

A Comprehensive Study of Special Olympics Programs in Latin America: Findings from Argentina, Brazil, and Peru

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I. INTRODUCTION

For 40 years, Special Olympics has been a worldwide leader in providing year-round sport training and competition opportunities to athletes with intellectual disabilities. In 1968, the First International Special Olympics Games were held at Soldier's Field in Chicago with 1000 athletes from 26 states and Canada competing in three sports. Today, Special Olympics has grown to serve over 2.9 million people with intellectual disabilities in over 180 countries, through 30 summer and winter sports.

Since 2000, global program growth has been one of Special Olympics' primary objectives. In fact, a strategic goal was set by Special Olympics to reach two million athletes worldwide by the end of 2005, a goal which as of 2008 is on the brink of three million athletes. In addition to this goal for growth and documenting the quantity of athletes participating in the movement, Special Olympics, Inc. has also been committed to a line of research documenting the quality and impact of Special Olympics athletes' experiences. One such study, the U.S. Special Olympics Impact Study (Harada & Siperstein, 2008; Siperstein, Harada, Parker, Hardman, & McGuire, 2005), was the first of its kind to address athletes' experiences in Special Olympics, but also their lives outside of sport. More specifically, the Impact Study provided U.S. programs with a wealth of information about athletes, families, and coaches, with specific attention to athletes' experiences in Special Olympics over time. This information is useful to programs in that it can be used to ensure that athletes' interests continue to be met and to improve programs' outreach in the community to people with intellectual disabilities of all ages, particularly those who are not currently involved in Special Olympics. One of the most notable findings from the U.S. study was that most athletes with intellectual disabilities participate in Special Olympics through school programs, and that they participate for a significant part of their lives (on average 11 years). Another interesting finding was that Special Olympics athletes share the same motives for participating in and leaving sport as athletes without disabilities.

More recently, the Special Olympics Impact Study was expanded to include China, which has the largest Special Olympics program in the world (with over 600,000 athletes). Building upon the success of the U.S. study in providing valuable insight into the lives and experiences of athletes, the survey in China was further expanded to document in greater detail athletes' experiences off the field in education, employment, and community involvement. The China Special Olympics Impact Study further supported the findings of the U.S. study, demonstrating that athletes with intellectual disabilities had access to quality sport training and competition opportunities, and that they were motivated to participate for many of the same reasons as Special Olympics athletes in the United States and athletes without disabilities around the world. The study also found that families had more positive perceptions of their children and had greater expectations for their children's futures as a result of their participation in Special Olympics, with many expressing hope that their children would be independent, employed, and accepted into society.

Special Olympics, Inc., in an effort to document the quality and impact of athletes' Special Olympics experiences worldwide is continuing this line of research in Latin America. Special Olympics Latin America (SOLA) includes 17 national programs in Central and South America and the Caribbean. In 2002, approximately 100,000 athletes participated in Special

Olympics programs in the Latin America region and as of 2006, the regional program had grown to include over 150,000 athletes. Although Special Olympics programs in Latin America have demonstrated significant growth over the last five years, there is very little known about people with intellectual disabilities from this region. As a result, a pilot study was conducted during the SOLA regional football tournament in Valencia, Venezuela in 2007 to explore the experiences of Special Olympics athletes from Latin American countries, both on and off the field. This study laid the groundwork for the present research conducted in three Latin American countries: Argentina, Brazil, and Peru.

The present study was designed to replicate and expand upon the U.S. Special Olympics Impact Study to provide Special Olympics Latin America with a comprehensive view of athletes and their experiences in Special Olympics as well as to document in greater detail athletes' experiences off the field in education, employment, and the community. A multi-source approach was employed to answer the following research questions:

1. What are the characteristics of athletes' experiences in Special Olympics in Argentina, Brazil, and Peru?
2. What motivates athletes to participate in Special Olympics?
3. What is the importance of Special Olympics programs as perceived by families?
4. What are the experiences of Special Olympics athletes off the field in education, employment, and community life in Argentina, Brazil, and Peru?

II. METHODOLOGY

A. PROGRAM SELECTION

The three programs in the Latin America region selected to participate in the study by Special Olympics, Inc. and regional staff from SOLA were Argentina, Brazil and Peru. These three programs represent a convenience sample of programs that were either among the largest in the region or had demonstrated significant growth between 2000 and 2005.

A multi-source approach, involving athletes and their families, was used to document athletes' Special Olympics experience and their life experiences off the field. This study included 130 family members and 49 athletes from Argentina; 506 family members and 213 athletes from Brazil; and 174 family members and 118 athletes from Peru.

B. SURVEY DEVELOPMENT

Items included in the questionnaire for Argentina, Brazil, and Peru were adapted by project staff from the UMass Boston Special Olympics Global Collaborating Center (SOGCC), with assistance from Special Olympics International (SOI) and SOLA staff, from the survey questionnaires employed in the "Comprehensive National Study of Special Olympics Programs in the United States" (Siperstein, Harada, Parker, Hardman, & McGuire, 2005) and the "Comprehensive National Study of Special Olympics Programs in China" (Harada, Parker, & Siperstein, 2008). A thorough review of the literature about sport in Latin America was conducted by project staff, as well as a review of the literature about people with disabilities across Latin America including their education, employment, and inclusion in society. This review ensured the relevance of survey questions on education, employment, and available services for people with disabilities.

