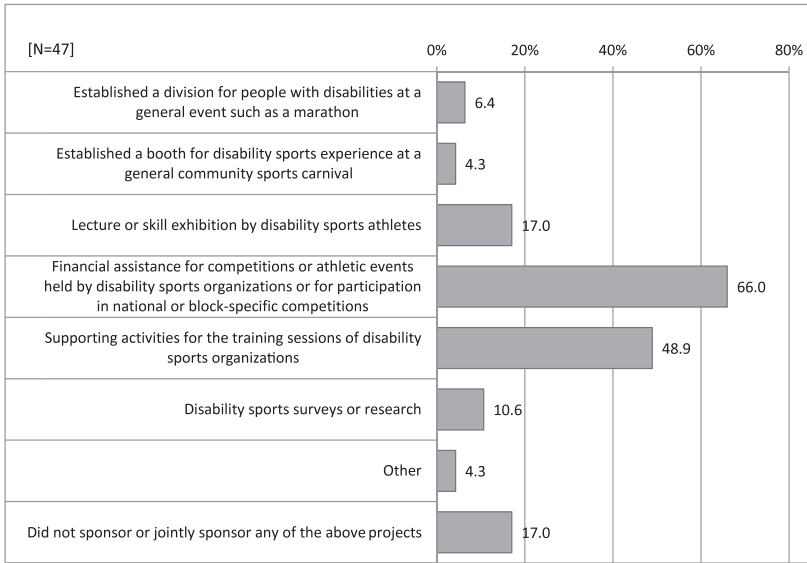
Regarding the organizations which collaborated or partnered for training courses, the most common was “Prefectural disability sports association” (71.1%) followed by “Disability sports instructor association” (52.6%) (Figure 6-8).



**Figure 6-8 Collaborating organizations for training courses**

(5) Other disability sports projects

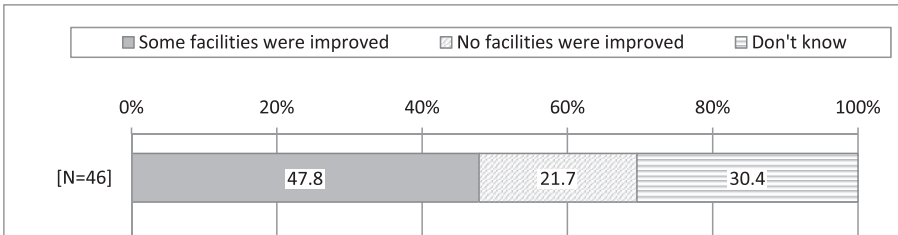
Regarding the disability sports projects other than “Disability sports competitions or events”, “Disability sports classes”, and “Training courses for disability sports instructors or volunteers”, the most common was “Financial assistance for competitions or athletic events held by disability sports 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

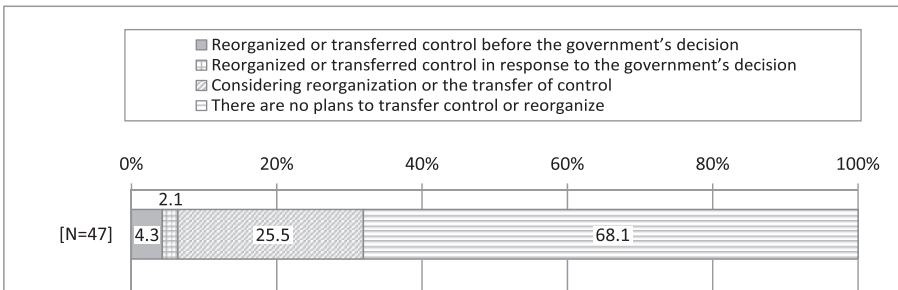
Regarding the sports facilities for which prefectures improved accessibility over the past three years, “Some facilities were improved” responses totaled 47.8% followed by “No facilities were improved” (21.7%) (Figure 6-10).



**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.



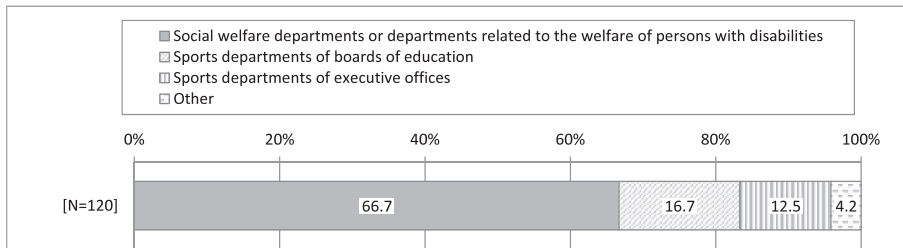
**Figure 6-11  
Reorganization or transfer of control of departments  
in charge of disability sports**

