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Current State of Inclusive Early Childhood Education in Japan: Examining Early Childhood Educators' Support, Burden, and Self-Efficacy

Naho Koyanagi

Doctoral Course, the United Graduate School of Education, Tokyo Gakugei University

Soichi Hashimoto

Support Center for Special Needs Education and Clinical Practice on Education, Tokyo Gakugei University

Abstract

Approximately ten years have passed since Japan ratified the Convention on the Rights of Persons with Disabilities. However, Japan has not established a clear definition or methodology for Inclusive Early Childhood Education, despite local nursery schools and kindergartens generally operating under inclusive principles. Consequently, early childhood educators implement diverse, inclusive practices but often encounter problems and dilemmas. This study investigates the types of support early childhood educators provide in inclusive early childhood education and explores their perceptions of these practices. A survey assessed the implementation of support, educators' associated burdens, and self-efficacy. The findings identified five general trends across 19 support items, including practices educators find easy to implement, those implemented despite high burden levels, and others. Specifically, educators were familiar with classroom environment design and instructional material adaptation. However, they perceived support requiring specialized expertise and individualized engagement as burdensome. Furthermore, many educators were unfamiliar with using ICT tools and Augmentative and Alternative Communication (AAC), underscoring the need for additional initiatives to promote these assistive technologies in early childhood education.

Keywords: Inclusive education, early childhood education, early childhood educators

1. Problem and purpose

Recently, interest in inclusive education has been increasing in Japan. Moreover, Japan signed the Convention on the Rights of Persons with Disabilities in 2007, which was enacted in 2014 (Ministry of Foreign Affairs, 2024). In response, the Ministry of Education, Culture, Sports, Science and Technology (MEXT) defined the “inclusive education system” (the tentative translation at the time of signing was “embracing education system”). MEXT describes this system as one in which individuals with and without disabilities learn together, intending to enhance respect for human diversity and enable persons with disabilities to develop their mental and physical abilities to the fullest extent possible. This approach will allow them to participate effectively in a free society. The inclusive education system ensures persons with disabilities stay in mainstream education. It provides access to local primary and secondary schools and offers tailored ‘reasonable accommodations’ as needed. Furthermore, the system emphasizes the importance of diverse and flexible mechanisms that provide appropriate guidance to preschoolers, children, and students with specific educational needs. These mechanisms should promote independence and social participation

while ensuring a continuum of “diverse learning environments,” including regular elementary and junior high school classes, special needs classes, resource room instruction, and special needs schools (MEXT, 2012).

How does this system apply to early childhood education in Japan? Since the postwar period, Japan has transitioned from segregated to integrated childcare, primarily due to advocacy from parents of children with disabilities. Although special needs schools for preschool-aged children and child development support centers still exist, many children living in local communities attend nursery schools or kindergartens within their areas (National Institute of Special Needs Education, 2024). Structurally, this indicates that inclusion is being practiced. Despite this structural shift, clear definitions and methodologies for inclusive early childhood education (hereafter, “inclusive childcare”) have not been thoroughly examined. Consequently, nursery schools and kindergartens have adopted a variety of approaches. While this diversity enriches childcare practices, some nursery and kindergarten teachers (hereafter, “early childhood educators”) face concerns and dilemmas. According to the Tokyo Metropolitan Bureau of Social Welfare and Public Health (2023), early childhood educators expressed a strong desire to acquire knowledge and skills related to interacting with children requiring special support, developmental psychology, and childcare practices. This desire suggests they may experience uncertainty and hesitation in implementing inclusive childcare practices.

Approximately ten years have passed since the Convention on the Rights of Persons with Disabilities came into effect in Japan, making it an appropriate time to evaluate the support system. Therefore, this study aims to clarify the types of support provided by Japanese early childhood educators in inclusive childcare settings and to explore their subjective experiences with these practices. Specifically, this research investigates the implementation status of various support strategies and examines their perceived burden and associated sense of efficacy. In this study, ‘early childhood educators’ refers to staff at nursery schools, kindergartens, and certified childcare centers responsible for five-year-old classes.

2. Method

2.1 Participants

One thousand nursery schools, kindergartens, and certified childcare centers were randomly selected across Japan. The study targeted early childhood educators responsible for five-year-old classes in these institutions.

