EUROPEAN UNION

Let's Find Our Way

European Good Practices Guide: Inclusive Sports and Orienteering for People with Down Syndrome

Project No. 101244970

Erasmus+
Enriching lives, opening minds.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the authors only and do not necessarily reflect those of the European Union or EACEA. Neither the European Union nor the granting authority can be held responsible for them.

Let's Find Our Way

European Good Practices Guide:

Inclusive Sports and Orienteering for People with Down Syndrome

ORIE down

Let's Find Our Way
European Good Practices Guide: Inclusive Sports and Orienteering for People with Down Syndrome

This publication was developed within the project **Let's find our way together through orienteering, protecting nature and taking a step towards an inclusive future!** (Project No. 101244970), implemented under the Erasmus+ Programme

Publisher:
Županijska udruga osoba s cerebralnom i dječjom paralizom
Veslarska 3/B, Republic of Croatia
e-mail: zucdp@cdp-ri.hr
https://zucdp.hr/

Project partners:
Factor Fuerza (Spain, Coordinator)
Kapsayıcı Spor Topluluğu Spor Kulübü (Turkey)
Thessaloniki Olympic Museum (Greece)
Special Olympics Bosnia and Herzegovina (Bosnia and Herzegovina)
Županijska Udruga Osoba s Cerebralnom i Dječjom Paralizom (Croatia)
Atermon B.V. (Netherlands, Technology Partner)
Speciālais Sporta Centrs – SSC (Latvia)
Doğanşehir Dağ ve Doğa Sporları Kulübü Derneği – DOKAMP (Turkey, Associated Partner)

Authors / Contributors:
Ana Došen, Ahmet Dalci, Birol Cagan, Paula Pain, Dr Kyriaki Oudatzi, Nadija Strazdiņa, Kada Selimović, Maria Panagiotopoulou, Alise Pētersone, Guillermo Montes

April, 2026

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the authors only and do not necessarily reflect those of the European Union or EACEA. Neither the European Union nor the granting authority can be held responsible for them.

Executive Summary

This guide has been developed within the framework of the Erasmus+ Sport project **OrieDown** as a European good practices document focused on **inclusive sport for people with Down syndrome**, with particular attention to orienteering and orientation-based activities as one relevant field of application. Its purpose is to provide a professional, comparable, and practice-oriented framework for the development and implementation of sports programmes that contribute to physical activity, social inclusion, safety, autonomy, and quality of life for people with Down syndrome.

The guide is based on the recognition that people with Down syndrome still often face limited access to regular, high-quality, and appropriately adapted sports activities. Among the main barriers are the lack of adapted programmes, the limited availability of trained professionals, insufficient cooperation between the sports, educational, and social sectors, and a frequent reliance on short-term, project-based initiatives. In this context, inclusive sport should not be understood merely as an opportunity to participate in activities, but also as an important framework for ensuring equal opportunities, social belonging, personal development, and active participation in community life.

The good practice examples included in this guide do not refer exclusively to orienteering. Instead, they cover a **broader range of inclusive sports activities for people with Down syndrome and, where relevant, for people with other forms of disability**. This broader perspective makes it possible to compare different inclusion models, adaptation methods, support mechanisms, and organisational approaches. Within this wider framework, orienteering and orientation-based activities are recognised as a particularly valuable area because they combine movement, spatial awareness, attention, decision-making, and the gradual development of autonomy.

The document is based on a comparative analysis of **35 good practice examples from seven partner countries**: Bosnia and Herzegovina, Croatia, Greece, Latvia, Spain, the Netherlands, and Turkey. All examples were collected and structured using a common WP2 template in order to ensure greater comparability of data and a more consistent analytical approach. The guide is therefore not only a review of individual experiences, but also an analytical basis for understanding the characteristics of high-quality, safe, inclusive, and sustainable sports programmes.

The comparative analysis shows that successful programmes, regardless of country or type of activity, share several common characteristics. First, they are based on an **individualised approach** that takes into account the abilities, needs, and pace of progress of each participant. Second, they rely on competent coaches and professionals, cooperation with families and local communities, and clearly defined safety protocols and risk management procedures.

The guide serves a threefold function. First, it documents and analyses existing European practices in order to identify their key elements, limitations, and transfer potential to other contexts. Second, it offers practical principles for the design and delivery of inclusive sports activities, including accessibility, communication, task progression, family involvement, safety, and evaluation. Third, it provides recommendations for sports clubs, civil society organisations, schools, sports federations, and policy makers seeking to develop more sustainable and systematic models of sports inclusion for people with Down syndrome.

At the same time, the guide does not assume that there is one universal solution applicable in all settings. The partner countries differ in terms of institutional capacity, traditions of inclusive sport, levels of professional support, and access to funding. For this reason, the comparative approach is particularly valuable: it allows for the identification of shared success factors, while also recognising the elements that need to be adapted to local contexts. The guide therefore promotes an approach that is evidence-informed, practice-oriented, and sufficiently flexible for different organisational and social environments.

The wider European relevance of this document lies in its alignment with the goals of social inclusion, equal opportunities, health promotion, and the active participation of persons with disabilities in society. Within this framework, sport is understood as a means of developing competences, social relationships, self-confidence, and greater visibility of people with Down syndrome within their communities.

In conclusion, the **European Good Practices Guide: Inclusive Sports and Orienteering for People with Down Syndrome** provides a foundation for the development of higher-quality programmes, stronger cross-sectoral cooperation, and more informed public policies in the field of inclusive sport. The document shows that good practices already exist in different European contexts, but also that their full impact depends on continuous learning, adaptation, partnership, and long-term support. In this way, the guide serves both as an overview of existing

approaches and as a practical tool for the further expansion of inclusive, safe, and empowering sports opportunities for people with Down syndrome.

Contents

1 Introduction

Inclusive sport is increasingly recognised as an important means of promoting social inclusion, health, equal opportunities, and the active participation of persons with disabilities in society. However, despite this growing recognition, people with Down syndrome continue to face significant barriers to regular participation in organised sports activities. These barriers include limited access to appropriately adapted programmes, insufficient availability of trained professionals, uneven cooperation between the sports, educational, and social sectors, and a continued reliance on short-term or project-based initiatives.

Within this broader context, this guide focuses on inclusive sport for people with Down syndrome, while also acknowledging that many good practice examples involve wider models of participation that include persons with other forms of disability. The aim is therefore not only to highlight access to sport, but also to examine the conditions that make sports participation meaningful, safe, sustainable, and development-oriented.

The OrieDown project contributes to this field by giving particular attention to orienteering and orientation-based activities as one innovative and promising area within inclusive sport. These activities are especially relevant because they combine physical movement with spatial awareness, attention, decision-making, and the gradual development of autonomy. At the same time, the present guide is not limited to orienteering alone. It adopts a broader perspective on inclusive sports practice in order to identify transferable approaches, common success factors, and practical models that can support the inclusion of people with Down syndrome across different sporting contexts.

This Good Practices Guide has therefore been developed to systematically document, analyse, and compare existing practices across different European settings and to make this knowledge accessible to policy makers, sports organisations, civil society

actors, educators, and other relevant stakeholders. By doing so, it seeks to support the further development of inclusive, safe, and high-quality sports opportunities for people with Down syndrome, while also contributing to stronger cross-sectoral cooperation and more informed policy and practice at the European level.

1.1 Background and Rationale

The inclusion of people with Down syndrome in organised sport and regular physical activity has an important public health, educational, and social inclusion dimension, particularly in the context of widespread physical inactivity. Globally, an estimated 31% of adults do not meet recommended levels of physical activity, while around 80% of adolescents fall below recommended levels (WHO, 2024). The World Health Organization recommends 150 to 300 minutes of moderate-intensity aerobic physical activity per week for adults, or an equivalent combination of activity levels, while children and adolescents are advised to engage in an average of 60 minutes of moderate-to-vigorous physical activity per day (WHO, 2020; Bull et al., 2020). These benchmarks underline that health promotion depends not on occasional participation, but on continuous, repeated, and sustainable opportunities for physical activity within community settings.

Within the European context, Down syndrome represents a significant and visible target group for inclusive sport policies and programmes. Estimates for Europe for the period 2011 to 2015 indicate a live-birth prevalence of approximately 10.1 per 10,000 live births, or around 1 in 990 live births (de Graaf, Buckley and Skotko, 2021). In the wider field of congenital conditions, the European Commission's Joint Research Centre has also noted that Down syndrome accounts for approximately 8% of all congenital anomalies (European Commission, Joint Research Centre, 2019). These data confirm that the need for accessible and well-designed sports opportunities for people with Down syndrome is relevant across a broad range of local and national contexts.

At the same time, available research consistently suggests that people with intellectual disabilities, including many people with Down syndrome, are on average less physically active than the general population and face multiple barriers to regular participation. These barriers are linked to access, transport, availability of support, coaching competence, programme adaptations, and environmental conditions. A systematic review on physical activity levels in adults with intellectual

disabilities identifies insufficient activity levels as a significant public health concern, while also noting variation in the methods used to assess participation (Dairo et al., 2016). More recent evidence on physical activity interventions for adults with intellectual disabilities further highlights the importance of structured programmes and appropriate adaptations in supporting regular participation and long-term maintenance (Jacob et al., 2023).

Research on inclusion in mainstream sport also shows that successful participation of athletes with intellectual disabilities depends on a set of practical and organisational conditions rather than on access alone. These conditions include club readiness, coaching competence, clear session structure, positive social dynamics, the availability of family or volunteer support, and appropriate safety procedures within the environments in which activities take place (Pochstein et al., 2023). In many local communities, barriers therefore tend to emerge across four closely connected domains: the continuity and stability of programmes, the competence of coaches to deliver inclusive and adapted activities, safety in outdoor and community-based environments, and the involvement of families, particularly where skills developed through sport may also support everyday functioning and participation.

Against this background, the present guide adopts a broad understanding of inclusive sport for people with Down syndrome. The good practice examples presented in this document do not refer only to one sport or one delivery model. Rather, they reflect a wider range of inclusive sports activities for people with Down syndrome and, where relevant, for people with other forms of disability. This broader perspective is important because it allows for the comparison of different forms of participation, support structures, adaptation strategies, and organisational approaches across countries and settings.

Within this wider framework, orienteering and orientation-based activities are given particular attention because they offer a distinctive combination of movement, spatial awareness, decision-making, and learning in real environments. Unlike activities delivered only in highly controlled indoor settings, these activities can support structured learning in everyday and outdoor contexts. At the same time, they require safety to be addressed systematically through clear rules, defined boundaries, buddy systems, check-in and check-out routines, and protocols for situations of uncertainty or disorientation. For this reason, programmes in this area may contribute not only to health promotion and social inclusion, but also to the development of functional skills related to safer mobility, confidence, and participation in community life.

Overall, the rationale for this guide lies in the need to better understand which elements make inclusive sports programmes effective, safe, transferable, and sustainable for people with Down syndrome.

1.2 OrieDown Project Context

The OrieDown project, *Let's Find Our Way Together through Orienteering, Protecting Nature and Taking a Step towards an Inclusive Future* (Proposal No. 101244970), is implemented under the Erasmus+ Sport 2025 call (ERASMUS-SPORT-2025-SCP) as an 18-month transnational cooperation initiative. The project is centred on the development, piloting, and validation of an adapted orienteering model for people with Down syndrome, while contributing more broadly to the field of inclusive grassroots sport.

In line with the wider aims of this guide, OrieDown should not be understood only as a sport participation project focused on one discipline. Rather, it addresses a broader gap in inclusive sport provision, particularly in relation to accessible outdoor physical activity, structured learning in real environments, and opportunities that support both participation and autonomy for people with intellectual disabilities. In this respect, the project combines a specific thematic focus on orienteering with a wider commitment to inclusive sport development.

The consortium brings together organisations from seven European countries, representing expertise in sport, disability inclusion, education, community-based delivery, and digital support tools:

- Factor Fuerza (Spain, Coordinator)
- Kapsayıcı Spor Topluluğu Spor Kulübü (Turkey)
- Thessaloniki Olympic Museum (Greece)
- Special Olympics Bosnia and Herzegovina (Bosnia and Herzegovina)
- Županijska Udruga Osoba s Cerebralnom i Dječjom Paralizom (Croatia)
- Atermon B.V. (Netherlands, Technology Partner)
- Speciālais Sporta Centrs – SSC (Latvia)
- Doğanşehir Dağ ve Doğa Sporları Kulübü Derneği – DOKAMP (Turkey, Associated Partner)

The project is based on the assumption that meaningful inclusion in sport cannot be reduced to isolated events or symbolic participation. Instead, it requires a

combination of appropriate adaptation methods, clear communication, structured task progression, safety procedures tailored to the activity setting, and systematic cooperation with families and local stakeholders. These elements are essential not only for access, but also for continuity, confidence, and the long-term sustainability of participation.

Within this framework, OrieDown gives particular attention to orientation-based activities because of their functional and educational value. Learning through movement in space, recognising landmarks, following simple directions, and making sequential decisions can support not only participation in sport, but also the development of confidence, spatial awareness, and everyday functional skills. In this sense, orienteering is approached not only as a sport discipline, but also as a structured and adaptable format that may support broader inclusion goals when delivered under safe and well-designed conditions.

The project also includes a set of complementary outputs that together support implementation and transferability. These include this Good Practices Guide, the development of adapted maps as accessibility tools, a digital educational resource supporting basic orientation principles, and pilot activities in real environments through training sessions and local events. Taken together, these components form a practical framework through which inclusive sport methods can be tested, refined, and shared across different contexts.

For the purposes of this guide, OrieDown project context is particularly important because it provides the organisational and methodological basis for collecting, documenting, and comparing partner experiences. Through a shared WP2 approach, the project makes it possible to identify transferable elements, common challenges, and policy-relevant lessons across diverse local settings. This strengthens the analytical value of the guide and supports its relevance beyond the immediate partnership.

OrieDown is also aligned with broader European priorities related to inclusion, accessibility, health-enhancing physical activity, and the active participation of persons with disabilities in community life. In this sense, OrieDown contributes to current European efforts to expand the quality and diversity of inclusive sport opportunities, especially in areas where outdoor activity, spatial learning, and supported autonomy remain underdeveloped.

By combining adapted mapping tools, progressive orientation tasks, supported outdoor training, and community-based practice, the project creates conditions in which physical activity can be linked with confidence, participation, safety, and skill

development. Its relevance therefore lies not only in promoting sport participation, but also in exploring how inclusive sport can support broader developmental and social outcomes for people with Down syndrome.

1.3 Objectives of the Guide

The Good Practices Guide acts as a bridge between local implementation and European-level learning: it consolidates experiences from different contexts and translates them into practical guidance and recommendations useful for coaches, organisations and decision-makers. The objectives operate on three levels.

1. **Practical objectives (coaches, clubs, activity leaders):**

- provide feasible patterns for designing inclusive outdoor sessions for people with Down Syndrome,
- describe adaptations that reduce cognitive load and increase understanding,
- operationalise safety through concrete procedures so that participants are protected while autonomy can be progressively strengthened.

2. **Strategic objectives (NGOs, schools/institutions, local partners):**

- offer a framework for building programmes that are continuous rather than one-off, including organisational prerequisites, roles and responsibilities, volunteer support, transport/logistics, and communication with families;
- strengthen the logic of local partnerships (e.g., clubs contribute sport expertise, while NGOs/institutions provide access to the target group and family-support experience), and show how these roles can be integrated into a functional delivery model;
- highlight sustainability elements: materials, coach training, standardised protocols, a reusable equipment "kit", local support networks.

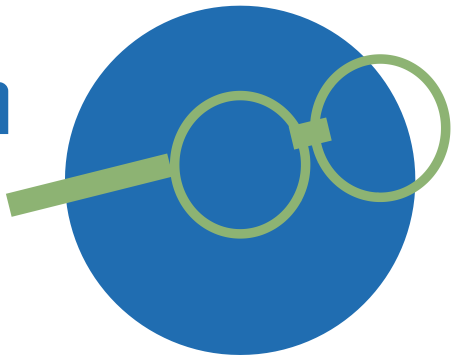
3. **Policy objectives (public authorities, federations, decision-makers):**

- provide a framework for understanding "what makes the difference" in inclusive programmes: typical risks, key success factors;
- support planning for scaling and transferability: distinguish highly transferable elements (e.g., session structure,) from elements requiring local adaptation;

- encourage the integration of inclusive sport into wider local and regional strategies for public health and social inclusion, supported by realistic resource planning and simple, feasible evaluation indicators.

The Guide is therefore intended as a document that goes beyond presenting "examples": it builds a shared language and a framework for implementation, comparison and decision-making.

2 Methodological Approach



This chapter outlines the methodological approach used to identify, document and analyse the good practice examples included in this guide. It explains the logic of WP2, the main data collection methods, the criteria used for selecting practices, and the key limitations that should be considered when interpreting the findings.

2.1 WP2 Methodological Framework

WP2 applies a **qualitative, practice-based and comparative** methodological framework designed to ensure that good practices collected in different national contexts can be documented in a **consistent and comparable** way.

The work package includes two core tasks:

1. the design of methodological guidelines and a study plan for analysing collected practices
2. a **context analysis and data collection** phase in which partners gather local case studies.

The methodological guidelines (Task 2.1) define:

- what constitutes a "good practice" in the scope of OrieDown,
- **which data must be collected** for each practice (using a standard template),
- **how partners should describe adaptations** relevant to Down Syndrome and inclusive delivery, and
- **how information will be synthesised** into the European Good Practices Guide (Deliverable D2.1).

Task 2.2 operationalises the comparative approach by requiring each partner to document **at least five local case studies** focusing on sport-based social integration

of **children with Down Syndrome**, leading to a target of minimum **35 case studies** at consortium level.

Finally, the WP2 framework is aligned with the Guide's intended purpose: to move beyond isolated examples and enable **structured comparison**, identification of recurring patterns, and extraction of transferable lessons across countries.

2.2 Data Collection Methods

WP2 uses **triangulation**, combining secondary and primary sources to capture both the "what" (programme characteristics) and the "why/how" (implementation conditions, barriers, facilitators).

1. **Secondary sources (desk research)**

Partners conduct desk research drawing from **bibliographic sources, databases and internet resources** to map:

- existing inclusive sport initiatives relevant to Down Syndrome,
- national/local policy context (where available), and
- any publicly available reports or materials describing programme delivery.

2. **Standardised documentation of good practices (case studies)**

Each case study is documented using the **WP2 Good Practice Template**, submitted in English and limited to one page per practice.

The template ensures that each practice includes the same minimum dataset (title, setting, target group, implementation details, objectives, methods, results/impact, justification, transferability), enabling cross-country comparison.

