

# Hockey4All

## Roadmap for ParaHockey (ID)

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## 1. Introduction

“No-one stays on the sidelines!”

Society is increasingly focused on integrating people with disabilities as much as possible in today's society. This is happening in education, housing, work and leisure. As sport takes up a significant role in society, this integration is gaining more attention, as for people with disabilities sport is also important. Sport means fun and personal satisfaction, promotes health, and social contacts. It increases self-confidence and independence. In short, sport is an excellent means to be accepted by others and is a positive incentive for social integration.

Instead of a being part of a separate sports club, more and more people with disabilities find their way into mainstream sports.

In recent years a number of clubs have launched ID Hockey (hockey for people with intellectual disabilities) initiatives. Current practice indicates that more clubs increasingly familiarise themselves with ID Hockey, and a nation-wide survey shows the need for a national approach, support and coordination effort by the KNHB.

The results of this survey and the experiences of clubs already proposing ID Hockey are the starting point in compiling this guide. This guide's intention is to provide targeted information for people willing to become active in or closely involved in ID Hockey, and details a range of topics such as target group, coaching, membership, rules and activities.

### Remarks / suggestions

As more clubs get inspired by ID Hockey, further know-how on the subject will become available. This increased knowledge will serve as an important yardstick for further development of ID Hockey, and if necessary, for updating this manual. The purpose of this roadmap is to provide clubs with a tool when starting with ID Hockey and integrating it in their mainstream activities.

## 2. Description of the target group

The target group for ID hockey can be described as follows

It is a form of hockey destined to players, not wheelchair-bound, with an intellectual disability which is of such a kind that players are intellectually and socially/emotionally not able to perform at the same level as their age group within a regular hockey team.

The guiding principle used by the KNHB is *“regular if possible, and adapted if necessary”*.

### 2.1 Characteristics of people with an intellectual disability

To describe the group of people with intellectual disability we categorise their functioning according to the following competencies:

- Cognitive skills (intellectual functioning)
- Social and emotional skills (cooperation, feelings)
- Motor skills (dexterity)

We describe these skills separately, but one needs to take into account they are inextricably linked.

#### 2.1.1 Cognitive skills

The thought process of people with an intellectual disability usually develops in a very tangible manner. Describing an exercise or situation in a very concrete way makes what they need to do and where they need to stand more obvious and avoids confusion. Try to use as many references as possible to make clear at all times what is expected from people with an intellectual disability.

Bodily senses play an important role for people with a learning disability. During training, try to make as much as possible use of balls, bibs and signs in different colours. Concrete objects such as tyres, hoops and skipping ropes are very useful to stimulate senses and arouse interest.

Besides thought and observation, memory is also an important cognitive feature to take into account. Memorisation is more difficult for people with a learning difficulty. Also, their memory is selective. When you explain something, don't provide too much information at once and make sure you provoke interest and have obtained their attention.

Their entire learning process takes more time, which is of course also related to their thought process, observation powers and memorising capability.

### 2.1.2. Social and emotional skills

With regard to social and emotional skills, individual differences can be quite substantial. Even people without intellectual disabilities vary in social behaviour and in the way in which they express their feelings, but it seems people with intellectual disabilities more often react in an extreme manner. On the emotional level, we also observe substantial differences.

### 2.1.3 Motor skills

There is a tendency to state the motor skills of members of this group are less developed than is the case for people without intellectual disabilities. This might be correct on average, but one should consider environmental factors certainly play a role in this area.

## 2.2 Characteristics of people with a physical disability

ID hockey players have one or more physical deficiencies and often a learning disability as well. This impairment may for example be the result of prolonged illness. Many aspects of the above described features are therefore, albeit in a lesser degree, recognisable and applicable to the physically disabled group. Physically impaired athletes are of course ordinary people like everyone else. When you're dealing with a physical disabled athlete, you have to keep that in mind. There are a number of specific situations which you as a trainer can take into account beforehand.

### *Differences*

The group of athletes with physical disabilities is very diverse; within this group many different impairments or disabilities can be distinguished. As a trainer you do not need to recognise all the various disabilities. However, it is important that you are aware of the disability of the athlete that you're dealing with.