This final survey instrument consisted of one section for family members and one section for athletes. The section for families included items on demographics and sport history, motivation for participating in Special Olympics; and the importance of Special Olympics Programs to athletes and families. The athlete section was similarly structured but had a lesser focus on demographics.

At the end of the survey development phase, the survey questionnaires were translated into Spanish and Portuguese by The Gallup Organization and reviewed by professional translators on staff at the SOGCC as well as at SOLA. These staff translated the surveys back into English and made adjustments or revisions based on cultural appropriateness and Special Olympics terminology. Below are more detailed descriptions of the survey instruments for athletes and family members.

1. Athlete Survey

The purpose of the athlete survey was to document athletes' participation in sport, and provide a glimpse into athletes' lives off the playing field. Questions were included to obtain information about athletes' background (including questions family life, school attendance, and

employment), prior sport experience, reasons for joining Special Olympics, participation in training and competition, and the impact of participation in Special Olympics. In addition, athletes were asked questions about their social interaction with other team members, peers, and family members as well as their participation in sport and leisure activities outside of Special Olympics.

2. Family Survey

The purpose of the family member survey was to gather information about athletes' experiences in and outside of sport. Family members were asked about athletes' prior sport participation, reasons for participating in Special Olympics, participation in training and competition, their goals for the athletes, and their perceptions of athletes' experiences in Special Olympics. Family members were also asked about their own involvement in Special Olympics and their perceptions of their athlete's improvement in a variety of skill areas. In addition, family members were asked questions about their athlete's social interactions with teammates both during and outside of training and competition, as well as their athletes' participation in sport and leisure activities outside of Special Olympics. Finally, family members were asked questions about athletes' experiences in the community, including their education and employment status.

C. PARTICIPANTS

Project staff worked with The Gallup Organization to develop a sampling plan that would provide for an adequate and representative sample of telephone contacts for Special Olympics athletes in each of the three national Programs. Each program was asked to provide a sample of 1500 athletes who were active in Special Olympics during 2007 from their largest regional programs. This decision was based on Gallup's expectation that four telephone contacts would be needed for every one completed interview, due to the accuracy and availability of telephone contact information and availability of caregivers who could respond to the survey.

In accordance with the sampling plan, the lists received from the three Programs were cleaned by project staff at the SOGCC, which included checking for missing area codes and removing entries without telephone numbers. These cleaned lists were then sent to The Gallup Organization in each of the three countries. The Gallup Organization cleaned the lists again which included flagging duplicate entries, removing entries with incomplete phone numbers, and identifying incorrect area codes. As needed, Gallup staff requested additional assistance from Program staff in checking or completing area codes. Gallup staff also flagged entries of different athletes who had the same caretaker, as this person could only be contacted once. At the end of this process, Gallup created a file of "working" numbers, which are entries that have complete, correct area codes, and are connected telephone numbers. These numbers were entered into their computer system to be used for the calls. Table 1 presents a breakdown of the provided telephone contacts and working numbers for each of the three countries.

Table 1. Telephone Contacts and Working Numbers Provided to Gallup.

	Argentina	Brazil	Peru
Total Numbers Provided to Gallup	688	2000	2105
Working Numbers	340	1070	1529

Of the 4793 telephone numbers provided across the three countries, Gallup staff were able to contact 2939 families. Of those 2939 contacted, 130 families and 49 athletes were surveyed from Argentina; 506 families and 213 athletes were surveyed from Brazil; and 174 families and 118 athletes were surveyed from Peru. A significant number of the telephone contacts provided by Special Olympics Peru were telephone numbers at schools, and in nearly all cases multiple athletes were listed with the same telephone contact information. As a result, only some of these numbers could be used, as interviewing took place during the summer holiday, and only a few schools were willing and able to provide family contact information.

D. PROCEDURES

The Gallup Organization conducted the interviews with athletes and family members in each of the three countries. The interviewers attended a training session conducted at the Gallup call center in each country - Buenos Aires (Argentina), São Paulo (Brazil), and Lima (Peru) – where they were presented with a training manual created specifically for use in this region. The first half of the training session included information about intellectual disabilities and Special Olympics. Project staff also provided information about best practices for interviewing athletes with intellectual disabilities as well as a detailed review of each question included in the survey. During the second half of the training session, mock interviews were conducted to familiarize the interviewers with the order of the questions and prepare them for any issues that could arise during an actual interview (i.e. the need to rephrase questions, keep participants' attention, adjust their rate of speech, or the need to probe for more information). Mock interviews were also conducted with families during this training session.

