

# Case Study: Area of Focus 2



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**Project:** Inclusive Sport  
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This paper provides the case study for *DSActive*– a disability sector organisation that **does** have a substantial track record of previous service delivery in the field of sports participation. Interviews were undertaken at the DSActive national festival with the DSActive Sports Manager, the Chairman of the Down’s Syndrome Association, Birmingham County Football Association’s Disability Sports Officer, three coaches of DSActive teams and several parents and participants.

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## Background

The Down’s Syndrome Association’s (DSA) main focus is to directly help parents and people with Down’s Syndrome through their information helpline. This resource provides information and advice from people preparing for a child with Down’s Syndrome through to helping the child leave school and become an adult. When someone is born with Down’s Syndrome (DS) they are signposted to the DSA and a high percentage of individuals with DS are registered with the association.

Until 2006 the DSA had no specific experience of sports other than signposting individuals to mainstream clubs or pan-disability provisions in their local areas. However, the physical and cognitive impairments experienced with DS meant that participants with Down’s Syndrome were finding team sports in particular, to be too fast paced to keep up with:

*They weren’t really getting a fair crack at the whip and that was what was stopping a lot of people....Parents were taking their children to these sessions and finding that actually, their child wasn’t able to keep up so the environment essentially wasn’t fair and wasn’t really competitive and their child wasn’t really gaining anything from it...Anyone who is not up to the pace of the game will get left behind and so many were put off the idea of trying team sport or, if they did, had a negative experience from it.*

DSActive Sports Manager



Consequently, DSActive was developed to create football opportunities for people with DS in 2006. For four years this was run as a recreational programme but it became more structured in 2010 with 25 teams being created. In 2013, with the use of Inclusive Sport funding from Sport England, DSActive expanded their programme to target adults with DS (previously the programme had focused on under 18's only) and to include tennis into the programme.

## THE PROJECT

The football clubs are the delivery agents within DSActive providing coaches and venues. Individual clubs become aware of DSActive through the DSA or word of mouth from other, already involved teams (Fulham, Charlton Athletic, Queens Park Rangers)<sup>1</sup>. Football clubs have typically always run pan disability recreational football teams but the introduction of DSActive has led to impairment specific teams being created:

*At the time (of meeting DSActive for the first time) we ran pan disability football. This is the first impairment specific team we have run and it is the most successful arm (of our disability offer) with over twenty players...we are now looking at working with CP Sport.*

**Football Coach**

What DSActive provides is disability specific resources. Training days are provided to coaches that help raise the awareness and understanding of the disability allowing coaches to coach individuals better:

*They taught us how to read facial expressions, use Makaton<sup>2</sup>....packs were provided to handout with bullet point on the main traits of Down's; problems they find, case studies, coaching suggestions, warm up game examples...It is a really good resource and they are very helpful when you get in touch.*

**Football Coach**

DSActive provide the marketing resource for contacting all people with DS within a local radius via their membership database. This allows teams to advertise their local offer to potential players. In addition, the database is used to inform players about local, regional and national fixtures which teams see as a strength of the offer. Many players want the opportunity to compete and not just play recreationally and train with no outcome:

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<sup>1</sup> Currently the majority of clubs are professional football clubs, there is one community football club on the programme at the minute. DS Active expects the number of community football clubs to increase as the programme evolves.

<sup>2</sup> Makaton is a language programme using signs and symbols to help people to communicate.



*(He is) allowed to compete with people of his own standard. Everything else is disability focused and can be a faster game. The focus here is just DS so it 'levels the pitch'.*

Parent

*(DSActive) is offering them opportunities in an environment that we say is comfortable, yet still competitive.*

DSActive Sports Manager

## Sports provision for adults with a disability

Up until 2013, DSActive had primarily focused on young participants (under 18 years old). Sports provision has generally been more accessible for young people with a disability, primarily as they are able to access sport directly through school/college. The DSA were aware that individuals over 18 with DS were not currently being challenged in order to continue playing sport after they left school/college. In addition, parents noted that access to sport became increasingly diminished once their child left education:

*(Sports provision) for people with Down's Syndrome? Limited, specifically for football, nothing. Local High School did basketball and (some) charities did wheelchair specific sports.*

Parent

*Lots of activities go between 18-30. Once you reach 18 there is not a lot available.*

Parent

These findings were echoed in the baseline results from the Inclusive Sport evaluation which revealed that respondents aged 25-44 years of age were most likely to experience barriers in accessing sport.