## 3. ID Hockey in a regular club

People with disabilities want to practice their sport in the most regular manner, and want to be approached in the most normal way possible. A positive development is that more and more organisations are open to include people with disabilities as full members in the club.

### 3.1 Range of activities

Teaching hockey skills to this target group needs to focus on what is possible. ID hockey is based on youth hockey rules, and on methods and tactics that apply to regular hockey. If necessary these are adapted to the individual abilities and needs of the players. The guiding principles in any proposed activity are (similar to regular hockey): SAFE + WELCOMING + PLAYABLE. This will be further clarified below.

### 3.2 Rules of play for ID hockey

ID hockey is played in accordance with the FIH Rules for ID hockey.

### 3.3 Equipment

ID hockey is played with a regular hockey stick and ball. Where necessary, adjustments are made to allow easier handling of the stick. In ID hockey a specific ball is used which is lighter, and easier to play with – if physical contact takes place, this will reduce the risk of injury. Furthermore, wearing shin guards and mouth guards is compulsory.

### 3.4 Practice material

The methodical structure of practical exercises is basically the same as in regular hockey. In general, the ID group will be quite heterogeneous in nature. It is therefore advisable to determine at the beginning of the season for each practice member a starting position with objectives and exercises in line with individual capabilities. Depending on the disability, individual capabilities can vary greatly in terms of motor skills, cognition or the ability to act independently. Trainers should

decide on practical exercises and set-up in such a way that everyone is continuously challenged. The uniformity of the group requires creativity and flexibility from the trainer, as well as an individual approach. Young people with intellectual disabilities generally move more slowly and need more time to respond to a specific motion experience. In terms of organisation you will also need to take into account the intellectual disability – assignments are not always understood immediately.

### 3.6 Guidance

As in regular hockey, training and coaching a disabled hockey team requires organisation, knowledge of hockey methodology, skills and tactics.

Trainers should also have sufficient knowledge and understanding of mini hockey. The KNHB aims for this person to be a head coach with a minimum qualification as a youth hockey coach (JHT programme).

The trainer/instructor ensures that each player participates in a safe and challenging sports environment.

He / she should have a connection with the target group and must be aware of the limitations and potential of the players. In particular, awareness of the player's strength is key.

Significant for players is the presence of a structure in training practice, i.e. players will feel safe when they know who their trainer is, as well as any possible replacement, and on which field they will play, etc. The number of trainers and instructors will depend on the organisational structure of the accompanying staff, the level, diversity and independence of the target group and the quality and experience of the trainers. From experience we know that the ratio trainers/players at ID hockey should average 1 in 4.

Practice will show what proportion will be suitable in your situation, this will in any case depend on the degree of disability in the group.

For this target group clear communication is essential. Players will want to know where they stand. You must take into account the fact that because of their disability they are sometimes limited in verbal or non-verbal communication. In case of visual impairment you can make use of high cones and guide them during an exercise by saying "to the left or right". Players can help each other in the same manner.

### 3.7 Resilience and strength

Preventing overexertion in training/competition is an important issue for this target group. A disruption in the resilience/strength balance can have greater and longer-lasting detrimental effects for people with disabilities. Both mental and physical strength can be improved by training. Sensible training will be tailored to the individual capacity of the athlete. If the purpose of the sport is to improve resilience, and subsequent performance, training motivation must be sufficiently high which might lead to overexertion (injuries). If the main focus is joining-in, a lower training impetus may be sufficient. Reduced strength mainly occurs when players have a disability which has an impact on their mental or physical ability. For example, endurance decreases in case of impaired cardiac function or certain lung diseases, and spasticity will reduce strength and coordination. Be aware that overexertion can already occur at a relatively low stress level when resilience is reduced by the presence of physical disorders. Impaired mental capacity can, when a person is overexerted, lead to distinctive behaviour.

Before training starts it is essential to establish a proper assessment of the initial condition of individual hockey players in the training group. This can be achieved by filling out the Medical Registration Form (see annex), which can be used to record all the necessary medical information of new ID hockey members.

