

INSIDE

(social INcluSion of people with Intellectual DisabilitiEs through sport)

(Ref. No.:622450-EPP-1-2020-1-EL-SPO-SCP)



social INcluSion of people with
Intellectual DisabilitiEs through sport

Intellectual Output 1

Empowering Sport Methodology Handbook



Part 1: Introduction

The role of sport in society has been stressed at different levels. Except from the competitive nature of sports, sports can highly contribute to a social and personal perspective. From a social perspective, sport can be seen as an open and inclusive activity where people can develop personal and social competences. Sport provides an arena for the development of social skills such as cooperation, socialization and intergroup relationships. From a personal perspective, sport can serve as a safe space for one's development of personal attributes such as punctuality, time and anxiety management as well as self-confidence.

When referring to vulnerable or at-risk of social exclusion populations, sports have been widely proven as a significant contributor to one's personal development. Nonetheless, and despite all the proven benefits of sport participation, people with disabilities are less likely to participate in organised sport activities than non-disabled people (EU Commission, 2018) which is controversial with the UN Convention on the Rights of Persons with Disabilities.

People with Intellectual Disabilities (PwID), in most cases, are not able to have access to sport participation, therefore lacking the benefits that sport activity can offer. Given that PwID faces large-scale stigma and social exclusion, they are not offered equal opportunities to interact within the society and take initiatives about what, when and how they act. Sport environment can be proven as a context where PwID will be able to make their own decisions, to examine their options and build competence and autonomy. When these activities are adapted in a way that enables them to do so, PwID are offered opportunities to interact with peers, to prove themselves as able to accomplish tasks and to make their own decisions enjoying the benefits and facing the consequences as they should be able to do in their everyday life.

Empowering socially and personally people can be proved as a difficult task to accomplish when the context is not appropriate. With that being said, sport contexts enable social and personal empowerment by enhancing a group's sense of belonging. Social relatedness has been highlighted as one of the fundamental psychological needs for one's psychosocial well-being and as an effective enabler to motivate a person's sport participation (Deci & Ryan, 1985; McClelland, 1985). Belonging to any given group, consequently, leads

to the development of a group (social) identity that can positively impact the personal one of each member. This means that the access to sport activities, that are structured to develop a positive

group identity, will enable people to develop personally themselves. Therefore, when addressing socially vulnerable groups, sport activities should be directed in an empowering, inclusive and positive way, focusing on the physical and psychosocial benefits of the sport participation rather than the sport activity per se.

The role of sports for People with Intellectual Disabilities

- ✓ **Intellectual Disability (I.D.)** is a neurodevelopmental disorder. An established and internationally recognized definition is the following: «The I.D. is a disability characterized by significant limitations in both intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which covers a range of everyday, social and practical skills. This disability originates before the age of 18».

Intellectual disability, formerly known as mental retardation, is characterized as deficiencies in adaptive behavior skills, which are needed to live, work, and play in the community, such as communication or self-care and health-safety. Intellectual Disability can also be defined by an IQ test score of around 70.

- ✓ **Autism Spectrum Disorder (A.S.D.)** is a developmental disorder characterized by three main features, beginning before the age of 3:
 - (a) impairments in social interaction (qualitative reduction),
 - (b) impairments in communication (quality discount) and
 - (c) limited, repetitive and stereotyped patterns of behaviour, interests and activities.

Deficiencies in social relationships include difficulties in perceiving the emotional state of others, expressing emotions and forming bonds of attachment and relationships, as well as deficits in the shared focus of attention; for example, the child does not look at what the parent is showing.

Characteristics:

There are many characteristics that appear in Intellectual Disabilities, but this does not mean that all individuals have the same characteristics. For this reason, people with Intellectual Disabilities show different functional levels among themselves. Therefore, a phenomenon that makes it difficult to connect with the I.D. population is the great diversity and distinctness that prevails. The only common feature is cognitive impairment (IQ of approximately 70 or below), which also leads to a general delay in all developmental areas.

