



Down Syndrome  
Queensland

**GET  
ACTIVE**



# Resource Workbook



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# Is your club open to everyone?

How to provide accessible and inclusive sport and physical activity programs for people with Down syndrome and other intellectual disabilities.

Get Active educates local sport and physical activity providers (clubs, coaches and volunteers) to increase their capability to deliver accessible, inclusive programs that meet the needs of people with Down syndrome and other intellectual disabilities.

*The Get Active program is funded by the Australian Government through the Driving Social Inclusion through Sport and Physical Activity grant program.*

The program has four key objectives:

1. Address barriers and challenges experienced by members of the Down syndrome community in accessing sport and physical activities.
2. Increase participation of young people with Down syndrome in community-based sport and physical activities.
3. Assist young people with Down syndrome and their families to develop social links through participation in these activities.
4. Educate and support local sport and physical activity providers (clubs, coaches, volunteers) to encourage diversity within their clubs/groups to ensure participants with an intellectual disability have the same opportunities for community inclusion as others.

# Using this resource



The following resource is designed for sporting clubs and physical activity providers to work through to understand how to facilitate an accessible and inclusive sporting environment.

The resource will cover what intellectual disability is, and more specifically, Down syndrome, and explore some common misconceptions. The most important thing to remember, is that no two participants are the same, and no two participants with Down syndrome are the same. For that reason, an individualised approach works best.

You need to know, understand and work with the athletes with Down syndrome in your group – just as you would with any other athlete – so you can support and guide them in their sporting experience.

This resource covers what is appropriate and acceptable language and terminology to use when discussing disability, including person-first language. An excellent resource is available on the Down Syndrome Australia website at [www.downsyndrome.org.au/about-down-syndrome/how-to-talk-about-down-syndrome/](http://www.downsyndrome.org.au/about-down-syndrome/how-to-talk-about-down-syndrome/)

**A big part of the resource will cover examples of common characteristics of people with Down syndrome, and then look at how this information can help you to be more inclusive as a coach.**

**This resource will also discuss the law, as well as the human rights of people with disability, relevant to participating in sport. It will also explain the concept of inclusion and the common misconceptions around people with Down syndrome.**

# What is an intellectual disability?

An intellectual disability is a disability characterised by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills. Down syndrome is the most common intellectual disability in Australia.

While disabilities are often defined in terms of these limitations, people with disabilities also have many additional strengths and skills (or different abilities) that can be overlooked in general society.

# What is Down syndrome?

Down syndrome is the most common genetic disability in our country.

There are approximately 13000-15000 people in Australia who have Down syndrome. The birth rate for Down syndrome nationally is one in every 1100 births. Down syndrome is not an illness or a disease. Down syndrome is caused when a person is born with an extra chromosome.

People with Down syndrome have 47 chromosomes instead of the usual 46. They have an extra chromosome 21, which is why Down syndrome is sometimes known as Trisomy 21.

Down syndrome is named after Dr John Langdon Down, who first described it. Down syndrome impacts intellectual development, some physical characteristics and aspects of a person's physical health. Because no two people are alike, this will vary from one person to another. Although we know how Down syndrome occurs, we do not know why it happens.

Down syndrome occurs at conception, across all ethnic and social groups, and to parents of all ages. Down syndrome can be detected before or after birth and is confirmed by a blood test.