3. **Consolidation and synthesis**

Collected materials are consolidated into Deliverable **D2.1 (E-Guide)**, designed as an electronic guide in English and structured to showcase strategies, methodologies and real-world applications that promote inclusion and accessibility.

2.3 Definition and Selection Criteria for Good Practices

In WP2, a "good practice" is defined as an **already implemented** initiative (not a plan or idea) that demonstrates practical relevance for inclusion through sport and can provide transferable lessons for other settings. Practices are selected and documented according to explicit criteria that support comparability and policy relevance.

Minimum inclusion criteria (must-have):

- **Implemented activity:** the practice describes what was actually delivered, including where and how often.
- **Clear target group:** focused on children with Down Syndrome and/or their immediate support ecosystem (families, coaches).
- **Defined objectives and methods:** aims and delivery methods are described in operational terms.
- **Results/impact:** reported outcomes are included (physical, social, emotional), at minimum as observed or reported change.
- **Transferability:** the practice explains whether and how it can be applied in other contexts.

Quality and relevance criteria (should-have, used for prioritisation and synthesis):

- **Inclusivity and adaptation:** the practice demonstrates meaningful adaptations relevant to Down Syndrome.
- **Family/community involvement:** the practice describes the role of families or community actors in participation continuity and skill transfer.
- **Sustainability:** the practice shows elements that support continuity beyond a one-off event (resources, trained staff, repeatable session design, partnerships).
- **Policy relevance:** the practice provides lessons that can inform clubs, NGOs and public authorities in programme design and resourcing.

2.4 Limitations of the Study

This Guide is built on a structured WP2 framework, but several limitations should be considered when interpreting findings and transferring lessons.

1. **Variation in data availability across countries**

Desk research outputs depend on the availability and accessibility of national/local documents and public information. Some contexts may have limited or fragmented data, which can affect the depth of contextual analysis.

2. **Heterogeneity of practices and implementation ecosystems**

Good practices may be delivered by different types of organisations (clubs, NGOs, schools, local authorities) under varying resourcing conditions. While the template improves comparability, practices still differ in scope, intensity and maturity, which can limit direct "like-for-like" comparison.

3. **Self-reported and practice-based evidence**

Reported "results and impact" often rely on practitioner observation, stakeholder feedback and local documentation rather than controlled study designs. This is appropriate for a practice guide, but it limits causal claims and requires cautious interpretation.

4. **Timeframe constraints of WP2**

WP2 is scheduled early in the project timeline (M2–M5), which can constrain the depth of longitudinal follow-up on outcomes and sustainability.

5. **Language and standardisation constraints**

All practices are reported in English and limited to one page, which supports usability and comparability but can reduce nuance and contextual detail. Despite these limitations, the combination of desk research, stakeholder inputs and standardised case documentation provides a robust basis for identifying recurring implementation patterns, success factors and transferable elements across diverse European contexts.

3 Why Inclusive Sports and Orienteering for People with Down Syndrome

3.1 Physical Benefits

Physical inactivity remains a major public health issue in the European Union, which is reflected in continuous monitoring of citizens' activity habits. The Special Eurobarometer 472 reports that 46% of EU citizens never exercise or play sport, indicating a structural need for accessible, "everyday" opportunities for physical activity in the community rather than occasional events (European Commission, 2018). This is further supported by the WHO/Europe HEPA report for the EU (2024), which shows progress in policy implementation across 23 indicators while emphasising that outcomes depend on how effectively measures are translated into local practice and cross-sector cooperation (WHO Regional Office for Europe, 2024a; WHO Regional Office for Europe, 2024b).

For people with Down Syndrome (DS), EU-relevant research using objective measurement of activity is particularly valuable because it reduces reliance on perceptions or self-report alone. The Spanish UP&DOWN study (adolescents with DS, accelerometer-based measurement) found that activity levels are linked to both non-modifiable factors (e.g., age, socio-economic conditions) and modifiable factors such as parental support and patterns of time use, which provides a clear implication for programme design: successful interventions need a family and environmental layer, not only the training itself (Izquierdo-Gómez et al., 2015). A longitudinal analysis within the same framework showed that baseline accelerometer-measured physical activity was associated with better health-related

physical fitness two years later, strengthening the case for continuous, progressive programmes rather than one-off events (Suarez-Villadat et al., 2021).

Partner-country evidence supports the feasibility of structured exercise approaches and progression. A Greek experimental study showed that adults with DS can achieve improvements in cardiorespiratory indicators through a systematically designed jog-walk aerobic programme (Tsimaras et al., 2003). A Turkish study described marked differences in physical performance and quality of life among adolescents with DS compared with typically developing peers, highlighting the need for targeted interventions (Yazıcı-Gülay et al., 2025). In Croatia and the wider region, a cross-sectional study involving children with developmental disabilities (including the Croatian context) reported that insufficient physical activity is common, reinforcing the need for structured, supported and continuous community provision (Međaković et al., 2024).

This is where orienteering and orientation-based activities add concrete value. They naturally deliver a "functional" movement pattern (walk-run alternations, changes of direction, brief stops, re-starts) and allow precise dose adjustment without excluding participants. For example, the same activity can be delivered in three parallel difficulty levels:

- Green route (very easy): 6–8 controls in a compact area, short distances, clear line features (paths/fences), focus on "go-to" tasks.
- Blue route (easy): 8–10 controls, slightly longer legs, simple choices between two obvious options, one "decision" per leg.
- Orange route (supported challenge): 10–12 controls, a few longer legs, still within bounded terrain, optional "bonus" controls for advanced participants.

From a training perspective, this supports inclusion because the group can share the same space and session structure while individuals complete tasks matched to their abilities. In addition, physical load can be adjusted by terrain selection (flat park vs. mild slopes), by reducing pauses, or by "intervalising" the course (two short loops with a hydration break). This aligns with the evidence base pointing towards the importance of sustained activity exposure and progressive participation for longer-term fitness benefits (Suarez-Villadat et al., 2021; Tsimaras et al., 2003).

3.2 Psychological and Social Benefits

EU and WHO/Europe HEPA frameworks emphasise that physical activity is relevant not only for physical health, but also for social outcomes, including inclusion and participation in community life, and that effective interventions typically rely on cross-sector cooperation (Council of the European Union, 2013; WHO Regional Office for Europe, 2024a). In practice, for people with Down Syndrome, psychological and social benefits are often primary drivers of participation: belonging, positive experiences, perceived competence, stable social contacts and quality of life.

Providing DS-specific evidence, a systematic review led by a Spanish research group reported that physical activity and sport programmes for people with DS were commonly associated with benefits in autonomy and/or quality of life, spanning physical, psychological and social domains. The review also emphasised that adaptations and programme accessibility are key conditions for achieving these outcomes (Muñoz-Llerena et al., 2024). This is particularly relevant to OrieDown because it supports a wider definition of "impact": programme success should not be judged only through fitness markers, but also through functional autonomy and social participation.

In Croatia and the region, the same cross-sectional study indicates that participation in activity among children with developmental disabilities is often shaped by broader family and lifestyle factors, which justifies an approach where families are active partners in programme delivery (Međaković et al., 2024). In practical terms, this means that programme design should explicitly plan for: predictable scheduling, clear communication, a "what to expect" routine, and family roles that are supportive but do not replace learning.

Orienteering has a specific advantage: it can promote psychological and social outcomes through its built-in "activity architecture", without requiring separate social workshops. Micro-achievements (finding a control, finishing a loop) strengthen perceived competence because success is immediate and visible. The buddy format provides structured social roles (navigator, checker, timekeeper, sticker collector) that reduce ambiguity in interactions. This matters for inclusion because the social environment becomes easier to understand, and peer engagement becomes task-led rather than forced.

To make these benefits more likely, programmes can embed small, concrete elements:

- Role cards ("I hold the map", "I find the next marker", "I confirm we are on the path"), rotated every 10 minutes.
- Confidence scaffolding by starting with "guaranteed success" legs (very short, obvious), then gradually increasing leg length or decision complexity.
- End-of-session reflection using a simple 3-choice scale (happy/neutral/ sad) plus one question ("Which control was easiest?"), which reinforces learning and gives coaches feedback without complex assessment.

These design features operationalise the conditions highlighted in the literature: accessibility and adaptation are not optional extras, but the mechanism through which autonomy and quality-of-life outcomes become realistic (Muñoz-Llerena et al., 2024).

3.3 Orientation Skills and Independent Mobility

One of the main reasons for giving particular attention to orienteering and orientation-based activities in this guide is their potential contribution to orientation skills and safer independent mobility. In these activities, participants repeatedly practise recognising landmarks, following simple directions, making sequential decisions, and interpreting features of the surrounding environment. These are not only sport-related skills, but also competencies that may be relevant to everyday movement in parks, neighbourhoods, school environments, and familiar community settings.

For people with Down syndrome, the development of these skills is especially meaningful when it is approached gradually and under safe conditions. The objective is not independence without support, but the progressive strengthening of confidence, understanding, and functional participation in real environments. In this sense, orientation-based activities are relevant because they link movement with environmental awareness and decision-making in ways that can support both sport participation and everyday functioning.

Research from the UP&DOWN framework is relevant here as well. The finding that physical activity levels in adolescents with Down syndrome are associated with modifiable factors such as parental support (Izquierdo-Gómez et al., 2015), together with the evidence linking baseline activity to later physical fitness (Suarez-Villadat et al., 2021), suggests that orientation and mobility-related participation cannot be separated from broader physical and social conditions. Safer mobility depends not

only on understanding tasks, but also on physical prerequisites such as balance, endurance, coordination, and confidence in movement. Evidence from Greece and Turkey similarly supports the importance of structured programmes that strengthen both physical and functional capacity (Tsimaras et al., 2003; Yazıcı-Gülay et al., 2025).

At the same time, the development of autonomy in orientation-based activities should never be separated from safety. For this reason, the educational value of such activities lies not in exposing participants to uncertainty, but in building structured progression through routines, boundaries, and support mechanisms.

In practice, this means that programmes should include:

- clearly bounded activity areas,
- buddy arrangements or paired participation,
- check-in and check-out procedures,
- agreed response routines in situations of uncertainty,
- gradual progression in task complexity.

When delivered in this way, orientation-based activities can support the development of:

- attention to environmental cues,
- route-following skills,
- confidence in movement,
- spatial awareness,
- safer participation in community-based settings.

From a wider inclusive sport perspective, this is where orienteering adds value. It offers a concrete example of how physical activity can be combined with functional learning, structured progression, and real-world engagement. This makes it an important thematic strand within the guide, while remaining fully aligned with the broader objective of strengthening inclusive sport opportunities for people with Down syndrome.

4 Key Success Factors for Inclusive Sports Programmes

This chapter identifies the main factors that influence the quality, safety, and sustainability of inclusive sports programmes for people with Down syndrome. Drawing on the comparative analysis of the collected good practices, it focuses on the practical conditions that make participation meaningful, accessible, and development-oriented across different sports and settings.

4.1 Programme Design: Structure, Progression, Simplicity

In inclusive sports programmes for people with Down syndrome, programme design is not a secondary organisational issue, but a core condition for meaningful and safe participation. In outdoor and orientation-based activities in particular, good design is what makes inclusion workable in practice. Across different settings, successful programmes tend to share three closely connected characteristics:

- clear structure,
- gradual progression,
- simplicity of task design.

These characteristics matter because they reduce uncertainty, support understanding, and allow autonomy to develop without creating unnecessary stress or risk. A well-designed programme does not expect participants to adapt to a confusing environment. Instead, it creates a learning environment that is predictable, supportive, and responsive to different levels of confidence, attention, and ability.

A **clear and predictable session structure** is especially important. Repetition of the same sequence, the same core routines, and the same instruction style from session to session can significantly reduce anxiety and improve participation. In practice, a well-structured session often includes:

- an arrival and orientation routine,
- a short safety check,
- a warm-up through simple and familiar activities,
- a main part organised into short learning blocks,
- a closing routine with feedback, reflection, or check-out.

Short learning blocks are particularly useful because they create regular opportunities to pause, reset, and adjust the level of support if needed. If a participant becomes tired, distracted, or uncertain, the activity can move to an easier variation without presenting this as failure and without disrupting the whole group. This flexibility is not a minor adjustment, but an essential part of inclusive delivery. Differences in attention, processing speed, fitness, communication style, and motivation should be expected in groups that include participants with Down syndrome.

Progression is equally important, but it should be understood carefully. In this context, progression does not simply mean longer routes, greater distance, or more difficult tasks. Rather, it means developing competence by changing one element at a time within a stable and safe framework. Early progression can be achieved by:

- reducing the number of symbols or choices,
- increasing the visibility and proximity of controls or targets,
- using clear line features such as paths, fences, or edges,
- reinforcing familiar routines before introducing new decisions.

Only once the participant has become comfortable with the structure and safety routines should the programme introduce more complex elements, such as simple route choice, less visible markers, or increased independence in task completion. The key principle is that **task complexity should increase only when understanding and safety routines are already stable**. If difficulty increases too quickly, participants may experience navigation or problem-solving under stress, which can reduce confidence, weaken motivation, and increase risk.

The third element, **simplicity**, should not be confused with lowering expectations or underestimating the participant. Simplicity means making the activity

understandable and manageable. It involves simplifying the design of the task, not simplifying the person. In practice, this usually requires:

- short and consistent instructions,
- strong visual support,
- demonstration instead of explanation alone,
- one clear goal at a time,
- limited distraction within the task environment.

This is especially important in the early stages of participation. Navigation, speed, social interaction, environmental challenge, and rule-following should not all be treated as equally important at the same time. A better approach is to define one main learning objective for a given moment or task, while keeping other elements secondary. This increases the likelihood of success, supports concentration, and reduces frustration.

At the same time, simplicity does not mean segregation. Inclusive programme design can allow participants to share the same space, timing, and overall session structure while engaging with different levels of difficulty or support. This is one of the reasons why orientation-based activities can be especially useful in inclusive sport: they make it possible to organise shared participation with differentiated tasks in a practical and coherent way.

A common implementation mistake is to equate inclusion with early challenge. In reality, inclusion is not demonstrated by exposing participants to overly complex tasks too soon. It is demonstrated through conditions that support:

- regular attendance,
- stable and understandable routines,
- positive participation experiences,
- gradual increases in confidence,
- progressive development of independent decision-making.

From this perspective, good programme design is not only a methodological issue, but a success factor in its own right. It is the foundation on which safety, learning, participation, and long-term engagement are built.

4.2 Safety and Risk Management

In the context of the OrieDown project, inclusion is linked to sports and orientation-based activities delivered in a range of settings, including both outdoor and indoor environments. Safety must therefore not be treated as a secondary issue or addressed through improvised responses. It needs to be embedded systematically within programme design and delivery. While the project gives particular attention to the risk of getting lost and to safe spatial orientation, implementation in real-life settings also involves a broader range of physical, emotional, environmental, and organisational risks.

These risks may include:

- trips, slips, and falls on uneven or poorly structured surfaces,
- overload, frustration, or anxiety during activities,
- accidental separation from the group,
- unclear staff roles or inconsistent supervision,
- communication difficulties with families or support persons,
- unsuitable environmental conditions in either outdoor or indoor settings.

In inclusive programmes, risk management must protect participants while also allowing autonomy to develop progressively. If the system is overly restrictive, participants have limited opportunities to build confidence and independence. If it is too loose, the activity may become unsafe and families may lose trust in the programme. Safety should therefore be understood not as a constraint on inclusion, but as a precondition for meaningful, sustainable, and development-oriented participation.

A stable safety approach begins with the definition of a **safe zone** and clear activity boundaries that are visible, understandable, and consistently reinforced. In the early phases of implementation, activities should be delivered in predictable and manageable environments, such as schoolyards, parks, sports halls, school corridors, or other easily controlled spaces. Such settings are particularly suitable when they provide:

- clear natural, spatial, or organisational boundaries,
- easily recognisable landmarks,
- visible points for movement and stopping,
- low levels of distracting or confusing stimuli,
- straightforward possibilities for supervision and support.

Boundaries should not rely solely on verbal explanation. They should be demonstrated on site and, where appropriate, marked on simplified maps, visual signs, or other supporting materials. Similarly, the **buddy rule** should operate as a standard safety procedure rather than an optional measure. Buddy systems enhance safety, reduce isolation, and support inclusion by enabling shared participation and joint problem-solving.

Operational safety also depends on clear **check-in and check-out procedures**. These are not minor administrative details, but an essential component of programme quality and family trust. A well-organised activity should include a clear process for confirming:

- who is present at the start of the session,
- who is paired with whom,
- when participants begin the task,
- when they are expected to return,
- how their safe return is confirmed.

In this context, the **return-point rule** is of particular importance. Participants should know in advance where to return if they become uncertain, confused, or uncomfortable. This procedure should be practised regularly rather than explained only once. Returning to a safe point should be framed as a successful self-protection strategy, not as a mistake or failure.

Risk management in inclusive sports and orientation-based activities must also address **overload and emotional escalation**. Both outdoor and indoor environments may be highly stimulating, and tasks involving navigation, orientation, or sports performance may generate stress if demands increase too quickly. For this reason, programmes should include:

- planned breaks,
- a calm and familiar reset routine,
- the possibility of moving to an easier task without stigma,
- clear signals for stopping or requesting help,
- support strategies that reduce pressure rather than intensify it.

This dimension of safety is as important as physical first aid. A participant who becomes overwhelmed may face a greater risk of disorientation, withdrawal, or unsafe movement. Emotional regulation, predictable support, and clear recovery options are therefore integral elements of safe programme delivery.

At organisational level, programmes should also have a simple but clear **emergency response plan**. In grassroots settings this does not require excessive bureaucracy, but it does require clarity and preparedness. At a minimum, organisers should ensure:

- basic first-aid readiness,
- a clearly defined meeting point,
- agreed internal roles and responsibilities,
- emergency contact procedures,
- a clear threshold for shortening, adapting, or stopping the activity if conditions change.

For the purposes of this guide, it is not necessary to set out national legal requirements in detail for every context. More important is to demonstrate that safety is managed through planning, routines, and clearly allocated responsibilities.

For quality assurance, a limited amount of feasible documentation may also be beneficial. This may include:

- a basic attendance record,
- confirmation that check-in and check-out procedures were completed,
- short notes on near-miss situations,
- brief observations on recurring safety difficulties.

The purpose of such documentation is not to create administrative burden, but to support reflection, learning, and continuous improvement. If recurring patterns are identified, such as repeated confusion at turning points or difficulty in applying stop-check-go routines, the programme can adjust its structure, repetition, or support strategies accordingly.