Kinetics:

- Low levels of physical fitness (primarily due to low IQ and deficit in adaptive behaviours. The more severe the I.D., the more limited the physical fitness of the individual)
- Reduced muscle strength levels
- Low aerobic capacity (low cardiorespiratory function)
- Neuromuscular problems (low quality, speed and dexterity of movement)
- Self-image and body perception problem (difficulty in concept recognition - lack of body awareness)
- Incomplete motor patterns (walking, running, catching, throwing, kicking, bouncing and climbing)
- Lack of coordination. People with I.D. often have difficulty in synchronising their movements, resulting in slow and clumsy movements (mainly involving gross motor skills)
- Balance difficulties
- Difficulty in movements with a change of level (e.g. going up and down stairs)
- Difficulty moving around in space
- Difficulty handling objects (mainly involving fine motor skills)
- Immature movement:

a) before or during the execution they show instability between the efforts, the balance, the strength and the rhythm, while they also have difficulty in the motor planning

b) during the movement they perform asymmetrical movements (lateralization and ambidexterity problem) and irrelevant movements

- Problems with rhythm maintenance, force control, mirroring and loss of balance

Social and emotional skills:

- Deficiency in social skills and social behaviour: there are cases in which the person shows low ability to interact with the environment and with those around him/her. In these cases, the child needs to be taught and trained in social skills and in learning patterns of behaviour
- Difficulty in emotional expressions. Often people with I.D. have difficulty in expressing what they feel, resulting in isolation and marginalisation (emotional and behavioural disorders are found in about 50% of people with severe I.D.)
- Frequent and unwarranted changes in mood. The manifestation of feelings of joy and well-being can within a few minutes turn into aggressive behavior, negativity, etc.
- Inferiority complex. Often, people with I.D. realizing that they are lacking in certain skills of people in the general population, are overwhelmed by feelings of anxiety and frustration. This also happens in cases of failure to perform a skill. Therefore, the management of failure by the teacher is very important to reduce these feelings.
- Maintaining a passive attitude and refusing to participate. In case of difficulty in dealing with or understanding a situation, people with I.D. are closed to themselves, often avoiding trying something, due to the fear of failure and rejection.
- Stereotypical behaviours and their repetition. These usually occur when I.D. coexists with a syndrome or is a symptom of another syndrome.

Cognitive characteristics:

- Distraction and difficulty concentrating

- Slow processing and reaction time to incoming stimuli. People with I.D. need more time to codify the stimuli and information they receive, than people without I.D.
- Problem with short-term memory and retention of specific information. This is related to the previous feature
- Difficulty using logic to solve problems.
- Reduced ability to think analytically, synthesize, repeat and generalize
- In order for people with I.D. to be taught an activity (e.g. a motor skill), due to the above limitations, it must be taught in parts, with a separate analysis for each part of the activity and many repetitions, with the ultimate goal of performing the activity in its whole
- Deficits in creative and critical thinking, as well as in imagination.

Programming:

A proper motor activity planning should consist of the following parts:

1. Evaluation. Before designing any programme, the student should be assessed and as much information as possible should be collected. Sources of information are the other teachers, the psychologist, the social worker and the family.
2. Choice of educational material. When one section is selected another is not excluded. It is necessary to prioritize the needs and then select the appropriate teaching subjects.
3. Reassessment to monitor progress and teaching activities.

Direct Educational Objectives:

- Development of fundamental motor skills (walking, running, throwing, jumping, kicking, etc.)
- Improvement of physical fitness
- Body knowledge
- Acquisition of sports skills

Indirect Educational Objectives

Through an intervention of Adapted Physical Education improvements can be observed in areas, such as the cognitive, social and emotional ones.

- Vocabulary enrichment
- Development of cognitive schemes

- Acquisition of strategies for problem solving
- Improving self-esteem and self-confidence
- Stress reduction
- Communication and cooperation

Teaching Principles

General and specific teaching principles should be observed in every pedagogical process.

The 5 most important principles:

1. Child-centred orientation. Adapting teaching to the educational needs of the student
2. Multifaceted stimulation and supervision
3. Experience-oriented learning
4. Self-action and individual activity
5. Principle of simplification and organisation of the material.

Stages of Psychomotor Education

1. Body cognition.

- Acquaintance of the body in space.
- Learning body positions and
- Movement in space.
- Children once they are familiar with their body and know it, learn the positions that their body can take.
- The basic positions of the body are standing, sitting, prone/ supine lying on all fours.

2. *Laterality and Bilateralism.*

In laterality we focus on both sides of the body, while in bilateralism we realize that

there are two sides to our body.