**13,000-  
15,000**  
people in Australia  
have Down syndrome



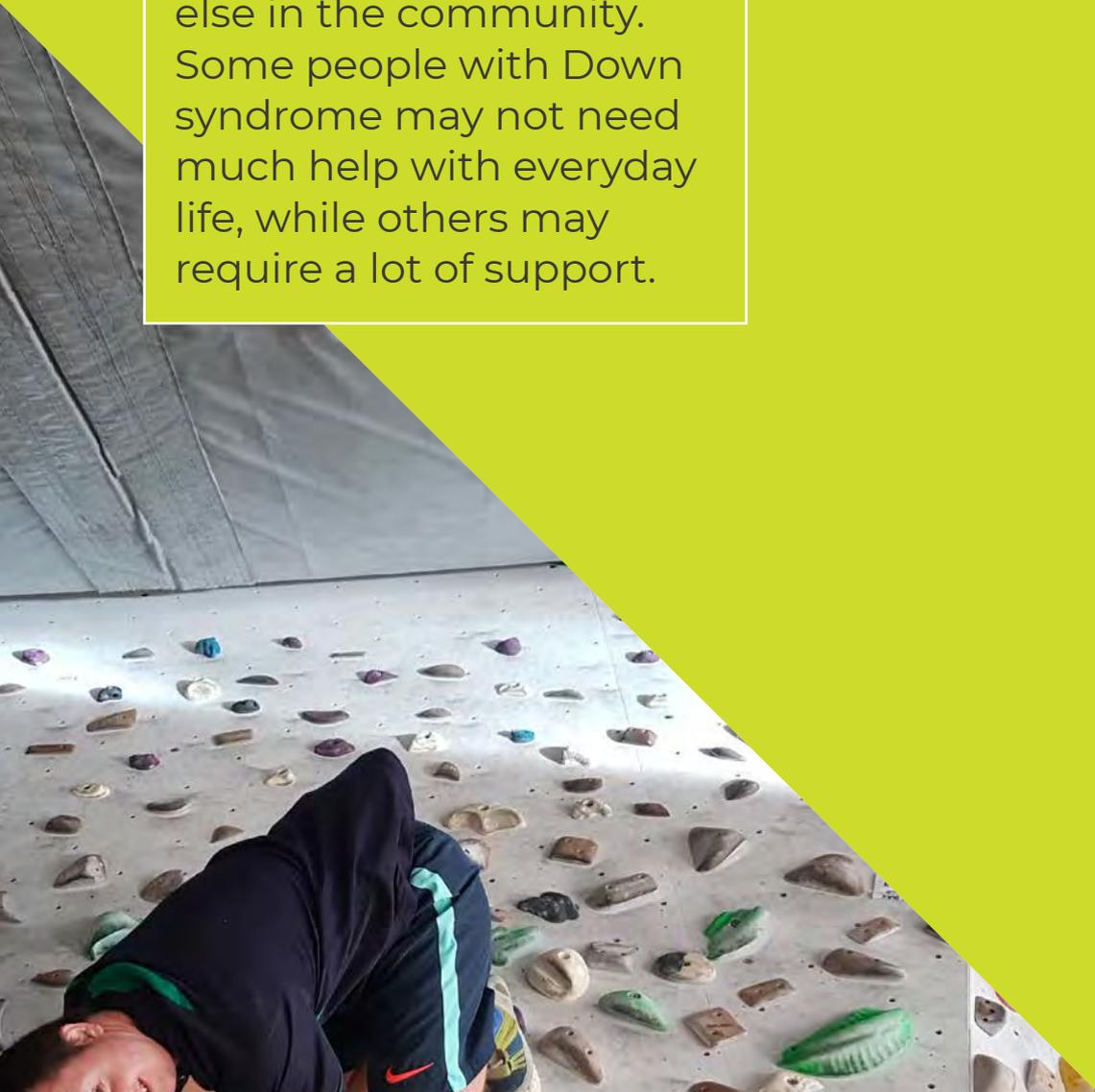
**1 in 1,100**  
babies in Australia  
have Down syndrome



**Down  
syndrome  
is not**  
an illness or a disease

# What does it mean to have Down syndrome?

Most of the young people growing up with Down syndrome today will lead lives much like anyone else in the community. Some people with Down syndrome may not need much help with everyday life, while others may require a lot of support.



# Having an intellectual disability

Down syndrome is the most common cause of intellectual disability that we know of. Everyone who has Down syndrome will have some level of intellectual disability.

There will be some delay in development and some level of learning difficulty. Because everyone is unique, the level of delay will be different for each person. When a baby is born, there is no way to tell what level of intellectual disability the child may have, nor can we predict the way in which this may affect a person's life. However, we do know that having Down syndrome will not be the most important influence on how that person develops and lives their life. Instead, what happens after birth will be much more important, as family, environmental, cultural and social factors will greatly shape their life, just like everyone else.

One of the biggest challenges that people with Down syndrome face is the attitudes of other people who do not understand what it means to have Down syndrome. Despite much change, many people still don't see the individual person. Instead, some people just see 'Down syndrome' and expect everyone with Down syndrome to be more or less the same. People with Down syndrome are very different from each other. Every person with Down syndrome is unique, with their own talents, abilities, thoughts

and interests. And, like everyone else, people with Down syndrome have strengths and weaknesses. While one person may read very well but find basic mathematics difficult, another might be a first-class cook and live independently in the community but will have to work hard to speak clearly.

People with Down syndrome are also likely to share similar passions, culture, interests and skills as other members of their family, as we all do. People with Down syndrome do not look alike. In fact, people with Down syndrome look more like other people in their own family than they look like others with Down syndrome. Although there are some physical features associated with Down syndrome, there is a large variation in how many of these features an individual may have. For some people, one feature may be very prominent while in another it may not exist at all.

Importantly, the physical characteristics of Down syndrome that a person may have do not tell us anything about that person's intellectual ability. Another common misconception is that all people with Down syndrome are happy and affectionate. People with Down syndrome experience all the same emotions as everyone else. They may be happy, sad, embarrassed, frustrated, thoughtful, and fall in and out of love, just as we all do. They may, however, find it difficult to express their feelings in words and be understood. This can lead to frustration and the expression of feelings through behaviours.

# Living a meaningful life

People with Down syndrome are not different from anyone else, in that they have the same needs and aspirations in life that we all do, including:

- a good place to live
- meaningful employment
- the opportunity to enjoy the company of friends and family
- love and intimacy
- having a role in our community
- the opportunity to pursue interests and leisure activities.

However, achieving these goals can be harder for people with Down syndrome, who live in a world structured for people without disabilities.

Some people with Down syndrome are likely to need some level of support to help them achieve the things in life that most people take for granted. In the past, many people with Down syndrome have not had the opportunity to develop to their full potential. Often, they were separated from the rest of the community and lived in segregated settings such as care institutions. Low expectations were placed on them and there were limited opportunities for learning and personal growth.