For each interview, the Gallup interviewers followed a scripted protocol where they introduced themselves and explained the purpose of the survey. Participants were informed that their responses were voluntary and confidential, and that they may decline to answer any question or terminate the interview at any time. Family members were interviewed first. At the conclusion of the family interview, a screening for athlete participation was administered. It was at this time that the interviewer spoke to the family member about the athlete's ability to participate and what assistance, if any, the athlete would need. Due to variation in the receptive and expressive language abilities of athletes, there were some cases where only a family member was interviewed. In approximately half of households across the three countries (47% overall), both an athlete and a family member were interviewed (38% in Argentina, 42% in Brazil, 68% in Peru). Of those athletes who were interviewed, over half from all three countries (58%) did so with the assistance of a family member (20% in Argentina, 54% in Brazil, and 81% in Peru).

III. RESULTS

At the beginning of each interview, questions were asked to assess whether athletes were involved in Special Olympics, and if they were involved, whether they participated during 2007. After the determination was made, the survey was only continued with those family members whose athletes were active in 2007, meaning that they participated in either training or competition activities. The percentages of those who appeared on the list as athletes but had never participated in Special Olympics or who did not participate during 2007, are presented in Table 2. Overall, of the 2939 families contacted across the three countries, 12% did not participate in Special Olympics in 2007 in either training or competition activities and therefore do not meet the validation standard.

Table 2. Distribution of Athletes Not Meeting Validation Standard.

	Argentina (N = 340)	Brazil (N = 1070)	Peru (N = 1529)	Total (N = 2939)
Never Participated in SO	6% (20)	16% (170)	<1% (7)	7% (197)
Did Not Participate in 2007	11% (38)	8% (86)	1% (17)	5% (141)

A. ARGENTINA

Special Olympics Argentina was established in 1977 with a new organization created in 1999 and renamed New Special Olympics Argentina. At present Special Olympics Argentina has programs in 22 states offering 14 winter and summer sports. In 2000, over 13,000 athletes participated in Special Olympics programs throughout Argentina. In comparison, in 2006, Special Olympics Argentina reported having over 38,000 athletes. In addition to traditional sports training and competition, Special Olympics Argentina offers Healthy Athletes, Families programming, Athlete Leadership Program (ALPs), Young Athletes™, Special Olympics *Get Into It*®, Motor Activities Training Program (MATP), and Unified Sports®. The final sample in Argentina included 130 families and 49 athletes.

1. Description of Special Olympics Families

The characteristics of Special Olympics athletes in Argentina and their experiences in school, employment, and community life were reported by family members¹. Over half of the family respondents were female (56%). Nearly all athletes (95%) live in their family homes, which is similar to the findings from the Comprehensive National Study of Special Olympics Programs in the United States and China, where the majority of athletes lived in their family homes. In almost all families (82%), the athlete with an intellectual disability has a sibling.

¹ Of the family member/caregiver respondents, only 5% were caregivers in a group home, institution, or supervised living environment for athletes. Because the respondents were primarily family members, this group will be referred to as “family members” throughout this report.

Most family members (95%) report knowing other people with intellectual disabilities. As might be expected, these are primarily schoolmates of their children, but also include friends and people from their neighborhoods. Family members also had varied involvement in Special Olympics during 2007, either by attending training sessions or competitions, participating in Special Olympics Families activities (including the Family Support Network), volunteering, or assisting with Special Olympics in other ways, such as by providing transportation for the athlete and assisting in fundraising.

Table 3. Family Characteristics: Relationship to Athlete and Involvement in Special Olympics. (N=130)

	Frequency (%)
Respondent's Relationship to Athlete	
Family	95%
Staff/Other Caregiver	5%
Respondent's Involvement in SO	
Attended Trainings	72%
Attended Competitions	85%
Provided Transportation	77%
Volunteered	47%
Coached	12%
Played in SO as Unified Partner	26%
Participated in the Athlete Leadership Program	13%
Participated in SO Families activities	58%
Participated in the Family Support Network	30%
Assisted in Fundraising	35%
Assisted in Some Other Way	2%

Some families (19%) reported receiving services through community agencies to assist themselves or their child. Those services primarily included speech therapy and mental health counseling. However, nearly half of these families (42%) reported that it was difficult for them to gain access to services in their communities, which might help explain why so few reported using community services. A few families (5%) also reported being involved in support groups for families of people with disabilities organized by groups other than Special Olympics. These groups were organized by community groups and other organizations serving people with disabilities, as well as their child's school.

2. Description of Athletes' Experiences in Special Olympics

Athletes' experiences in Special Olympics were reported by family members as well as the athletes themselves. [Note: Some of the athletes who participated in the survey did so with the assistance of someone in the household (20%).]