**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

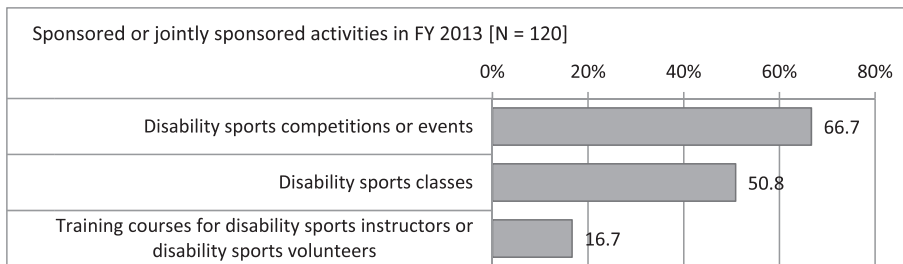
With municipalities, “Social welfare departments or departments related to the welfare of persons with disabilities” (66.7%) was the most common type of department which takes primary charge of disability sports, followed by “Sports departments of boards of education” (16.7%) (Figure 6-12).



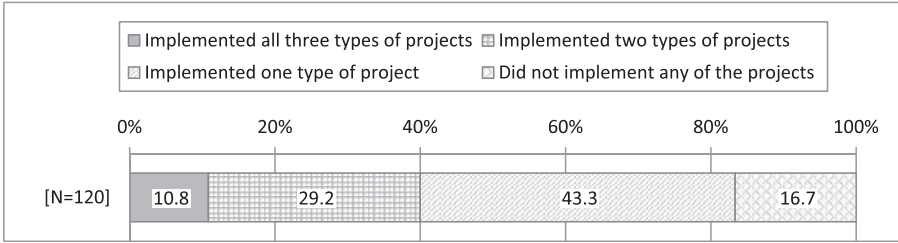
**Figure 6-12 Primary department in charge of disability sports**

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**

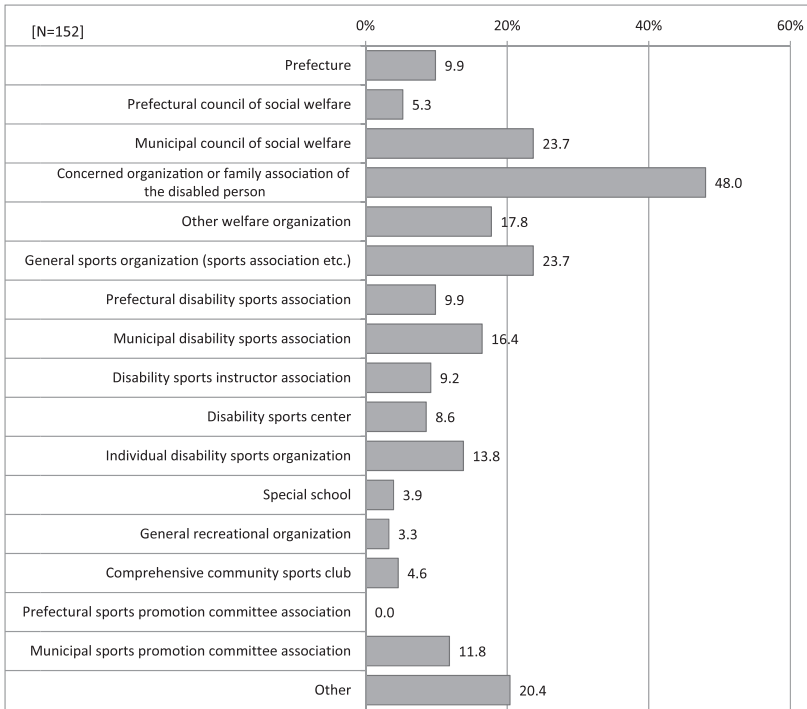


**Figure 6-14 Implementation of three projects in FY 2013**

(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).