2.2 Survey Period

The survey was conducted from July to September 2024.

2.3 Survey Procedure

A request letter detailing the survey content and providing a URL link to a web-based questionnaire was sent to the 1,000 randomly selected institutions. Participation was voluntary, and responses were collected through the web-based questionnaire after obtaining informed consent.

2.4 Ethical Considerations

The purpose, methods, and measures for protecting personal information were explained to participants, including their right to withdraw from the study at any time without experiencing any disadvantage. Consent was obtained from all participants prior to participation. Additionally, this

study received prior approval from the Research Ethics Committee of Tokyo Gakugei University (Approval No. 696).

2.5 Survey Content

2.5.1 Demographic Information

Participants provided information about their current workplace, years of experience, and the number of children in their class. They were also asked to recall one child in their class with a diagnosed or suspected disability and to report the diagnosis or suspected condition.

2.5.2 Implementation of Support in Inclusive Childcare

The status of implementing support strategies in inclusive childcare was assessed using 19 items. Participants rated the extent to which each support strategy was implemented on a five-point scale (“Not implemented,” “Slightly implemented,” “Moderately implemented,” “Fully implemented,” “Uncertain”). They also rated each support strategy’s perceived burden and sense of efficacy on a six-point scale. These 19 items were developed based on observations of kindergartens in Tokyo and interviews with early childhood educators. The final items were refined through discussions with supervisors knowledgeable in special needs education and clinical psychology.

2.6 Analysis Method

Responses for each survey item were aggregated. Additionally, categorical principal component analysis (quantification method Type III) was performed using HAD (Shimizu, 2016).

3. Results

3.1 Participants’ Demographics

Responses were received from 118 of the one thousand nursery schools, kindergartens, and certified childcare centers contacted via mailed request letters (response rate of 11.8%). After excluding incomplete responses, data from 74 participants were included in the analysis. The respondents worked at 20 nursery schools, 36 kindergartens, and 17 certified childcare centers. Their experience ranged from less than one year to 38 years, with an average of 12.5 years. The number of children under their care varied between 2 and 35, with an average of 18.5 children per class.

The participants reported 11 cases of intellectual disabilities, 32 cases of autism spectrum disorder (ASD), 19 cases of attention-deficit/hyperactivity disorder (ADHD), 1 case of developmental delay, 1 case of speech delay, 2 cases of hearing impairment, and 3 cases categorized as other among the diagnosed disabilities among children in their classes. They also reported 14 cases of intellectual disabilities, 32 cases of ASD, 38 cases of ADHD, 2 cases of motor disabilities, and 2 cases categorized as other among suspected disabilities.

3.2 Implementation of Support in Inclusive Childcare

Participants were asked to recall one child in their class with a diagnosed or suspected disability (hereafter referred to as the “target child”) and to evaluate the support and interactions provided for that child. They rated the extent to which each support strategy was implemented on a five-point scale ranging from “Not implemented” to “Fully implemented,” with an additional option of “Uncertain.” Participants also rated the perceived burden they experienced and their sense of efficacy in implementing these support strategies on a six-point scale ranging from 0 to 5. Tables 1 and 2 show how respondents rated each support strategy’s implementation, burden, and efficacy.

Table 1 Implementation Status of Support Strategies [Number of Respondents (%)]