Overall, most athletes are currently between 17 and 35 years of age, with a mean of 26. Athletes join Special Olympics as adolescents and young adults, with a mean age at entry of 16. Athletes are primarily male (75%) and have participated in Special Olympics for an average of nine years. In contrast to the Comprehensive National Studies in the United States and China, athletes do not primarily participate in Special Olympics programs organized through schools. In fact, only 19% participate through their school. While one-quarter of the athletes participate in programs run by the state or local government, 19% participate in programs run through sport clubs, and another 21% participate in programs by a group of families or a community group that serves people with disabilities. Interestingly, most athletes (85%) have participated in Special Olympics with the same group since joining. This suggests that although over half of the athletes in Argentina entered a Special Olympics program before the age of 18, the difficulties found in the Comprehensive National Study in the United States regarding the transition of athletes from a school-based Special Olympics program to programming for adults were not apparent. This is not surprising, however, considering that the majority of Special Olympics programs in Argentina are based in the community, not the schools.

Table 4. Athlete Characteristics: Age, Years of Involvement, Entry into Special Olympics, School Status (N = 130).

	Frequency (%)
Age at Entry into SO*	
Under 18	62%
18 and over	31%
Years Involved in SO*	
5 years or less	38%
6 to 10 years	27%
11 years or more	29%
Current involvement in SO*	
School-based program	19%
Local sport club	19%
State/local government	25%
Institution/Hospital	5%
Community group/Independent	21%
School Status *	
Regular public/private school	3%
Vocational school	5%
Special/residential school	32%
Workshop for people with disabilities	21%
Out of school	38%

* Total does not equal 100% due to “don’t know” or “refused” responses.

Athletes participate in a wide range of the 14 available sports, with many athletes participating in at least two sports during their time with Special Olympics. The most popular sports are aquatics, athletics, basketball, and football. Within Special Olympics, athletes can

participate in Special Olympics in different ways, including training and competition. In terms of training, athletes attended training for an average of three days per week, with training sessions lasting between one and three hours. In fact, 42% of athletes participated in training lasting two or more hours per session. While competition opportunities range from local tournaments to World Games, about half of athletes (48%) have participated only at the local or state levels, with 23% having had the opportunity to compete at the national level. Over a quarter of athletes (28%) have had the opportunity to compete at a Latin America Regional Games or a World Games event.

Table 5. Athletes' involvement in Special Olympics (N = 130).

	Frequency (%)
Frequency of Training*	
1 to 2 days per week	59%
3 to 4 days per week	25%
5 or more days per week	13%
Intensity of Training*	
Less than 1 hour	18%
1 to less than 2 hours	25%
2 to less than 3 hours	42%
More than 3 hours	11%
Highest level of SO competition	
Local	16%
Province/Regional	32%
National	23%
Regional (all Latin America)	7%
World	22%

* Total does not equal 100% – due to “don’t know” or “refused” responses.

In addition to these training and competition activities, a few athletes (12%) have participated in Unified Sports. While this may seem like a small number, it is important to consider the context of Special Olympics in Latin America, which is organized through government sponsored organizations, sport clubs, or organizations that provide services exclusively for people with disabilities. Moreover, Unified Sports is not currently an initiative of focus in Argentina.

Another element of Special Olympics competition events, particularly those at the regional, national or world level, is the availability of Healthy Athletes screening. In Argentina, one-quarter of athletes reported participating in a Healthy Athletes screening event. Of those athletes who received Healthy Athletes screening, Special Smiles was the most common (92%) while Health Promotion was the least (58%). Of those families who reported that their athletes received a screening, 18% received a referral to a doctor or dentist for further care, and all but one got the medical care suggested in the referral. It is important to note the overall differences

between countries (and regions) with respect to Healthy Athletes screening. Unlike the North America and East Asia regions, where Healthy Athletes screening events occur more frequently, in Latin America, the Healthy Athletes initiative is just beginning to take hold at the national level. In 2007, no Healthy Athletes events were held in Argentina. Therefore those athletes who reported participating in a Healthy Athletes screening event were those athletes who had competed at either the national, regional, or world level.

Table 6. Athletes' Visits to Healthy Athletes Screening (N = 12).

Healthy Athletes Screening	Frequency (%)
Special Smiles	92%
Healthy Hearing	75%
Opening Eyes	75%
Fit Feet	83%
Health Promotion	58%
Fun Fitness	75%