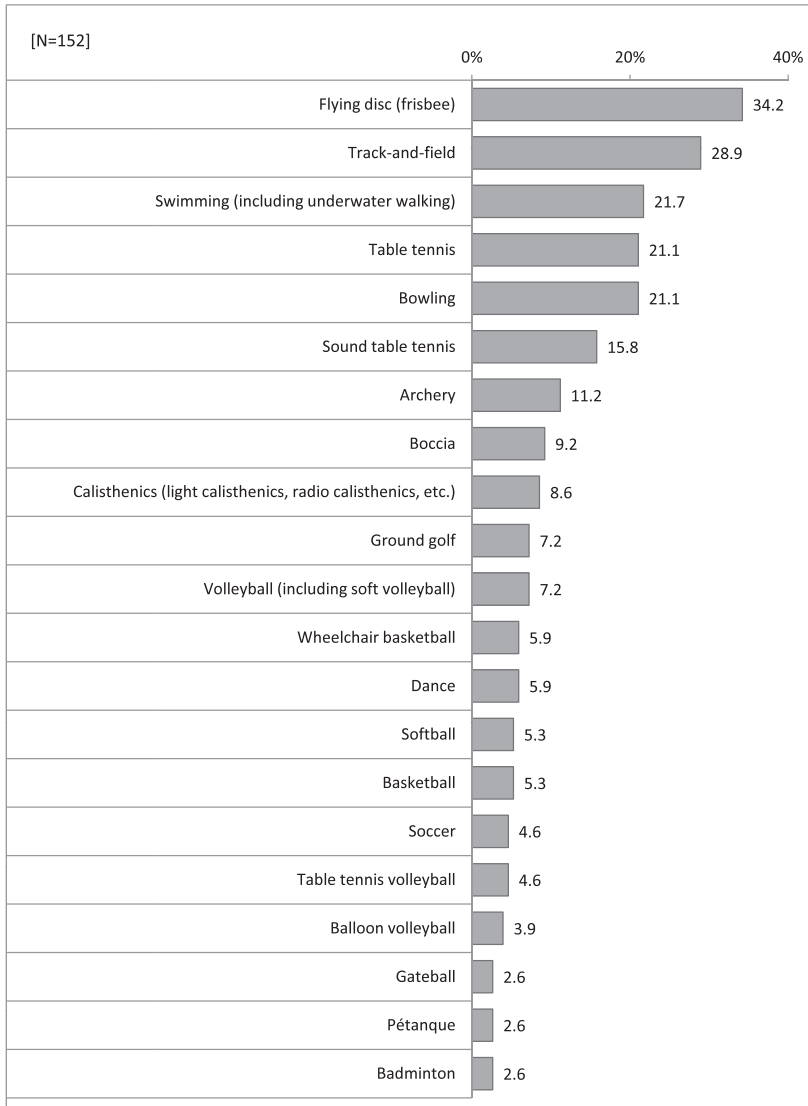
**Figure 6-15**

**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).

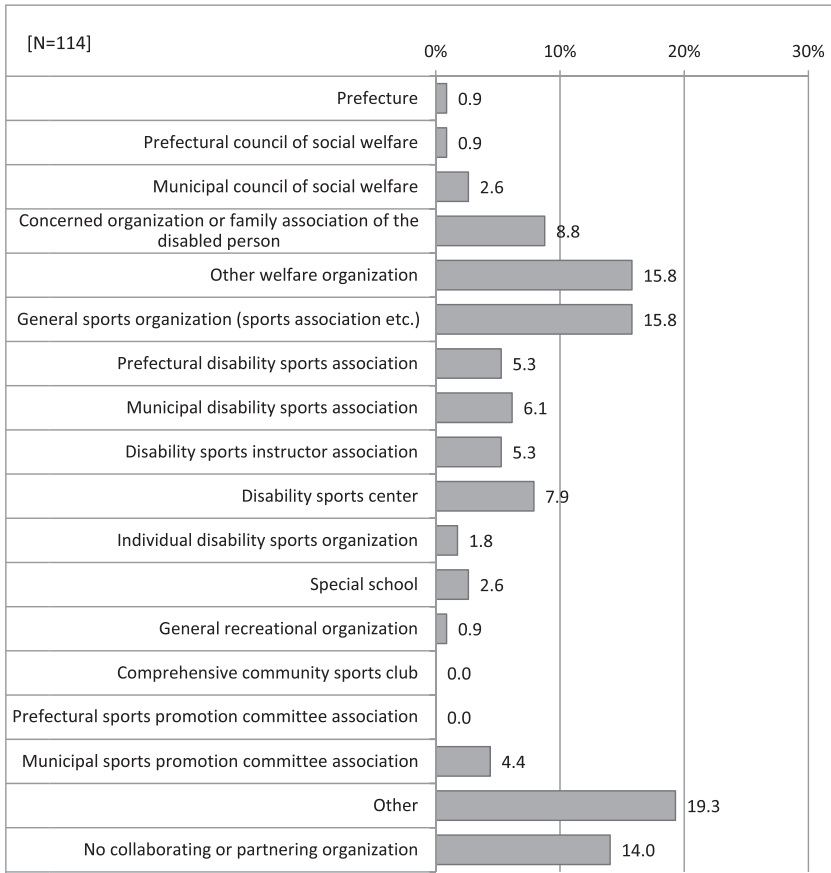


**Figure 6-16**  
Implemented activities at disability sports competitions or events (top 20)

(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).