### 3.8 Acceptance, Integration and Engagement

It is important for ID-hockey members to be considered as fully-fledged members by the club, and that they should also perceive this. Ideally, training should take place at a time when the club is "alive", which will further improve integration. Make sure that after training the clubhouse is open for a drink and a chat with parents, instructors, coaches and other members of the club. In addition to training sessions and matches, they can also participate in non-hockey activities organised by the club for its members. The club could actively involve its youth committee in organising a specific activity for this target group. A club that shows social responsibility by taking on players with intellectual disabilities and including them in the club will get a positive boost. This might lead to increased involvement by its own members but also by third parties from the area nearby (such as sponsors, public bodies and schools).

Parents and carers of this group should, like all other parents, be involved in club events.

## 4. Organisational integration

Before a club can set concrete plans to launch an ID hockey section, it will have to determine the feasibility of these plans.

Four steps to help your club with launching an ID section are presented below. These are guidelines which clubs can adapt to their particular situation.

The following guidelines and recommendations are based on practical experience.

## 4.1 Step 1: Orientation and Preparation

### 4.1.1 Creating support

The initiative to launch an ID hockey-section is often taken by a club member with a connection to the target group. This connection can be diverse: for example, a parent of a player with a disability, a special needs teacher or a hospital rehabilitation specialist.

#### *Working Group ID Hockey*

Set up an ID hockey working group, which will commit to set up the plan and assess its feasibility, and be ultimately be responsible for implementing the plan and managing the ID-hockey team. This working group, which would also act as a kind of advisory committee, would ideally consist of knowledgeable individuals from diverse backgrounds, and would preferably comprise 3 to 5 people.

The Advisory/Working Group ID Hockey could include:

- Person with organisational skills and who likes to organise
- Board member of the hockey club
- TC member
- Youth coach (technical sports knowledge and experience)
- Person with a paramedical background (familiar with target group)
- Parent of ID Hockey player

It is essential the entire club supports the initiative. The board, staff and members should be notified of plans and support these. This can for example be done by placing ID Hockey on the agenda of the General Assembly.

### 4.1.2 Analysis of the situation

Before setting up activities and recruiting members, the club will have to identify its own situation and the situation in the nearby area.

#### *Club assessment*

- Does the club have members within the target group and what is their know-how?
- Are there people in the club who have an affinity with the target group?
- Are they willing to contribute to the realisation of the plans?

#### *Environmental assessment*

- Is there a club in the area already proposing ID Hockey or planning to start this activity? What can they share from this experience?
- What other sports clubs/organisations in the area focus on people with mental/physical disabilities? What do they offer, what is the atmosphere and what have they learnt from the experience?
- It makes no sense to compete with a club nearby (within a distance of 5 km). It makes more sense to see if it would not be better for your club to focus on a different target group, or maybe there are opportunities to develop some kind of partnership for certain activities or for specific target groups.
- What is the policy of the local authority with regard to disability sports? What can the local authority do for the club?

### 4.1.3 Determination of the target group and purpose

The club will have to decide which target group its activities will focus on. You might consider ID hockey. The choice whether or not to set age limits is also important.

The KNHB proposes the following guidelines:

#### *Guidelines for participation in ID hockey*

- For those who cannot play in a regular team.
- Able to hold and safely handle a stick, have a notion of danger/safety
- Sufficiently mobile (not wheelchair-bound)

- Able to follow Instructions
- Able to interact with others, function in pairs
- Able to learn how to play a match

## 4.2 Step 2: Planning of activities (GO or NO GO moment)

If it turns out that the objective of launching ID hockey is feasible within the club, a specific list of tasks will be need to be compiled. We advise to draft longer-term planning (for approximately five years).

This chapter describes the steps for each activity.

*Tasks for the group can be divided into, inter alia,*

- Recruiting members
- Developing and maintaining contacts with external bodies
- Publicity and Communication
- Technical policy including staff and equipment (tasks and qualifications head coach)
- Financial policy: grants and sponsorship/treasurer
- Volunteer staff
- Pitch availability

The above tasks should result in a concrete action plan. **What** will be done **When** by **Whom** and **How**. What are the **Costs** involved and what **Financial Resources** are required.