Overall, the key message is that safe participation in inclusive sports and orientation-based activities is achieved through a combination of understandable space, clear boundaries, buddy systems, check-in and check-out procedures, a practised return-point routine, and progression that increases autonomy only when safety habits are already stable. This approach protects participants, strengthens family trust, and supports the broader goal of developing confidence and safer participation in community-based activities.

4.3 Role of Coaches and Professionals

Within the OrieDown context, programme success depends less on selecting the "right sport" and more on the way activities are coached, structured, and safeguarded. This is particularly relevant in inclusive sports programmes for people with Down syndrome, where participation often depends on how clearly tasks are presented, how consistently routines are applied, and how effectively support is balanced with opportunities for autonomy. In orienteering and orientation-based activities, this is especially visible, as participants are expected to move, make decisions in space, and follow safety procedures at the same time.

For this reason, coaches and other professionals should not be understood merely as activity leaders. They play a central role in designing and maintaining a support system that reduces uncertainty, increases task clarity, and enables autonomy to develop without exposing participants to unnecessary risk. In practice, this requires a combination of communication skills, pedagogical awareness, structured planning, and responsiveness to individual needs.

A first core competence is **inclusive communication**. This involves using short and consistent instructions, focusing on one task at a time, and relying wherever possible on demonstration rather than explanation alone. Such an approach reduces cognitive load and increases the likelihood that participants will understand what is expected of them. In orientation-based activities, this can be supported through repeated micro-steps and stable language, for example identifying the current position, locating the next target, and choosing a simple route. This not only supports learning, but also contributes to motivation and safety.

A second important competence is the ability to use **visual scaffolding and accessible learning supports**. Simplified maps, pictograms, colour cues, landmark photographs, and short task cards are not marginal additions to delivery. In many cases, they are the main reason the activity becomes accessible and understandable. This is fully consistent with the OrieDown emphasis on adapted mapping and practical accessibility tools, but it is also relevant more broadly across inclusive sport settings where comprehension and predictability are essential.

A third competence is **progression design**. In inclusive sport, and particularly in orientation-based activities, progression should not be understood primarily in terms of distance, speed, or task difficulty alone. Rather, it should be viewed as a planned shift from greater support towards greater independence within a stable

safety framework. Programmes that lack a progression plan often move towards two equally problematic extremes:

- adults provide constant guidance, leaving participants passive;
- independence is expected too early, increasing stress, confusion, and risk.

Effective coaching avoids both extremes by creating structured transitions. This may involve moving progressively from short and highly predictable tasks, to supported pair work, and then to limited independent action within a safe and clearly supervised setting. In this process, safety routines should be taught and reinforced as carefully as the activity itself.

A fourth key component is the ability to manage **attention, behaviour, and emotional regulation**. Sports and orientation-based tasks may involve waiting, shifting attention, coping with uncertainty, and responding to changing environments. Coaches and professionals therefore need to create a predictable session flow, include planned breaks, and establish simple reset routines that can be used without blame or stigma. Consistent routines such as stop-check-return are especially valuable because they connect task engagement with safe behaviour and support the development of confidence in real settings.

Where available, collaboration with other professionals can strengthen programme delivery. Special educators, physiotherapists, psychologists, social workers, or support staff may contribute to communication strategies, progression planning, behavioural support, and simple outcome monitoring beyond attendance alone. At the same time, OrieDown-compatible delivery should remain feasible for grassroots environments, where formal multidisciplinary teams may not always be available. For this reason, a realistic standard is not to require complex staffing structures, but to ensure that:

- roles and responsibilities are clearly defined;
- support is increased when risk is higher, for example in new environments or with new participants;
- safety routines remain consistent regardless of staffing arrangements.

Overall, the role of coaches and professionals is central to the quality, safety, and developmental value of inclusive sports programmes. Well-prepared staff do more than deliver activities. They create the conditions in which participation becomes understandable, motivating, safe, and progressively more autonomous. In this sense, coaching and professional support are not additional elements of inclusive sport provision, but among its main success factors.

4.4 Family and Community Involvement

In programmes for people with Down syndrome, family involvement is often a decisive factor in whether participation begins at all and whether it is sustained over time. It should therefore not be regarded as an optional or secondary element, but as a structural component of inclusive sport provision. In the context of OrieDown, where activities may involve movement across space, orientation tasks, and progressive autonomy in both indoor and outdoor settings, family involvement is particularly important because it influences safety confidence, transport and scheduling logistics, and the willingness to support gradual increases in independence.

At the same time, family involvement should strengthen autonomy rather than replace it. The most effective models are not those in which parents or carers continuously lead the activity on behalf of the participant. Rather, they position family support as a safety and confidence layer that gradually decreases according to an agreed progression plan. In practical terms, this may involve a gradual transition such as:

- accompanying the participant closely in the early phase,
- moving from side-by-side support to more distant supervision,
- waiting at a defined observation point,
- meeting the participant at agreed check-in locations.

Such an approach protects safety while remaining consistent with the broader goal of strengthening confidence, participation, and progressively more independent engagement.

It is equally important that families understand and apply the same core routines as coaches and other staff. If parents or carers are not familiar with activity boundaries, buddy rules, check-in and check-out procedures, or return-point routines, the activity may remain a source of anxiety and overprotection. When these routines are shared, explained clearly, and practised consistently, trust can increase and autonomy can develop in a more realistic and sustainable way.

In this sense, family involvement can contribute to programme quality by supporting:

- continuity of attendance,
- better understanding of routines and expectations,
- reinforcement of key safety habits,

- transfer of confidence from the activity setting to everyday life,
- stronger communication between organisers and participants' support networks.

Community involvement is equally important for the long-term sustainability of inclusive programmes. Many initiatives do not end because they are ineffective, but because they rely too heavily on one individual, a single funding source, or a short-term project cycle. For this reason, OrieDown is based on a cross-sector logic in which different local actors contribute complementary forms of support. For example:

- sports clubs may provide coaching expertise and infrastructure;
- disability organisations and institutions may facilitate access to participants and contribute experience in family support;
- schools and municipalities may support venue access, visibility, and local coordination;
- volunteers may provide additional support for safety, logistics, and individual assistance.

When such a local network is stable and well-coordinated, programme continuity becomes much more realistic. Continuity, in turn, is a precondition for achieving meaningful physical, social, and developmental outcomes.

At the same time, clear boundaries and role definitions are essential. Families should not be expected to function as unpaid staff, and volunteers should not be left to improvise in situations that require preparation and clarity. Effective programmes therefore need to provide:

- simple volunteer induction or onboarding,
- clearly defined roles and responsibilities,
- basic guidance on communication and support,
- a minimal but consistent safety checklist.

This protects participants, supports families, and strengthens programme quality over time.

Overall, family and community involvement should be understood as a core success factor in inclusive sport provision. Families contribute to trust, continuity, and the gradual development of autonomy, while community actors help create the local conditions needed for sustainable delivery. When these forms of involvement are well structured, clearly communicated, and aligned with programme aims, they

significantly increase the likelihood that inclusive sports activities will be both effective and sustainable.

4.5 Accessibility and Inclusion

Accessibility and inclusion are related but not identical. Accessibility means that the activity is understandable and doable. Inclusion means that participants with Down Syndrome are not "added on", but that the programme and environment are designed from the start to include them in a meaningful way. In orienteering and outdoor activity, this is achieved through the combined design of environment, tasks, communication, and organisational culture.

First, environments must be chosen strategically. Programmes that begin in predictable, bounded spaces with clear line features create conditions for learning without constant threat perception. Second, accessibility depends on universal design in instruction: verbal cues combined with visual supports and demonstration, while avoiding long explanations. Third, inclusion is reinforced through task design: a single session can contain multiple levels of the same task, allowing everyone to participate together while experiencing an appropriate level of challenge. This is fully aligned with OrieDown's mapping focus and with a learning pathway that supports gradual autonomy.

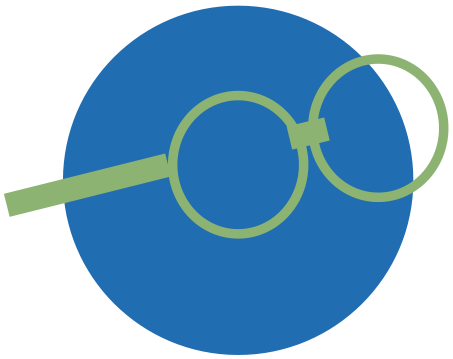
Orienteering also allows motivation supports that are non-infantilising when used thoughtfully. Stamp or sticker controls, optional "bonus" controls for advanced participants, and short optional challenges can increase engagement. However, motivation should never substitute for clarity and safety. When cognitive load is too high, motivation declines and risk increases. Inclusion is therefore built through predictability, clear routines, and a stable sense of competence.

Finally, inclusion is also a matter of organisational culture. Language and norms matter: participants should experience dignity, choice, and the right to pause or step out of a task without stigma. Safeguarding and privacy must be handled clearly, especially for children in public spaces, including consent processes and rules for photo/video. In this sense, an inclusive programme is not only a training session, but an organisational practice.

For grassroots feasibility, evaluation must remain simple. The most useful indicators are those coaches can track without specialist tools: attendance and

retention over a cycle, a count of “independent actions” with fewer prompts (for example, stopping to check the map, noticing a landmark, finding a control), brief family feedback, and consistent adherence to safety routines such as check-in/out and buddy rules. These indicators align directly with OrieDown objectives because they measure not only participation, but movement toward safer, more independent mobility in real environments.

5 Good Practices From Partner Countries



Chapter 5 presents the good practice examples collected from the seven partner countries participating in the OrieDown project. Although the examples differ in sport type, organisational setting, target-group structure, and level of institutional support, all of them contribute to a broader understanding of how inclusive sport for people with Down syndrome can be designed and delivered in practice. Taken together, these examples provide the empirical basis for the comparative analysis and recommendations developed in the following chapters.

5.1 Bosnia and Herzegovina

5.1.1 Unified Sports for Social Inclusion

Organization
Special Olympics Bosnia and Herzegovina

Target Group
Children and youth with intellectual disabilities, Unified partners (peers without disabilities), teachers, coaches, and families

Description of the Practice
The Unified Sports program is implemented across Bosnia and Herzegovina through schools, sports clubs, and community initiatives. It brings together individuals with and without intellectual disabilities to train and compete on the same teams, promoting inclusion through shared sports experiences. The program transforms

traditional approaches by moving from segregated activities to inclusive participation within mainstream environments.

Objectives:

- To promote social inclusion through sport
- To reduce stigma and discrimination
- To improve physical fitness and social skills
- To build friendships and mutual understanding

Methods & Activities:

- Joint training sessions and competitions
- School-based Unified programs
- Organization of inclusive sports events
- Training for teachers, coaches, and youth leaders

Results & Impact:

- Increased interaction between youth with and without disabilities
- Improved self-confidence and communication skills
- Development of inclusive school environments
- Long-term change in attitudes towards disability

Why is this a Good Practice?
It ensures real inclusion by enabling equal participation in sport and directly contributes to reducing social barriers and discrimination.

Transferability
Highly transferable through schools, sports clubs, and community programs across different countries and contexts.

5.1.2 Young Athletes and Early Childhood Inclusion

Organization
Special Olympics Bosnia and Herzegovina

Target Group
Children aged 2–8 with intellectual disabilities, their families, educators, and early childhood professionals

Description of the Practice
The Young Athletes program is an early intervention initiative that uses play-based physical activities to develop motor, cognitive, and social skills in young children with intellectual disabilities. It also actively involves families and educators, creating a supportive and inclusive environment for early development.

Objectives:

- To support early childhood development
- To improve motor and cognitive skills
- To strengthen family involvement
- To prepare children for inclusion in education and sport

Methods & Activities:

- Structured play and movement sessions
- Parent education workshops
- Inclusive activities with children without disabilities
- Training for educators and professionals

Results & Impact:

- Improved coordination, balance, and communication skills
- Increased parental engagement
- Better school readiness
- Reduced social isolation

Why is this a Good Practice?
It provides early intervention and combines sport, education, and family support in a holistic model of inclusion.

Transferability
Highly transferable to kindergartens, schools, NGOs, and community centers with minimal adaptation.

5.1.3 Healthy Athletes and Family Health Program

Organization
Special Olympics Bosnia and Herzegovina

Target Group
Athletes with intellectual disabilities, their families, healthcare professionals, and volunteers

Description of the Practice
This program integrates health services into sports activities by providing health screenings, education, and preventive care for people with intellectual disabilities. It addresses health inequalities and promotes healthy lifestyles through a combination of sport and health interventions.

Objectives:

- To improve the health status of athletes
- To provide access to healthcare services
- To educate families on healthy lifestyles
- To prevent chronic diseases

Methods & Activities:

- Health screenings (vision, dental, general health)
- Educational workshops for families
- Cooperation with healthcare institutions
- Promotion of healthy habits through sport

Results & Impact:

- Early detection of health issues
- Increased awareness of health and nutrition
- Improved quality of life
- Strengthened link between health and sport

Why is this a Good Practice?
It bridges the gap between health and sport systems and provides accessible healthcare solutions for people with intellectual disabilities.

Transferability
Transferable through partnerships with local healthcare providers and integration into sports programs.

5.1.4 Youth Leadership and Inclusive Schools

Organization
Special Olympics Bosnia and Herzegovina

Target Group
Youth with and without intellectual disabilities, students, teachers, and school staff

Description of the Practice
The Youth Leadership program empowers young people to become leaders of inclusion within their schools and communities. Participants organize inclusive sports activities, campaigns, and educational initiatives, promoting peer-to-peer learning and social change.

Objectives:

- To develop leadership skills among youth
- To promote inclusion in schools
- To empower young people as change-makers
- To create inclusive school environments

Methods & Activities:

- Youth leadership trainings
- Organization of inclusive events and campaigns
- Peer-to-peer education
- School-based initiatives

Results & Impact:

- Increased number of youth leaders
- Inclusive school environments
- Stronger peer relationships
- Sustainable inclusion driven by youth

Why is this a Good Practice?
It ensures long-term sustainability by empowering youth as leaders and active participants in inclusion processes.

Transferability
Easily transferable through education systems and youth organizations.

5.1.5 Inclusive Community Events and National Games

Organization
Special Olympics Bosnia and Herzegovina

Target Group
Athletes with intellectual disabilities, families, volunteers, institutions, and local communities

Description of the Practice
Special Olympics Bosnia and Herzegovina organizes national and local inclusive sports events that bring together athletes, families, institutions, and communities. These events include competitions, workshops, and awareness campaigns, promoting visibility and inclusion at the community level. The organization is also expanding its activities to international events, including the preparation for hosting the Special Olympics Judo Open Sarajevo 2026.

Objectives:

- To promote inclusion at community level
- To increase visibility of people with disabilities
- To strengthen partnerships
- To celebrate abilities and achievements

Methods & Activities:

- Organization of national competitions and games
- Inclusion events and workshops
- Media campaigns and awareness activities
- Community engagement initiatives

Results & Impact:

- Increased public awareness
- Stronger community engagement
- Increased participation of athletes
- Improved social inclusion

Why is this a Good Practice?
It creates strong social impact by bringing inclusion into the public space and engaging multiple stakeholders.

Transferability
Highly transferable to different regions through collaboration with local authorities and organizations.

5.2 Croatia

5.2.1 JUDO INclusion – Active and Healthy

Organization
NGP "Pokret – aktivan i zdrav" and Judo Club "Rijeka" supported by the Croatian Judo Federation (partner)

Target Group
Children with DS (within a wider group of children with developmental difficulties, including autism/ADHD, sensory impairments and motor difficulties), their families/caregivers, trained judo coaches/ kinesiologists

Description of the Practice
"JUDO INclusion" is a physical-activity project delivered at Judo Club Rijeka. Over a two-year implementation period the programme provided regular, ongoing adapted judo training sessions delivered in a mainstream judo environment rather than a segregated setting (3xweek).

Objectives
The project aims to improve children's physical and functional capacity through adapted judo, while simultaneously strengthening social inclusion and everyday independence. The programme is linked to improvements in muscle tone, strength, mobility, motor skills, coordination and spatial orientation, as well as increased self-confidence.

Methods & Activities
The practice uses adapted judo elements and principles, delivered by trained coaches, with the idea that judo techniques and training principles can be simplified and adjusted to different abilities while keeping sessions motivating.

Results & Impact
The programme engaged 40 children and supported physical outcomes such as improved basic motor control and coordination through regular, adapted judo training in a safe club routine. Socially, joint training increased peer interaction and

a sense of belonging. Emotionally, children showed higher motivation and confidence.

Why is this a Good Practice?

This practice is a good example of inclusive grassroots sport because it combines regular adapted judo training, a mainstream club environment, trained coaches, and a safe, structured progression model. It supports physical development, confidence, and social participation while remaining feasible and transferable to other community sport settings.

Transferability

The model is highly transferable to other countries where judo clubs (or other community sports clubs). Transfer requires a small set of core conditions: coach training for adapted delivery, a structured inclusion plan for shared training with mainstream peers, clear family engagement, and stable access to a club venue.

Picture 1: Judo INCLUSION
Source: https://malisportasi.net/judo-inclusion/?lang=en

5.2.2 Čigrin let – Adapted Taekwondo for Children with Down Syndrome

Organization
Taekwondo Club Čigra, in cooperation with the Down Syndrome Association Zagreb

Target Group
Children with Down syndrome, within a broader inclusive framework that also involves children with other physical or psycho-physical disabilities.

Description of the Practice
Čigrin let is an adapted taekwondo-based programme designed to provide children with Down syndrome with access to regular, structured, and professionally guided physical activity in a safe and inclusive club setting. The programme uses basic elements of taekwondo as a vehicle for movement, play, coordination, balance, flexibility, social interaction, and confidence-building. Public descriptions of the programme emphasise that it is not limited to sport performance, but also supports motor development, social integration, and quality of life through accessible and motivating forms of movement.

Objectives
The practice aims to:

- increase access to inclusive grassroots sport for children with Down syndrome;
- support the development of general motor skills, balance, coordination, and flexibility;
- promote confidence, participation, and positive social interaction through adapted martial arts activities;
- provide a safe and understandable club-based environment in which children with Down syndrome can engage in regular physical activity.

Methods & Activities
The programme is based on adapted taekwondo activities delivered in a structured and professionally guided format. Publicly available information highlights the use of movement-based exercises, play, social interaction, and training tasks adjusted to the needs of children with disabilities, including Down syndrome. The practice appears to combine sport-specific elements with broader developmental aims, making participation accessible for children who may need clearer structure, adapted pacing, and supportive instruction.