Today, people with Down syndrome have access to better health and medical advancements, as well as better education and developmental opportunities, which have provided an improved quality of life. To be a part of a community, you have to be in it. This means that people who have only experienced life in a segregated setting may find it difficult to be included in the general community. Life for people who grow up being included in families and communities will be very different than those who have always lived in care facilities.

Children with Down syndrome who are included in their local state school, have a sense of belonging, and become involved in community activities with their friends and peers. This helps young people as they transition to young adulthood and encourages meaningful inclusion in the community.

# Common Myths

**Consider these statements and think about whether you think they are a myth?**

There are varying degrees of Down syndrome.

People with Down syndrome all look alike.

People with Down syndrome won't pick up new skills.

People with Down syndrome have a short life span.

People with Down syndrome are always happy.

People with Down syndrome don't experience a full range of emotions.

# Common myths explained

<b>There are varying degrees of Down syndrome. Myth.</b>	Down syndrome doesn't have a scale. Either a person has Down syndrome or they don't. However, children's abilities and skill sets will differ greatly from one another, just like the other children in your group.
<b>People with Down syndrome all look alike. Myth</b>	While there are some physical features of Down syndrome that people may share, they have far more physical and personality characteristics in common with their families. Children with Down syndrome are more like other children than they are different.
<b>People with Down syndrome don't experience a full range of emotions. Myth.</b>	Just like everyone else, people with Down syndrome are not always happy. They can be sad, angry, excited, scared or joyful. Their feelings can be hurt and there can be days where they need emotional support, just like their peers.
<b>People with Down syndrome wont pick up a new skill. Myth.</b>	They may need more repetition and their developmental progress may be slower than their peers, but it is important to remember that people with Down syndrome can and want to learn.
<b>People with Down syndrome have a short life span. Myth.</b>	Many people with Down syndrome now live into their 60s and 70s. However, there are medical issues that can be associated with some people who have with Down syndrome. Fortunately, as medical advancements have improved, so, too, have the life spans of people with Down syndrome. While the life span of people with Down syndrome is still lower than the general population at about 60 years of age, it is improving all the time.
<b>People with Down syndrome are always happy? Myth.</b>	People with Down syndrome experience a full range of emotions, no different from anyone else.

Hopefully you answered most of the questions correctly. These statements are the most common misconceptions. Now that you know the facts, you can help be part of the change that includes people with Down syndrome and other intellectual disabilities so they feel a sense of belonging in all aspects of social and community life.

# Terminology

Language plays a critical role in shaping and reflecting our thoughts, beliefs and feelings.

How you talk to (or communicate with) and how you talk about people with Down syndrome has a big impact and is often seen as an indicator of your attitude towards people with disability. If you can communicate with the young person with Down syndrome and their families in a way that makes them feel comfortable, then they will have more confidence in your ability to support and include their child in an appropriate way.

Other easy things to remember to ensure you are using appropriate language are:

- Use person-first language – eg “Your child with Down syndrome”, rather than “Your Down syndrome child”.
- Say “Down syndrome”. Rather than “Downs”
- Say “person has Down syndrome”. Rather than “afflicted with Down syndrome”.
- Say “person wears glasses”. Rather than “person is visually impaired/or can’t see”.
- Say “disability” or “different abilities”. Rather than “handicap”.
- Say “uses a communication aid”. Rather than “can’t talk”.
- Say “additional needs”. Rather than “special needs”.
- Say “person without disability” or “neurotypical”. Rather than “normal”.

There are many words that have been used throughout history that are now considered extremely offensive and derogatory, and should never be used .



# Person-first language

If you only take one thing away from this resource, make it this section, as person-first language sets the scene for the treatment of all people with a disability across everything they do.

Put simply, people with disabilities are people first and foremost, who just happen to also have a disability. We should always emphasise a person's individuality, not their disability. This means referring to them by their name, not "the Down syndrome girl", or referring to them by what is individual to them, such as "the girl in the pink leotard", not "the girl with the disability". We should never focus on (or even include) the disability, unless it is relevant.

When you are telling a friend or family member about a participant, ask yourself, is it critical to the story to include the person's disability? If there is a new family joining your club/team and you are introducing them to the other athletes, it is not relevant for you to introduce them as having a disability.

Avoid superhuman, special or emotive portrayals. Recognise, celebrate and describe achievements for what they are – don't over-emphasise an achievement. Words such as "inspiration", "overcoming tragedy" and "heart-warming" may all be relevant at some time, but only if the person with the disability can identify with the same emotion. People with a disability want to be included and recognised on equal terms as all other people.

All kids love praise, but if a child with Down syndrome gets more praise than everyone else for doing the same thing, that makes them feel different. On the other hand, if it is a skill they have had to work harder for than everyone else, then celebrate it accordingly. Their disability should never identify them or be put before them. If we can all understand this, model it and encourage others to do the same, that is what will have the biggest impact on improving attitudes towards disability.