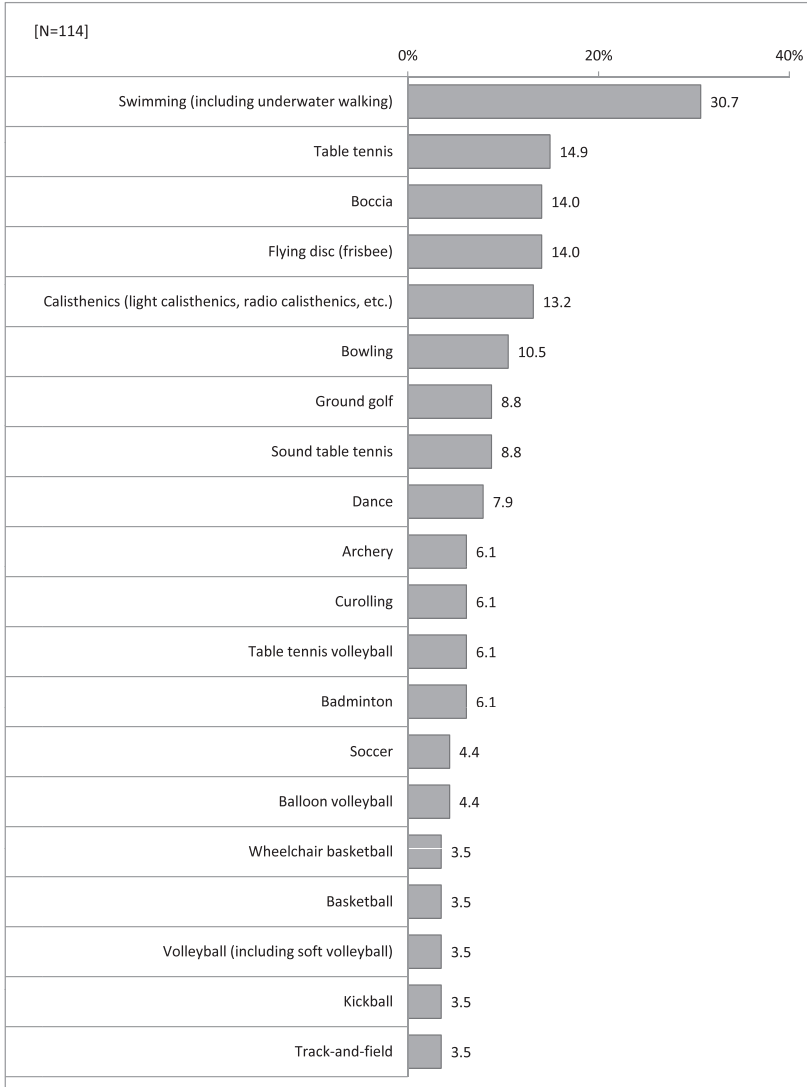
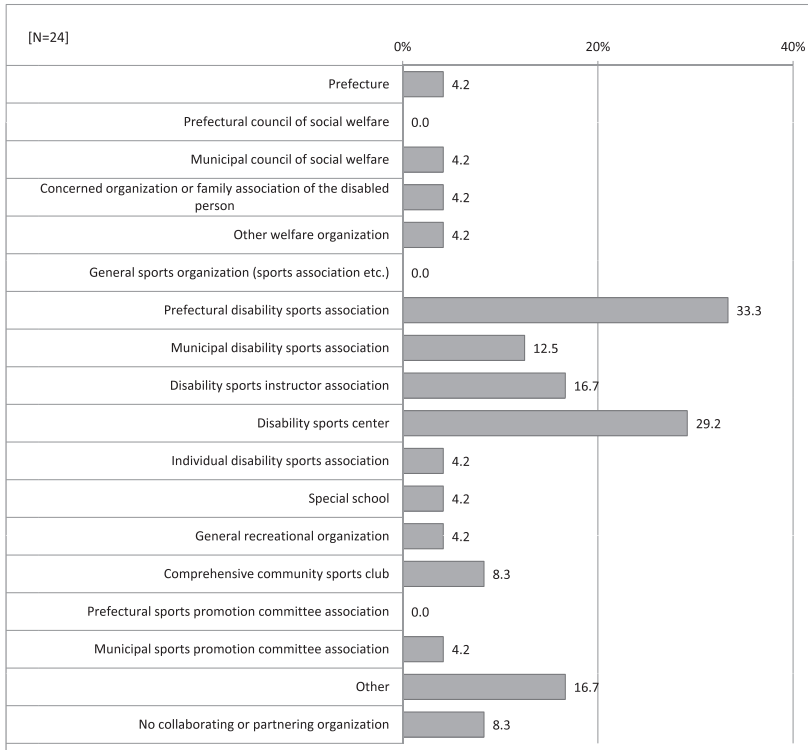


Figure 6-18 Implemented activities at disability sports classes (top 20)