Results & Impact
Čigrin let as a recognised and sustained example of adapted sport provision linked to motor development, rehabilitation support, social integration, and better quality of life for participating children. Reported strengths of the programme include its ability to respond to children's needs for movement, play, and social contact, while also reducing stigma and opening the club environment to children with Down syndrome and other disabilities.

Why is this a Good Practice?
This practice is a strong example of inclusive grassroots sport because it combines:

- a clearly sports-based format;
- a club environment that is accessible to children with Down syndrome;
- cooperation between a sports organisation and a Down syndrome association;
- adapted delivery focused on participation, motor development, and social inclusion;
- a model that is understandable, family-relevant, and feasible for community implementation.

Transferability
The practice is transferable because it does not depend on highly specialised infrastructure. With trained coaches, cooperation with disability organisations, and a commitment to adaptation, a similar model could be implemented by other martial arts clubs or community sports organisations. Its main transferable elements include cross-sector partnership, adapted coaching, accessible club-based delivery, and the use of sport as a structured context for participation and development.

5.2.3 Special Power League Croatia – Inclusive Football and Handball Model

Organization
Health Life Academy, with the involvement of sports and community partners

Target Group
Children with developmental disabilities, within an inclusive sports model that is also relevant for children and young people with Down syndrome.

Description of the Practice
Special Power League Croatia is an inclusive football and handball model that enables children with developmental disabilities to participate in organised team

sport in cooperation with clubs, federations, associations, and community partners. Established in 2018, the model is based on recurring editions rather than a one-off event and aims to create equal opportunities for participation in beloved club sports such as football and handball.

Objectives
The practice aims to:

- enable children with developmental disabilities to participate equally in organised football and handball;
- strengthen social inclusion, belonging, and peer interaction through team sport;
- improve physical activity participation and support well-being and daily functioning;
- create a sustainable cooperation model linking sports federations, clubs, associations, and local communities.

Methods & Activities
The model is delivered through league-based sports activities and recurring editions hosted in different communities. Football and handball are used as accessible and popular team sports through which children with disabilities can engage in shared training and participation experiences.

Results & Impact
Programme descriptions associate the Special Power League with social inclusion, friendship-building, equal participation in sport, and improvements in psychological well-being and quality of life. Its continuity since 2018 and repeated implementation in multiple Croatian locations suggest a sustained level of organisational capacity and community relevance. The practice is particularly valuable because it moves beyond symbolic inclusion and offers recurring participation opportunities in mainstream-recognisable team sports.

Why is this a Good Practice?
This practice is a strong example of inclusive sport because it combines:

- long-term continuity since 2018;
- recurring implementation across different Croatian communities;
- popular team sports with high motivational value;
- cooperation between sports federations, clubs, and disability organisations
- a model that supports visibility, participation, and community-level inclusion rather than one-off symbolic engagement alone.

Transferability

The Special Power League model is highly transferable because it is based on widely available sports formats, cross-sector partnership, and recurring local delivery. Similar models could be implemented in other regions through cooperation between football and handball clubs, disability organisations, schools, and municipalities. Its key transferable elements include partnership-based organisation, use of familiar team sports, strong community visibility, and a structure that supports repeated participation over time.

Picture 2: SPL Croatia
Source: https://healthlifeacademy.com/

5.2.4 Swim Together – Swimming School for Persons with Disabilities

Organization
Association of Persons with Cerebral and Childhood Palsy Rijeka

Target Group
Children and young people with physical and intellectual disabilities aged 9–18, including those with the most severe forms of disability; families/caregivers; specialist coaches/kinesiotherapists; volunteers.

Description of the Practice
The practice is an introductory swimming training programme designed for beginner swimmers with disabilities and delivered at the Kantrida pools (Rijeka), using the pool facilities for persons with disabilities. The implementation is organised as a two-month cycle, with structured training sessions three times per week, each lasting 60 minutes.

Objectives
The programme aims to teach basic swimming techniques (e.g., backstroke, breaststroke, front swimming) adapted to participants' abilities, increase physical activity and strength, improve motor abilities (balance, coordination, movement control), support the development of social skills through group sessions, increase self-confidence and independence through progress and achievement.

Methods & Activities
The programme follows a "motor literacy" approach focused on learning swimming techniques for children and youth with physical and intellectual disabilities, applying adapted teaching models such as the Halliwick and Sherrill methods.

Results & Impact
The programme defines clear learning and performance targets. By the end of the cycle, at least 80% of participants are expected to master two basic swimming techniques, while 75% are expected to improve their swimming performance by 30%, measured through time needed to swim a set distance.

Why is this a Good Practice?
This practice is a good example of a structured, time-bounded, beginner-oriented inclusive sport intervention that is grounded in clearly defined needs (lack of beginner swimming provision) and built around adapted methods and an

individualised coaching approach, reducing the risk of discouragement and dropout.

Transferability
Yes. The model is transferable to other countries and communities that have access to a swimming pool and a trained delivery team.

5.2.5 Stand Up Paddle (SUP)

Organization
Centre for Neurodevelopmental Reflex Integration Zagreb in partnership with the City of Dubrovnik

Target Group
Children and young people with developmental disabilities, with a strong participation of children/youth with Down Syndrome; parents; coaches/trainers

Description of the Practice
The broader project was implemented in Zagreb and Dubrovnik from 31 March 2022 to 30 September 2023. Within this framework, the main sport-specific component presented here was inclusive Stand Up Paddle (SUP), implemented through 240 workshops on Lake Jarun in Zagreb.

Objectives
The practice aims to increase access to inclusive water-based sport and outdoor physical activity for children and young people with developmental disabilities, including those with Down syndrome. It also aims to strengthen balance, motor coordination, confidence in movement, and participation in safe, structured nature-based sport activities.

Methods & Activities
SUP workshops were delivered with a progressive adaptation model that prioritised safety and confidence-building. Public reporting describes a step-by-step acclimatisation process: in early sessions participants may first sit on the board on the water, then gradually progress towards kneeling and standing as confidence and stability improve. The programme required a specialised approach for children with developmental difficulties and explicitly noted that parent participation was mandatory.

Results & Impact
The project created sustained opportunities for outdoor physical activity for children and youth with developmental difficulties, including those with Down syndrome, who often have fewer opportunities for sport and nature exposure. Reported benefits of SUP participation included development of psychophysical abilities, motor skills, balance, muscle strength, and posture, alongside the opportunity to spend one to two hours in nature during each workshop.

Why is this a Good Practice?
This practice is strong because it operationalises inclusion through a realistic, repeatable, and safety-led outdoor sport format.

Transferability
Yes. The model can be replicated in other countries where a safe water venue is available (lake/sea area with appropriate conditions) and where organisers can secure qualified instructors and basic safety procedures.

5.3 Greece

5.3.1 Inclusive Running Programme – RunChallenge Thessaloniki

Organization
The RunChallenge programme was developed by the nonprofit organization **PlayMore!**, while the Thessaloniki branch is managed by the **Cultural Sports Club Aetoi Thessalonikis**

Target Group
The programme is intended for people of different ages and abilities, including individuals with intellectual disabilities such as Down Syndrome. Participants may include beginners with no previous sports experience, recreational runners, volunteers, family members, and people who want to improve their physical health and social participation through sport. Individuals with Down Syndrome can participate independently or with support from volunteers, family members or running partners. The programme also encourages the participation of mixed groups, creating opportunities for interaction between people with and without disabilities.

Description of the Practice

RunChallenge Thessaloniki is an inclusive community-based running initiative that promotes participation in physical activity regardless of age, experience or disability. Training sessions are organised regularly in public sport facilities, such as **Kaftanzoglio Stadium in Thessaloniki**, and group sessions are typically held **on Thursdays from 18:00 to 19:30**. The programme allows flexible participation, so participants can join group sessions or take part more independently according to their needs and abilities. It also collaborates with local sports clubs and associations, including parents' and guardians' associations of children with Down Syndrome, which strengthens community involvement and inclusive participation.

Objectives

The main objectives are to promote inclusive sport participation for people of all abilities, encourage physical activity among individuals with intellectual disabilities including Down Syndrome, improve physical health and endurance, support social inclusion through community sport, raise awareness about equal participation, and create a supportive environment where people with and without disabilities can exercise together.

Methods & Activities

The programme includes group running sessions in public sport facilities, walking groups for beginners and lower-intensity participation, guided running sessions supported by volunteers, inclusive training sessions for mixed-ability groups, and participation in community running events. Sessions are organised according to different pace groups and ability levels, which allows participants to improve gradually and safely. Volunteers and experienced runners provide support when needed.

Results & Impact

The programme increases participation in physical activity among people with different abilities, including individuals with Down Syndrome. Benefits include improved physical health and endurance, increased confidence and independence, stronger social interaction and teamwork, and opportunities to develop friendships and social networks. The programme also helps local communities become more aware of inclusive sport and more supportive of the participation of people with disabilities.

Why is this a Good Practice?

This practice is effective because it combines accessibility, community participation and flexibility. It uses public sport spaces, welcomes people with different ability

levels, and focuses on participation, wellbeing and social inclusion rather than competition. The cooperation between volunteers, participants with disabilities and community stakeholders helps create an inclusive sports culture that is realistic and sustainable.

Transferability

Yes. This model can be applied in other countries by municipalities, sports organisations and community groups. Key elements include accessible public sport facilities such as parks or stadiums, mixed-ability group participation, volunteer support, and cooperation with disability associations and families. Similar inclusive running or walking programmes can be adapted to local conditions with relatively limited resources.

Picture 3: RunChallenge
Source: https://runchallenge.org/

5.3.2 Free Swimming and Adapted Physical Activity Programme for Children and Adults with Disabilities

Organization

Municipality of Athens**, implemented through the** Organization for Culture, Sports and Youth of the Municipality of Athens (OPANDA)

Target Group

The programme is intended for children, adolescents and adults with disabilities, including individuals with Down Syndrome, intellectual disabilities, motor disabilities and other developmental conditions. Participants are typically between **5 and 65 years of age**. They take part individually or in small groups depending on their abilities and support needs. The programme also indirectly supports families and caregivers by providing safe and structured sport opportunities.

Description of the Practice

This programme promotes equal participation in sport and physical activity through free swimming lessons and adapted exercise sessions in several municipal sport facilities across Athens. Activities take place in **Serafeio Swimming Pool**, **Goudi Swimming Pool**, **Kolokynthou Swimming Pool**, **Grava Swimming Pool**, and **I. Fokianos Gymnasium**. By removing participation fees, the programme reduces financial barriers and makes sport more accessible to families. Training sessions are delivered by specialised physical education coaches and may take place individually or in small groups of two to three participants, which allows for personalised support and tailored teaching. The programme combines water-based exercise, adapted physical activity, structured progression and social participation.

Objectives

The objectives are to promote equal access to sport and physical activity, improve physical fitness and motor coordination, develop swimming skills and confidence in the water, encourage social interaction, support healthy lifestyle habits, and improve quality of life for people with disabilities. The programme also demonstrates how municipal infrastructure can be used in a practical and inclusive way.

Methods & Activities

The programme includes free swimming lessons, adapted physical activity sessions, water-based exercise, motor coordination tasks, and individually tailored instruction. Coaches adapt activities according to participants' abilities, needs and

physical condition. Small group sizes and individual sessions allow participants to progress gradually while receiving close supervision and support.

Results & Impact
The programme improves swimming ability, body coordination, confidence in the aquatic environment and general physical condition. It supports greater participation of people with disabilities in sport activities in Athens and strengthens socialisation and skill development. It also offers families a stable and accessible structure for regular physical activity.

Why is this a Good Practice?
This is a strong example of inclusive municipal sport provision because it combines free access, professional delivery, adapted instruction and the use of existing public infrastructure. It is effective because it removes both economic and organisational barriers to participation and offers a realistic model for long-term implementation. The small-group format and trained staff make it especially suitable for participants with higher support needs.

Transferability
Yes. This model can be transferred to other countries through municipalities, public sports centres, schools or NGOs with access to swimming pools or adapted exercise spaces. The key conditions are trained staff, accessible facilities, small-group delivery and institutional commitment to inclusion. Where swimming pools are not available, the same model can be adapted into inclusive gym-based movement programmes.

5.3.3 Play Unified – Learn Unified

Organization
Special Olympics Hellas

Target Group
The programme is aimed at **children and young people with intellectual disabilities**, including children with Down Syndrome, who participate together with children without disabilities. It also includes teachers, coaches, educators, volunteers and young leaders who support implementation.

Description of the Practice
"Play Unified – Learn Unified" is implemented by Special Olympics Hellas within the framework of the **EU4Health programme**. It is delivered in schools and sport

facilities across Greece and is based on the **Unified Sports methodology**, where participants with and without intellectual disabilities train and play together on the same teams. Through structured sport sessions and educational activities, children participate in cooperative games and team sports under the guidance of trained coaches, educators and volunteers. Activities include **basketball**, **football**, **boccia**, **athletics**, and other adapted physical activities that support inclusion and active participation. The programme also includes training for teachers and young leaders on how to support inclusive sport and create safe environments for children with intellectual disabilities.

Objectives

The programme aims to promote participation of children with intellectual disabilities in sport, encourage cooperation between children with and without disabilities, improve motor coordination and physical activity levels, foster positive attitudes toward diversity and inclusion, and support social interaction and teamwork through sport.

Methods & Activities

Methods include adapted team sports, cooperative movement activities, inclusive sport events and demonstrations, small-group sport activities, and teamwork exercises based on the Unified Sports model. All activities use inclusive teaching approaches and adapted physical activity methods so that children with different abilities can participate equally. The programme also invests in capacity building for teachers, youth leaders and coaches.

Results & Impact

The programme increases participation of children with intellectual disabilities in sport activities and strengthens inclusive environments in schools and communities. Children improve their physical fitness, coordination and teamwork skills while also increasing confidence and motivation for physical activity. Teachers and coaches gain practical knowledge and experience in inclusive sport delivery, which supports the sustainability of inclusive programmes in educational and community settings.

Why is this a Good Practice?

This practice is effective because it links sport participation with genuine social inclusion. Children with and without disabilities do not simply share the same setting, but actively train, play and cooperate together. The model combines physical activity, educational support and structured inclusion, which makes it relevant both

for schools and for community sport organisations. Its impact extends beyond participants to teachers, coaches and peers.

Transferability
Yes. The model can be transferred to other countries through schools, sport clubs and community-based programmes. The key elements are trained instructors, inclusive sport methodology, cooperation between educational institutions and sport organisations, and a commitment to mixed-ability participation. It can be adapted to different sports, age groups and local contexts.

5.3.4 Special Physical Education Programme for People with Down Syndrome

Organization
Down Syndrome Association of Greece

Target Group
The programme is addressed to **children, adolescents and adults with Down Syndrome**. Participants usually attend weekly sessions organised according to their individual abilities and needs. Activities may take place in small groups, which allows instructors to provide personalised support. Families and caregivers are also involved and play an important role in supporting participants' development and wellbeing.

Description of the Practice
This programme promotes physical activity and sport participation among people with Down Syndrome through a structured and supportive adapted physical education approach. It is implemented by the Down Syndrome Association of Greece and includes a wide range of adapted sport activities designed to support physical, psychological and social development. Sessions take place in the facilities of the association and are often complemented by outdoor sport activities and participation in sport events. The programme emphasises participation, enjoyment and gradual skill development. Through regular exercise and structured activities, participants strengthen motor coordination, balance, endurance and teamwork skills in a safe and encouraging environment.

Objectives
The main objectives are to promote regular physical activity for people with Down Syndrome, improve motor skills, coordination and physical fitness, support

psychological wellbeing and self-confidence, encourage social interaction and teamwork, and promote inclusive sport opportunities for people with disabilities.

Methods & Activities

The programme includes aerobic exercise including zumba, rhythmic gymnastics, traditional dance activities, adapted football and basketball training, bowling, bocce, badminton, floorball, muscle strengthening exercises, psychomotor development activities, athletics, and general physical fitness exercises. All activities are adapted to participants' abilities and physical condition in order to ensure a safe and supportive learning environment.

Results & Impact

The programme improves physical condition, mobility and coordination. Regular participation also strengthens self-confidence and independence while encouraging social interaction. Through group activities and sport events, participants develop friendships, experience teamwork and increase their participation in community life. The programme also contributes to wider awareness of the importance of inclusive physical activity for people with disabilities, especially people with Down Syndrome.

Why is this a Good Practice?

This practice is strong because it is specifically designed around the needs of people with Down Syndrome and offers continuity, diversity of activity, professional support and gradual progression. It is not based on a single event or one sport only, but on a broader developmental approach that promotes enjoyment, skill-building and long-term participation. The combination of structured sessions, adapted content and family involvement increases both quality and sustainability.

Transferability

Yes. This model can be transferred to other countries through disability associations, schools, rehabilitation centres, municipalities and inclusive sport organisations. The key requirements are trained staff, a safe and supportive environment, regular implementation and a willingness to adapt activities to participant needs rather than expecting participants to fit standard sport formats.

5.3.5 Sport for All – Inclusive Physical Activity Programme for Children with Disabilities

Organization

Stavros Niarchos Foundation Cultural Center (SNFCC) **in collaboration with** Regeneration & Progress

Target Group

The programme is intended for **children aged 6 to 12 with disabilities**, including children with Down Syndrome. Children participate together with **parents or accompanying adults**, making family involvement a core part of the model.

Description of the Practice

This is an inclusive physical activity programme implemented at the Stavros Niarchos Foundation Cultural Center in Athens. It offers structured and adapted movement sessions in a safe public environment. Sessions take place **every Saturday and Sunday from 10:00 to 14:00**, and each activity lasts about **30 minutes**. Participation numbers are limited in order to ensure safety and individual support. The programme is led by specialised instructors in adapted physical education who guide children through movement tasks, games and sport-based activities focused on coordination, balance and basic motor skills. The presence of accompanying adults strengthens safety, confidence and continuity.

Objectives

The main objectives are to increase participation of children with disabilities in physical activity, improve coordination and fundamental movement skills, support cognitive and social development through structured activity, encourage healthy lifestyle habits, and create inclusive sport environments in which children of different abilities can participate meaningfully. Another objective is to engage families in positive shared movement experiences.

Methods & Activities

The programme includes basic physical exercise, coordination and balance activities, movement games, obstacle courses, ball games, throwing activities, and cooperative tasks involving children and accompanying adults. Sessions are short, structured and carefully guided, which makes them suitable for children with varying support needs. Adapted teaching methods are used throughout the programme.

Results & Impact
The programme improves motor coordination, balance and participation in physical activity. It also supports confidence, social interaction and positive attitudes toward sport. The involvement of families helps children feel more secure and motivated while also encouraging the continuation of active routines outside the programme setting. The public setting of the programme increases the visibility and normalisation of inclusive sport.