Support Strategy	Implementation Status of Support				
	Fully Implemented	Slightly Implemented	Moderately Implemented	Not Implemented	Uncertain
1. A full-time counselor is assigned to provide guidance.	8 (10.8)	21 (28.4)	3 (4.1)	39 (52.7)	3 (4.1)
2. The child's favorite characters or motifs are incorporated into activities.	19 (25.7)	35 (47.3)	11 (14.9)	6 (8.1)	3 (4.1)
3. Materials are prepared in advance to enable child-initiated activities.	12 (16.2)	44 (59.5)	18 (24.3)	0	0
4. Daily schedules and procedures are visualized using picture cards or similar tools.	41 (55.4)	20 (27.0)	3 (4.1)	5 (6.8)	5 (6.8)
5. Visual teaching materials are prepared to enhance child understanding.	25 (33.8)	34 (45.9)	10 (13.5)	2 (2.7)	3 (4.1)
6. Information and communication technology (ICT) devices are installed and used.	8 (10.8)	19 (25.7)	15 (20.3)	28 (37.8)	4 (5.4)
7. Augmentative and Alternative Communication (AAC) devices are installed and used.	1 (1.4)	2 (2.7)	8 (10.8)	56 (75.7)	7 (9.5)
8. A cool-down space with mats or partitions is available inside the classroom.	14 (18.9)	25 (33.8)	12 (16.2)	22 (29.7)	1 (1.4)
9. A cool-down space is available outside the classroom.	27 (36.5)	21 (28.4)	13 (17.6)	12 (16.2)	1 (1.4)
10. The classroom can be partitioned to create a quiet environment for focused activities.	7 (9.5)	29 (39.2)	20 (27.0)	17 (23.0)	1 (1.4)
11. The classroom layout is designed to facilitate movement and organization.	30 (40.5)	32 (43.2)	12 (16.2)	0	0
12. Various toys and materials are provided to expand play and interests for children with limited play preferences.	17 (23.0)	44 (59.5)	12 (16.2)	0	1 (1.4)
13. Each child's locker is marked with a symbol or photo for identification.	35 (7.3)	19 (25.7)	9 (12.2)	10 (13.5)	1 (1.4)
14. Daily activities are explained in advance or the day before to enhance predictability.	49 (66.2)	21 (28.4)	3 (4.1)	1 (1.4)	0
15. Time allocation is adjusted to allow the child to complete activities fully.	27 (36.5)	36 (48.6)	11 (14.9)	0	0
16. The number of activities is adjusted to ensure the child can complete them fully.	24 (32.4)	39 (52.7)	11 (14.9)	0	0
17. Individual time is allocated to support the child's developmental tasks (e.g., communication, fine motor skills, physical movement).	14 (18.9)	35 (47.3)	21 (28.4)	4 (5.4)	0
18. Play materials allow children to express themselves freely during free play.	22 (29.7)	40 (54.1)	12 (16.2)	0	0
19. The play environment is structured to support free expression during free play.	22 (29.7)	38 (51.4)	14 (18.9)	0	0

Table 2 Perceived Burden and Self-Efficacy in Support Strategies [Number of Respondents (%)]

