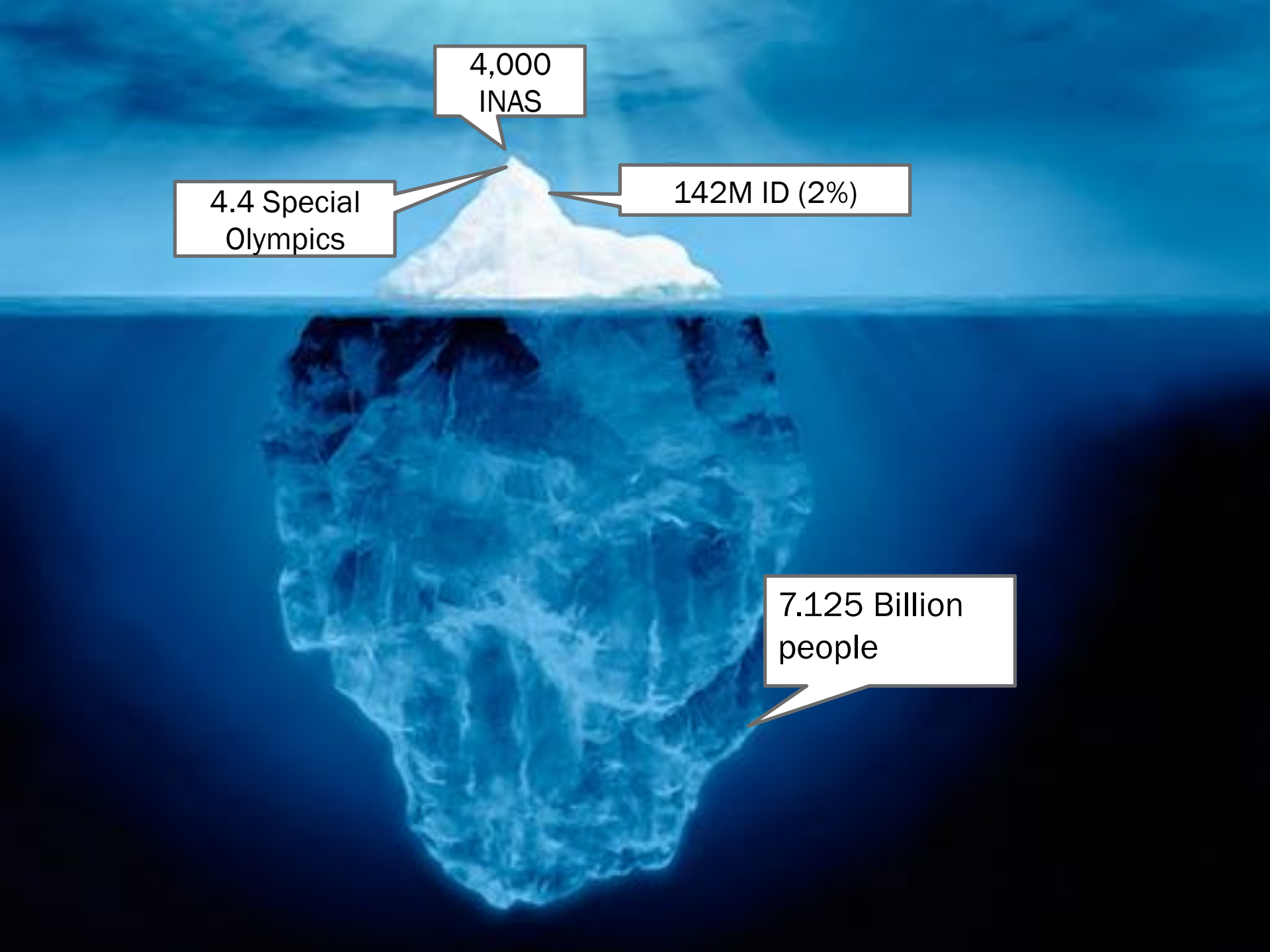


“...developing a gold-standard approach to athlete eligibility...”

## DEVELOPING AN ADDITIONAL CLASS

INCLUSION



An iceberg floating in a blue ocean. The small tip of the iceberg is above the water surface, while the much larger, jagged base is submerged. Four callout boxes with lines pointing to the iceberg contain text. The top box points to the peak of the tip. Two boxes point to the sides of the tip. One box points to the submerged base.