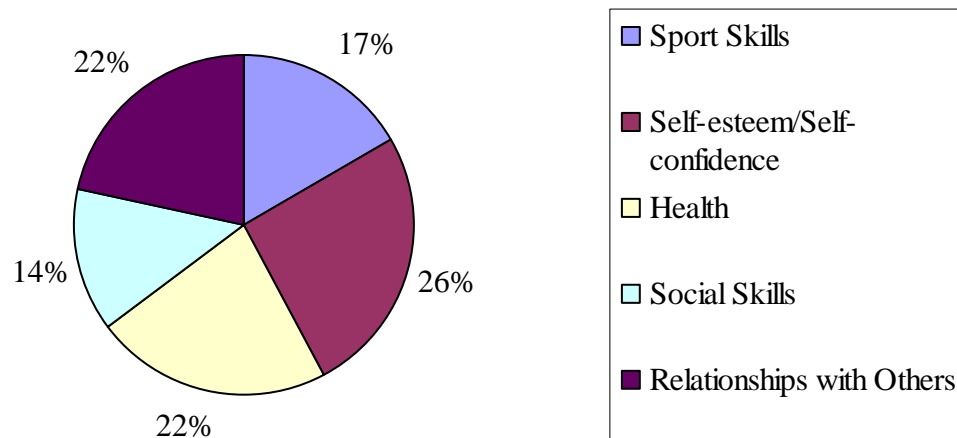
In addition to asking about athletes' experiences in Special Olympics, families and their athletes were also asked about the reasons that athletes participate in Special Olympics through the open-ended question: "Why does/did [name] participate in Special Olympics?" Families most frequently reported that their athletes participated because Special Olympics gave their athletes an opportunity to participate competitively in a sport they enjoyed (74%) and because of the opportunities it offered for athletes to be with their friends and make new friends (33%). Athletes reported that they participated in Special Olympics because they had opportunities to be with their friends (50%), because they had the opportunity to win and compete (46%), and because they were interested in and enjoyed playing sports (38%). Overall, not only did athletes and their families essentially agree on their reasons for participating in Special Olympics, but these reasons were consistent across gender, age, and sport. The literature on motivation for sport participation for people without disabilities in general supports these motives (e.g., Feltz & Ewing, 1987; Gould, Feltz, & Weiss, 1985; Kirkby, Kolt, & Liu, 1999; Klint & Weiss, 1986). This topic has not been examined specifically with athletes in Argentina, but given these similarities as well as the breadth of prior research with athletes from around the world, what has been found in the literature may be generalizable to athletes in Argentina.

3. The Importance of Special Olympics to Athletes and Families

In addition to being asked about the reasons athletes participate in Special Olympics, families were asked about their goals for athletes' participation in Special Olympics, and in what areas they saw improvement. First, families were asked to rate the top goal they held for athletes' participation in Special Olympics from a list of five (improved sport skills, self-esteem and self-confidence, health, social skills [adaptive behavior], and relationships with others). After identifying the top goals, families were also asked to rate athletes' improvement in each goal area.

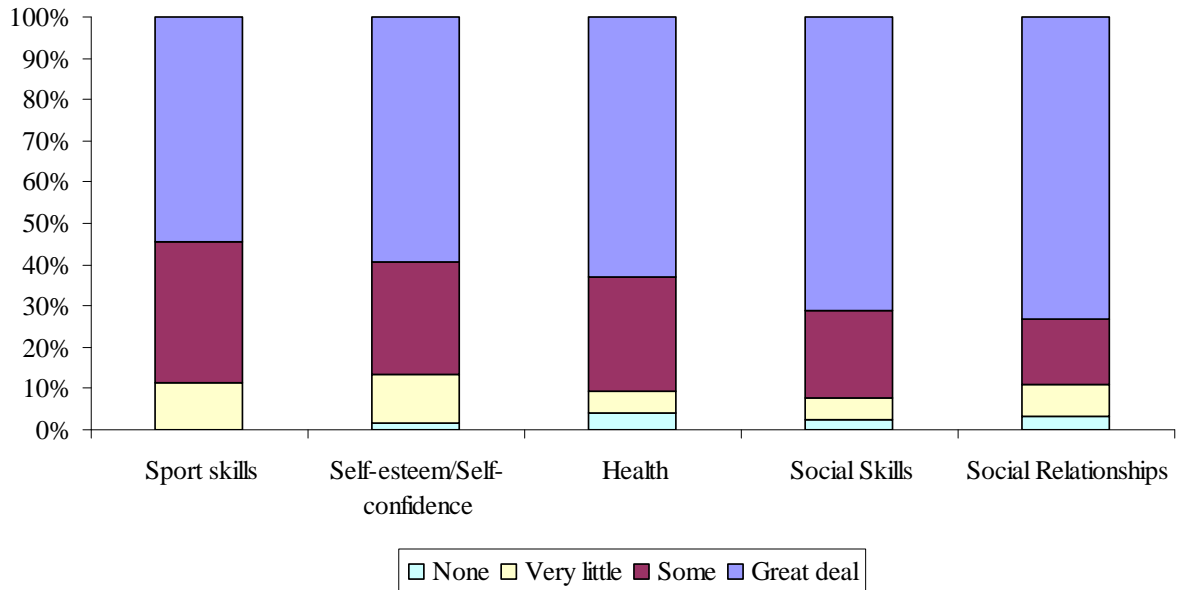
Families considered improved self-esteem and self-confidence (26%) the most important goal for their athlete, followed by improved health and relationships with others (both 22%) (see Figure 1). Considering that Special Olympics is a sports program, it is interesting that for the majority of families, their top goal focused on the social and personal aspects of sport participation, and less on sports skill development. In an interesting contrast to what has been seen in other countries (e.g. United States, China), only 14% of families rated improved social skills (adaptive behavior) as their number one goal for their athletes' participation in Special Olympics.

Figure 1. Family's top goal for athlete participation (N = 130).