(4) Training courses for disability sports instructors or volunteers

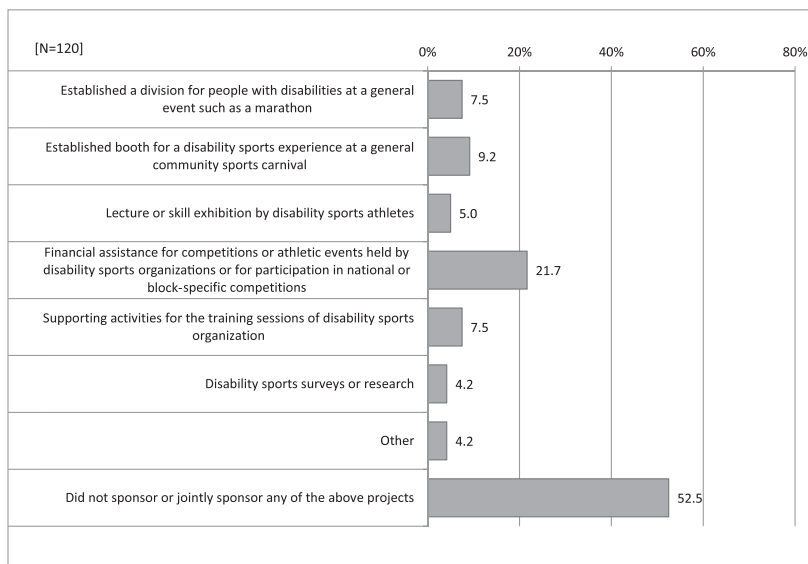
Regarding the organizations which collaborated or partnered for training courses, the most common was “Prefectural disability sports association” (33.3%) followed by “Disability sports center” (29.2%) (Figure 6-19).



**Figure 6-19 Collaborating organizations for training courses**

## (5) Other disability sports projects

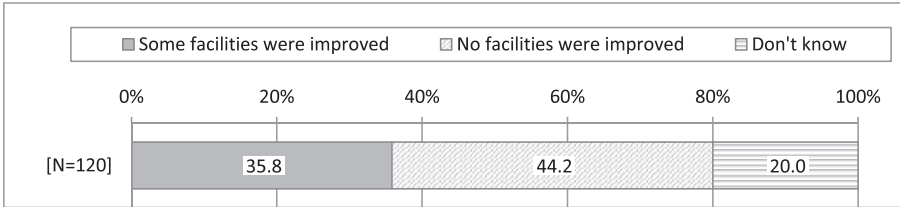
Regarding the disability sports projects other than “Disability sports competitions or events”, “Disability sports classes”, and “Training courses for disability sports instructors or disability sports volunteers”, about half of the municipalities did not sponsor or jointly sponsor any disability sports 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

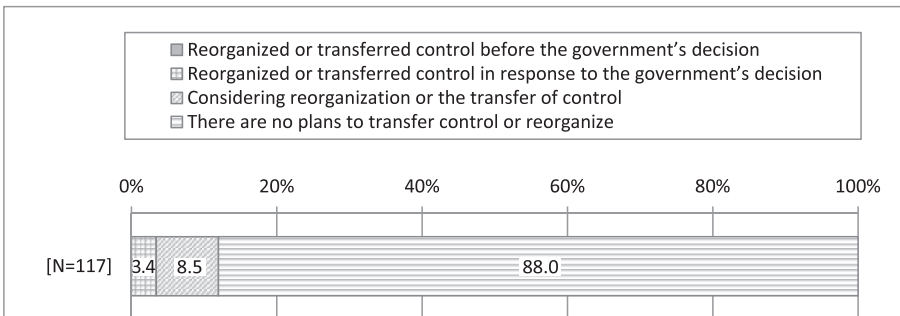
Regarding the sports facilities for which municipalities improved accessibility over the past three years, “Some facilities were improved” responses totaled 35.8% while “No facilities were improved” came in at 44.2% (Figure 6-21).



**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**

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## **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
<b>Sports</b>	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

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## **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.

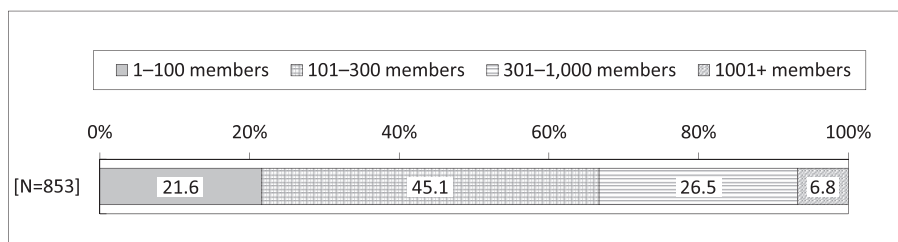
## II. Survey Results

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%.