Why is this a Good Practice?
This practice works well because it combines adapted physical activity, family participation and accessible public space in one coherent model. The short and structured session format is realistic for children with different needs, while the use of trained instructors ensures quality and safety. The programme is inclusive both in content and in setting, which helps normalise participation and strengthen family engagement.

Transferability
Yes. The model can be replicated in other countries through municipal recreation centres, schools, NGOs, community sports hubs and cultural institutions. The most transferable elements are the short-session format, the active involvement of parents or accompanying adults, trained adapted physical activity staff, and the use of inclusive public spaces. It can be implemented even in smaller communities if suitable indoor or outdoor facilities are available.

5.4 Latvia

5.4.1 Supported Physical Activity Sessions in Social Care Centre

Organization
Social Care Centre "Tilts"

Target Group
People with intellectual disabilities, including children and adults with Down syndrome and autism spectrum disorders.

Description of the Practice
The Social Care Centre "Tilts" implements a structured inclusive physical activity programme for people with intellectual disabilities. The programme includes regular

bocce training sessions (indoor and outdoor), therapeutic exercise sessions in cooperation with a physiotherapist, and organised outdoor activities such as hiking. Participants progressively move from individual sessions to group-based activities and later to participation in inclusive sport events and competitions. Family members are involved in sport events and follow the participants' development process.

Objectives

Improve physical health, endurance and coordination; Promote social inclusion through group sport activities; Strengthen self-confidence and independence; Encourage active lifestyle and outdoor engagement.

Methods & Activities

Individual and group training sessions; Indoor and outdoor bocce practice; Functional and therapeutic exercises; Hiking and outdoor movement activities; Gradual integration into group sport events; Activity adaptation according to individual abilities.

Results & Impact

Participants show measurable improvements in balance, coordination and endurance. They are able to participate in group sessions and public sport events with increased confidence. Outdoor activities contribute to improved emotional well-being and social interaction. The programme supports long-term engagement in sport and community participation.

Why is this a Good Practice?

The practice combines structured sport training, therapeutic support and outdoor activities within an inclusive framework. Individualised adaptation and gradual progression ensure sustainable physical and social development. The model promotes both health improvement and community inclusion.

Transferability

The programme can be implemented in other countries using existing sport facilities and trained specialists. The combination of indoor and outdoor activities, inclusive methodology and gradual progression makes the model easily adaptable to different contexts.

5.4.2 Inclusive Figure Skating Programme for Children and Youth

Organization
"OZO Figure Skating Club" Association

Target Group
Children and young people aged 4–18, including participants with Down syndrome and autism spectrum disorders, training together with typically developing peers.

Description of the Practice
The "OZO Figure Skating Club" implements an inclusive figure skating programme led by professional coaches within a structured and supportive sport environment. Children with and without developmental disabilities train together in the same groups, following a systematic skill development pathway. The programme focuses on progressive acquisition of skating techniques, coordination and balance development, and gradual preparation for participation in competitions according to each participant's individual abilities. Inclusive training sessions promote both physical development and meaningful social interaction among peers.

Objectives
Provide accessible figure skating training for children with and without developmental disabilities; Promote social inclusion of children with Down syndrome and autism spectrum disorders in mainstream sport; Develop coordination, balance and motor skills; Strengthen self-confidence and long-term engagement in physical activity

Methods & Activities
Regular structured training sessions led by professional coaches; Individualised task adaptation based on each child's abilities; Gradual preparation for participation in competitions; Supportive and structured learning environment; Continuous communication and cooperation with parents

Results & Impact
Participants demonstrate improved balance, coordination and motor skills. Children with developmental disabilities successfully participate in group training and competitions alongside their peers. Social outcomes include increased peer acceptance, improved cooperation and reduced social isolation. Emotional benefits include higher self-esteem, motivation and a strong sense of belonging within the team.

Why is this a Good Practice?
This programme represents genuine inclusion in winter sport, where children with developmental disabilities train together with their peers rather than in segregated groups. Through professional coaching, structured progression and individual adaptation, the practice demonstrates that inclusive participation in figure skating is both achievable and sustainable.

Transferability
The model can be implemented in other municipalities and sport clubs by providing coach training in inclusive sport methodologies and adapting training content to diverse needs. The approach is scalable and applicable within various winter sport contexts.

5.4.3 Inclusive Ice Hockey Training Programme

Organization
"Hockey School R. Laviņš Sport Studio"

Target Group
School-age children without developmental disabilities and one student with autism spectrum disorder fully included in training and competition (team of 20–30 participants).

Description of the Practice
The hockey school implements a structured team training programme led by professional coaches. One athlete with autism spectrum disorder trains together with peers without developmental disabilities and participates fully in team practices and official competitions as an equal team member. Inclusion is ensured through a clear and predictable training structure, visual and verbal instructions, and continuous support from coaches and teammates. During competitions, a distinctive coloured element on the athlete's uniform helps other teams recognise and appropriately understand occasional behavioural differences, ensuring respectful and safe participation. The athlete is integrated into all aspects of team life, including training sessions and regional competitions, without segregation.

Objectives
Ensure full inclusion of a child with autism spectrum disorder in team sport; Develop social skills and teamwork competencies; Improve sport-specific skills in a

competitive environment; Promote positive attitudes toward diversity within the team.

Methods & Activities
Regular structured team training sessions (20–30 participants); Participation in local and regional competitions; Individual support strategies when needed; Cooperation and communication with parents; Structured and predictable training environment.

Results & Impact
Physically, the athlete has improved endurance, coordination and speed. Socially, the child demonstrates enhanced communication skills and teamwork abilities. Teammates show increased awareness and acceptance of diversity. Emotionally, the athlete experiences greater self-confidence, strong team belonging and sustained motivation for sport development.

Why is this a Good Practice?
This practice demonstrates successful inclusion in competitive team sport without segregation. The athlete with autism spectrum disorder participates in training and competitions under equal conditions, supported by structured coaching and team understanding. The approach fosters genuine inclusion and mutual respect within a high-performance sport environment.

Transferability
The model can be applied in other hockey schools and team sports by training coaches in inclusive pedagogy and communication strategies. Clear structure, individual adaptation and team awareness are key elements that can be replicated across different sporting contexts.

5.4.4 Football for Inclusion

Organization
Football Club "Pūre"

Target Group
Youth and adults, including persons with intellectual disabilities (including individuals with Down syndrome), who participate together in inclusive football activities.

Description of the Practice

Football Club "Pūre" implements an inclusive football programme held once per week, including both indoor and outdoor football sessions. Participants with and without intellectual disabilities train together in a shared team environment. The programme provides structured training sessions that combine skill development, physical conditioning and team-based play. Participants are gradually encouraged to take part in local competitions and friendly matches, promoting equal participation in mainstream sport activities.

Objectives

Promote regular physical activity and improve overall health; Strengthen self-confidence and social participation; Support inclusion of persons with intellectual disabilities in community sport; Encourage teamwork and community integration

Methods & Activities

Weekly indoor and outdoor football training sessions; Individual and group-based exercises; Functional and coordination exercises; Team games and match simulations; Participation in local competitions

Results & Impact

The practice provides significant physical, social and emotional benefits. Participants improve endurance, balance and coordination while maintaining physical fitness. Socially, participants develop communication skills, teamwork abilities and a stronger sense of belonging.

Why is this a Good Practice?

The programme is effective because it combines structured sport training with inclusive participation in a real team environment. Individual adaptation, gradual skill development and a supportive atmosphere enable participants with intellectual disabilities to train and compete alongside their peers. The model strengthens both physical development and social inclusion.

Transferability

This practice can be implemented in other countries by adapting it to local infrastructure and community needs. Key requirements include qualified coaches, accessible sport facilities and cooperation between sport clubs and social support services. The model is easily transferable to other team sports.

5.4.5 Special Olympics Bocce Competition Model

Organization
Special Sports Center

Target Group
Children, youth and adults with intellectual disabilities, including participants with Down syndrome; families; coaches; volunteers.

Description of the Practice
Special Sports Center is the only organisation in Latvia systematically organising Special Olympics Latvia (LSO) bocce competitions at local, regional and national levels. The model includes regular training sessions throughout the year and structured preparation for official competitions organised in cooperation with Special Olympics Latvia and national partners. Competitions follow Special Olympics rules and divisioning principles to ensure fair and inclusive participation. Athletes are supported in a structured development pathway from local competitions to national level events. Several bocce athletes have also represented Latvia in international and world-level Special Olympics competitions.

Objectives
Promote regular physical activity for people with intellectual disabilities; Ensure equal access to structured competitive sport; Strengthen self-confidence and independence; Encourage family involvement and community awareness; Develop inclusive sport culture at local and national level.

Methods & Activities
Regular bocce training sessions (indoor and outdoor); Athlete preparation according to Special Olympics standards; Organisation of local, regional and national competitions; Volunteer involvement in event management; Family engagement during competitions; Cooperation with national sport and disability organisations

Results & Impact
Athletes improve coordination, concentration and motor skills through systematic training. Participation in competitions increases self-esteem, motivation and long-term engagement in sport. Families report improved social participation and confidence of athletes. The model has strengthened inclusive sport visibility in Latvia and created sustainable competition pathways for athletes with intellectual disabilities.

Why is this a Good Practice?
This practice represents a structured and sustainable inclusive competition model aligned with Special Olympics standards. It ensures fair participation through divisioning, promotes athlete development and actively involves families and volunteers. The model demonstrates how a small NGO can create national-level impact in inclusive sport.

Transferability
The model can be implemented in other countries by establishing cooperation with Special Olympics structures and adapting the competition framework to local conditions. The step-by-step approach - training, preparation, competition and community involvement - makes it scalable and transferable to different contexts.

5.4.6 Inclusive Athletics Programme in Sports School

Organization
South Kurzeme Sports School - Athletics Department

Target Group
Children and youth aged 14 - 18, including two students with intellectual disabilities training together with typically developing peers.

Description of the Practice
The South Kurzeme Sports School implements an inclusive athletics training programme within its regular sports school structure. Training sessions take place five times per week under the supervision of professional athletics coaches. Two students with intellectual disabilities are fully integrated into mainstream training groups and participate in competitions according to the official competition calendar. The athletes train alongside their peers without segregation and follow the same structured training programme, with individual adaptations when necessary.

Objectives
Ensure inclusion of students with intellectual disabilities in mainstream sports school programmes; Promote equal participation in competitive athletics; Improve physical performance, endurance and technical skills; Strengthen peer interaction and social integration; Foster long-term engagement in sport.

Methods & Activities
Regular high-frequency training sessions (5 times per week); Professional coaching in athletics disciplines; Individualised task adaptation according to ability level;

Gradual and structured preparation for competitions; Participation in local, national and international competitions; Continuous communication with parents.

Results & Impact

Physical development is monitored twice per year by a sports medical doctor, confirming measurable improvements in physical performance and endurance. The athletes have achieved strong results, including participation and success in international competitions. Socially, peer acceptance and teamwork have increased, reducing social isolation. Emotionally, the athletes demonstrate higher self-confidence, strong motivation and a clear sense of belonging within the team environment.

Why is this a Good Practice?

The programme ensures genuine inclusion within a formal sports school system, where athletes with intellectual disabilities train and compete alongside their peers rather than in separate groups. It demonstrates that, with professional coaching and structured support, inclusive participation in competitive athletics is both realistic and successful.

Transferability

The model can be implemented in other countries and sports schools by training coaches in inclusive sport methodology and adapting training plans to diverse abilities. The approach is applicable across various athletics disciplines and competitive sport settings.

5.4.7 Inclusive Canoeing and Kayaking Training Programme

Organization

Daugavpils Sports School / Canoeing and Kayaking Department

Target Group

Children and youth with mental health and intellectual developmental disorders, participating in sport training together with coaches trained in adapted physical activity.

Description of the Practice

Following specialised training in adapted physical activities for students with special needs, sports coaches in Daugavpils began actively integrating these students into the training process. As a result, during the current school year an extracurricular

education programme titled *"Canoeing and Kayaking Skills Training for Children and Youth with Mental Health Disorders"* was introduced.

The programme provides structured training sessions where participants learn basic canoeing and kayaking skills in a safe and supportive environment. Training focuses on physical development, coordination and water safety while promoting participation in sport activities that are traditionally less accessible to young people with special needs.

Objectives:

- Promote inclusion of children and youth with mental health and intellectual developmental disorders in sport
- Develop coordination, strength and endurance through water sports
- Increase self-confidence and independence
- Provide opportunities for meaningful physical activity and social participation

Methods & Activities:

- Regular canoeing and kayaking training sessions
- Adapted instruction according to individual abilities
- Water safety education and supervised practice
- Gradual development of paddling skills
- Supportive training environment led by trained coaches

Results & Impact

Participants improve coordination, balance and physical endurance through regular water-based training. The programme supports emotional well-being, reduces social isolation and increases motivation to engage in sport. Young people develop new skills, gain confidence and experience successful participation in structured sport activities.

Why is this a Good Practice?

This practice demonstrates how specialised coach training in adapted physical activity can lead to the development of new inclusive sport programmes. By opening access to canoeing and kayaking, the programme expands sport opportunities for young people with mental health and intellectual disabilities and promotes equal participation in less traditional sport environments.

Transferability

The programme can be implemented in other regions by training coaches in inclusive sport methodologies and ensuring safe water sport infrastructure. With

appropriate supervision and adapted instruction, canoeing and kayaking can become accessible activities for young people with diverse abilities.

5.5 Spain

5.5.1 Mens Sana in Corpore Sano

Organization
Down Madrid in collaboration with the Fundación Nemesio Diez

Target Group
People with intellectual disabilities (Down Syndrome), their families, and multidisciplinary professionals.

Description of the Practice
It was launched in May 2025 as a year-round comprehensive intervention system implemented in the Madrid metropolitan area. It integrates competitive sports, recreational movement, and psychological support within community-based settings and municipal infrastructures.

Objectives
The practice aims to combat physical inactivity and social isolation, improve cardiorespiratory fitness and muscular strength to mitigate obesity, and promote "real inclusion" by eliminating physical and social barriers. It also serves as a preventative measure for mental health, focusing on self-esteem and emotional resilience.

Results & Impact
Physically, participants show reductions in body fat percentage and waist circumference. Socially, the program facilitates a transition from sedentary isolation to active community participation. Emotionally, it reinforces self-determination and provides a stronger sense of belonging.

Why is this a Good Practice?
It aligns with the National Health System's Mental Health Strategy 2022-2026 and provides a sustainable, professionalized framework. It treats the participant as an "athlete first and a person with a disability second".

Transferability
Highly transferable to urban areas with established disability NGOs. The mechanism of creating formal protocols between municipal health services and local sports clubs can be replicated across the EU.

5.5.2 DOWN ESPAÑA Model of Inclusive Sport

Organization
DOWN ESPAÑA in collaboration with Fundación Sanitas

Target Group
Children and adults with Down Syndrome, their families, sports technicians (coaches), and institutional stakeholders.

Description of the Practice
A 360-degree inclusive sport model launched in 2024 to place individuals with Down Syndrome at the center of the process. It is designed to be applied across all existing national sport modalities, ensuring that inclusive sport is a standard rather than an exception.

Objectives
To ensure people with and without disabilities participate on equal terms; to promote the participation of disabled individuals as athletes, technicians, volunteers, or judges; and to provide stakeholders with structural tools to plan and implement inclusive sports projects.

Methods & Activities
The methodology is built on three lines of action: (1) Training for clubs, coaches, and families; (2) Impulse, Creation, and Networks to establish coordinated national and international structures; and (3) Women with Down Syndrome and Sport to address specific gender-based barriers. It utilizes "spectrums of inclusion", ranging from open activities to specialized training.

Results & Impact
Direct benefits include psychological (self-esteem, personality maturity), psychosocial (teamwork, emotion management), physical (obesity prevention, muscle tone), and cognitive (spatial awareness) development. It also fosters skills for independent living, such as navigating public transport to reach training facilities.

Why is this a Good Practice?
It provides a professionalized, stable structure that moves beyond one-off projects toward long-term social transformation. It recognizes that sport is not just physical activity but a vehicle for human rights and social recovery.

Transferability
Highly transferable through international networking and knowledge transfer projects.

5.5.3 A Tsuki for Inclusion

Organization
Real Federación Española de Kárate (RFEK) and Down España

Target Group
Children and adults with Down Syndrome (over 300 participants), karate technicians, and local dojos.

Description of the Practice
A national program that brings specialized Para-Karate training directly to the local branches of Down Syndrome associations to remove the initial intimidation barrier of entering mainstream clubs.

Objectives
To promote physical activity as a lifelong habit, enhance motor skills (balance, coordination), and improve the life satisfaction and happiness of practitioners. It also aims to demonstrate technical mastery to the public to break social stigmas.

Methods & Activities
Methods include visual and gestural communication and sequencing of complex martial arts patterns (Kata) into small, manageable steps to ensure a sense of achievement. The program integrates a research project to measure participant well-being.

Results & Impact
Many participants have successfully transitioned from association-based sessions to mainstream dojos. Spanish Para-Karate athletes with Down Syndrome have gained international recognition, winning multiple medals at the 2023 Virtus Global Games.

Why is this a Good Practice?
It is a research-led practice that uses martial arts as a vehicle for social integration with minimal specialized equipment.

Transferability
The model of decentralizing federation training to NGO headquarters is a replicable structural framework for other martial arts and individual sports across Europe.

5.5.4 Title of the Practice: Inclusive Skating

Organization
Federación Española de Deportes de Hielo (FEDHielo) and Down España

Target Group
Sports technicians, ice skating coaches, athletes with Down Syndrome, and ice rinks

Description of the Practice
A national initiative launched in 2021 involving intensive 10-hour training workshops in major hubs like Madrid and Pamplona. The practice focuses on training mainstream coaches to effectively integrate skaters with Down Syndrome into regular club sessions.

Objectives
To eliminate professional hesitation by bridging the "competence gap" among coaches, standardize safety protocols on the ice, and increase the number of federated athletes with disabilities to ensure legal and insurance protection.

Methods & Activities
The training is divided into a 4-hour General Pedagogical Block (inclusion theory) and a 6-hour On-Ice Technical Block. Activities include "prácticas de sensibilización" (sensitization exercises) using simulation tools to understand motor challenges, followed by direct interaction with skaters from Down Syndrome associations.

Results & Impact
Impact studies using the EA-PEF-AD-2 scale (a tool to investigate self-efficacy towards inclusion of an athlete with an intellectual, physical, or visual disability in training sessions) showed significant increases in coach self-efficacy regarding task adaptation and safety management. Approximately 37.93% of participating clubs (12 out of 29) successfully integrated athletes with Down Syndrome by the end of the project cycle.