# Human rights and the law

## **“INCLUSION IS A RIGHT, NOT A PRIVILEGE FOR A SELECT FEW”.**

We are going to look at the fundamental human right of people with a disability relevant to sports participation.

### **Human rights and the law:**

“It is unlawful for a person to discriminate against another person on the ground of the other person’s disability by excluding that other person from a sporting activity.”

In Australia, it is against the law to discriminate against people with disabilities (including people with Down syndrome) in a range of life areas, including access to sport. People’s rights are protected through the Commonwealth’s Disability Discrimination Act, which outlines Australia’s international law obligations under the Convention of the Rights of Persons with a Disability (CRPD). Specifically, in regard to sport, the Act states: “It is unlawful for a person to discriminate against another person on the ground of the other person’s disability by excluding that other person from a sporting activity.”

Simply put, you cannot refuse participation in your gymnastics class based on a person’s disability. This is especially true if the program is promoted or advertised for everyone, perhaps where the only eligibility requirement is an age range. If you advertise your sporting

activity or class for anyone aged 3 to 6 years old, it is unlawful for you to refuse someone in that age group, based on their disability.

There are also cases of clubs insisting that a child uses their NDIS funding to pay for a 1:1 support worker to be alongside them at the club. It is very important to understand that not all children have access to that kind of funding in their plan. It is the club’s responsibility to ensure that activities are accessible for all.

There are two exceptions to this which become more relevant in higher level classes. The Act goes on to include:

Subsection (1) does not render unlawful discrimination against a person:

- a. if the person is not reasonably capable of performing the actions reasonably required in relation to the sporting activity; or
- b. if the persons who participate or are to participate in the sporting activities are selected by a method which is reasonable based on their skills and abilities relevant to the sporting activity and relative to each other.

People with disabilities, especially people with Down syndrome, are capable of anything – their journey to get there is just different. The first step is understanding that it is your responsibility as a coach to provide a program suitable for everyone. Once you are open to trying new things, people with disabilities and their families will be able to support your journey to provide a more inclusive class.

Here is another resource to consider: [www.youtube.com/watch?v=PgQnLXazdSg](https://www.youtube.com/watch?v=PgQnLXazdSg)

# Inclusion

**Exclusion**



**Segregation**



**Integration**



**Inclusion**



**First and foremost, inclusion is a universal human right.**

“The practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised, such as those who have physical or mental disabilities and members of other minority groups.”

Consider the white circle in the diagram as the participation in sport.

### Exclusion

This is where people are totally excluded from participating, as they are not in the circle. This is a hugely outdated attitude towards people with disabilities and is against the law.

### Segregation

This is participation, but away from and separate from the general participants. They are in a circle of sports participation, but they are participating on their own, perhaps in a group only for people with a disability. Sometimes this has a purpose, but not in the context of sporting participation, as a segregated group will often have lower expectations and fewer opportunities for learning. Special schools are an example of segregation in an educational context.

### Integration

People are part of the group, as they are in the circle, but they have their own circle of participation within the group. They are doing different activities than everyone else in the group. Sometimes they are pulled aside for different or extra support. Most sports programs and schools are still operating under this model.

### Inclusion

This is our goal. Inclusion is when all children are fully included (participating in 100% of all activities) in age-appropriate, mainstream groups, learning the same things, possibly broken down into smaller steps – but learning what the others are learning. Many of the things we touched on earlier benefit all children, not just those with Down syndrome, so why not practise them for everyone?

# Common characteristics

No two people with Down syndrome will be exactly the same. The most important thing to remember is that everyone, whether they have Down syndrome or not, is different.

Athletes with Down syndrome will be as diverse as all other athletes in your group. There are more than 120 characteristics of Down syndrome. Below we look at some of the most common.

## Common characteristics:

- Vision impairment
- Intellectual disability
- Delayed developmental milestones
- Sensory processing challenges
- Communication difficulties
- Hypotonia affecting fine and gross motor skills.

As a coach, it is your responsibility to ensure you know your athletes' strengths, weaknesses and areas of concern. It is unlikely that a participant with Down syndrome will show all of these characteristics, but it is important to understand that some may be present. We are going to look at each of these traits, firstly based on what they are and how they impact people. Later in the resource, we will look at these characteristics from a coaching perspective and some practical strategies that can be incorporated.



# Vision impairment

Up to 50% of people with Down syndrome will need to wear glasses, but all people with Down syndrome have poorer vision than other people.

Vision is still poor, even when a person with Down syndrome is wearing correctly fitted glasses for either long or short sight. Almost half of all people with Down syndrome will wear glasses. Most people with Down syndrome see very differently. Their visual acuity lacks fine details and sharp contrasts, and this worsens with age. Strabismus (lazy eye/crossed eye) is more common in people with Down syndrome. In fact, people with Down syndrome are at higher risk of most common eye conditions.

## Vision impairment coaching considerations

Things you can do as a coach to support athletes with low vision are:

- Ensure athletes with low vision have a clear line of sight when you are providing instructions or giving demonstrations.
- Make sure participants are not too far away.
- Face the group while giving verbal instructions.
- Use markers, visibility tape or coloured indicators on equipment and for activities (where to sit, stand, put their hands, etc).
- If you are using images or written resources, enlarge images and text, and remove unnecessary details.
- Highlight words or areas of focus.
- Support the use of glasses/contact lenses. If there are any activities that could damage glasses, try to have an alternative exercise.