Interviewees of the case study highlighted a number of reasons why they felt it was harder for adults with a disability to access sport(s):

1. **Lack of local provision:** Without the support of a school, college or day centre access to transport can be very difficult for an adult with a disability as they do not have easy access to transport provision;
2. **Lack of awareness:** The DSA and word of mouth are the main avenues through which parents/carers inform their child about any kind of provision for someone with DS. It was widely acknowledged by parents that it would be unlikely that their child would search themselves;



3. **Pan-disability provision:** There is a perceived view that there is a tendency to provide pan disability sports over impairment specific provision:

*Disabilities get lumped together. What is appropriate for one is not for another.*

Parent

4. **Demographic prioritisation:** Individuals with disabilities are often provided for based upon the fact that they have a disability rather than considering other demographics of the individual which may be important. For example, due to the narrow gap between physical and cognitive ability, irrespective of age, for those with DS, provision is often based on wide age ranges which can be uncomfortable for older participants:

*(It is) hard to take a 21 year old when there are 6 and 7 year olds playing.*

Parent

Or, the available provision may be less appealing to a specific gender, for example, girls/women over the age of 14 have shown a declined interest in DSActive with its predominant football focus:

*(This isn't specific to us but) There is a significant drop off from the ages of around twelve to fourteen of girls and women and that's because they pick up different interests.*

DSActive Sports Manager

5. **Aging of main carers:** As individuals with disabilities get older, so do their primary carers, typically their parents. They are less able to participate in sport and so less likely to be able to provide the support their child needs in order to be involved. Therefore, there is a greater reliance on volunteers or staff to provide the level of one-to-one support that is often required;
6. **Awareness of adulthood:** Older participants are more keenly aware of their age and they have less desire to interact socially with their parents. There is a preference to be working and playing with their peers; and
7. **Increased costs:** Once an individual reaches adulthood (18) it is harder to receive concessions and the full price for activities is often unaffordable. One parent explained how they wanted their adult son with DS to accompany him to the gym occasionally (it would not be regularly due to support needs) but was unable to negotiate outside of the standard adult £35 per month fee which was not affordable.

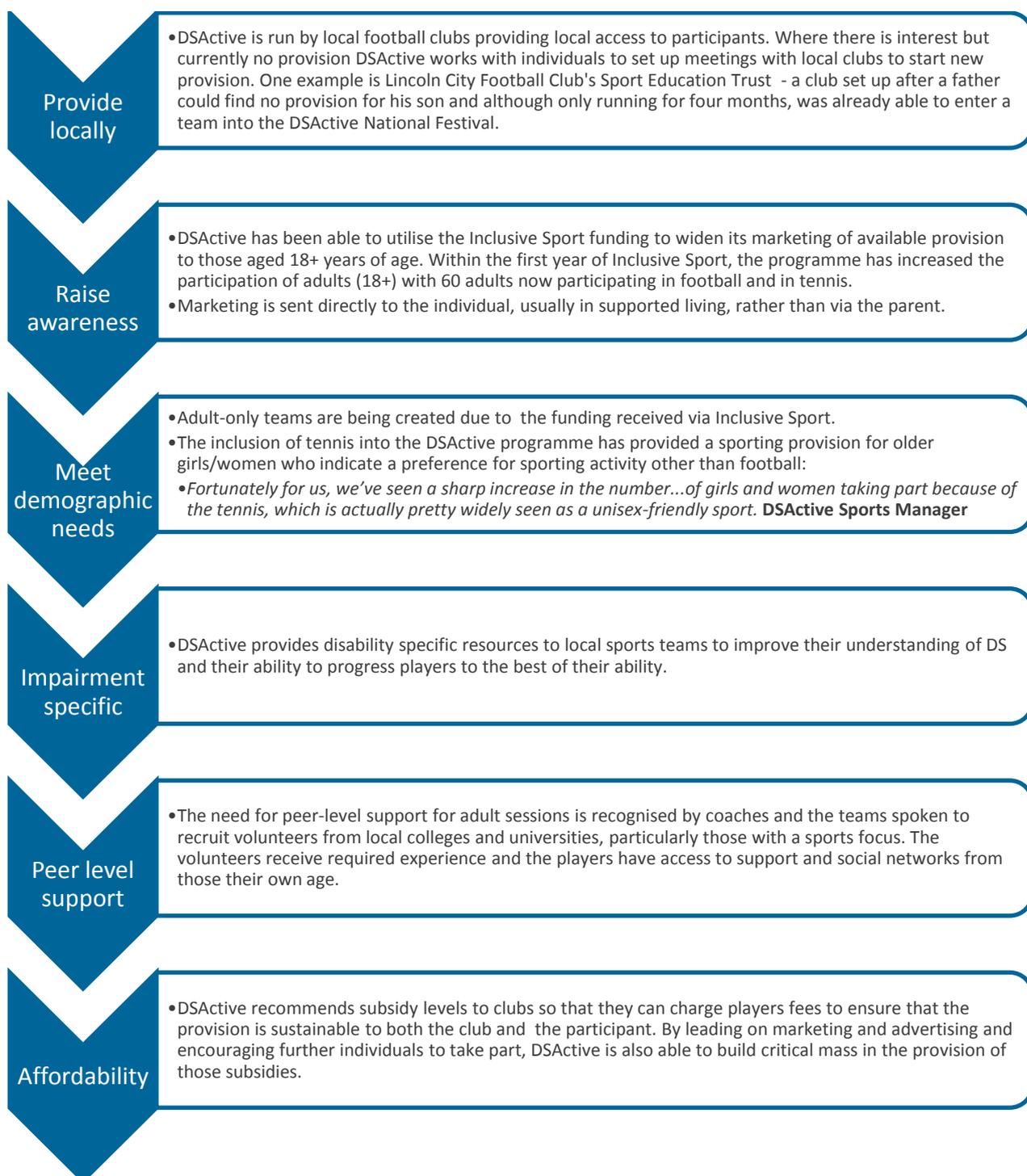
The limited access to sports, in particularly team sports, was seen as increasing the isolation of adults with a disability. With Inclusive Sport Funding DSActive was able to extend provision it had already successfully rolled out to under 18s to adults.