Item		0 None	1	2	3	4	5 Extremely
1. A full-time counselor is assigned to provide guidance.	Burden	10 (13.5)	12 (16.2)	5 (6.8)	24 (32.4)	15 (20.3)	8 (10.8)
	Self-efficacy	5 (6.8)	7 (9.5)	20 (27.0)	31 (41.9)	11 (14.9)	0
2. The child's favorite characters or motifs are incorporated into activities.	Burden	15 (20.3)	24 (32.4)	14 (18.9)	16 (21.6)	4 (5.4)	1 (1.4)
	Self-efficacy	2 (2.7)	6 (8.1)	21 (28.4)	36 (48.6)	8 (10.8)	1 (1.4)
3. Materials are prepared in advance to enable child-initiated activities.	Burden	6 (8.1)	14 (18.9)	11 (14.9)	31 (41.9)	11 (14.9)	1 (1.4)
	Self-efficacy	0	11 (14.9)	17 (23.0)	37 (50.0)	8 (10.8)	1 (1.4)
4. Daily schedules and procedures are visualized using picture cards or similar tools.	Burden	22 (29.7)	12 (16.2)	11 (14.9)	18 (24.3)	9 (12.2)	2 (2.7)
	Self-efficacy	1 (1.4)	7 (9.5)	10 (13.5)	35 (47.3)	17 (23.0)	3 (4.1)
5. Visual teaching materials are prepared to enhance child understanding.	Burden	8 (10.8)	11 (14.9)	15 (20.3)	25 (33.8)	13 (17.6)	2 (2.7)
	Self-efficacy	2 (2.7)	6 (8.1)	18 (24.3)	37 (50.0)	9 (12.2)	2 (2.7)
6. Information and communication technology (ICT) devices are installed and used.	Burden	19 (25.7)	11 (14.9)	11 (14.9)	16 (21.6)	12 (16.2)	5 (6.8)
	Self-efficacy	14 (18.9)	14 (18.9)	20 (27.0)	22 (29.7)	4 (5.4)	0
7. Augmentative and Alternative Communication (AAC) devices are installed and used.	Burden	33 (44.6)	3 (4.1)	8 (10.8)	15 (20.3)	6 (8.1)	9 (12.2)
	Self-efficacy	38 (51.4)	14 (18.9)	9 (12.2)	12 (16.2)	1 (1.4)	0
8. A cool-down space with mats or partitions is available inside the classroom.	Burden	22 (29.7)	17 (23.0)	9 (12.2)	14 (18.9)	11 (14.9)	1 (1.4)
	Self-efficacy	4 (5.4)	11 (14.9)	12 (16.2)	37 (50.0)	8 (10.8)	2 (2.7)
9. A cool-down space is available outside the classroom.	Burden	18 (24.3)	18 (24.3)	15 (20.3)	14 (18.9)	8 (10.8)	1 (1.4)
	Self-efficacy	5 (6.8)	8 (10.8)	14 (18.9)	35 (47.3)	11 (14.9)	1 (1.4)
10. The classroom can be partitioned to create a quiet environment for focused activities.	Burden	15 (20.3)	11 (14.9)	14 (18.9)	22 (29.7)	11 (14.9)	1 (1.4)
	Self-efficacy	3 (4.1)	8 (10.8)	18 (24.3)	33 (44.6)	11 (14.9)	1 (1.4)
11. The classroom layout facilitates movement and organization.	Burden	17 (23.0)	17 (23.0)	14 (18.9)	22 (29.7)	4 (5.4)	0
	Self-efficacy	1 (1.4)	5 (6.8)	16 (21.6)	38 (51.4)	13 (17.6)	1 (1.4)
12. Various toys and materials are provided to expand play and interests for children with limited play preferences.	Burden	11 (14.9)	12 (16.2)	12 (16.2)	29 (39.2)	10 (13.5)	0
	Self-efficacy	1 (1.4)	5 (6.8)	17 (23.0)	39 (52.7)	10 (13.5)	1 (1.4)
13. Each child's locker is marked with a symbol or photo for identification.	Burden	23 (31.1)	17 (23.0)	13 (17.6)	16 (21.6)	5 (6.8)	0
	Self-efficacy	1 (1.4)	4 (5.4)	15 (20.3)	34 (45.9)	15 (20.3)	4 (5.4)
14. Daily activities are explained in advance or the day before to enhance predictability.	Burden	24 (32.4)	18 (24.3)	12 (16.2)	15 (20.3)	3 (4.1)	2 (2.7)
	Self-efficacy	0	2 (2.7)	11 (14.9)	29 (39.2)	25 (33.8)	6 (8.1)
15. Time allocation is adjusted to allow the child to complete activities fully.	Burden	12 (16.2)	22 (29.7)	10 (13.5)	20 (27.0)	7 (9.5)	3 (4.1)
	Self-efficacy	1 (1.4)	7 (9.5)	15 (20.3)	33 (44.6)	17 (23.0)	1 (1.4)
16. The number of activities is adjusted to ensure the child can complete them fully.	Burden	11 (14.9)	19 (25.7)	15 (20.3)	22 (29.7)	5 (6.8)	2 (2.7)
	Self-efficacy	0	9 (12.2)	15 (20.3)	36 (48.6)	12 (16.2)	2 (2.7)
17. Individual time is allocated to support the child's developmental tasks (e.g., communication, fine motor skills, physical movement) .	Burden	6 (8.1)	13 (17.6)	15 (20.3)	23 (31.1)	15 (20.3)	2 (2.7)
	Self-efficacy	1 (1.4)	14 (18.9)	15 (20.3)	32 (43.2)	9 (12.2)	2 (2.7)
18. Play materials allow children to express themselves freely during free play.	Burden	12 (16.2)	13 (17.6)	14 (18.9)	22 (29.7)	12 (16.2)	1 (1.4)
	Self-efficacy	0	8 (10.8)	18 (24.3)	36 (48.6)	10 (13.5)	2 (2.7)
19. The play environment is structured to support free expression during free play.	Burden	10 (13.5)	18 (24.3)	13 (17.6)	23 (31.1)	8 (10.8)	2 (2.7)
	Self-efficacy	0	9 (12.2)	20 (27.0)	32 (43.2)	11 (14.9)	2 (2.7)

The results showed that more than 50% of respondents indicated they had “achieved” the implementation of support strategies such as “Visualizing the daily flow and procedures with picture cards” and “Communicating the content of activities before or the day before to provide an overview.” These findings suggest that these practices are widely adopted in early childhood education settings.