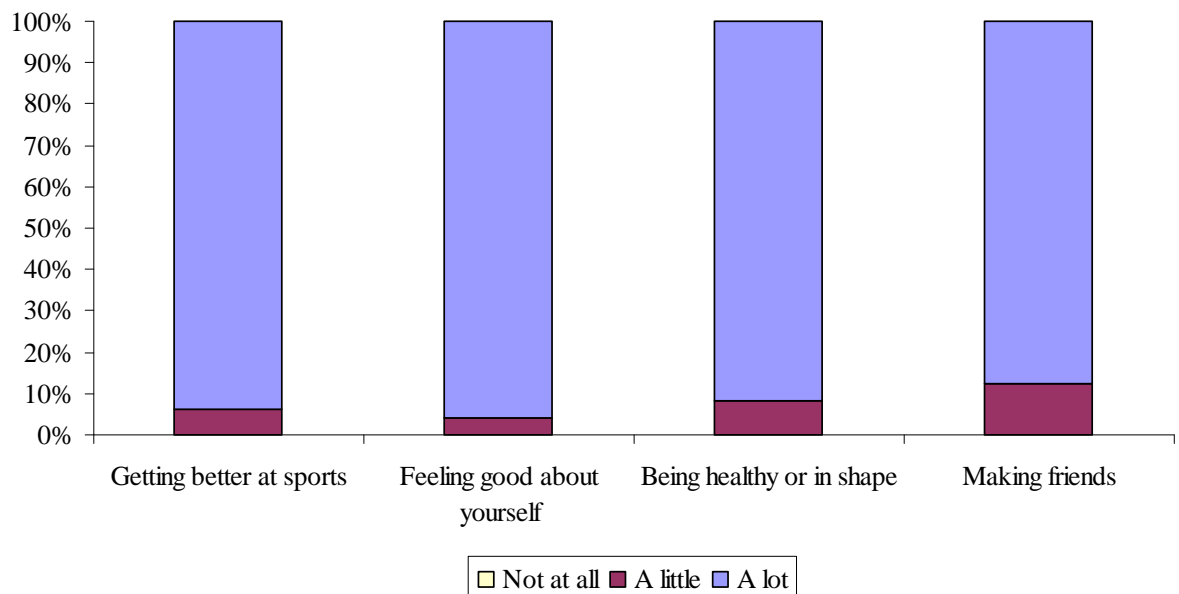
After identifying their top goal, families were asked to rate their athletes' improvement in all five goal areas. That is, families were asked to rate the extent to which their athlete had *improved* in each area as a result of their participation in Special Olympics, on a four-point continuum from no improvement to a great deal of improvement. As can be seen in Figure 2, families saw improvement in their athlete for every goal they ranked as important. It is interesting to note that families saw significant improvement in their athlete's social skills, although this was not one of their top three goals. Similarly, although not a top goal, families saw a lot of improvement in athletes' sport skills as a result of their participation in Special Olympics. Overall, these results are similar to the findings of the Comprehensive National Studies in the United States and China and the Unified Sports Evaluation in the United States and Europe, each of which found that athletes have improved self-esteem and self-confidence, social relationships, and sport skills as a result of their participation in Special Olympics.

Figure 2. Family perceptions of athlete improvement.



Athletes were asked to rate how their participation in Special Olympics had helped them personally. Athletes were asked to rate their own improvement in four areas (improved sport skills, improved self-esteem/confidence, health, and social relationships). For each area athletes were asked if their participation in Special Olympics did not help at all, helped a little or helped a lot. Overall, athletes saw improvement in each of the four areas. As can be seen in Figure 3, it is interesting to note that athletes reported the most significant improvement in their feelings about themselves, which is supported by prior research on Special Olympics athletes (e.g., Dykens & Cohen, 1996; Gibbons & Bushakra, 1989; Weiss, Diamond, Demark, & Lovald, 2003).

Figure 3. Athlete perceptions of improvement (N = 48).



In addition, families and athletes also reported that overall, athletes were highly satisfied with their involvement with Special Olympics, again similar to what has been found in previous studies. Most athletes enjoyed their Special Olympics experience a great deal (90%), a finding which was substantiated by the athletes' family members (93%). Most athletes (96%) plan to participate in Special Olympics in the coming year. When asked what athletes liked most about Special Olympics, families reported that their athletes enjoyed making new friends and spending time with their friends (69%), playing sports (60%), competing (25%), and because being in Special Olympics made them feel good about themselves (18%). Similarly, athletes reported that they enjoyed social aspects of participation (42%) as well as playing sports competitively (38%). These findings were similar to those from the Comprehensive National Studies in the United States and China.

Finally, families were asked about their perceptions of their athlete, both in terms of any changes family members have experienced in their aspirations for their child since he/she began participating in Special Olympics, as well as the positive impact having a child with an intellectual disability has on their lives and the lives of their family members. Overall, families held more positive perceptions of their athletes as a result of their participation in Special Olympics. Many families reported that their child had improved in his or her interaction with other family members and had become a contributing member of the family. Like families in China, families in Argentina saw the value and impact of Special Olympics on their child's future and place in society. Over one-third (35%) stated that they hoped their child would be independent, included in society, employed, or continue to be a part of a social network. An interesting theme throughout many of these families' statements was their willingness to support their child's interests and to help their child do what he or she truly enjoyed; for many, that meant continuing to participate in sports and Special Olympics.