# Intellectual disability

Intellectual disability is a lifelong condition that affects a person's intellectual skills and their behaviour in different situations.

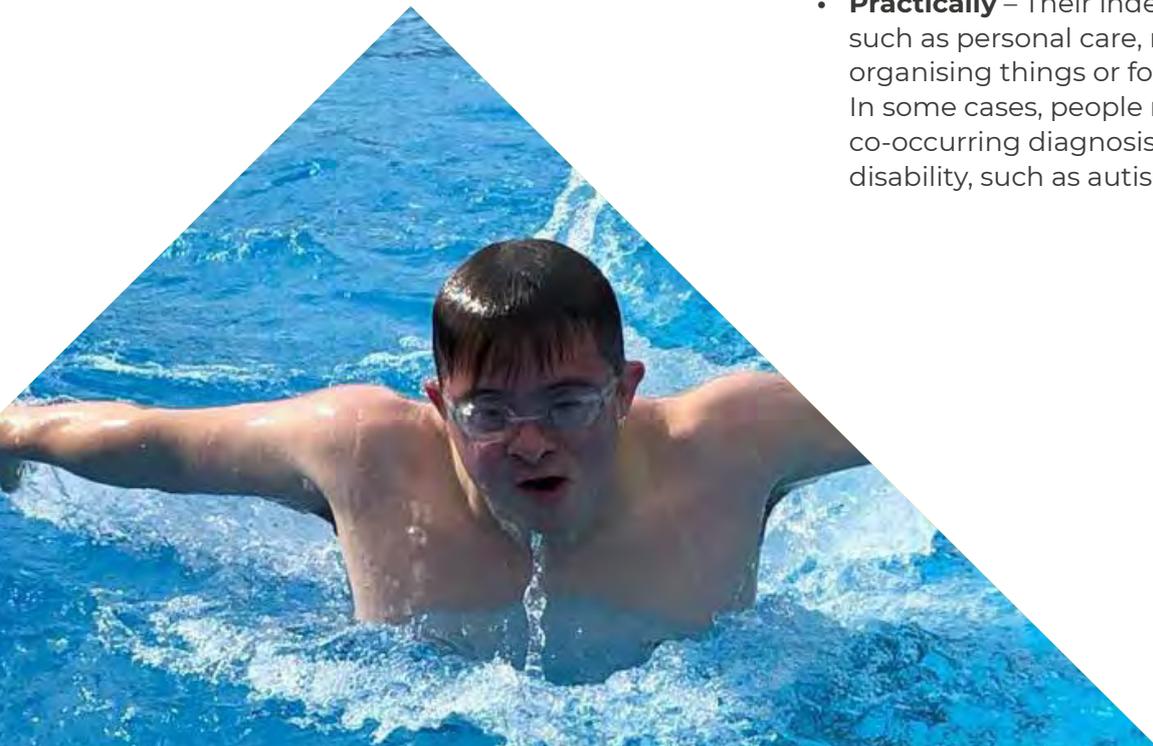
It can include difficulties in communication, memory, understanding, problem solving, self-care, social and emotional skills, and physical skills.

Intellectual disability affects an individual's ability to understand, reason, acquire skills and problem solve. Most individuals with Down syndrome will fall within the mild to moderate level of intellectual impairment. This is characterised by both a significantly below average intelligence level and by difficulties in ability to function in areas of everyday living.

This could mean some children struggle with multi-step instructions and retention of information. It may also mean they take longer to pick up new ideas, skills or process instructions.

Children with intellectual disability may be impacted in three ways:

- **Conceptually** – Their language, reading, writing, math, reasoning, knowledge and memory.
- **Socially** – Their empathy, social judgment, communication skills, ability to follow rules.
- **Practically** – Their independence in areas such as personal care, responsibilities, organising things or following instructions. In some cases, people may also have a co-occurring diagnosis, including another disability, such as autism.





## Intellectual disability coaching considerations

To support athletes with intellectual disabilities:

- Utilise concrete and visual coaching. Try to communicate very practically, as sometimes people with intellectual disabilities may take longer to process social cues. Be clear and direct.
- Reduce the impact of the environment. Maintaining your athlete's focus needs to be considered – perhaps this means reducing distractions.
- Model consistency, schedule, routines, etc. Repetition is crucial. People with intellectual disability often learn best through repetition and consistency. Knowing what is coming next and being prepared early helps with maintaining the participant's focus.
- Re-teach and consolidate regularly – this is an extension of repetition and consistently teaching or practising the same skill.
- Visual short-term memory is significantly better in people with intellectual disabilities than their verbal short-term memory. Perhaps demonstrate before each child's turn, so they have a fresh visual memory of what to do. Keep verbal instructions short.
- Give athletes the time they need to answer questions, process information and prepare themselves for an activity.
- Visual prompts (stop signs, bag area, lunch box area, bottle area) also assist people with intellectual disabilities to find their own way and be independent.