3. In addition to being aware of and recognizing the prevailing side, it is very important for people with I.D. (and not only) to perform the exercises on both sides, in order to strengthen the "weak" side.

4. *Balance.*

Converting any balance ability the child has on his/her own into a skill (specific guidance) and developing it.

- standing position and stay still (10'') and with eyes closed.
- static (e.g. balance on one leg) and dynamic (with movement) balance exercises (walking on a narrow treadmill).

5. *Orientation of the body in space.*

- Reference to the concepts of right-left, front-back, up-down
- The child at this stage initially learns and understands the relationship of his body to these concepts when it is moving
- Perception of change of orientation through movement, in combination with external stimuli

General Instruction for Coaches:

1. Give a short and simple explanation of the instructions
2. If the skill is of high complexity, then the skill should be practiced by separating its parts
3. Demonstrate the exercise

4. Combine the gradual steps, so that the whole skill is configured to the desired performance
5. Monitor the participants
6. Give feedback

Coaching Guide Strategies

➤ **Learning occurs at a slower pace**

1. Provide structure
2. Provide repetition and review
3. Break down skills into smaller parts

➤ **Short attention span**

1. Train for short periods of time
2. Provide repetition and review (key to gaining new skill)
3. Work one-on-one (gain full attention)

➤ **Behaviour problems**

1. Set clear rules, expectations and limits
2. Enforce rules but provide conditions for coming back

➤ **Verbal communication difficulties**

1. Allow for additional time to express thoughts
2. Use picture boards/other assistive devices
3. Ask him or her to demonstrate or show what he/she means

➤ **Poor muscle tone**

1. Provide specific exercise and strengthening programs
2. Stretch safely; do not allow athletes to stretch beyond normal joint range of motion

➤ **Lower pain threshold; sensitive to touch**

1. Establish eye contact when talking
2. Use softer or adaptable equipment
3. Forewarn if any touch is necessary

➤ **Failure to form social bonds**

1. Work in small groups
2. Have athletes work in pairs (same pairs for several weeks)
3. Provide highly structured and least distracting environment

➤ **Difficulty with balance or stability**

1. Provide additional assistance
2. If stretching, sit down, lean against wall, or hold on to partner
3. Allow for extra time to complete a task

➤ **Coordination problems**

1. Break down drills to easier movements
2. Allow additional time with one-on-one support
3. Progress according to athlete's ability

➤ **Mood swings (frequency and intensity)**

1. Provide structured and predictable activities
2. Set clear expectations, limits and conditions
3. Separate from group when necessary but not as punishment

➤ **Physical limitations or impairments**

1. Provide adaptive equipment or modifications
2. Provide exercises that strengthen and stretch muscles
3. Develop gross motor and stability skills

➤ **Blindness**

1. Use many verbal cues
2. Provide action-specific feedback

3. Hand-over-hand demonstration may be needed

➤ **Deafness.**

1. Establish eye contact when talking
2. Use signs or pictures or Sign Language
3. Demonstrate what is desired

Part 2: Sports & Games

- **Basketball**

- * Use various size foam balls and basketballs (size, weight, texture, colour)
- * Visual Impairment: Use a ball with a sound or brightly coloured ball.

❖ **Suggested Physical Activities:**

1. Roll the ball from one cone to the other for 10 meters.
2. Receiving Skills from different positions (catch low, middle, high).
3. Standing position and hitting the ball (stationary bounce).
4. Dribble jumping on 1 foot.
5. Run on the field and stop as soon as the signal is heard.
Same with dribbling.
6. Dribbling following the rhythm that the coach gives.
7. Walking and rolling the ball with the fingers or palm of one hand (right or left) for 10 meters and circle around a cone at 10 meters.
8. Back steps and rolling the ball on the floor.
9. Passing Skills with the foam ball (bounce, straight and high pass – overhand throw).

❖ **Fun Activities:**

1. Each child is in a hoop (delimitation). Coloured balls are 3 meters away. The children skip and on the coach's signal, they speed up to catch the right coloured ball.