Table 7. Family perceptions of athletes since participating in Special Olympics.

<p style="text-align: center;">Independence/ Inclusion in Society</p>	<p>“[I hope that] he can be something in life, that he can participate at other levels. It would touch me deeply if the coach told me he was going to go somewhere.”</p> <p>“I hope that he will have [financial] support from the government and will be able to find a job.”</p> <p>“I hope...that she has a dignified life and that people see that they [people with intellectual disabilities] are equal to any other person, that society understands that they are human beings too and that they should not discriminate against them.”</p> <p>“I want my child to be happy, to be all right where she is...and that she [and others like her] can be integrated into society with other people without disabilities.”</p>
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<p style="text-align: center;">Continued Participation in Sports/Special Olympics</p>	<p>“I hope that she continues in Special Olympics and becomes one of the coaches because she likes helping the new [athletes].”</p> <p>“I hope that he can continue to participate. It is a dream that he has had for many years to participate and travel to Games, and now he is doing it.”</p> <p>“To continue to play basketball, which is what he likes very much, and that he can be on a team.”</p> <p>“I’d like for him to continue to participate and for him to learn more about swimming. As his family we are proud and it is a joy for him. He enjoys himself in the water therefore we hope that he will become better with training.”</p>
<p style="text-align: center;">Supporting Athlete’s Interests/ Helping Athletes Improve</p>	<p>“I hope that my child can travel as an athlete, improve her quality of life, continue to demonstrate what she can do, and someday in the future demonstrate what she can do at the national or world level.”</p> <p>“I want the best for my son. I want him to be able to do whatever he wants and what he is capable of doing.”</p> <p>“I only want for my child to come out ahead and for everything to work out well.”</p>
<p style="text-align: center;">Positive Impact on the Family</p>	<p>“He has made us very happy, because he has changed as a person since he started in Special Olympics. He is enthusiastic and our whole family has become involved [in Special Olympics] to help.”</p> <p>“Of my three children, he has given me the most satisfaction. I am proud of him. My other two children are important professionals, but what I treasure the most is [my son’s] strength.”</p> <p>“Like any parent, if he is happy, we are happy. We feel very proud, we are very happy when he wins a competition and we see him happy doing what he is doing. That gives us the strength to encourage and support him.”</p> <p>“He has taught us not to discriminate, to help others in any way, and how to work together.”</p>

4. Description of Athletes’ Experiences in the Community

To gain insight into athletes’ lives outside of their involvement in Special Olympics, families were asked to describe their child’s experiences in school, the workplace, and with healthcare. In addition, families were also asked to describe their child’s involvement in other activities outside of Special Olympics as well as their beliefs about how society perceives individuals with intellectual disabilities.

School and Work Experiences

Over half of athletes are currently enrolled in schools (62%), with most attending a special school (52%) or special workshop for people with intellectual disabilities (35%). Interestingly, 25% of family members reported that their child had previously attended a mainstream school and the reason their child now attended a special school or workshop was because of the lack of resources available at a regular school to help their child (teacher ability, school services, etc.). Some parents also mentioned their athlete stopped attending a mainstream school due to the negative behaviors of teachers and other students toward their children.

Family members of athletes who were no longer enrolled in school (26%) were also asked about their child's experiences in education. Most of these athletes attended special schools (59%) or workshops (12%), while only a few attended regular primary schools (12%). There were several reasons that these athletes stopped attending school, with nearly half (44%) having done so because they completed their compulsory education or exhausted the educational opportunities available to them in their communities. Some athletes chose to work rather than stay in a workshop or simply dropped out of school (21%). A few (10%) stopped attending school because of learning difficulties (including poor test scores and grades).

For those athletes over age 16 and out of school, 35% are employed. Over half (53%) of those employed have been in their current position for more than two years. The types of jobs athletes have are semi-skilled and unskilled professions and include janitorial work and repair and maintenance. Some employed athletes (12%) received vocational training and services primarily provided by the athletes' employer or a community group serving people with intellectual disabilities. Interestingly, nearly all of the employed athletes (94%) work in unsupported jobs in their communities or in family businesses, working on average five days per week and six hours per day.