4,000  
INAS

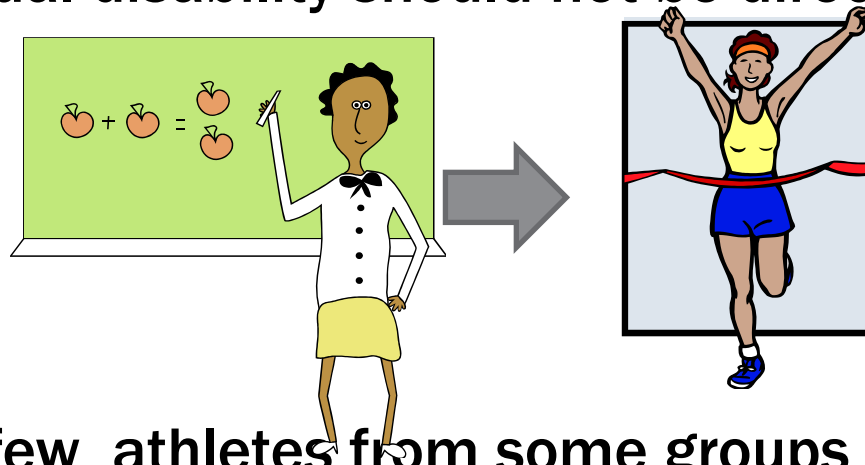
4.4 Special  
Olympics

142M ID (2%)

7.125 Billion  
people

# INCLUSION, EXCLUSION

- Average IQ of INAS athletes is 60 those with lower abilities are less well represented
- However, intellectual disability should not be directly linked to sporting ability



- We also see very few athletes from some groups e.g. Downs syndrome



# WHY IS THIS? PRIMARY FACTORS

- ID is an umbrella term which usually covers a constellation of problems.
- 20-40% of ID is caused by Chromosomal Disorders, the majority of which have associated physical disabilities.

Example 1: Downs Syndrome (1:700 births) risk of congenital heart problems, thyroid problems, epilepsy, immunological deficiencies, vision and hearing loss

Example 2: Fragile X (1:4,000 births) unusual shaped head, flexible joints, flat feet, sensory hypersensitivity

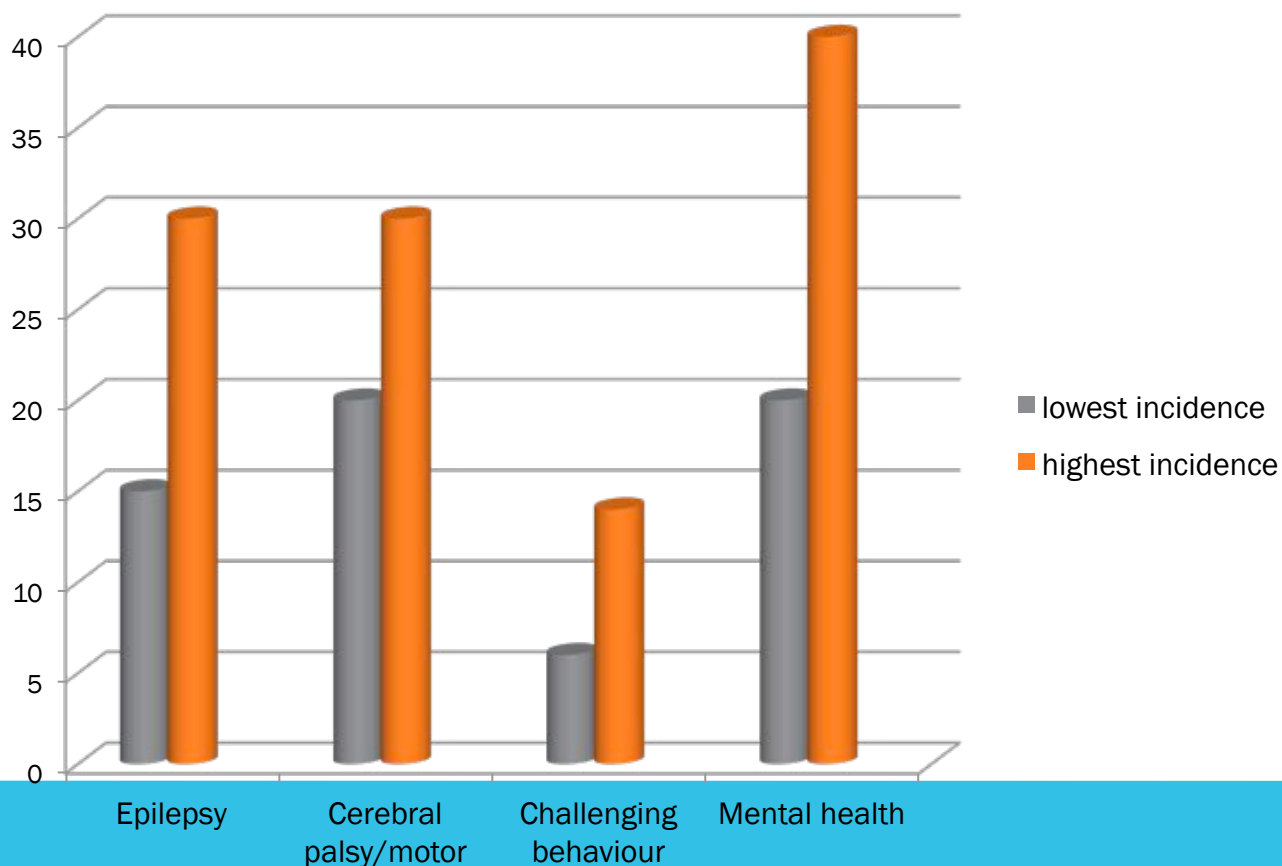
- 8-12% of ID is caused by environmental events which also cause organic problems, affecting, physical and sensory structures and functioning.