2. Children are seated in pairs, back-to-back. First the ball is passed with a torso turn from the right to the team mate. During the reception the second child dribbles from a sitting position to the centre and passes it again with a torso turn to the team mate. The same is repeated on the other side.
3. The child does Give and Go with the coach and dribbles (walking or running) through 10 meters of cones with zig-zag. At the end he/she makes a shot at an elevated hoop (instead of a basket).
4. Children dribble following the lines of the court, and when they meet another child they must change hand, reverse, change direction.
5. Each child has a ball and waits for the coach's instructions:
 - Start your engine □ dribble standing still,
 - 1st gear □ walk and dribble,
 - 2nd gear □ jog and dribble,
 - Top Gear □ sprint and dribble,
 - Reverse □ dribble backwards,
 - Red Light □ stop and continue dribbling,
 - Green Light □ start moving and dribbling,
 - Right or Left □ change direction (and change hands),
 - Pit Stop □ sprint dribble to their starting location.

- **Tennis**

- ❖ **Suggested Physical Activities:**

1. The child walks with a racket in a straight line and balances the ball on the racket, for a distance of 10 meters.
2. The child zigzags in cones and on a speed ladder, balancing the ball on the racket.
3. The child slides the tennis ball, by controlling the racket on the court and by zigzagging the path (using the inside and outside of the racket).
4. The child performs a ball slide with control of the racket on the court and a final goal on a hoop-target.

5. The child tries to perform the maximum number of repetitions, initially with a balloon and then with a tennis ball.
6. There is a tennis ball tied to a high post. The child performs the hand movement for throwing, when serving.
7. The coach places a ball on top of a fixed cone and the child learns the movement of the throw.

Fun Activities

1. The coach rolls the ball from one end of the court and the child runs to cover the tennis ball with the cone he/she is holding.
2. The child aims with his right and left hand into (small) cones, with a foam ball.
3. Children form a line and hold their racket with one hand. The goal is to pass the ball through all the rackets without dropping it down, under the control of one hand.
4. The coach places 4 (left row) and 5 (right row) large cones in 2 rows, where he has supported upside down marker cones on top of them. The right row of 5 cones has a ball on each marker cone. The goal is for the child to pick up the ball with the right hand and transfer it to the left hand and release it into the empty cone. Then the child moves again to the next cone with a ball and the process is done accordingly. At the end there is a hoop or cone to throw, as a target-basket.
5. The coach places 2 rackets in the center of the court and evenly spaced balls on the court. 2 teams are formed and each child runs and puts 1 ball on the racket that is his/her team's racket. At the end, the whole team together takes the racket and returns it to the starting point.

- **Swimming**

- ❖ **Suggested Physical Activities:**

Water sensation / Adaptation to temperature

1. Children stand at the edge of the pool in a sitting position tapping their feet. The exercise is performed with the clapping and the rhythm of the coach. When the coach stops, the children also stop.
2. The child blows with a straw and makes "holes" in the water.
3. The child blows and makes bubbles with the straw in the water.
4. The child blows a ball with the straw and tries to carry it a certain distance without touching it.
5. The coach makes sounds with metal objects: Having two metal objects produces sounds underwater and asks children to put their heads in the water and count the number of bangs.
6. The coach points numbers under the water with his/her fingers. Children learn to open their eyes under water and say how many fingers they counted. Variation: Funny faces underwater.

Neuromuscular cooperation.

7. Children in a prone position in the shallow pool, tap their feet with their hands resting on the bottom of the pool and their head out.
8. Children from a sitting position kick feet in style:
 - a) free and b) backstroke.

Fun Activities

1. The coach holds a pool noodle and the children float underneath it.
2. The coach holds a hoop or hoops underwater and the children float through them.
3. At the coach's signal, the children play the game of "Rock, Scissors, Paper", where:
 - rock: the children curl up by grasping their bent legs.

- scissors: the body floats as the arms are bent at the head and the legs are open.

- paper: arms and legs are in dimension.

Depending on the level of the students we can play the game with a relay race. The rock breaks the scissors, the scissors cut the paper and the paper wraps the rock.

4. The children, trying to float, perform any movement the coach makes as if he/she was their mirror.

5. The children form 2 groups. Each team is at one end of the pool, where there are an equal number of coloured balls divided. The goal for both teams is (ideally by swimming) to throw the balls from their side to the other. On the signal, the teams stop and altogether count the balls.

- **Handball**

- ❖ **Suggested Physical Activities:**

1. Balloon skills:

- Individual balloon control for a specified period of time, passing without dropping the balloon on the floor:

- i. with the palm of the hand,
- ii. with the index finger of 2 hands,
- iii. with the head,
- iv. with the foot,
- v. with the palm of the hand and 2 claps,
- vi. with the palm and 1 turn,

- Cooperative balloon control for a specific period of time with the coach or teammate, without dropping the balloon on the floor.