## Accessing and supporting adults with a disability to participate in sport

DSActive works with the local football teams and tennis clubs to actively overcome the barriers experienced by older participants. The figure below illustrates how.

Figure 1: Overcoming barriers to sports participation for adults with disabilities: DSActive Model



## Benefits of DSActive

DSActive works with the ‘four corners model’ of ‘technical’, ‘social’, ‘psychological’ and ‘physical’ to review the benefits and impact of the programme. To date, the following has been observed:

- **Technical:** *Through regular practice in an ‘arena where they are not getting left behind’ the programme has seen a lot of technical improvement in the players. One particular player was awarded goal of the season for the football club (including across the able-bodied teams);*
- **Social:** *Players become less isolated and socialise outside the training with team mates. They have the opportunity to meet other people in a similar position to themselves and many of the teams have team building exercises and outings;*
- **Psychological:** *This is considered to be the area that has received the greatest impact with players experiencing improved self-esteem and confidence; and*
- **Physical:** *A University of Cambridge PHD examined the benefits of sports participation on individuals with DS. It found that 30 minutes of moderate to vigorous activity was hugely beneficial providing health benefits towards diabetes and obesity – two common illnesses experienced by those with DS.*

In addition to DSActive’s evaluation of its impact, local football clubs have found that older players are more likely to sustain participation than younger ones (who were perceived to ‘dip in and out’ of provision). This has enabled coaches to develop the skills and abilities of the players which in turn retains their interest levels in the sport.

One particular team was impressed with the level of commitment and focus of the older players and has since funded the development of the Level One Coaching Certificate for players aged 18+. Currently six players (across the country) have been through and completed the certificate. These individuals now assist in coaching and mentoring other players.

All stakeholders of DSActive notice how the teams have created strong social networks and reduced the isolation of the individuals now being involved:

*(Players) have grown in confidence and ability. You can see the difference in their technique...They are proud to have their own little club.*

**Football Coach**

*(DSActive) has enabled 8 players (and their parents) to have social activities; evenings out; birthday parties....you can’t put a price on that.*

**Football Coach**



*It has improved his self-confidence and social abilities to a level that I didn't even think existed.*

Parent

*It can be isolating being the only person of a level of ability....DSActive helps with self-esteem...they show their medals and it provides more to talk about with peers.*

DSA Chairman

**Figure 2: DSActive National festival runners up - Derby**



## For further information

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