Why is this a Good Practice?
It shifts the focus of inclusion from the "deficiency" of the individual to the "competence" of the sports system. It provides evidence-based metrics to prove that specific training directly improves the quality of inclusive sports.

Transferability
This model provides a 10-hour training module (4 general + 6 specific) that is logistically feasible for various sports federations across Europe.

5.5.5 Union for Inclusive Rugby

Organization
Down España, in collaboration with the Spanish Rugby Federation and San Isidro Rugby Foundation. Sanitas Foundation also collaborates

Target Group
Youth and adults with Down Syndrome, non-disabled facilitators, and local rugby clubs.

Description of the Practice
A national initiative that brings together a historic Spanish rugby clubs under a "Mixed Ability" framework. In this model, players with Down Syndrome play alongside non-disabled teammates in matches following standard World Rugby rules with minimal technical modifications.

Objectives
To demonstrate that individuals with Down Syndrome can participate in complex team sports, promote the values of companionship and discipline, and empower individuals by giving them a defined role on a team.

Methods & Activities
The practice uses the facilitator model to provide directional guidance on the field. Technical modifications for safety include "non-contested scrums" to prevent neck injuries. Training is unified and matches conclude with the traditional "third half" social meal.

Results & Impact
The project achieved a major milestone when Nicolás Esguevillas became the first child with Down Syndrome to play in the National Rugby Tournament. Families report profound gains in their children's courage and friendships.

Why is this a Good Practice?
It utilizes the "Mixed Ability" model, which is recognized globally as a gold standard for inclusion because it promotes equality and mutual respect rather than charity.

Transferability
The initiative has expanded from 1 to over 15 clubs in Spain. The publication of the Inclusive Rugby: Initiation Guide for Coaches makes the model easily adaptable for any club in Europe.

5.6 Netherlands

5.6.1 Only Friends – "You are as good as you are"

Organisation
Sports club, Only Friends / Friendship Sports Centre

Target Group
Children and youth with physical or intellectual disabilities, including those with Down syndrome.

Description of the Practice
A dedicated sports centre in Amsterdam that serves as a home for athletes who find mainstream clubs too overstimulating. It operates 7 days a week, offering 29 different sports.

Objectives
Providing a safe, judgment-free environment, improving physical strength and fostering a sense of belonging.

Methods & Activities
Specialised training in football, swimming, athletics, and dance. It has a high volunteer-to-athlete ratio (250+) to ensure individual attention.

Results & Impact
Currently serves around 800 members. It has become a national model for "disability-first" sports infrastructure, leading to the creation of the state-of-the-art Friendship Sports Centre.

Why is this a Good Practice?
It addresses the safety barrier. Athletes don't have to explain their disability since the entire environment (from locker rooms to coaches) is already adapted.

Transferability
Can be replicated in urban areas by centralising resources for multiple disability groups into a single high-quality hub.

5.6.2 Special Cruyff Courts

Organisation
Johan Cruyff Foundation

Target Group
Children in special education schools and rehabilitation centres.

Description of the Practice
The installation of adapted outdoor sports courts directly on the grounds of special education schools. These are multifunctional spaces designed for play, PE, and therapy.

Objectives
Increasing daily incidental physical activity, removing transport barriers to sports.

Methods & Activities
Courts feature wheelchair-friendly surfaces, colour-coded boundaries for visual clarity, and specialised fencing. Coaches are trained in the 14 Rules of Cruyff to promote social respect.

Results & Impact
Over 9,300 children use these special courts weekly. They serve as a bridge between formal therapy (physiotherapy) and recreational play.

Why is this a Good Practice?
It utilises the school space to ensure participation. By bringing the court to the school, the foundation ensures children with Down syndrome get high-quality sports access every single day.

Transferability

The technical court designs and the “Schoolyard14” methodology are easily exported to any special education setting globally.

Picture 4: Special Cruyff Courts
Source: https://www.cruyff-foundation.org/

5.6.3 Play Unified (Unified Sports)

Organisation
Special Olympics Netherlands

Target Group
Athletes with intellectual disabilities (including Down syndrome) and "Unified Partners" (peers without disabilities).

Description of the Practice
An integration model where teams are composed of an equal number of people with and without disabilities, training and competing together.

Objectives
True social inclusion, breaking down stigmas, and improving competitive sports skills.

Methods & Activities
Regular league play in football, hockey, and korfball. It uses the Divisioning method to ensure athletes of similar ability levels play together, regardless of their disability status.

Results & Impact
Significant reduction in social isolation for athletes with Down syndrome. It has successfully integrated "G-teams" into hundreds of mainstream Dutch amateur clubs.

Why is this a Good Practice?
It focuses on friendship through sports. It prevents the "us vs. them" mentality by putting everyone in the same shoes, regardless of disabilities or not.

Transferability
Low-cost and high-impact. It relies on changing club culture rather than building new infrastructure.

5.6.4 Sport Heroes – The School-to-Club Bridge

Organisation
Stichting Special Heroes Nederland

Target Group
Students in special education (VSO) and their families.

Description of the Practice
A structured program that introduces students to different sports during school hours and then actively "guides" them into a local sports club.

Objectives
Sustainable sports participation; increasing the "inclusive readiness" of local clubs.

Methods & Activities
A 3-phase model: 1. Discovery (taster sessions at school), 2. Experience (clinics at the club), 3. Connection (becoming a club member with support).

Results & Impact
Over 40,000 children reached; 85% of participating schools have made the program a permanent part of their curriculum.

Why is this a Good Practice?
It solves the transition gap. Many children with Down syndrome stop playing sports once they leave the structured school environment, and this program prevents that.

Transferability
Requires a coordinator role but can be implemented anywhere there is a network of schools and amateur sports clubs.

5.6.5 The Dutch 5-Class Divisioning for Special Needs Judo

Organisation
Special Needs Judo Foundation (SNJF) / Judo Bond Nederland

Target Group
Athletes with intellectual disabilities, specifically those with Down syndrome.

Description of the Practice
A standardised competition and training system that categorises athletes based on their functional safety and cognitive understanding of the sport.

Objectives
Safe physical contact, improving muscle tone (hypotonia), teaching physical boundaries.

Methods & Activities
The "5-Class" system ensures that a highly mobile athlete with Down syndrome doesn't accidentally injure a less mobile peer. It uses fixed routines and visual cues for grading.

Results & Impact
The Netherlands is a world leader in G-Judo, hosting one of the largest international tournaments annually in Beverwijk.

Why is this a Good Practice?
It provides a clear career path (belts/ranking) that is adapted but still maintains the core values of the sport.

Transferability
The Dutch divisioning guidelines have already been adopted by the European Judo Union (EJU).

5.6.6 Uniek Sporten – "Finding the Right Match"

Organisation
Fonds Gehandicaptensport in collaboration with Kenniscentrum Sport & Bewegen

Target Group
Individuals with physical or intellectual disabilities (including Down syndrome), their families, and local sports clubs.

Description of the Practice
This is a nationwide digital platform and regional support network that maps every accessible sports activity in the Netherlands. It operates as a "one-stop shop" where potential athletes can find local clubs that offer G-sports (sports for people with disabilities). Beyond the website, it employs regional Sports Advisors who provide 1-on-1 consultations to find a club that matches the specific needs and abilities of the individual.

Objectives
Reducing the threshold for participation, providing customised sports advice, mapping supply and demand, and offering financial support for sports equipment.

Methods & Activities
The Uniek Sporten App/Website:

- A searchable database of over 5,600 activities and 3,400 clubs.
- 1-on-1 Sports Advice: Personal intake sessions with a local advisor to discuss physical needs, interests, and transportation.
- Crowdfunding Platform: A dedicated tool within the site to help individuals with disabilities fund specialised equipment (e.g., customised bicycles or sports wheelchairs).
- Uniek Sporten Thuis: A video-based exercise platform for those who prefer starting with home-based workouts.

Results & Impact
Since its launch, the platform has received over 1 million unique visitors. It has successfully connected thousands of athletes to clubs and mapped over 3,750

accessible locations. Research shows that 15% of users who were previously sedentary became active members of a club through the platform.

Why is this a Good Practice?
It solves the information gap that often prevents families of children with Down syndrome from starting a sport. By providing a regional contact person, the practice adds a human element to a digital tool, ensuring that inclusion isn't just a list of clubs but a supported transition.

Transferability
Highly transferable. The digital architecture can be localised, and the model of Regional Sports Advisors (linking municipal health services to private clubs) is a scalable method for any country with a decentralised sports club culture.

5.7 Turkey

5.7.1 Inclusive Sports Event for Down Syndrome Awareness Day

Organization
Spor İstanbul (Istanbul Metropolitan Municipality – IMM) in cooperation with IMM Youth and Sports Directorate

Target Group
Children and youth with Down Syndrome aged 3 and above, their families, coaches, and sport professionals

Description of the Practice
On 21 March, within the framework of World Down Syndrome Awareness Day, Spor İstanbul organized a large-scale inclusive sport event at Esenler Sports Complex in Istanbul. Around 100 individuals with Down Syndrome participated in a full-day program that included track races and a basketball exhibition match. The event was designed as both a celebration and an awareness-raising activity, where families were also involved by attending and supporting participants from the stands. In addition to this special event, Spor İstanbul continuously provides year-round sport training programs for individuals with Down Syndrome in multiple disciplines such as movement education, swimming, fitness, ice skating, and tennis, reaching approximately 300 participants annually.

Objectives

The main objective of this practice is to promote social inclusion and equal participation of individuals with Down Syndrome through sport. It aims to enhance physical activity levels, improve overall health and well-being, build self-confidence, and strengthen social interaction. Another key objective is to raise public awareness about Down Syndrome and highlight the importance of inclusive sport environments where everyone can actively participate regardless of their abilities.

Methods & Activities

The practice is based on inclusive and participatory sport methodologies. Activities included track and field competitions, basketball matches played in a friendly and supportive environment, and group-based physical exercises. Recreational and fun-based approaches were used to ensure engagement and motivation. Family involvement was encouraged to strengthen emotional support and community bonding. In the long-term programs, structured training sessions are delivered by qualified coaches across different sport branches, ensuring accessibility and continuity.

Results & Impact

The event resulted in increased physical activity and improved motor skills among participants. Socially, it enhanced communication, interaction, and a sense of belonging. Emotionally, participants experienced joy, motivation, and increased self-confidence, while families reported pride and satisfaction. On a broader level, the event significantly contributed to raising awareness in society and promoting positive attitudes towards individuals with Down Syndrome. The continuous sport programs further ensure sustainable impact by supporting long-term development.

Why is this a Good Practice?

This practice is considered a good practice because it successfully combines awareness-raising with real, active participation. It provides an inclusive, accessible, and well-structured sport environment supported by public institutions. The involvement of families, professional coaches, and local authorities strengthens its effectiveness. Additionally, the integration of both one-day events and long-term training programs ensures both immediate impact and sustainability. The high number of participants and the diversity of activities demonstrate its strong outreach and adaptability.

Transferability

This practice can be easily transferred to other countries and contexts. It requires collaboration between local authorities, sport organizations, and communities. With

access to basic sport facilities and trained staff, similar inclusive events and training programs can be implemented. The model is flexible, scalable, and cost-effective, making it suitable for both small-scale and large-scale applications. By adapting activities to local needs and resources, this practice can effectively promote inclusive sport across different regions.

5.7.2 Football for Inclusion: A Special Day with Samsunspor

Organization
Bafra Municipality in cooperation with Samsunspor Club

Target Group
Children with Down Syndrome, football players, coaches, and families

Description of the Practice
Bafra Municipality organized a special visit to Samsunspor Facilities for children with Down Syndrome, aiming to provide them with an unforgettable and inclusive experience. During the event, children had the opportunity to meet professional football players, engage in conversations, and spend quality time together. The activity was designed as a one-day social inclusion event where children not only observed but actively participated in football-related activities, creating a meaningful connection between professional sport and inclusive participation.

Objectives
The main objective of this practice is to promote social inclusion and interaction through sport. It aims to enhance communication skills, build self-confidence, and support emotional and social development of children with Down Syndrome. Additionally, the activity seeks to create awareness about inclusion in professional sport environments and encourage empathy among athletes and the wider community.

Methods & Activities
The practice was based on experiential and participatory learning. Activities included meeting and interacting with professional football players, engaging in informal discussions about football, and playing football together on the field. The environment was designed to be supportive, fun, and inclusive, allowing children to express themselves freely. Group interaction and shared activities helped strengthen communication and social bonding.

Results & Impact

The event had a strong positive impact on participants. Children improved their social interaction skills and gained confidence through direct engagement with professional athletes. Emotional outcomes included increased happiness, motivation, and a sense of belonging. The interaction also contributed to the development of empathy skills, both for the children and the football players. Overall, the activity created a memorable and meaningful inclusive sport experience.

Why is this a Good Practice?

This practice is effective because it connects grassroots inclusion with professional sport environments. It provides real-life interaction opportunities rather than only theoretical inclusion approaches. The direct engagement with role models (football players) increases motivation and inspiration. The simplicity of the activity, combined with its strong emotional and social impact, makes it highly valuable and effective.

Transferability

This practice can be easily implemented in other countries by collaborating with local football clubs or sport organizations. It requires minimal resources but strong coordination between municipalities and sport institutions. By adapting the model to local contexts, similar inclusive experiences can be created in different sports and settings, making it a highly transferable and scalable practice.

Picture 6: Football for Inclusion

5.7.3 Water-Based Therapy for Children with Down Syndrome

Organization
Private Special Needs Swimming Center (Izmir – Gaziemir)

Target Group
Children with Down Syndrome and other special needs (including Turner Syndrome and Cerebral Palsy), families, and trained swimming coaches

Description of the Practice
This practice was initiated in Izmir following the inspiring story of Defne Ciğeroğlu, a child born with both Down Syndrome and Turner Syndrome. Based on medical advice recommending hydrotherapy for muscle development, her family introduced her to water-based activities and observed significant improvements. Motivated by these results, they established a specialized swimming center in Gaziemir to support other children with similar needs. The center offers tailored swimming and water therapy sessions in specially designed pools, where children can safely explore

movement and develop skills. Within a short time, around 30 children, including 15 with special needs, began receiving regular training.

Objectives

The main objective of this practice is to support the physical, cognitive, and emotional development of children with Down Syndrome and other disabilities through water-based therapy. It aims to strengthen muscle development, improve mobility, enhance cognitive responses, and provide a safe and enjoyable environment where children can express themselves freely. Another key goal is to support families and improve their quality of life by offering effective and accessible therapeutic solutions.

Methods & Activities

The practice is based on individualized and adaptive swimming education combined with hydrotherapy principles. Activities include water adaptation exercises, basic swimming skills, underwater movements, and guided physical exercises designed to improve muscle strength and coordination. The pools are specially designed for children with special needs, ensuring safety and comfort. Coaches use clear instructions, repetition, and supportive techniques to enhance both physical and cognitive development. The program also focuses on water safety and confidence-building in a playful and engaging environment.

Results & Impact

This practice has demonstrated strong physical, emotional, social, and therapeutic outcomes:

- **Physical Development:** Children showed significant improvement in muscle strength, coordination, and mobility. Many were able to perform movements in water that they could not achieve on land.
- **Cognitive Development:** Following instructions and engaging in structured activities helped improve attention, perception, and basic cognitive skills.
- **Emotional Well-being:** Water created a sense of freedom and happiness. Children became more active, joyful, and motivated, reducing anxiety and increasing overall well-being.
- **Social Development:** Children became more open, communicative, and interactive. Previously introverted participants showed noticeable behavioural improvements.
- **Family Impact:** Families reported high levels of satisfaction and emotional relief. Observing their children's progress increased hope, motivation, and confidence in their children's abilities.

- **Therapeutic Impact:** The program proved that water-based activities can serve as an effective complementary therapy for children with developmental and physical challenges.

Why is this a Good Practice?

This practice is highly effective because it combines medical recommendation, family initiative, and professional expertise into a sustainable model. It provides a safe and specialized environment where children can achieve physical and emotional breakthroughs. The strong real-life success story behind the project increases its credibility and inspirational value. Additionally, the approach addresses both child development and family well-being, making it holistic and impactful.

Transferability

This practice can be applied in other countries with access to swimming facilities and trained instructors. By adapting pool design and training methods to local contexts, similar centers can be established. Collaboration with healthcare professionals and families is essential for success. The model is scalable and can be expanded to include different types of disabilities, making it highly transferable and adaptable.

Picture 7: Swimming Center

5.7.4 Brave Strokes (Cesur Kulaçlar) – Inclusive Swimming Program for Children with Down Syndrome

Organization
Abdi İbrahim Foundation in cooperation with Turkey Down Syndrome Association

Target Group
Children with Down Syndrome aged 5–9, their families, swimming coaches, and sport professionals

Description of the Practice
The "Brave Strokes" project is a social responsibility initiative implemented under the "Health and Swimming Sport" program by Abdi İbrahim Foundation in collaboration with the Turkey Down Syndrome Association. Launched in 2024, the project focuses on introducing children with Down Syndrome to swimming at an early age. A structured 16-week training program was designed, where children participated in regular swimming sessions guided by professional coaches in a safe and supportive environment. The program aimed to help children discover their potential, develop new skills, and gain confidence through sport. At the end of the training period, participants were awarded certificates to recognize their achievements and celebrate their progress.

Objectives
The main objective of this practice is to support the physical, cognitive, and emotional development of children with Down Syndrome through swimming. It aims to improve motor skills, coordination, and overall health while increasing self-confidence and independence. Another key objective is to encourage early engagement in sport and raise awareness about the importance of inclusive sport opportunities for children with disabilities.

Methods & Activities
The program is based on structured, inclusive, and progressive training methods. Children participated in regular swimming lessons tailored to their individual needs and abilities. Activities focused on water adaptation, basic swimming techniques, breathing control, and coordination exercises. Coaches provided one-on-one support when needed, ensuring safety and personalized development. The program emphasized learning through play, repetition, and positive reinforcement to maintain motivation and engagement.

Results & Impact
The project generated significant physical, social, and emotional outcomes:

- **Physical Development:** Children improved their motor coordination, balance, muscle strength, and swimming skills. Early exposure to water-based activities contributed positively to their overall physical health.
- **Confidence & Independence:** Participants gained self-confidence as they learned new skills and overcame initial fears of water. The ability to perform tasks independently in the pool increased their sense of achievement.
- **Emotional Well-being:** Children experienced joy, excitement, and motivation throughout the program. The supportive environment reduced anxiety and encouraged active participation.
- **Social Development:** Interaction with coaches and peers improved communication skills and social engagement.
- **Family Impact:** Families observed visible progress in their children and reported increased trust in their abilities. The certification ceremony also created a sense of pride and recognition.