2. The coach rolls the foam ball under an obstacle. The child receives the foam ball and deflects it with the palm, aiming to pass under the obstacle. The coach repeats the pass and the child must repel with the other hand.

2. The child holds the foam ball and jumps with 2 feet on a speed ladder.
3. The child makes a vertical throw of the ball and receives the ball above head height.
4. The child makes static dribbling, arm extension and reception.
5. The child makes foam ball thrown on cones.

Fun Activities

1. Each player dribbles passing through hoops placed by the coach. The ball must bounce only once through each hoop.
2. Children pair up. One child makes various movements (dribble, roll, fake pass) and the other tries to imitate it as best as possible.
3. Each pair has a ball. The players pass the ball to each other. The ball must touch the ground once and also bounce inside the hoop.
4. The children throw the ball through the hoop that is hung from somewhere on the court. From time to time we differentiate the distance and the height.
5. All players try throwing the ball to hit the cones on the bench.

- **Badminton**

- Change the size of the racket.
- Use of brightly coloured balloons, foam balls or balls that slow down.
- Demarcation and adaptation of space to a smaller one.

❖ Suggested Physical Activities:

Learning to pass over the head

1. The child is in a static position and holding the racket first balances and then bounces the balloon on it.
2. The child bounces a balloon by hand, in order to keep it in the air as long as possible.
3. The child holds the racket and places a balloon on it, in order to prevent the balloon from falling down. As the children move freely through the room they keep the balloon on the racket without it falling down.
4. The child holds the racket and bounces the balloon on it. The children now move freely through the space.
5. The coach throws a balloon at each child and the children are asked to return it to him (pass overhead).
6. The children are divided into pairs and exchange passes with each other. Adaptation with a shuttlecock.

Shuttlecock adjustment.

7. The child holds the shuttlecock in one hand and the racket in the other. The child lets the shuttlecock fall towards the racket in order to bounce, making a pass.
8. The coach throws a shuttlecock to each child and the child tries to return it by passing it.
9. A child takes the place and role of the coach. The others perform as before. There is a role reversal so that all children either throw the shuttlecock or hit the feather.

Familiarization with throwing the shuttlecock over the net.

1. The child holds the racket and by "throwing" the balloon tries to pass it over the net.

2. The coach is standing on the opposite side of the court, behind the net. He throws a balloon at each student in order for them to return it to him / her, passing the balloon over the net.
3. Repeat the same procedure, but now without the use of the balloon, but with a shuttlecock.
4. Children are divided into pairs and exchange passes with each other.

Backhand learning

1. The child holds the balloon in one hand and the racket in the other. The child lets the balloon fall towards the racket in order to bounce and by passing, they return the balloon to the coach.
2. The coach throws a balloon at each child and he/she is called to return it with a pass.
3. The position and role of the coach is taken by a child. The others perform as before. There is a role reversal so that all children either throw the balloon or hit it.
4. The children are divided into pairs and exchange passes with each other. Adaptation with a shuttlecock.
5. The child holds the shuttlecock in one hand and the racket in the other. The child lets the shuttlecock fall towards the racket and returns it to the coach with a pass.
6. The coach throws a feather low at each child and he/she is called to return it with a pass.

Fun Activities:

1. The children in a circle of 4-5 people perform quick passes (up or down) with a balloon, aiming not to drop it. If it falls, they start over. They count how many passes they have made on each attempt.
2. The children perform as before, but now with a shuttlecock.
3. The children form 2 teams and are placed on the court. Each team on one side of the court. The goal is to perform the passing skill without

dropping the balloon. The side of the field with the fewest balloons down will be the team with the most points.

4. Perform the same with a shuttlecock.

- **Football**

- ❖ **Suggested Physical Activities:**

- Reception / Control:

- The child lifts the foot slightly upwards and the heel is away from the ground.

- Pass/Shoot:

- The foot should swing backwards until it makes contact with the ball (full movement).
- The supporting foot should be next to the ball and remain firmly on the ground.

- Dribble:

- Good balance of the child so that he/she can dribble unexpectedly and quickly and change direction.