### 4.2.1 Recruitment of members

Participation of people with disabilities in sports lags far behind that of the rest of the population, so there are plenty of opportunities for hockey clubs to capitalise on this. The club should be aware that potential ID members will not line up at the door. The number of potential players with disabilities, especially at local and regional level, is quite low. When planning to recruit ID-members, it is advisable to seek information from organisations already familiar with the target group.

The following organisations/bodies/people can assist in recruiting ID Hockey players

- Local authority - Council publications often provide a good overview of available schools and patient associations
- Sheltered housing projects for people with intellectual disabilities
- Newspapers (regional)
- Paediatricians, rehabilitation specialists
- Special education institutions
- Physiotherapists
- GPs
- Regional patient and disability organisations
- Hockey playing family members
- Other hockey clubs

Personally visiting a target group member is a good idea, as you can make an immediate and concrete proposal to a potential recruit.

*External Media e.g..*

- Word of mouth!
- Brochures and flyers
- Posters
- Theme issue club magazine
- Club magazine of surrounding clubs
- Local or regional newspapers
- Local or regional radio and TV stations
- School newspaper
- Sport service

*Tip:* Take a look at other clubs providing ID hockey and have a conversation with the coordinator of the club.

## *Three try-out training sessions*

The three try-out training sessions are intended to find out if hockey is a sport suitable for a potential new player. These test sessions are useful to introduce the player to the sport and to see if he/she has the capacity to play. During the introductory meeting, the working group will make arrangements the player and parents. Clarity is obtained on the medical, social (behavioural) and physical (strength and ability) qualities of the potential new member.

If it clearly appears from the conversation and the three try-out training sessions that ID hockey is a sport suitable for this player, who should also be keen to play, you can move forward.

### **4.2.2 Publicity and communication**

Appropriate information dissemination on ID hockey within the club is a "must". In addition to its own members and volunteers, communication should focus on potential members as well. Moreover, it is important that local and regional authorities are aware that hockey can also be played by players with disabilities. More publicity and better communication will greatly increase the chance of success in setting up an ID Hockey section and ensuring its continuity. Organising a sports demo/clinic is a good way for the target group to experience the sport.

### **4.2.3. Technical policy (incl. including staff and equipment)**

The technical committee of the club will be able to support the Working Group on a number of technical hockey matters. Issues that should be coordinated within the club include training, the recruitment and compensation framework, availability of accommodation and equipment.

### **4.2.4 Financial policy: income, expenses, grants and sponsorship**

A budget for planning ID Hockey should be drawn up. The income and costs of ID hockey are not very different from a regular team. ID hockey players are members of the club and it is therefore customary to include this section within the total club budget.

#### *Income*

- Establish member subscription fees
- Possible contribution by sponsors
- Grants from local authorities or funding for disabled sports

#### *Principal costs*

- Organisation, compensation of staff (trainers/instructors)
- Training material - goalkeeper equipment/bag

#### *Any additional costs specific to the target group*

- Publicity: costs for printing promotional publications
- Rental fee sports hall (indoor hockey)

## **4.3 Step 3: Implementation of activities**

### **4.3.1 Provide briefings to staff, and information to members**

Members can be kept informed via the website, club app or social media. It will be crucial to regularly focus on activities to bring ID hockey to life within the club. Providing information orally for instance during the general assembly of the club or any other club event will be particularly effective. The training staff especially will need to be briefed appropriately.

### **4.3.2 Organise activities to introduce ID hockey**

Often, before people with disabilities join a club, they want to get to know the sport and get a taste of the club atmosphere.