Why is this a Good Practice?

This practice stands out because it combines early intervention, structured sport education, and social inclusion in a sustainable model. The 16-week program ensures continuity and measurable development, while professional coaching guarantees quality and safety. The focus on swimming, a life skill, adds long-term value. Additionally, the collaboration between a foundation and a specialized association strengthens its impact and credibility.

Transferability

This practice can be easily adapted and implemented in other countries. It requires access to swimming facilities, trained coaches, and collaboration with disability organizations. The structured yet flexible program design allows adaptation to different age groups and contexts. Due to its clear methodology, measurable outcomes, and strong social impact, it is highly transferable and scalable across different regions.

5.7.5 Recreation Therapy Camp for Children with Down Syndrome

Organization
Anadolu University, Faculty of Sports Sciences – Department of Recreation

Target Group
Children with Down Syndrome (especially from low socio-economic backgrounds), university students (volunteers), trainers, and families

Description of the Practice
Anadolu University organized the 3rd Recreation Therapy Camp, bringing together 15 children with Down Syndrome in a 4-day residential program. The camp was implemented by 38 undergraduate recreation students and 3 trainers, combining recreational therapy with inclusive sport activities such as horse riding, kin-ball, swimming, gymnastics, and dance. The program aimed not only to introduce children to different physical activities but also to provide a safe environment where they could experience independence away from their families.

Objectives
The primary objective of this practice is to support the physical, social, and emotional development of children with Down Syndrome through recreational therapy. It aims to improve self-care skills, increase independence, enhance social interaction, and build self-confidence. Additionally, the program seeks to raise awareness among families about their children's potential and to provide practical learning experiences for university students in inclusive sport and therapy approaches.

Methods & Activities
The camp applied experiential learning and recreation therapy methods. Activities included structured sport sessions (swimming, gymnastics), inclusive group games (kin-ball), outdoor and alternative activities (horse riding), and creative movement (dance). Participants were supported by trained university students who provided individual guidance, emotional support, and assistance in daily routines such as personal care. The residential nature of the camp allowed continuous observation, interaction, and development.

Results & Impact
The camp created strong physical, social, emotional, and developmental outcomes:

- **Physical Development:** Participants improved their motor skills, coordination, and overall physical activity levels. Activities helped strengthen muscle development and reduce physical limitations commonly observed in children with Down Syndrome.
- **Social Development:** Children developed communication skills, learned to interact with peers and adults, and built new friendships. Being part of a group environment increased their sense of belonging and social participation.
- **Emotional Development:** The camp significantly increased children's self-confidence and motivation. Successfully completing activities independently created a strong sense of achievement and happiness.
- **Independence & Life Skills:** One of the most impactful outcomes was the development of **independent living skills**. Children who were previously dependent on their families were able to perform daily tasks such as personal hygiene, participating in activities, and managing routines on their own.
- **Family Impact:** Families reported increased awareness of their children's abilities. Many expressed surprise and pride, realizing that their children could achieve more independence than expected. This strengthened family trust and support.
- **Educational Impact (for Students)** University students gained hands-on experience in working with individuals with disabilities, improving their empathy, patience, and professional competencies in inclusive sport and recreation.

Why is this a Good Practice?

This practice is highly effective because it combines **recreational therapy, sport, and independent living training** in a holistic way. It creates real-life transformation rather than short-term engagement. The inclusion of university students ensures sustainability and knowledge transfer, while the residential camp model allows deeper impact. It addresses not only the needs of children but also changes family perceptions, making it a comprehensive and meaningful intervention.

Transferability

This model can be successfully applied in other countries with collaboration between universities, local authorities, and rehabilitation centers. It requires trained facilitators, volunteer students, and access to basic sport facilities. The camp format can be adapted to shorter or longer durations and different types of disabilities. Due to its strong impact and relatively low cost (using volunteers and existing facilities), it is highly transferable and scalable.

Picture 7: Recreation Therapy Camp
Link: https://www.haber7.com/

6 Comparative European Analysis

6.1 Similarities Across Countries

A comparative reading of the good practice examples from Bosnia and Herzegovina, Croatia, Greece, Latvia, Spain, the Netherlands, and Turkey shows that, despite differences in sport type, organisational setting, and national context, the strongest practices share several clear features. These similarities are especially important because they suggest that inclusive sport for people with Down syndrome does not depend on one "ideal" discipline, but on a set of recurring implementation principles:

1. First major similarity is the importance of **regular participation and continuity**. The strongest examples are not one-off awareness events, but practices that create repeated opportunities for engagement over time. This is clearly visible in Croatia's **JUDO INclusion – Active and Healthy**, Croatia's **Swim Together**, Greece's **Inclusive Running Programme – RunChallenge Thessaloniki**, Latvia's **Supported Physical Activity Sessions in Social Care Centre**, Spain's **A Tsuki for Inclusion**, and the Netherlands' **Only Friends**. Although these practices differ greatly in sport format, they all create a structured rhythm of participation, which in turn supports habit formation, confidence, and progressive development. Compared to more event-based examples, these recurring models show greater potential for long-term physical, social, and emotional benefit.

2. Second strong similarity is the use of **adapted coaching and simplified task design**. Across countries, the more convincing examples do not rely on a generic "open door" approach to inclusion. Instead, they adapt the activity

itself. In Croatia, this is visible in adapted judo, swimming, and SUP delivery. In Greece, it appears in adapted swimming and community running. In Spain, it is particularly clear in **A Tsuki for Inclusion** and **Inclusive Skating**, where technical sport content is broken down into manageable and accessible learning steps. In Latvia, even more demanding activities such as figure skating and canoeing are made possible through structured support and progression. This suggests that successful inclusion is based less on lowering expectations and more on intelligent adaptation of coaching, communication, pace, and task complexity.

3. Third recurring feature is the importance of **family involvement and family trust**. In Bosnia and Herzegovina, family participation is clearly present in **Young Athletes and Early Childhood Inclusion**. In Croatia, family confidence is especially important in water-based activities such as **SUP** and **Swim Together**. In Greece, family or accompanying-adult involvement is built into the **Sport for All** model. In the Netherlands, family support is indirectly addressed through transition and advisory models such as **Sport Heroes** and **Uniek Sporten**. Across countries, the pattern is clear: families often determine whether participation begins, whether it continues, and whether participants are allowed to move gradually towards greater autonomy. This is particularly relevant for the OrieDown project, where confidence in movement, space, and safety is central.

4. Fourth similarity is that stronger examples tend to be **partnership-based rather than isolated**. Bosnia and Herzegovina relies heavily on Special Olympics structures and school/community cooperation. Croatia combines sports clubs, disability associations, and local partners. Greece shows cooperation between municipalities, associations, and community sport organisations. Spain and the Netherlands present more developed cooperation between federations, clubs, foundations, and support systems. Turkey also shows collaboration between municipalities, associations, universities, and foundations. These examples suggest that inclusive sport programmes are more robust when technical sports expertise is combined with disability-specific support, family communication, and community coordination.

5. Fifth shared feature is that the strongest programmes define success more broadly than sport performance alone. Across countries, practices are consistently linked to outcomes such as confidence, participation, social interaction, belonging, autonomy, and quality of life. This is particularly visible in Bosnia and Herzegovina's **Unified Sports for Social Inclusion**, Croatia's

adapted sport examples, Greece's physical education and municipal activity programmes, Spain's inclusive rugby and karate, and Turkey's swimming and recreation therapy camp. In this sense, the European comparison confirms one of the central arguments of the guide: inclusive sport for people with Down syndrome has value not only because it increases physical activity, but because it also supports wider developmental and social outcomes.

Overall, the most important similarity across countries is that good practice is not defined by one sport, one institution, or one national model. It is defined by a recurring combination of continuity, adaptation, partnership, family confidence, and meaningful participation. These shared features form the strongest common European foundation identified in this guide.

6.2 Differences and Contextual Factors

At the same time, the comparative analysis shows that the partner countries do not represent the same type of inclusive sport system. The differences between countries are significant, and these differences are not simply editorial or organisational. They reflect broader contextual factors such as institutional capacity, sport traditions, available infrastructure, role of disability organisations, and the degree to which inclusive sport is already embedded in local or national systems.

1. First major difference concerns the **level at which inclusion is organised**. In Bosnia and Herzegovina, the strongest examples are closely connected to Special Olympics structures, schools, and community-level participation. The emphasis is often on social inclusion, visibility, and early inclusion rather than on highly specialised sport pathways. In Croatia, the examples are more directly rooted in concrete programme delivery, such as judo, taekwondo, swimming, SUP, and inclusive team sport. Greece also presents examples that are strongly practice-based and connected to local delivery through schools, municipalities, and associations. Spain and the Netherlands, however, move more clearly towards national models, federation-supported approaches, structured pathways, and system-level support tools. This means that some countries contribute more to understanding **how to run inclusive sport sessions**, while others contribute more to understanding **how to organise inclusive sport systems**.

2. Second difference concerns the **type of sport used as the vehicle of inclusion**. Croatia and Turkey provide several examples in swimming, water-based activity, and adapted physical development. Croatia and Spain contribute more clearly adapted combat sport models such as judo, taekwondo, and karate. Latvia is the most diverse in terms of sport types, including figure skating, ice hockey, athletics, football, bocce, and canoeing/kayaking. Greece combines running, swimming, adapted physical education, and family-based activity programmes. The Netherlands is less defined by one sport and more by infrastructure, pathways, and support systems. This diversity is important because it shows that inclusive sport for people with Down syndrome is not tied to a narrow range of "safe" or traditionally adapted sports. However, it also means that contextual factors such as equipment, facility access, coach competence, and perceived risk vary considerably across countries and sports.

3. Third important difference relates to **target-group specificity**. Some countries present examples that are clearly focused on people with Down syndrome, such as Croatia's adapted taekwondo and several Turkish swimming-based examples. Other countries, especially Latvia and the Netherlands, more often work within a broader disability framework in which Down syndrome is included but not always the primary reference point. Spain combines both approaches, presenting some clearly Down syndrome-linked practices alongside broader national inclusion models. This difference matters because it affects the type of adaptation offered. Down syndrome-specific programmes often appear stronger in tailored communication, confidence-building, and family relevance, while broader disability programmes may be stronger in scale, mainstream visibility, and structural reach.

4. Fourth difference concerns the **balance between continuity and event-based inclusion**. In some countries, especially Croatia, Greece, Spain, and the Netherlands, the stronger examples are clearly continuous programmes or repeatable models. In Bosnia and Herzegovina and Turkey, the material also includes practices with a stronger event or visibility orientation, such as awareness-day activities, national games, or special-day football experiences. These examples are not without value. They can build motivation, public visibility, and positive community attitudes. However, they are less convincing as long-term developmental sport models than regular weekly or multi-week programmes. This distinction is important because it helps explain why not all practices carry the same weight in terms of transferability and sustainability.

5. Fifth contextual factor is the **degree of system support available behind the practice**. The Netherlands provides the clearest examples of structured support systems through **Only Friends**, **Sport Heroes**, **The Dutch 5-Class Divisioning for Special Needs Judo**, and **Uniek Sporten**. Spain also shows stronger federation and national-network support than most other countries. Bosnia and Herzegovina, Croatia, Greece, Latvia, and Turkey rely more visibly on strong local organisations, motivated practitioners, and community partnerships. This does not make them weaker. In many cases, these local models are more directly useful for grassroots replication. However, it does mean that countries differ in how easily good practices can be scaled, standardised, or embedded into long-term structures.

In summary, the comparative analysis shows that good practice cannot be understood outside context. Bosnia and Herzegovina is particularly strong in social inclusion and community-based participation; Croatia in practical adapted sport delivery; Greece in combining school, municipal, and community approaches; Latvia in sport diversity; Spain in mainstream sporting identity and federation-linked inclusion; the Netherlands in pathways and system support; and Turkey in confidence-building and supported entry into participation. These differences are not a problem. On the contrary, they are what make the European comparison meaningful. They show that inclusive sport for people with Down syndrome can take different forms, depending on the structures, needs, and capacities present in each country.

6.3 Transferable Elements

The good practice examples also make it possible to identify which elements appear most transferable across countries. Importantly, the comparison suggests that transferability does not mean copying an entire programme unchanged. What transfers most effectively are the **practical building blocks** that make a programme work: design principles, coaching methods, partnership models, and safety or progression routines that can be adapted to a new context.

1. First highly transferable element is **clear structure and repeated session logic.** This is evident in Croatia's **Swim Together,** Greece's **RunChallenge Thessaloniki,** Latvia's **Supported Physical Activity Sessions in Social Care Centre,** and Spain's **Inclusive Skating.** Although these practices involve different sports and settings, they all show that participants benefit from stable

routines, familiar sequencing, and repeated participation in a recognisable framework. This is one of the most transferable lessons because it does not require advanced infrastructure or large budgets. It requires thoughtful programme design.

2. Second transferable element is **adapted communication and visual or practical simplification.** Spain's **A Tsuki for Inclusion,** Croatia's adapted judo and taekwondo models, Latvia's inclusive water and winter sport examples, and Dutch adapted judo all show that inclusion becomes much more realistic when instructions are simplified, tasks are broken into smaller steps, and support is given in a clear and consistent way. This principle is especially relevant for people with Down syndrome, because it directly affects understanding, confidence, and willingness to participate. It is also highly compatible with the broader OrieDown focus on adapted maps, visual supports, and structured orientation learning.

3. Third transferable element is the concept of **progressive participation.** The strongest practices do not expect immediate independence or complex performance. Instead, they create a pathway from supported participation towards greater confidence and responsibility. This can be seen in Croatian SUP, in several Turkish swimming-based programmes, in Dutch school-to-club transitions, and in Latvia's progression from supported sessions to group participation and competition. The lesson here is very clear: inclusion is strongest when it is staged, not rushed. This principle is directly transferable to orienteering and orientation-based activities, where autonomy and safety must be developed together.

4. Fourth transferable element is **family-informed participation.** Bosnia and Herzegovina's early inclusion model, Croatia's water-based practices, Greece's parent-accompanied physical activity programme, and Dutch transition and advisory structures all show that families need to be brought into the programme logic, not treated as external observers. This does not mean that families should take over the activity. Rather, it means that communication, trust, expectations, and continuity need to be shared. This is a particularly transferable element because it can be implemented in almost any setting, regardless of sport type or national structure.

5. Fifth transferable element is **cross-sector cooperation.** One of the clearest conclusions of Chapter 5 is that inclusive sport becomes stronger when clubs, associations, schools, municipalities, federations, and families do not work

separately. Croatia's club–association cooperation, Bosnia and Herzegovina's school/community models, Spain's federation-linked examples, and the Dutch pathway and advisory models all show that different actors contribute different strengths. This means that one of the most transferable lessons is not only how to adapt an activity, but how to organise shared responsibility around it.

6. Sixth transferable element, especially relevant for the OrieDown project, is the idea that **safety procedures can be taught as part of participation rather than added afterwards.** Croatia's SUP practice, the Dutch 5-Class judo model, and the general logic of structured support in several water, combat sport, and activity-based examples all show that safety is strongest when it is procedural, visible, and practised. For OrieDown, this has a direct implication: orienteering and orientation-based activities can become genuinely inclusive and development-oriented when rules, routes, boundaries, return-point logic, and progression are built into the activity itself. In that sense, the wider European examples strongly support the project's own emphasis on safe autonomy rather than uncontrolled independence.

At the same time, the comparison also shows that some elements are **less directly transferable**. Large-scale infrastructure models, national digital platforms, and highly specific federation or funding systems may need significant adaptation before they can be replicated elsewhere. For that reason, the most realistic transfer does not usually involve copying a full national model. It involves selecting practical elements such as:

- repeated and predictable session routines,
- simplified and visual communication,
- gradual progression,
- active family communication,
- cooperation between sports and disability actors,
- explicit safety procedures linked to autonomy development.

The central conclusion of this chapter is therefore that transferability lies in principles, not templates. The strongest good practices in this guide offer Europe not a single formula to replicate, but a set of concrete and adaptable elements that can support more inclusive, safe, and sustainable sport opportunities for people with Down syndrome across different local realities.

7 Recommendations

The comparative analysis of the good practice examples shows that inclusive sport for people with Down syndrome does not depend on a single ideal model, one sport, or one institutional structure. Instead, successful programmes emerge where participation is regular, coaching is adapted, safety is planned, families are engaged, and organisations cooperate over time. The recommendations below are therefore not abstract policy statements, but practical conclusions derived from the strengths and limitations of the practices presented in this guide.

7.1 For Sports Clubs and Federations

Sports clubs and federations play a decisive role in making inclusive sport visible, credible, and sustainable. The examples in this guide show that clubs can become genuinely inclusive without losing their sporting identity. However, this requires more than simply opening registration to participants with disabilities. It requires adaptation, planning, and a willingness to rethink how training is delivered.

Recommendations are as follows:

1. Clubs should prioritise **structured and progressive inclusion**, rather than expecting immediate participation under standard conditions. Strong examples from Croatia, Spain, Greece, and the Netherlands show that inclusive participation becomes more realistic when sessions are organised through clear routines, gradual progression, and stable expectations. Clubs should therefore design participation pathways that begin with supported entry, build familiarity with the environment, and increase complexity only when the participant is ready.

2. Coaches should be equipped with **practical inclusive coaching tools**, not only general awareness training. The strongest examples across countries demonstrate that inclusion depends on the coach's ability to simplify instructions, use demonstration, apply visual support, adapt task difficulty, and maintain a predictable session flow. Federations and clubs should therefore invest in short, usable coach education modules focused on communication, adaptation, safety routines, and mixed-ability participation. The goal should not be to create specialist-only systems, but to make ordinary coaches more capable of delivering inclusion well.

3. Sports clubs should treat **family communication** as part of sport delivery, especially when working with children and young people with Down syndrome. Families need to understand the structure of the programme, the expectations for participation, the safety procedures, and the progression model. This is particularly important in activities involving water, movement through space, or gradual increases in autonomy. Clubs that build trust with families are more likely to retain participants over time.

4. Federations should support clubs by developing **transferable inclusion frameworks** rather than leaving each club to improvise. Spanish and Dutch examples show that federations can play a constructive role by producing coach guides, technical adaptations, safety standards, progression models, and classification or access tools. Federations should therefore move beyond symbolic support for inclusion and provide concrete mechanisms that help clubs implement it consistently.