# Developmental milestones

People with Down syndrome will usually develop fine and gross motor skills in the same order as typically developing children, but often with some delay.

You will see in the table (on average) the developmental milestone delays that most children with Down syndrome will experience. What is important to remember is that children with Down syndrome will reach milestones – it just takes time.

You might find that achieving these milestones is the leading reason why parents enrol their child into sports to begin with.

It is likely that children with Down syndrome in your groups will also be receiving some sort of early intervention therapy, most commonly physiotherapy, speech therapy or occupational therapy.

Parents might discuss what the therapy is focusing on, which will help you understand the athlete and how best you can coach them. Consult with your participant's parents, and perhaps consult with their therapist, if given written consent, to see if they can visit the club and discuss strategies.

Milestone	Range for children with Down Syndrome	Typical range
<b>Gross motor</b>		
Sits alone	6–30 months	5–9 months
Crawls	8–22 months	6–12 months
Stands	1–3.25 years	8–17 months
Walks along	1–4 years	9–18 months
<b>Language</b>		
First word	1–4 years	1–3 years
Two-word phrases	2–7.5 years	15–32 months
<b>Social/self help</b>		
Responsive smile	1.5–5 months	1–3 months
Finger feeds	12–24 months	7–14 months
Drinks from cup unassisted	12–32 months	9–17 months
Uses spoon	13–39 months	12–20 months
Bowel control	2–7 years	16–42 months
Dresses self unassisted	3.5–8.5 years	3.25–5 years

Sourced from the National Down syndrome Society [ndss.org/resources/early-intervention/](https://ndss.org/resources/early-intervention/)

## Developmental milestones coaching considerations

The activities included in your programs will already be providing huge benefit to the development of children with Down syndrome in their early years. As mentioned earlier, it is likely the children with Down syndrome may also be receiving some sort of therapy, so families may share with you some of the activities and focus areas for their child, which could be included into your classes. Children with Down syndrome do reach milestones – they just take longer in some cases. As long as you are aware of that, your classes/games/training sessions don't need to include any additional supports.

One thing to consider, however, is how children progress through your early years' programs. Are they age based or skills-based? If they are age based, it may not be suitable for a participant with Down syndrome to progress to the next program if all children are walking and they are not. Skills-based progression is recommended, with age groups as a general guide. We will cover a little bit more on this from a legal perspective later.



# Hypotonia & motor skills

Most children with Down syndrome have hypotonia, which affects them in ways such as:

- decrease in muscle tone
- decrease in strength
- poor reflexes
- hyper-flexibility
- speech difficulties
- decrease in endurance
- impaired posture
- joint hyper-flexibility.

Joint hypermobility (also called joint laxity or hyperlaxity), is common in children with Down syndrome, caused by their hypotonia. It is the weaker muscles and ligaments that give joints a wider range of motion. Obviously, flexibility in sports is desirable, but when it is because of hypotonia, it is not so great. Joint hyper-flexibility increases the risk of joint injuries, such as sprains and strains.

Both low muscle tone and hyper-flexibility can impact on the gross motor skills of children with Down syndrome. Things such as poor posture, poor balance, not knowing where their body is in relationship to their environment and poorer general co-ordination may be present. Athletes with Down syndrome will often have shorter than average fingers and broad hands, which may also impact fine motor activities.



## Hypotonia & motor skills coaching considerations

The impact of sports training on motor-skill development for a child with Down syndrome has significant benefits. However, hypotonia is probably your biggest consideration from a safety perspective. You need to be more conscious of injury in general, until you have a good understanding of the athlete's strength and flexibility. For new athletes, ensure safe spotting or support is in place for activities. Focus more on developing strength rather than flexibility.

You may have heard of atlantoaxial instability (AAI), which in the past has been a barrier for people with Down syndrome to participate in high-risk activities. AAI is an instability in the neck, due to low muscle tone. Only about 8% of people with Down syndrome are diagnosed with AAI. You will likely find that parents are aware of it and may have had their child screened for it. A shared decision-making approach between children's parents and coaches should be maintained for high-risk activities (in gymnastics, things such as forward and back rolls). Simply ask parents if they or their medical specialists have any concerns about the activities of the class.

AAI used to be a big concern, but research has indicated that "reported cases of spinal cord injuries in people with Down syndrome from AAI is relatively uncommon". The Special Olympics has recorded no spinal injuries of people with Down syndrome in more than 20 years, involving 50,000 athletes.

### **From a motor-skills perspective, remember, what you are already doing in your sport is valuable:**

- Waving streamers
- Balancing
- Bouncing
- Clapping
- Climbing, throwing, catching.

These activities help improve the motor skills of people with Down syndrome, just as they do for all children. Keep in mind some children may experience difficulty with activities involving fine motor skills, such as hand/finger placement, gripping ropes and bars, and using puzzles or games with small parts. Either have alternatives for these activities or include additional activities that break down the steps further or develop the motor skill in more isolation.

# Sensory processing

Sensory processing issues relate to the differences in how people process and act upon information received through their senses, which in turn can create challenges in following instructions, comprehending information and concentrating.