- Fun Activities:**

1. Collaboration and balance game for 2 or 3 children with Yoga bricks. One child can only walk/balance on Yoga bricks. The rest of his/her teammates try to pave the way, to the point set by the coach.

PART 3: HEALTH-ENHANCING PHYSICAL ACTIVITY (HEPA) GUIDELINES

The EU and WHO guidelines do not refer directly to sport activity but concern a more general framework of physical activity. Physical activity is defined as “any bodily movement associated with muscular contraction that increases energy expenditure above resting levels”. Having said that, all the forms of physical activity executed in daily life (such as climbing the stairs instead of using the elevator, walking/cycling to work etc.) are correlated with and can contribute to one's health. A sedentary lifestyle is widely seen as a risk factor for developing a number of non-communicable diseases such as cardiovascular ones.

Other than the cardiovascular diseases an active lifestyle prevents the development of arterial hypertension, helps metabolic functions and reduces the risk for type 2 diabetes, reduces the risk for breast, prostate and colon cancer. It also contributes to the psychological well-being and brain's functionality by lowering the risk of depression and dementia while increasing self-image, enthusiasm and optimism.

Many of the above mentioned diseases are really common for the Western World as the modern lifestyle has been closely connected with a sedentary lifestyle while physical activity has become far less than some decades ago. New technologies have contributed to the reduction of a number of work positions requiring physical activity while the number of people being

physically active as part of their daily routine has become even smaller. Most of the jobs require a really low quantity of physical activity and this, correlated with the use of transports like cars, is increasing the risk for developing several diseases. Among minors the percentages of overweight and obesity are much higher than even before in the human history and the consumption of fast and unhealthy food is correlated with non-communicable diseases that were not usual for children or young adults

According to the EU, a percentage between 40%-60% of the EU citizens has adopted a sedentary lifestyle that will consequently lead to a higher risk of health issues. Research indicates that anyone who increases the level of physical activity, even after long periods of inactivity, can obtain health benefits irrespective of their age, therefore it is important to actively engage all people in some form of physical activity.

Physical activity benefits health and functional capacity. The World Health Organization (WHO) recommends for adults a minimum level of two and a half hours of moderate-intensity aerobic physical activity per week, which should be performed in bouts of at least 10 minutes' duration. It also suggests that muscle-strengthening activities involving major muscle groups should be done at a frequency of two or more days a week. In response to WHO recommendations, the second wave of EHIS provides data on the performance of both aerobic and muscle-strengthening physical activities by Europeans.

The EU recognizes the social aspects that could undermine the physical activity of the EU citizens. As a social behaviour the extent of physical activity in the everyday lives of European citizens is correlated with factors such as availability of leisure time, access to activity spaces, cultural factors, as well as the socioeconomic profile of the specific societal groups. On the other hand, there is a general consensus on the positive effects physical activity has on health status and indirectly on public health costs, as well as the overall benefits for the economy of a healthy workforce. For these reasons, governments may institute policies to promote physical activity habits in education, as well as among the general population, through health campaigns, by investing in and ensuring the availability of public spaces for physical activity, and also by monitoring the factors that may prove an obstacle for the exercise of physical activity, such as work intensity and lack of leisure time.

All the policies described in the HEPA guidelines are focusing on the following areas:

- Sport

- Health
- Education
- Transportation & Environment
- Working Environment
- Services for senior citizens

Overall, the HEPA guidelines aim to enhance physical activity in citizens, not only as a way for eliminating diseases per se but also as a way to promote a healthier lifestyle that can benefit individuals, society and environment.

PART 4: Good Practices

1. Alive and Kicking

The project used the Self-Determination Theory (SDT), focusing on the basic psychological needs of competence, autonomy and relatedness, in order to enhance participants with ID perceptions about sport and engage them in such activities. The project was a collaboration between Epsyme Piraeus, Margarita Athens, ARCIL Portugal, European University of Madrid, National Kapodistrian University of Athens and Amfidromo Chorotheatro Cyprus. The project's aim was to promote voluntary activities in sport, together with social inclusion, equal opportunities and awareness of the importance of health-enhancing physical activity through increased participation in, and equal access to, sport for all. The physical activity in people with mental retardation was used to help improve their health, physical function, self-esteem, and behaviour. The individual goals of each participant included enhancement of psychological functioning, improvement of physical health, encouragement of social inclusion and reduction of anger and frustration.