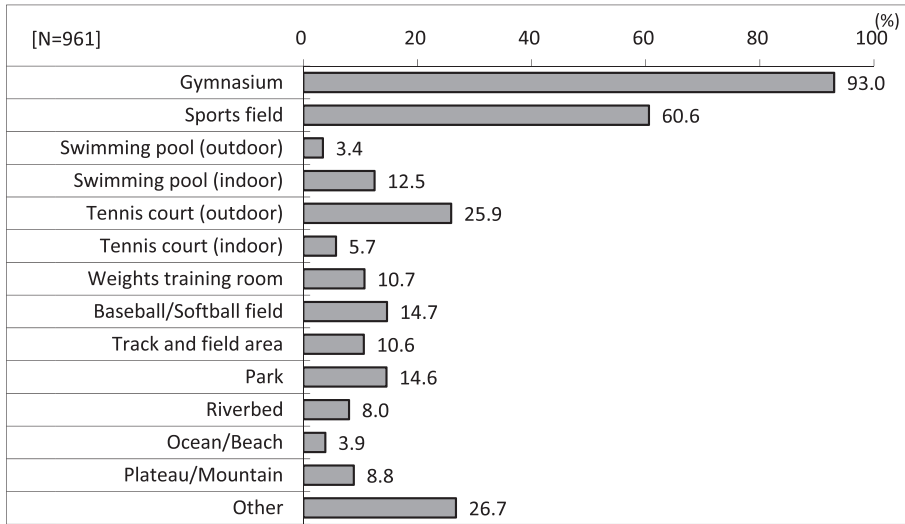


**Figure 8-1 Number of members in responding clubs**

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).