There are two types of sensory processing challenges:

- **Oversensitivity (hypersensitivity)**  
This leads to sensory avoiding. Sensory avoiders may be more physically cautious, such as avoiding jumping down from a platform. They may sit away from sunlight, bright lights or buzzing sounds. These children avoid sensory input because it is too overwhelming.
- **Under-sensitivity (hyposensitivity)**  
This causes children to be sensory seeking, in that they look for more sensory stimulation. Sensory issues can involve lights, noise, smell, temperature, textures and taste. Issues with sensory processing will prevent these children from being able to focus on their sport/activity.





## Sensory processing coaching considerations

Behavioural problems from athletes with Down syndrome will likely be related to either communication issues or sensory processing issues. Be aware of what is in the environment that may cause this and look for ways to limit it.

It may be:

- Too many people
- Loud music
- New smells
- The feeling of walking on mats, trampolines, etc
- Colourful equipment, such as the big rainbow parachute.

Everyone is different and families may share their strategies for sensory issues. Some children may benefit from a quiet space to calm down, while others may need a fidget toy to be able to concentrate. You may be aware of the Coles Supermarket Quiet Hour.

In some stores, they have an hour where they reduce lighting, turn the radio down, the register/scanner volume is reduced, and there is no trolley collection or PA announcements. This is all aimed at providing a lower sensory experience. If you can consider some of these distractions, all athletes in your group will be more focused.

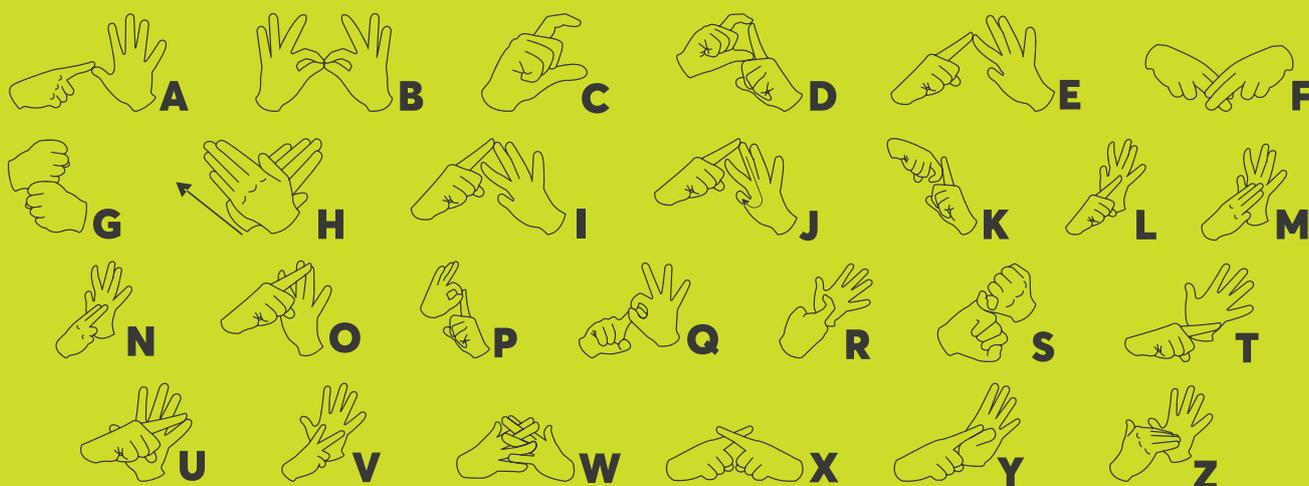
# Communication

Children with Down syndrome often experience delays in the development of their speech, caused by a few different things:

- **Memory issues**
- **Hearing loss**  
narrow tubes, ear fluid.
- **Anatomical differences**  
smaller jaw, high-arched palate.
- **Oral-motor skills**  
speed, range of motion, and co-ordination of their mouth and tongue.

People with Down syndrome generally take longer to use two-word phrases and full sentences. This means developing a vocabulary can be delayed, which also leads to difficulties in articulation or pronunciation.

An important thing for coaches to know is that research shows that people with Down syndrome usually have better receptive language than expressive language. This means they will normally understand more than what they are able to express themselves.



## Communication coaching considerations

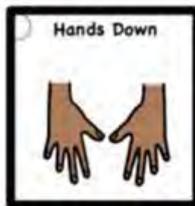
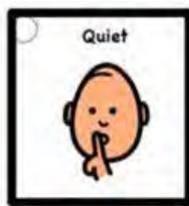
### Get to know your athlete.

It is important to get to know your athletes and how they communicate best. They may use a communication device, such as an iPad, communication boards, key word signs or Auslan (Australian Sign Language). As an inclusive coach, you need to be open to communication tools that are going to support participation. Learning a few key Auslan signs isn't a significant commitment but can go a long way in making someone feel welcome and being able to communicate with them.

Other things you should consider are:

- Your conversation pattern and how you deliver instructions.
- Aim for consistency in how you structure your sentences.
- It may be useful to break your instructions into smaller sentences, but only while you are getting to know your athletes.
- Be open to giving extra time for people to take in instructions and then respond.
- Don't rush participants.
- And remember the basics – face the group when you are talking and speak clearly.

