



Disability Fact Sheets

A resource developed by Little Athletics NSW

ATHLETES

with an Intellectual Disability

Intellectual Disability

What is an Intellectual Disability?

Intellectual disability is characterised both by a significantly below average intelligence level (based on an IQ test) and by difficulties in ability to function in areas of everyday living e.g. communication, self care, social situations and school activities (identified before they are 18 years old).

It is estimated that about 1 per cent of the population has an intellectual disability. People with an intellectual disability have more difficulty than others in understanding concepts, solving problems, concentrating, remembering and learning new skills. About three quarters of these people are affected mildly and outwardly appear no different from their peers, while the rest are moderately, severely or profoundly affected.

There are many causes of intellectual disability, but in the majority of cases, the reasons are still unknown. Intellectual disability is not a psychiatric or mental health problem, but a person with an intellectual disability may have other disabilities as well. These include cerebral palsy, epilepsy, vision impairment, hearing impairment, psychiatric disorder, etc.

Children with an intellectual disability can and do learn new skills, but they develop more slowly than children with average intelligence and adaptive skills.

COMMON FACETS OF INTELLECTUAL DISABILITY

Some characteristics which may occur with considerably varying degrees of severity among people with an intellectual disability include:

- Learning difficulties and generally poor literacy/ numeracy skills
- A lack of decision making ability
- Poor short term memory
- An inability to think in abstract terms
- A lack of opportunity to be aware of and explore of their own physical capabilities
- Concentration is not consistent
- A lack of self esteem and generally poor attitudes to their own social competence

IMPACT OF INTELLECTUAL DISABILITY

Generally, compared with other children, those with an intellectual disability may:

- Need longer time to learn and extra time to practice a skill
- Have greater difficulty in learning complex or difficult skills
- Require the skills and tasks to be broken down into small steps
- Need instructors to use simplified language and repeat instructions

GENERAL TIPS

for officials and age managers

Note:

Many of these tips apply to all children participating in Little Athletics

- Firstly, it is vital that the child is treated as a “Little Athlete” first, with the focus on their ability and due respect for what they can do.
- Develop a good understanding of the nature of the person’s intellectual disability and the impact this has on their development.
- Enquire if there are any associated conditions which may impact on their training or participation e.g. sensory impairment, epilepsy, heart defects, etc.
- When designing programs or activities, focus on the individual’s unique abilities. Focus on what they can achieve, rather than on what they are unable to do.
- It is vital to set realistic goals relating to the person’s physical ability and sport skill proficiency.
- Be prepared to be flexible with your expectations of the athlete’s participation. Break skills/tasks down into smaller parts wherever possible and if necessary modify the requirements of the skills.
- The physical fitness and basic motor skills of people with an intellectual disability can be poor because of a lack of opportunity to participate in physical activity.
- Keep directions simple, brief and to the point. Use verbal cues such as “Jump like a frog”. Remember that your words will often be taken literally so choose them carefully!
- Use repetition to assist the learning process.
- Keep the athlete busy by using a variety of short tasks.
- Check to make sure that your instructions are understood by having athletes repeat directions back to you rather than asking “Do you understand?”
- Be quick with praise and give it often.
- Provide immediate and specific feedback to the athlete. Comments such as: “You kept your arms bent while running” are more effective than “Your arms were good”.
- Be prepared to adapt activities (rules, equipment, etc) to allow the athlete to participate. This may require some creativity and thinking “outside the box”. The extent on the modifications will depend on the athlete’s ability. Some athletes may not require any modifications. Others may require extensive modifications to become involved. Modifications can also be made in view of phasing these out over time.
- Be flexible, positive, patient and understanding.
- Set clear rules and boundaries.
- Close supervision is often required for athletes with an intellectual disability, particularly in situations that pose potential risks.
- Have a “buddy” accompany the athlete initially.
- Consider initially allowing a parent/guardian to accompany the athlete out onto the field if you believe it is appropriate and necessary for learning, supervision or safety purposes.

SAFETY CONSIDERATIONS

- Be aware that athletes with an intellectual disability may have associated conditions. These can include heart problems, skeletal problems, obesity, hearing problems, vision problems, epilepsy, and behaviour problems. Talk with parents/guardians about what you need to be aware of.
- Approximately 10-20 per cent of people with Down Syndrome have a genetic condition called atlantoaxial instability which results in a misalignment of the cervical vertebrae C-1 and C-2. This condition exposes these individuals to the possibility of injury if they participate in activities that hyperextend or radically flex the neck or upper spine. Involvement of an athlete in activities that may place pressure on the neck or spine (e.g. high jump) should be restricted until a clearance has been received from a physician.
- Some athletes with an intellectual disability may not have a sense of danger or fully understand the consequences of certain behaviours. Positively stated rules such as “Stay with the group” and close adult supervision are the first steps in minimizing risks.

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Tips for participation in Little Athletics events

SPRINTS

- Use visual cues to assist the athletes with keeping in their lane and where to run to. Cones, witches hats, arrows, parents/guardians, etc can all be used as focus points.
- “Start” and “Finish” signs or markers can be used to help guide the athletes.
- Allow the athlete to run with a “buddy” while in the learning stages.
- Change distances and introduce “handicap” events if you feel it is necessary.
- Prior to competition, provide practice opportunities for running in lanes, starting to the sound of the gun and running past the finish line.

MIDDLE DISTANCE

- Similar to sprints.

RACE WALKING

- Similar to sprints.
- Athletes with an intellectual disability may have difficulties race walking within the strict definition of the rules. Change your expectations and consider accepting an approximate attempt at the skill.

LONG JUMP/TRIPLE JUMP

- Some athletes with an intellectual disability may have difficulties jumping from a take off area (board or sand) that is situated back from the edge of the pit. They may also have difficulties understanding foot fouls. Consider allowing them to jump from the edge of the sand pit.
- When coaching an athlete to try to jump further into the pit, ask them to jump past a line or marker rather than saying “try to jump further”.
- For triple jump, teach the athlete to perform the hop-step-jump sequence by instructing them to land on the “same foot, other foot, both feet”. Use coloured markers or mats placed on the ground to indicate this. The colour of the marker/mat can indicate which foot to land on. E.g. red = right, yellow = left. Both markers together = land on both feet.

HURDLES

- An athlete with an intellectual disability may experience balance, coordination and timing problems.
- Introduce the event with lower and/or modified foam hurdles. Allow time for practice before formal competition.

High Jump

- If necessary, use visual cues to assist the athlete with the high jumping skill. These may include markers that indicate the path to use when running in, markings of where to take off and indicators (e.g. ribbons) of where to cross the bar.
- Beginners can practice without a cross bar, then with a flexible bar until they are proficient with whatever style they intend to use. Allow time for practice before formal competition.
- An athlete with Down Syndrome may have a genetic condition called atlantoaxial instability and should be restricted from high jumping until a clearance has been received from a physician. See “Safety Considerations” for more information.

THROWS

- Demonstrate activities first and then allow the athlete to practice.
- Consider using implements of reduced weight or even alternative equipment. e.g, bean bags, softballs, light medicine balls or safety shots (shot put); hoops, quoits or a safety discus (discus); Turbojavs or cricket ball (javelin).
- Consider using generously-sized targets for throwing activities that provide a directional cue and a concrete measure of success.
- Good supervision and safety measures will be required for those athletes that have poor impulse control, an impaired concept of danger or who are prone to aggression or temper tantrums.

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