In addition to these two items, more than 50% of respondents answered they had ‘achieved’ or “somewhat achieved” for 13 other support strategies. These included incorporating children’s favorite characters or motifs, preparing materials to ensure activities could be carried out when children showed interest, and using visual aids to support children’s understanding. Other widely implemented strategies were providing a cool-down space within the classroom separated by partitions or mats and offering a cool-down space outside the classroom.

Additionally, many respondents reported designing the classroom layout to facilitate the flow of preparation tasks, providing various toys and materials to broaden the interests of children who find it challenging to expand their play activities, and labeling each child’s locker with a mark or photo for easy identification. Strategies such as giving children enough time to complete activities by considering time distribution and adjusting the number of activities to ensure children could fully complete them were also commonly implemented. Furthermore, participants frequently provided individual engagement time to address developmental challenges like communication, fine motor skills, and physical activities. They also designed materials and environments to enable children to express themselves freely during free play.

On the other hand, specific support strategies were less commonly implemented. More than 50% of respondents reported “not achieved” for strategies such as “Assigning a full-time counselor for advice” and “Setting up and utilizing Augmentative and Alternative Communication (AAC) devices,” with the latter being particularly low at 86.5%. Additionally, over half of the respondents selected “not achieved” or “not much achieved” for strategies such as “Installing and utilizing ICT equipment” and “Creating a quiet environment within the classroom by partitioning during concentration-required activities.”

In terms of perceived burden, respondents indicated that specific strategies were more challenging to implement. Items associated with a relatively high burden—where a significant number of respondents selected ratings of 3–5 on the six-point scale—included “Assigning a full-time counselor for advice,” “Preparing materials in advance so activities could be carried out at any time when children showed interest,” and “Using visual aids to support children’s understanding.” Additionally, respondents reported a high burden for “Providing various toys and materials to broaden the interests of children who find it difficult to expand their play activities” and “Providing individual engagement time to address developmental challenges, such as communication, fine motor skills, and physical activities.” More than 50% of respondents rated each of these five strategies as burdensome.

Regarding self-efficacy, some strategies were associated with lower confidence levels among respondents. In particular, “Installing and utilizing ICT equipment” and “Setting up and utilizing AAC devices” were associated with low self-efficacy. Specifically, 64.9% of respondents reported low self-efficacy for implementing ICT equipment, while 82.4% reported low self-efficacy for utilizing AAC devices.

3.3 Structure of Implementation, Burden, and Self-Efficacy

For the 19 survey items, responses of “achieved” and “somewhat achieved” were combined into

the category of “achieved,” whereas “not much achieved” and “not achieved” were grouped as “not achieved.” For perceived burden, responses of 0–2 were categorized as “low burden” and 3–5 as “high burden.” Similarly, for self-efficacy, responses of 0–2 were classified as “low self-efficacy,” while 3–5 were categorized as “high self-efficacy.” Based on the aggregated number of respondents for each category, categorical principal component analysis (quantification method Type III) was conducted using HAD (Shimizu, 2016).

The analysis revealed that the correlation coefficient for the first axis was 0.307, whereas the second axis had a correlation coefficient of 0.118. The contribution rates were 0.835 for the first axis and 0.123 for the second axis. Category scores calculated using the quantification Method III were used to create a two-dimensional scatter plot, illustrating the relationship between the implementation of inclusive education support and the associated burden and self-efficacy. In this scatter plot, the positive direction of the first axis corresponded to a higher burden, whereas the negative direction indicated a lower burden. Similarly, the positive direction of the second axis represented higher implementation and self-efficacy, while the negative direction reflected lower