Example: Fetal Alcohol syndrome (1-90: 1000 births) facial features, failure to thrive, poor motor-coordination

# OTHER PRIMARY FACTORS

- 45-62% cause of ID unknown
- Hi co-morbidity of associated disorders, including in those of unknown aetiology
- Link between lower IQ and increased co-morbidity

Range of % of ID population with specific associated disorders



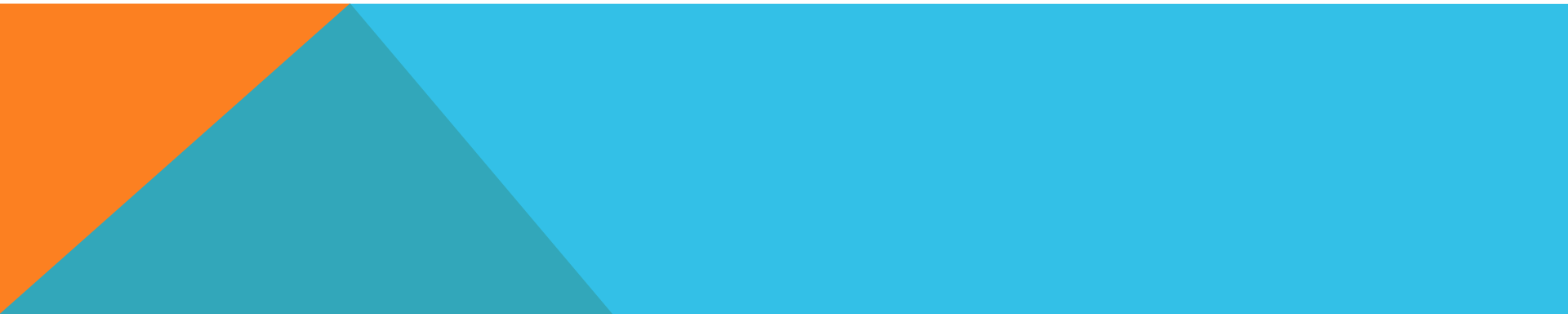
# SECONDARY FACTORS

Problems not directly resulting from ID but at risk of developing as a result of the life situation of a person with ID