In total 358 participants were included and the project's impact referred to the followings:

- Development of a science-based training program

- Achievement of individual and group goals
- Promotion of self-confidence, self-worth and satisfaction

2. Line Break – Rugby Inclusivo: Practical application of Tag Rugby for individuals with and without disability

The project uses inclusive rugby for achieving the promotion of the social inclusion of people with disabilities and the development of physical, psychological and social skills through rugby ball exercises and games. The project is implemented by ARCIL in collaboration with APCC and APPACDM VNPoiares. The methodology that is used derives from the practical application of Tag Rugby, a variant of formal rugby. Tag Rugby is an easy-to-play, fun, safe and inclusive game.

The project takes place throughout the year with regular training sessions and internal competitions at each institution. There are also 3 inter-institution competitions on Christmas, Easter and Summer. Each institution can participate with several teams that are always mixed (female and male).

The competitions are held in a convivial format (without results and classifications) and consist of:

- Games zone
- Technical skills circuit (fun zone)

This project has a clear impact on the participants' empowerment as it highlights the physical activities, sports and work that the institutions have been doing.

3. Futbolnet for Disabled Children

The project is designed and implemented by Barca Foundation, using the Futbolnet methodology in an adapted way for children with disabilities. The methodology uses 5 core values (teamwork, effort, ambition, humility, respect) to foster social inclusion and personal development. The project's objectives for children with disabilities are the followings:

- Promote initiation into practice of physical activity of children and young people with diversity functional.
- Contribute to equal opportunities for children and young people with different abilities.
- Promote interaction spaces where all children, with and without functional diversity, enjoy the game, participate, and progress.
- Sensitizing the environment and citizenship towards the inclusion of people with diversity functional.

The project has engaged 141 children with disabilities and the project's impact concerns improvement on self-esteem, self-respect and empathy.

4. Special Power League

The project was initiated by Health Life Academy and concerns a sports program for children with disabilities, which in the same year grew into the Croatian Football and Handball League for children with disabilities. The project is intended for children with disabilities, and is designed based on the fact that children with disabilities aged 9 to 17 are not sufficiently involved in the currently available programs of recreational sports activities. SPL has a year-round character as it strives to provide children with disabilities continuous engagement in sports activities. Croatian football and handball clubs have established sections for children with developmental disabilities as part of their club structures. Given the possibilities of the sports club, children with intellectual disabilities as part of a special section of the club perform continuous sports (usually on a weekly basis). They have organized physical activities as members of the sports club, using the club's equipment and infrastructure.

Also, Health Life Academy Association organizes 4-5 sport events yearly as part of the project, each time in different locations of Croatia. Events are usually 3-5 days long, in the organization of a host sport club coordinated by the Association. Events are accompanied by an educational component and a variety of additional content.

The project's objectives for including children with disabilities are:

- Elimination of marginalization and increase the social inclusion of children with developmental disabilities
- Socialization and new friendships through play and sports competitions of children from different parts of Croatia and Europe, regardless of the type and degree of physical and mental disability
- Development of independence and help in the group, socializing, joy and general acceptance in the group

5. On Route Project

The “On Route Project” is organized by Overwind Sailing Team asd., an Italian sports association. The “On Route” project pursues the goal of creating a provincial centre for education and training related to sailing that could, over time, become a reference format for other Italian provinces. It aims to the involvement of people with sensory, motor or mental

disabilities. The ultimate goal is to integrate disadvantaged people into the social fabric through activities related to boating, sport and the sea.

The program uses:

- Sports
- Training/ job placement
- Communication

The project has been organizing sailing events for more than 15 years and it has engaged more than 500 participants.

6. The Other Sport

“The Other Sport ” project aims to the inclusion of most vulnerable/marginalized people through sport. The project is implemented by asd Pallavolando a Tutto Tondo in collaboration with private and public entities in their region. The project uses motor activities with gradual increase of difficulty in order to engage participants, to enhance motor development and to promote social interaction between abled and disables individuals.

The project’s sport activities include:

- Relayed sitting volleyball
- Volleyball with mixed teams
- Adapted archery
- Shot put
- Vortex throwing

The project has been implemented for the past decade with the impact demonstrating a positive increase not only at the motor development but also at the social interaction and the personal competences such as autonomy.