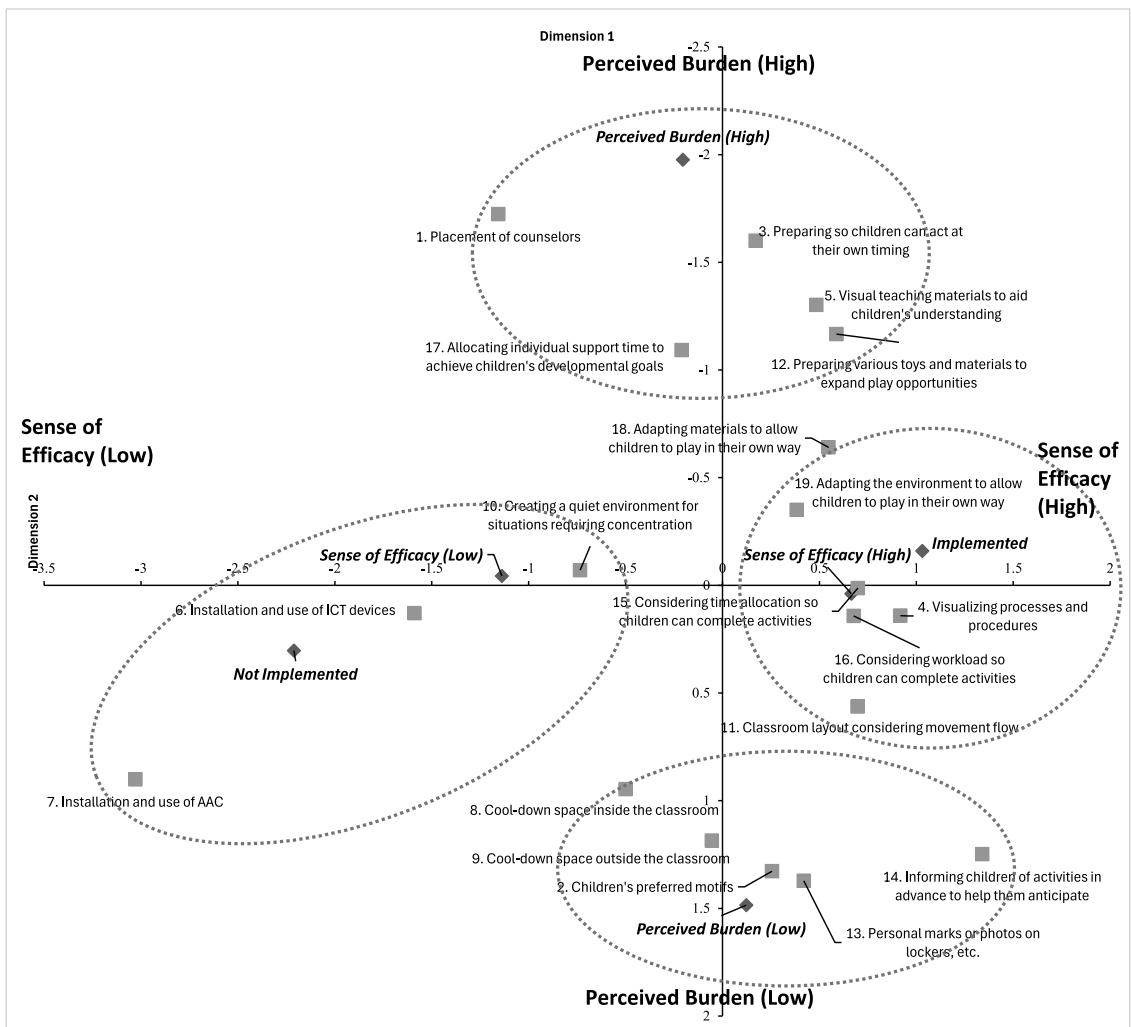


Figure 1 Scatter Plot of Support Implementation Status, Burden, and Self-efficacy

implementation and self-efficacy.

Items associated with higher burden were positioned in the positive direction of the first axis. These included “Assigning a full-time counselor for advice,” “Preparing materials in advance so activities can be carried out at any time when children show interest,” “Using visual aids to support children’s understanding,” “Providing various toys and materials to broaden the interests of children who find it difficult to expand their play activities,” and “Providing individual engagement time to address developmental challenges.”