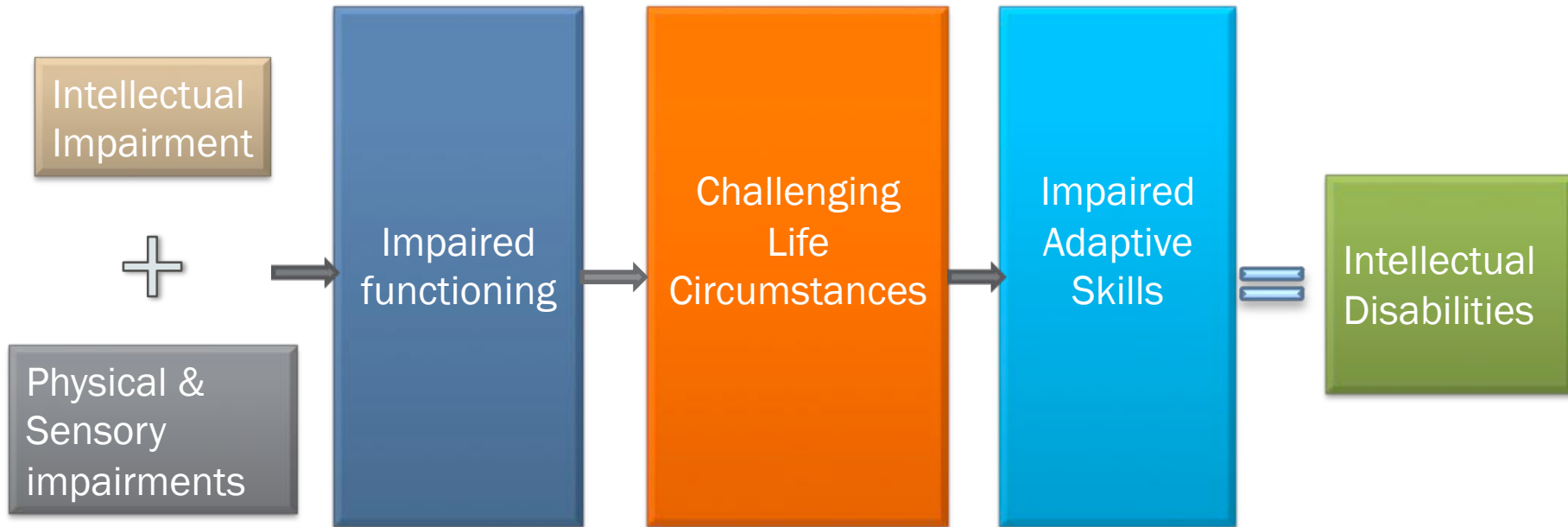
1. Obesity & malnutrition
2. Low income – reduced opportunities
3. Prejudice, abuse & exclusion from opportunities
4. Poor physical health
5. Poorer psychological health e.g. self-esteem, confidence
6. More limited social networks

# THE RESULT?

- **We tend to see athletes at the higher end of ability, with no, or very mild, other disabilities in INAS**
- **Our athletes are not representative of individuals with ID who could or do compete in sport**



# IMPAIRMENT TO DISABILITY





## **HOW MIGHT ANOTHER CLASS HELP?**

- 1. It will allow INAS to include ID athletes who have a greater range & severity of disabilities.**
- 2. Allow INAS to be more representative of athletes with ID**
- 3. Allow INAS to grow our sporting events**
- 4. Enable athletes with Downs Syndrome to be included more fully in INAS events**

# A COUPLE OF THINGS TO CONSIDER.....

## 1. Just making another IQ cut off point will not work as:

- a) ID is not just about a low IQ, but also AB
- b) Given the high likelihood of an athlete having a comorbid physical/sensory condition this would still exclude people at the higher ability end but who have an ID associated physical condition.

Example – an athlete with Downs Syndrome who has an IQ of 65 would still have to compete against an ID athlete with no associated physical disorders

## 2. Why not just make it syndrome specific?

- a) Whilst there are many syndromes, the largest one is Downs Syndrome, the others may be too small to form a separate class for competition.
- b) A large group of people have more severe disabilities but have no identified syndrome
- c) This would go completely against the Paralympic model of functional impairment classes

# SO HOW MIGHT WE DEVELOP AN ADDITIONAL CLASS?

## THIS IS A TRICKY QUESTION TO ANSWER

Some principles

1. We need to have a clear conceptual model of how we do this
2. It needs to be evidence based
3. It needs to be practical to operate
4. It needs to be easy to communicate
5. It needs to sustain us into the future i.e. can we build on it?
6. It needs to meet the aims of INAS
7. Preferably it needs to be consistent with the Paralympic approach to classification

# SOME INITIAL STEPS

1. We do not know enough about our athletes and if the research from the general population is true for our athletes - evidence based

Research project: comparing three groups, INAS, regional ID athletes, and DS on types and severity of associated disorders and relationship to IQ. Aim to explore criteria which may be used to separate groups of athletes into distinct classes. Data to be collected by end of 2014.

2. We need to seek the views of our stakeholders on taking this step

We invite you through this workshop to discuss amongst yourselves, talk to your constituents, consult and feedback your view to the Governing body.

3. We need to ensure we have the infra-structure to support the introduction of another class – enough competitions, clear guidance, administrative structures, education – a phased and planned introduction

Careful but positive steps.....