A first introduction should make an immediate impact, and can take the form of:

- An open house/sports day for disabled people who live nearby (in institutions, schools, sheltered housing facilities and group homes).
- Supplying a guest teacher to a special education school
- Exhibition matches and clinics
- Distribution of invitations to come and practice at the club for several weeks, free of charge and no strings attached

Framework conditions for these introductory activities:

- Meet the needs and requirements of potential participants
- Inexpensive, preferably free of charge
- Presence of experienced ID hockey player from other club
- Activities aimed at fostering social contacts. Encourage children and parents to bring friends and family, who should be welcomed and provided with information
- Not a single happening, provide follow-up events
- No strings attached: no requirement to commit
- Presence of enthusiastic members
- The event should be recreational
- Presence of expert guidance
- Opportunity for a chat afterwards

#### 4.3.3 Recruitment of new members

The ultimate goal of the introductory activities is to recruit new members to the club. Appoint a contact person for new members from within the club to be present at the introductory meetings. In addition to any questions that will be addressed during the introduction interview, the following points could be raised:

- Membership fees
- Rights and obligations of membership
- Addresses and phone numbers of contact persons
- Medical aspects
- The ins and outs of the club, extracurricular activities, tasks for volunteers
- Matches
- Training: dates, time, place

#### 4.3.4 Retaining members

Once a club has recruited a number of new members, it is important to retain them. People with disabilities are not only a member of a club to participate in a sports activity, but also to belong. Acceptance and inclusion for everyone (also for their parents/accompanying persons) are very important factors. This can be done in many different ways:

- Provide information about rights and obligations of membership
- Fostering social contact
- Maintaining contact with new members and their parents/guardians
- Most important is, again: *"Regular if possible, and adapted if necessary!"*

#### 4.4 Step 4: Conclusion

When the members are enrolled and the first training sessions have started, it would be a good idea to take the time to evaluate and check whether everything went to your liking. Furthermore, future action points need to be established by focusing on:

- evaluation
- future follow-up

##### 4.4.1 Evaluation

Evaluation often happens automatically, by asking several people in the club casually asked their thoughts are. After completion of the project, however, a systematic evaluation should be organised by the working group. The different steps of the project should be checked and results should be compared with the pre-defined objectives. We advise to organise a specific meeting in which the various parties can express their views. After this evaluation a strategy for the future can be decided upon. After all, continuity will have to be ensured. Subjects for evaluation are:

- *Conclusion:* What is the general view on the project?
- *Outcome:* To what extent has the target group been reached and have different objectives been met? Which factors and circumstances have been decisive for the success or failure of the project?
- *Progress:* How did the working group perform? How was the cooperation within and outside the club? Have all plans been executed and realised? Has the budget been met?
- *Follow-up:* Has ID hockey been sufficiently implemented in club policy?

##### 4.4.2 Future follow-up

Once results are known, a plan for the future can be drawn up. The challenge will be to retain members and possibly expand. The process of full integration and acceptance will not have been realised immediately, and should permanently be given necessary attention.

A number of subjects to be addressed in the longer term are:

- Attendance of meetings organised by the KNHB
- Increased participation within the club
- Ensure timely succession of key positions
- Regularly evaluate and exchange views with stakeholders of players, their parents/carers and volunteers
- Regularly liaise with external agencies, individuals and organisations

*Critical success factors*

- Sufficient participants and expert staff
- Good preparation
- Sense of belonging within the club
- Continued focus on acceptance and integration
- Eye for continuity

Coordination with existing alternatives

## Annex I Registration Form Medical Data

### General data

Name:

Address:

Postal code and city:

Telephone:

Contact person:

Telephone:

Date:

Filled out by:

Relationship with participant:

### Medical data

Indicate whether the participant, while participating in sport activities, has one or more of the following issues:

	No	Yes
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac issues	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Distinctive behaviour	<input type="checkbox"/>	<input type="checkbox"/>

### Epilepsy

- ◆ What happens during a seizure?
  
- ◆ Can a seizure be provoked by certain activities?
  
- ◆ Is it possible to predict a seizure? Can the participant feel it coming on? If yes, how?
  
- ◆ What is the best way to approach the participant during a seizure?

### Cardiac impairment

- ◆ Does the cardiac impairment limit the participant's ability to participate in sports?  
If yes, how does the participant react to physical effort?
  
- ◆ What is the best way to react if cardiac difficulties occur?