Conversely, items associated with lower burden were positioned in the negative direction of the first axis. These included “Incorporating children’s favorite characters or motifs,” “Providing a cool-down space within the classroom separated by partitions or mats,” “Providing a cool-down space outside the classroom,” “Labeling each child’s locker with their mark or photo for easy identification,” and “Communicating activity content beforehand to give children an overview.”

For the second axis, items associated with higher implementation and self-efficacy were positioned positively. These included “Visualizing the daily flow and procedures with picture cards,” “Designing the classroom layout with consideration for the flow of preparation tasks,” “Adjusting time distribution to ensure children can fully complete activities,” “Adjusting the number of activities to ensure children can fully complete them,” “Designing materials to enable children to express themselves and play freely during free play,” and “Designing the setting to enable children to express themselves and play freely.”

On the other hand, items associated with lower implementation and self-efficacy were positioned in the negative direction of the second axis. These included “Installing and utilizing ICT equipment,” “Setting up and utilizing AAC devices,” and “Creating a quiet environment within the classroom by partitioning during concentration-required activities.”

4. Discussion

This study investigated the implementation of support strategies and involvement in inclusive early childhood education and the associated feelings of burden and efficacy among early childhood care providers. The results showed that many early childhood educators could implement a high proportion of the 19 items surveyed. However, the findings can be categorized into five groups based on implementation status, burden, and efficacy.

The first group includes items with a high implementation rate, relatively low burden, and high efficacy. Early childhood educators can quickly implement these support strategies daily. They included incorporating children’s favorite characters or motifs, visualizing the daily flow and procedures using picture cards, and providing designated cool-down spaces inside and outside the classroom, separated by partitions or mats. This group also included designing classroom layouts to facilitate movement and organization, labeling children’s lockers with individual marks or photos, and informing children about activity contents beforehand to give them an overview. Additionally, early childhood educators frequently adjusted time distribution to help children complete activities, considered the number of activities to ensure children could finish them, and designed free play environments and materials that allowed children to express themselves freely. A total of 11 items fell into this category, demonstrating high implementation rates, low burden, and high efficacy.

The second group consists of items with a high implementation rate and burden. These support strategies were effectively implemented by early childhood educators but required considerable effort. They included preparing materials in advance so that activities could be conducted whenever

children showed interest, using visual materials to aid children's understanding, providing various toys and materials to help children expand their interests and play when they found it difficult, and scheduling individual time to address developmental challenges such as communication, fine motor skills, and physical movement. Notably, these items did not show low efficacy, indicating that early childhood educators felt confident implementing them despite the perceived burden. The third group includes items with a high percentage of "not implemented" responses and a high burden. An example is "Assigning a full-time counselor for advice and support," which many early childhood educators found challenging to implement, likely due to resource limitations. The fourth group includes items with a high percentage of "not implemented" responses and low efficacy. These included "Installing and utilizing ICT devices" and "Setting up and utilizing AAC (Augmentative and Alternative Communication) devices." The low implementation rate and efficacy suggest that early childhood educators may have lacked the necessary skills, knowledge, or resources to use these tools effectively. Finally, the fifth group consists of items that were not implemented at a high rate but did not show either high burden or low efficacy. An example is "Creating a quiet environment within the classroom by partitioning during concentration-required activities." This result suggests that while early childhood educators did not frequently use this strategy, they did not perceive it as burdensome or challenging to implement.

These trends were also evident in the Quantification Theory Type III structural analysis. Overall, the findings indicate that classroom environmental settings and materials were familiar to early childhood educators, making it easier for them to implement these practices naturally in daily support activities. However, more specialized support strategies and highly individualized interactions were associated with a higher burden. This finding suggests that individualized support remains a significant challenge in early childhood education settings such as kindergartens and nurseries.

It is necessary to enhance resources by increasing the number of support staff and strengthening external partnerships with specialized organizations to address this challenge. Further discussions are needed on how Japan can establish effective policies and systems tailored to its inclusive education model. Moreover, using ICT devices and AAC (Augmentative and Alternative Communication) devices appeared less familiar to early childhood educators. Implementing these support strategies may require involvement not only from individual early childhood educators but also from the entire institution. Municipal-level subsidies and training programs may be necessary to facilitate effective adoption. Therefore, addressing this challenge requires a comprehensive approach beyond the framework of nurseries and kindergartens.

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