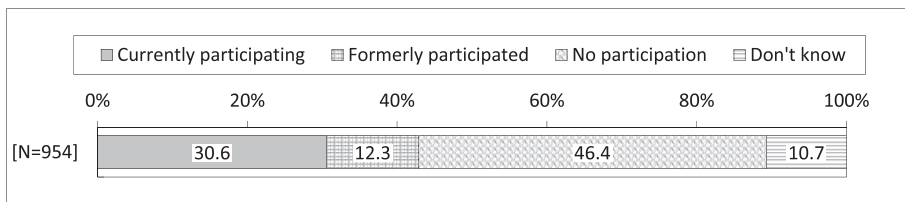


**Figure 8-2 Activity locations (multiple responses)**

**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.

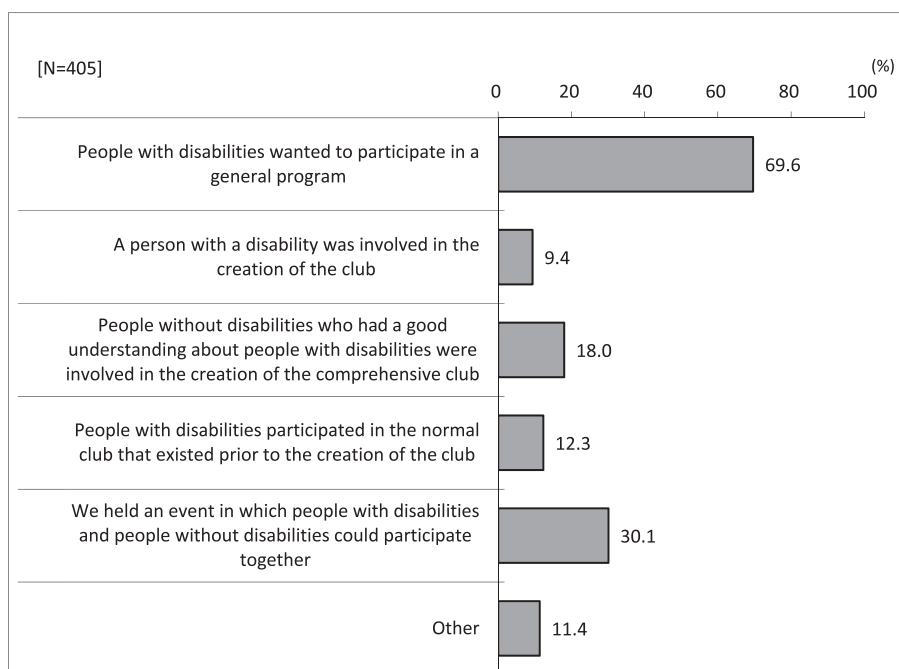


**Figure 8-3 Former or current participation of people with disabilities**

### 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).

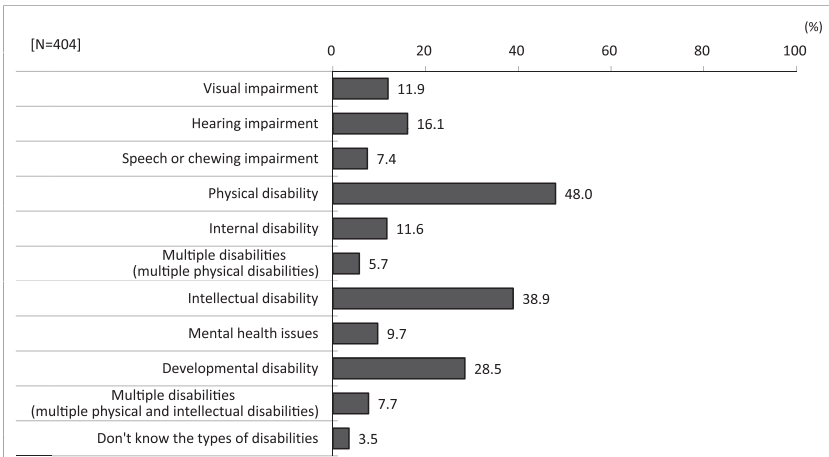


**Figure 8-4 Circumstances behind participation (multiple responses)**

(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)**

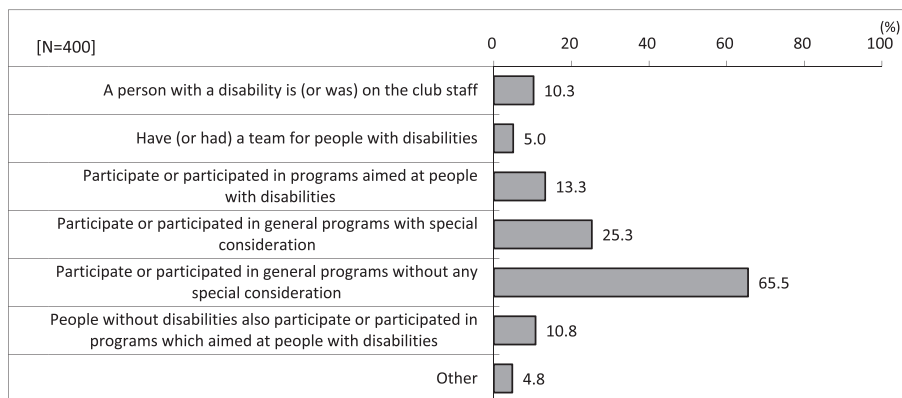
**Table 8-1 Clubs by total number of disability types**

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)**

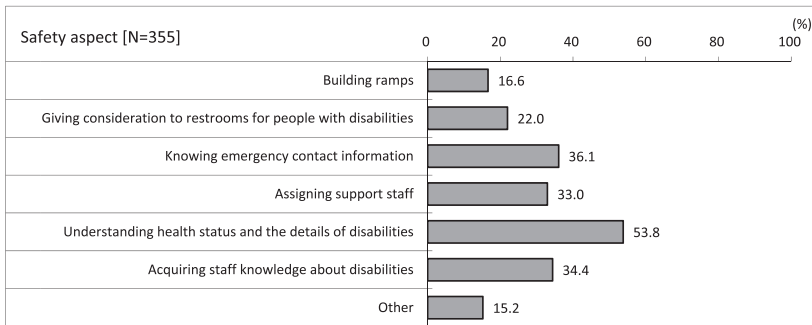
Rank	Item	Number of responses (N = 405)	%
1	Table tennis	61	15.1
2	Ground golf	53	13.1
3	Stretching/Calisthenics	46	11.4
4	Walking/Hiking	42	10.4
5	Junior sports school	34	8.4
6	Soccer/Futsal	33	8.1
7	Badminton	30	7.4
8	Swimming pool classes/Swimming	26	6.4
9	Sport blowgun	23	5.7
10	Marathon/Track and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

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

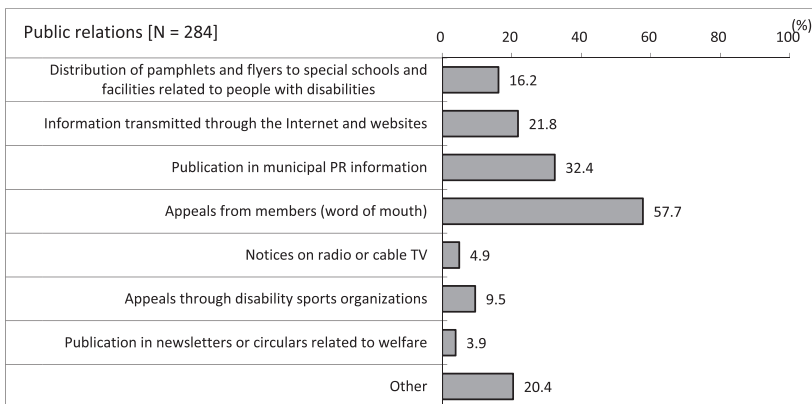
(5) Plans and efforts to support participation of people with disabilities