5. Clubs and federations should see inclusive sport as a question of **participation pathways**, not only isolated sessions. It is not enough to create one accessible event or one pilot workshop. Participants with Down syndrome need opportunities to enter, continue, and develop. This may involve introductory cycles, adapted mainstream participation, school-to-club bridges, inclusive club membership, or progression from supported sessions towards greater independence. Federations can strengthen this process by helping local clubs connect these stages rather than treating them as separate interventions.

Finally, clubs working with orienteering and orientation-based activities should pay special attention to the integration of **safety and autonomy**. This guide strongly suggests that orienteering becomes most valuable when it is introduced through bounded spaces, visual support, buddy systems, return-point rules, and clearly staged progression. Clubs should therefore avoid framing autonomy as immediate

independence. Instead, they should build autonomy through repeated, safe, and understandable participation in real environments.

In practical terms, sports clubs and federations should:

- develop structured entry pathways rather than one-off inclusion efforts;
- provide coach training focused on adaptation, communication, and safety;
- include family communication as a routine part of programme delivery;
- create federation-level tools, guides, and minimum standards for inclusive sport;
- support progression from supported participation to more confident club involvement;
- ensure that safety procedures are built into the activity, especially in water-based and orientation-based sports.

7.2 For NGOs and Associations

NGOs and associations are among the most important drivers of inclusive sport for people with Down syndrome across Europe. In many of the examples analysed in this guide, they act as the bridge between participants, families, community services, and the sports sector. Their contribution is especially visible where trust-building, outreach, advocacy, and participant-specific support are needed.

Recommendations are as follows:

1. NGOs and associations should position themselves not only as service providers, but also as **connectors and facilitators** of inclusive sport pathways. The strongest examples show that disability organisations are often most effective when they help participants and families enter sport, understand available options, and maintain continuity, rather than replacing sports clubs altogether. This means that NGOs should seek partnerships with clubs, federations, schools, and municipalities wherever possible.
2. NGOs should strengthen their role in **family engagement and confidence-building**. Many families of children and young people with Down syndrome face uncertainty about safety, coaching quality, readiness for participation, and the risk of exclusion or failure. NGOs and associations are often best placed to address these concerns because they already have established relationships with families. They should therefore actively support communication, explain

participation pathways, and help families understand how autonomy can be developed gradually and safely through sport.

3. Associations should document and communicate **observed outcomes and practical lessons** more consistently. One of the limitations identified in the comparative analysis is that many valuable practices remain under-documented or described only in broad terms. NGOs and associations should make a greater effort to record what was done, how often, with whom, under what conditions, and with what observed effects. This does not require complex research designs. Even simple records on attendance, retention, family feedback, progression, and repeated barriers can substantially strengthen learning and transferability.

4. NGOs should actively promote **inclusive sport beyond awareness events alone**. Awareness days and visibility campaigns can be useful entry points, but they are not sufficient by themselves. The strongest examples in this guide are those in which awareness is connected to sustained sport participation. NGOs and associations should therefore use public events strategically, as a means to recruit participants, connect families with clubs, build partnerships, and create longer-term programmes rather than stopping at symbolic visibility.

5. NGOs should support the development of **adapted and safe participation models** in sports where confidence barriers are especially high. This includes water-based activities, movement through unfamiliar environments, outdoor recreation, and orientation-based sport. In such contexts, NGOs can play a key role in explaining routines to families, preparing participants, supporting volunteers, and helping coaches understand specific support needs.

6. NGOs and associations should contribute to **local partnership models** rather than working in isolation. The comparative analysis makes it clear that successful inclusion is strongest where different actors contribute complementary expertise. Associations often have deep participant knowledge and trust relationships, while sports clubs have technical expertise, and municipalities or schools may provide space or coordination. NGOs should therefore treat collaboration as a strategic priority.

In practical terms, NGOs and associations should:

- act as bridges between families, participants, and sport providers;
- support family trust and realistic preparation for participation;
- document practices and observed outcomes in a more systematic way;

- use awareness events as entry points to longer-term programmes;
- support adaptation and safety in activities with higher confidence barriers;
- build stable partnerships with clubs, schools, municipalities, and federations.

7.3 For Policy Makers and Public Authorities

Public authorities and policy makers play a crucial role in determining whether inclusive sport remains dependent on short-term projects or becomes part of a stable public and community infrastructure. The examples in this guide show that the quality of inclusion is closely linked to the degree of institutional support available behind local practice. This support does not always need to take the form of large-scale reform. Often, it depends on whether local systems are organised in ways that reduce barriers, connect actors, and sustain continuity.

Recommendations are as follows:

1. Policy makers should treat inclusive sport for people with Down syndrome as a matter of **regular participation and equal access**, not only as a question of special events or disability visibility. Public funding frameworks should therefore favour programmes that demonstrate continuity, progression, and repeat participation rather than only one-off activities. Event-based inclusion can raise awareness, but repeated access is what produces developmental and social value over time.

2. Public authorities should invest in **local inclusion ecosystems**, not isolated actions. The strongest examples in the guide show that participation is most sustainable where sports clubs, disability organisations, schools, municipalities, coaches, and families are connected. Policy should therefore support partnership-building, local coordination roles, and cross-sector cooperation rather than assuming that one institution alone can deliver inclusive sport successfully.

3. Policy makers should strengthen **access pathways into sport**. Many families do not know which clubs are accessible, which programmes exist, how to register, or what support is available. Dutch examples such as advisory and school-to-club pathway models illustrate the value of systems that reduce this information gap. Public authorities should therefore support local or regional

information points, sport advisors, referral mechanisms, and school-linked transition models that help families move from interest to actual participation.

4. Local and national authorities should support **coach development and workforce competence** as a public-interest issue. Inclusive sport depends heavily on the quality of delivery. Public authorities, often in cooperation with federations and educational institutions, should therefore support accessible training opportunities for coaches, teachers, instructors, and volunteers. This is particularly important in activities requiring higher levels of safety planning, such as water-based sports, outdoor activity, and orientation-based participation.

5. Policy makers should ensure that **safety and safeguarding are approached in enabling rather than restrictive ways**. Families of participants with Down syndrome often encounter exclusion that is justified in the name of safety, even where risk could be managed through better design, clearer procedures, and trained staff. Public policy should therefore encourage practical risk management frameworks that support participation rather than using uncertainty as a reason for exclusion. This is especially relevant for the OrieDown context, where activities related to movement through space and progressive autonomy need structured but realistic support.

6. Inclusive sport should be integrated into broader strategies related to **public health, education, social inclusion, and community participation**. The practices reviewed in this guide demonstrate that sport contributes to much more than physical exercise. It can support self-confidence, social belonging, mobility, independence, family wellbeing, and community visibility. Policy frameworks should therefore avoid treating inclusive sport as an isolated recreational issue and instead recognise its wider developmental role.

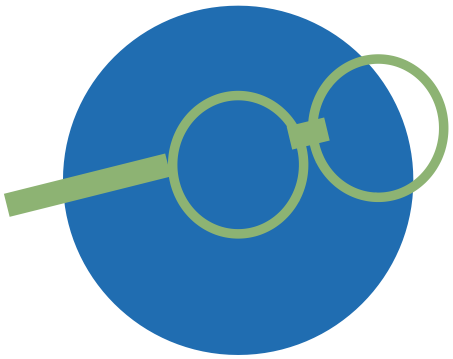
7. Authorities should encourage the use of **simple and feasible monitoring indicators**. Many local organisations do not have the capacity to conduct formal evaluations, but they can still collect useful information if expectations are realistic. Public authorities should encourage monitoring through indicators such as attendance, retention, family feedback, progression, repeat participation, transition into clubs, and adherence to safety routines. This would improve policy learning without creating unnecessary administrative burden.

In practical terms, policy makers and public authorities should:

- prioritise funding for regular and continuous inclusive sport participation;
- support local inclusion ecosystems and partnership-based delivery;
- create clearer pathways that help families and participants access sport;
- invest in coach, instructor, and volunteer competence;
- promote enabling safety frameworks instead of exclusionary risk avoidance;
- connect inclusive sport to broader health, education, and social inclusion strategies;
- encourage simple monitoring systems that support learning and accountability.

Overall, the recommendations in this chapter point towards one central conclusion: inclusive sport for people with Down syndrome becomes strongest when it is not treated as a marginal or temporary initiative, but as a structured, shared, and supported part of community life. The examples presented throughout this guide show that the necessary foundations already exist in different forms across Europe. The next step is to strengthen them through better design, stronger partnerships, and more consistent institutional commitment.

8 Conclusions and Future Outlook



This guide has shown that inclusive sport for people with Down syndrome is not a marginal or experimental field, but an area in which meaningful and transferable practices already exist across different European contexts. The 35 good practice examples collected from Bosnia and Herzegovina, Croatia, Greece, Latvia, Spain, the Netherlands, and Turkey demonstrate that people with Down syndrome can participate successfully in a wide range of sports and physical activities when programmes are designed with adaptation, safety, continuity, and cooperation in mind. Taken together, the examples confirm that inclusive sport is not defined by one discipline or one organisational model, but by the quality of the conditions that make participation possible, sustainable, and development-oriented.

A central conclusion of the guide is that successful inclusive sport depends less on the choice of activity and more on the way participation is structured. Across countries, the strongest examples are those that combine regular attendance, clear routines, adapted coaching, gradual progression, family trust, and partnership-based delivery. These elements appeared repeatedly in community clubs, disability associations, school-linked models, municipal programmes, federation-supported initiatives, and mixed-ability settings. This means that inclusive sport should not be understood as a special add-on to mainstream activity, but as a practical approach to programme design that places accessibility, predictability, and participation at the centre.

The guide also shows that sport for people with Down syndrome generates value on several levels at once. At the most immediate level, it supports physical activity, motor development, health, and fitness. At the same time, it contributes to confidence, social interaction, quality of life, and community belonging. In a number of cases, it also creates opportunities for greater autonomy, improved daily

functioning, and stronger family confidence. This broader impact is particularly important because it confirms that inclusive sport should not be assessed only in terms of physical performance, but also in terms of its developmental and social contribution.

Within this broader field, orienteering and orientation-based activities occupy a particularly relevant place. The examples and the wider analysis suggest that these activities offer a distinctive contribution because they combine movement, attention, environmental understanding, route-following, decision-making, and progressive autonomy. For the OrieDown project, this is especially significant. It confirms that orienteering should not be viewed narrowly as a sport discipline alone, but as a structured and adaptable practice that can support safer participation in real environments, confidence in movement, and functional learning through physical activity. At the same time, the guide makes clear that this potential can only be realised when safety is systematically planned and when progression is carefully staged.

Another important conclusion is that European comparison is valuable not because it produces a single model for replication, but because it helps clarify what is transferable and what remains context-dependent. The guide has shown that certain elements are widely transferable across sports and countries, including clear session structure, adapted communication, visual support, gradual progression, family involvement, and cross-sector cooperation. At the same time, it has also shown that some aspects of good practice depend strongly on local realities such as infrastructure, staffing, funding, institutional support, and cultural attitudes towards disability and inclusion. The future development of inclusive sport therefore requires both ambition and realism: ambition in expanding opportunities, and realism in adapting models to the environments in which they will actually be used.

Looking ahead, the future of inclusive sport for people with Down syndrome in Europe will depend on whether existing good practices can move beyond isolated examples and become part of more stable local and national ecosystems. This means that continuity should become a stronger priority than symbolic participation, that coach development should be treated as a strategic investment, and that local partnerships between clubs, NGOs, schools, municipalities, and families should be actively supported. It also means that inclusive sport must be recognised not only as a matter of recreation, but as a contribution to health, education, social inclusion, autonomy, and active citizenship.

For the OrieDown project specifically, the future outlook is promising. The guide provides a strong basis for the next stages of the project, including pilot activities, adapted maps, digital resources, and practical testing of orientation-based learning in real environments. The findings of this guide suggest that these next steps are both timely and relevant. They also suggest that OrieDown has the potential to make a distinctive contribution to the European field by linking inclusive sport with mobility, environmental awareness, and safe autonomy in ways that are still underdeveloped in most current systems.

In this sense, the guide should not be read as the final word on inclusive sport and orienteering for people with Down syndrome. Rather, it should be understood as a foundation for further development. It identifies what already works, what still needs improvement, and where new models can emerge. Its long-term value will depend on whether the lessons identified here are used to strengthen practice, inform policy, improve cooperation, and expand access to inclusive, safe, and empowering sport opportunities across Europe.

Ultimately, the strongest message of this guide is that people with Down syndrome do not need lower expectations or symbolic inclusion. They need well-designed opportunities, competent support, and environments in which participation is both realistic and meaningful. Where these conditions are in place, inclusive sport becomes not only possible, but genuinely transformative. That is both the main conclusion of this guide and the most important direction for its future application.

9 Annex

9.1 Good Practice Template

Title of the Practice:
Country:
Organization:

Target Group:
(children with Down Syndrome, families, coaches…)

Description of the Practice:
(What was done, where)

Objectives:
(physical activity, inclusion, confidence, health…)

Methods & Activities:
(training, games, outdoor activities, group work…)

Results & Impact:
(physical, social, emotional outcomes)

Why is this a Good Practice?
(what worked well, why it is effective)

Transferability:
(Can this be applied in other countries? How?)

10 References

1. Bull, F.C., Al-Ansari, S.S., Biddle, S., Borodulin, K., Buman, M.P., Cardon, G., Carty, C., Chaput, J.-P., Chastin, S., Chou, R. et al. (2020) 'World Health Organization 2020 guidelines on physical activity and sedentary behaviour', *British Journal of Sports Medicine*, 54(24), pp. 1451–1462. doi: 10.1136/bjsports-2020-102955.

2. Council of the European Union (2013) *Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors* (2013/C 354/01). Available at: eur-lex.europa.eu (Accessed: 23 February 2026).

3. Dairo, Y.M., Collett, J., Dawes, H. and Oskrochi, G.R. (2016) 'Physical activity levels in adults with intellectual disabilities: A systematic review', *Preventive Medicine Reports*, 4, pp. 209–219. doi: 10.1016/j.pmedr.2016.06.008.

4. de Graaf, G., Buckley, F. and Skotko, B.G. (2021) 'Estimation of the number of people with Down syndrome in Europe', *European Journal of Human Genetics*, 29(3), pp. 402–410. doi: 10.1038/s41431-020-00748-y.

5. European Commission (2018) *Special Eurobarometer 472: Sport and physical activity*. Luxembourg: Publications Office of the European Union. Available at: sport.ec.europa.eu (Accessed: 23 February 2026).

6. European Commission, Joint Research Centre (2019) 'Down syndrome in Europe: has the disorder epidemiology changed over the last quarter century?' (JRC news/update, 21 March). Available at: joint-research-centre.ec.europa.eu (Accessed: 23 February 2026).

7. Izquierdo-Gómez, R., Veiga, Ó.L., Villagra, A., Fernhall, B., Sanz, A. and Díaz-Cueto, M. (2015) 'Correlates of objectively measured physical activity in adolescents with Down syndrome: the UP&DOWN study', *Nutrición Hospitalaria*, 31(6), pp. 2606–2617. doi: 10.3305/nh.2015.31.6.8694.

8. Jacob, U.S., Pillay, J., Johnson, E., Omoya, O. and Adedokun, A. (2023) 'A systematic review of physical activity: Benefits and needs for maintenance of quality of life among adults with intellectual disability', *Frontiers in Sports and Active Living*, 5, 1184946. doi: 10.3389/fspor.2023.1184946.

9. Međaković, J., Čivljak, M., Veselinović, A. and Puljak, L. (2024) 'Pain, dietary habits and physical activity of children with developmental disabilities in Croatia, North Macedonia and Serbia: a cross-sectional study', *BMC Pediatrics*, 24, Article 5259z. doi: 10.1186/s12887-024-05259-z.

10. Muñoz-Llerena, A., Ladrón-de-Guevara, L., Medina-Rebollo, D. and Alcaraz-Rodríguez, V. (2024) 'Impact of Physical Activity on Autonomy and Quality of Life in Individuals with Down Syndrome: A Systematic Review', *Healthcare (Basel)*, 12(2), 181. doi: 10.3390/healthcare12020181.

11. Pochstein, F., Díaz-García, G., Menke, S. and McConkey, R. (2023) 'The Involvement of Athletes with Intellectual Disability in Community Sports Clubs', *Disabilities*, 3(1), pp. 50–61. doi: 10.3390/disabilities3010005.

12. Suarez-Villadat, B., Villagra, A., Veiga, Ó.L., Cabanas-Sánchez, V., Izquierdo-Gómez, R. and UP&DOWN Study Group (2021) 'Prospective Associations of Physical Activity and Health-Related Physical Fitness in Adolescents with Down Syndrome: The UP&DOWN Longitudinal Study', *International Journal of Environmental Research and Public Health*, 18(11), 5521. doi: 10.3390/ijerph18115521.

13. Tsimaras, V., Giagazoglou, P., Fotiadou, E., Christoulas, K. and Angelopoulou, N. (2003) 'Jog-walk training in cardiorespiratory fitness of adults with Down syndrome', *Perceptual and Motor Skills*, 96(3 Pt 2), pp. 1239–1251. doi: 10.2466/pms.2003.96.3c.1239.

14. WHO Regional Office for Europe (2024a) *Health-enhancing physical activity in the European Union, 2024*. Copenhagen: WHO Regional Office for Europe. Available at: iris.who.int (Accessed: 23 February 2026).

15. WHO Regional Office for Europe (2024b) 'New WHO report highlights progress and challenges in improving physical activity levels across the European Union' (News release, 7 November 2024). Available at: who.int/europe (Accessed: 23 February 2026).

16. World Health Organization (2020) *WHO guidelines on physical activity and sedentary behaviour*. Geneva: World Health Organization. Available at: who.int (Accessed: 23 February 2026).

17. World Health Organization (2024) 'Physical activity' (Fact sheet, updated 26 June 2024). Available at: who.int (Accessed: 23 February 2026).

18. Yazıcı-Gülay, M., Kepenek-Varol, B., Şimşek, G., Çapar, D.S., Yiğitoğlu, A.H. and Taştan, T. (2025) 'Comparative Analysis of Physical Performance and Quality of Life in Adolescents with Down Syndrome and their Typically Developing Peers', *Nigerian Journal of Clinical Practice*, 28(9), pp. 1056–1065. doi: 10.4103/njcp.njcp_141_25.

ORIE down

ATERMON
EDUCATIONAL PLAY

INCLUSIVE SPORT CLUB

Special Olympics
Bosnia and Herzegovina

FACTOR FUERZA

Županijska udruga
osoba s cerebralnom i dječjom paralizom

Specialais sporta centrs

THESSALONIKI
OLYMPIC MUSEUM