## When I work



# Inclusive coach

Qualities and skills of an inclusive coach include:

**Patience**

**Respect**

**Adaptability**

**Organisation**

**Safe practice**

**Knowledge.**



# Activity

It is likely that within a class you have all had to alter exercises based on participants' skill levels, considering how well the athletes move, how well they can see and hear, and how they process and absorb information.

Take a few moments now to think of those challenging moments in your coaching career when you have had to think quickly on your feet and alter an exercise. This workshop aims to help you create your own toolbox that you can refer to any time you need it. Think of it as an internal library that will allow you to adapt an activity for a child with an intellectual disability.

## Take out a pen and write down a few adaptations that come to mind:

If an activity requires an athlete to throw or kick a ball, and one or more participants are unable to perform these skills, can you think of any adaptations? How can we pass a ball differently?

Some examples include:

- Rolling a ball along the floor.
- Sending a ball down a ramp.
- Sending a ball along a tabletop.
- Using an object to roll the ball along the floor.
- Carrying a ball between two points and releasing it at a set marker.

## If a participant is unable to catch or stop a moving ball, can you think of any adaptations?

Some examples include:

- Blocking a ball using their body.
- Intercepting a ball using a bat or racquet.
- Blocking a ball using netting held between them and a partner.

Hopefully through your pre-activity assessments and paperwork, your organisation requires you to know ahead of time any areas that may require adaptations. Children with mobility limitations will require broader thinking when planning locomotor activities that require moving around a space.

# Safety first

Keep in mind the participant's:

- Associated conditions.
- Physical fitness and basic motor skills.
- Understanding of the consequences of certain behaviours.

Some of the participants with an intellectual disability may have associated conditions. These can include heart problems, skeletal problems, obesity, hearing problems, epilepsy, vision problems and behavioural problems.

Talk with parents/guardians about what you need to be aware of. 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 staying with the group and close adult supervision are the first steps to minimise the risks.

Physical fitness and basic motor skills may be a challenge for some young people with intellectual disabilities, especially those that did not participate in sport when they were young.

# Meet our ambassadors



**TIM GOULD**  
**Athlete ambassador**

“Anything is possible”

Tim is a very skilled athlete and champion tennis player. His greatest love is tennis and maintaining his fitness with swimming. Tim loves participating and watching all kinds of sports. Tim is passionate about becoming a coach and sharing his love and passion for sports with all children.



**MARTIN SMITH**  
**Athlete ambassador**

“Be so good they can’t ignore you.”

Martin is a multi-skilled champion athlete and coach member of the Athlete Leadership Program with the Special Olympics. Martin is a skilled motivator and public speaker and loves to share his passion and knowledge for sports with everyone. Martin is currently chasing his dreams and is competing in mainstream powerlifting competitions nationally.



**COACH STIX MCGAVIN & ETHAN PARRY**  
**Coach and athlete ambassadors**

Together, this dynamic duo are taking on the athletic world. Coach Stix is a wealth of knowledge and passionate athletics coach. Coach Stix believes that every athlete is an individual, and trains his athletes to become resilient, hard-working people who will make a difference in the world. Ethan is a spectacular athlete ambassador, who is determined to become the fastest man in the world with Down syndrome and encourage everyone to “Get Active”.

# Coach in action

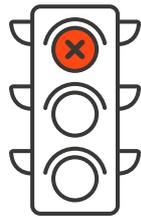
## Applying tips into your coaching environment

The Coach in Action section of the Get Active Online Learning Course was designed to bring learners into the coaching environment and help clearly identify some helpful tips for coaching people with Down syndrome.

Most importantly, we want to encourage learners to find ways to transfer their learning from the online environment to the authentic coaching environment.

As such, we have used the Stop/Start/Keep model to allow you to reflect on what you have learnt in each video and transfer this into your coaching. You will be prompted on each page to refer to this activity and note down any actions you think will be helpful to apply in your coaching environment.

The Stop/Start/Keep model asks you to consider:



**Stop** Is there something you should stop doing based on what you have just learnt?



**Start** Has the video identified an action that is not currently part of your coaching toolkit and you should start doing this?



**Keep** Did you see something that reinforced a skill or coaching method you should keep doing?

The table below allows you to align your **Stop, Start** or **Keep** with the appropriate Down syndrome characteristic.

Characteristic	Vision	Developmental Milestones	Hypotonia & Motor Skills
Stop			
Start			
Keep			

AAI	Sensory Processing	Communication

We hope you found this resource valuable and that it will aid you with your coaching career. If you would like to add more to your coaching tool kit, resources are available on our “Get Active” website, where we have coaching tips available for download:

[getactive.net.au](http://getactive.net.au)

**If you would like to have “Get Active” visit your club, contact us at:**

✉ [getactive@downsyndromeqld.org.au](mailto:getactive@downsyndromeqld.org.au)  
☎ (07) 3356 6655



We appreciate your feedback, please scan the QR code so we can gain your feedback.