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)**

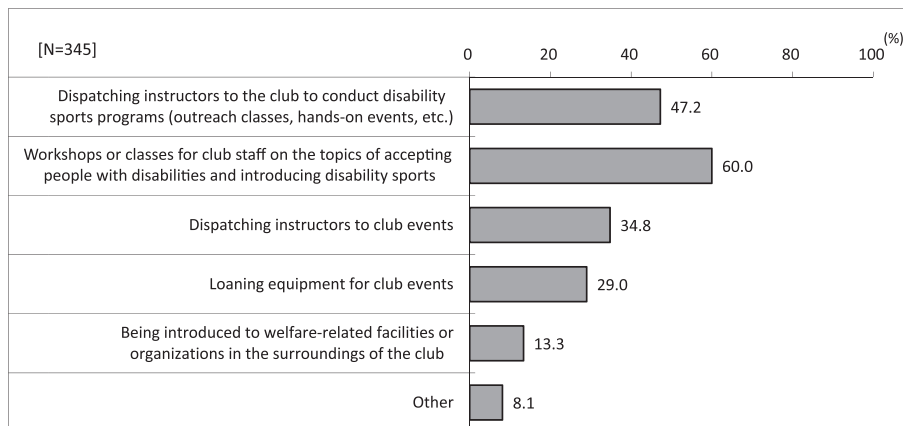


**Figure 8-8 Efforts to support participation: the provision of information (multiple responses)**



## (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**

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## **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 Impairment	Equilibrium Disability		Upper Limbs	Lower Limbs	Torso	Upper Limb Function	Mobility	Heart Dysfunction	Kidney Dysfunction	Respiratory Organ Dysfunction	Urinary Bladder or Rectal Dysfunction	Small Intestine Dysfunction	Immune Disorder Caused by HIV
Class 1	The sum of the eyesight (as measured using a visual acuity chart) for individuals with ametropia, uncorrected or corrected eyesight; same below for both eyes is 0.01 or below				1 Total loss of function in both upper limbs 2 Missing the distal part of the wrist joint in both upper limbs	1 Total loss of function in both lower limbs 2 Missing at least half of the high and below in both lower limbs	Cannot sit due to torso dysfunction	Inability to perform almost any task using the upper limb 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 limited due to respiratory organ dysfunction	One's own everyday activities are 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 to 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 both eyes is within 10 degrees and the loss of visual field of vision in both eyes is 95% or greater	Decibel hearing level in both ears is 90 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 all of the fingers on both lower limbs 3 Missing at least half of the lower leg and below in both lower limbs 4 Total loss of function in one lower limb	1 Difficulty maintaining balance or standing position due to torso dysfunction 2 Standing up due to torso dysfunction	Extremely limited 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 limited due to liver 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 of visual field of vision in both eyes is 90% or greater	Decibel hearing level in both ears is greater (cannot hear voices unless within proximity of the sound)	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 both thumb and index finger on both upper limbs 3 Considerable loss of function in one upper limb 4 Missing all of the fingers on both upper limbs 5 Total loss of function in all of the fingers on one upper limb	1 Missing the thumb and index finger on both upper limbs 2 Missing at least half of the high and below in one lower limb 3 Total loss of function in one lower limb	Difficulty walking due to torso dysfunction	Considerably limited performing tasks using the upper limbs in daily life due to involuntary movement or ataxia	Walking is limited to 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 respiratory organ dysfunction	Everyday activities within the home are considerably limited due to urinary bladder 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 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 Impairment	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	
Class 6	Eyesight in one eye is 0.02 or below and 0.6 or greater with the other eye, or eyesight for both eyes exceeding 0.2	1 Decibel hearing level in both ears is 70 dB or greater (cannot hear standard spoken conversation at distances of 40 cm or greater)			1 Considerable dysfunction in the thumb on one hand (including the index finger) on one upper limb	1 Missing the portion beyond at least the Lisfranc joint in one lower limb	Inferior upper limb mobility due to involuntary movement or ataxia									
Class 7		2 Hearing level greater in one ear and 50 dB greater in the other ear			2 Missing two fingers (including the index finger) on one upper limb	2 Considerable dysfunction in the ankle joint of one lower limb										
					3 Slight dysfunction in two fingers (including the index finger) on one upper limb	3 Slight dysfunction in the hand or wrist joint of one upper limb										
					4 One upper limb dysfunction in two fingers (including the index finger) on one upper limb	4 Missing all of the toes on one lower limb	Involuntary movement present in the upper limbs									
					5 Total loss of the index finger on one upper limb	5 Total loss of the toes on one lower limb	Involuntary movement present in the upper limbs									
					6 One lower limb is at least 3 cm shorter than the healthy limb or is one-twentieth or more shorter than the healthy limb	6 One lower limb is at least 3 cm shorter than the healthy limb or is one-twentieth or more shorter than the healthy limb										

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 amput 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.

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