Healthcare Experiences

Around the world there are documented government programs to promote the education and employment of people with intellectual disabilities, but there is little known about their access to healthcare. The Multinational Study of Public Attitudes, which included one country from Latin America (Brazil), showed that the general public believes people with intellectual disabilities have at least the same, if not better, access to healthcare than the general population. However, this study did not collect data about the health status of people with intellectual disabilities and their families. Therefore, in order to more fully understand their experiences in seeking out and receiving healthcare, families were asked about athletes' most recent visit to a doctor, as well as the ease of access to health care for their athlete. Most families reported that their athletes had access to health care within the last year (90%) and most received that care at a private practice or clinic in their community (62%). Athletes primarily visited the doctor for a checkup or physical (77%) or because of an illness (15%). This is in contrast to China where less than a third of athletes received such preventative care. Athletes also had regular access to dental care, with most (70%) of families reporting that their athlete had last visited a dentist within the last 12 months. In China, less than half of athletes had visited a dentist within the last year. It is interesting to note that most families felt it was easier to get healthcare for their athlete (71%)

than it was to get healthcare for themselves or the athlete’s sibling (66%). Nearly all family members rated athletes’ health as good to excellent (93%), similar to that of the athlete’s sibling or themselves (92%).

Table 8. Athletes’ Health Status and Access to Health Care.

	Frequency (%)
Last Visit to Doctor *	
Within the Past 6 Months	82%
6 Months to 1 Year Ago	12%
More than 1 Year Ago	2%
Place of Last Visit *	
Hospital	32%
Clinic/Private Practice	62%
Reason for Last Visit *	
Regular Checkup	77%
Illness, Injury, or Emergency Care	22%
Ease of Access to Care for Athlete *	
Very Easy	32%
Somewhat Easy	39%
Somewhat Difficult	7%
Very Difficult	21%
Ease of Access to Care for Family *	
Very Easy	21%
Somewhat Easy	45%
Somewhat Difficult	15%
Very Difficult	8%
Current Health Rating of Athlete *	
Excellent	42%
Good	52%
Fair/Poor	7%
Current Health Rating of Family *	
Excellent	42%
Good	49%
Fair/Poor	6%
Last Visit to Dentist *	
Within the Past 6 Months	65%
6 Months to 1 Year Ago	13%
More than 1 Year Ago	17%

* Total does not equal 100% – due to “don’t know” or “refused” responses.

Non-Special Olympics Sport and Activity Involvement

Athletes also had opportunities to be involved in organized sport and to be physically active outside of their participation in Special Olympics. Before becoming involved in Special Olympics, some families reported that their athletes participated in organized sports (31%), and

surprisingly, nearly half are currently involved in other organized sports (47%). Interestingly, however, nearly one-quarter (21%) of the athletes who have played on teams outside of Special Olympics did so on teams that included both athletes with and without intellectual disabilities. These teams were organized primarily by a school, but also included teams organized by local sport clubs and other community organizations. The athletes who took advantage of these opportunities did so for an average of seven years. In addition, nearly half of the athletes (46%) exercise outside of Special Olympics, for an average of seven hours per week. When asked about activities, families reported that their athletes participated in fitness activities (including weight lifting, calisthenics, and aerobics), went running or walking, went swimming, and played other sports for fun with friends and family.

In addition to asking family members, athletes were asked themselves about involvement in organized sports and physical activity outside of Special Olympics. Just under half of athletes (45%) reported participating on a sport team unaffiliated with Special Olympics. This number is slightly higher than what was reported by families. Most likely reflecting activities that took place at school, family members may not be aware of their child's participation. The sports these athletes played included football, athletics, and basketball. Over half of athletes (56%) also exercised and were physically active through running, swimming, and playing sports for fun with peers or their families.

Table 9. Athletes' involvement in sports *outside* of Special Olympics as reported by families.

	Frequency (%)
Played organized sports before SO	36%
Currently play non-SO organized sports	36%
Physical activity/exercise*	
None	49%
1 to less than 6 hours/week	37%
6 to less than 10 hours/week	5%
10 hours or more/week	4%

* Total does not equal 100% – due to “don't know” or “refused” responses.

Some families (41%) reported that their athletes were also involved in non-sport activities. These activities included dance, music, and theater. Athletes reported their interests and involvement in these activities as well, with 56% stating that they were involved in the arts (including dance, music, and art). The number of athletes reporting participation in non-sport activities is higher than reported by families; once again this most likely reflects school activities.

Families were also asked about their athletes' social interactions with others their own age. The majority of families reported that their athlete socialized with others (76%), most often family friends and peers from the athlete's school and Special Olympics team. Most families (86%) reported that their athletes socialized once per week or more and generally hung out with their peers, played sports and games, and went dancing. These social activities occurred in a variety of locations including school, the homes of both athletes and their peers, and public areas in the community.

Athletes were also asked about the activities they did for fun and the people with whom they did those activities. Nearly half of athletes (46%) reported that they engaged in social activities with friends, and 42% said they engaged in social activities with members of their families (parents, siblings, and other family members). Nearly one-third of athletes (31%) reported that they socialized with peers from school and teammates from their Special Olympics teams. The most common activities that athletes reported doing with these other people included playing sports and other games, dancing, and simply ‘hanging out’ at their homes or in the community.

Family Perceptions of Community Beliefs

Finally, families were asked about their beliefs about society’s perceptions of people with intellectual disabilities. While families reported positive changes in their own perceptions of their athletes, nearly half of families (43%) stated that they believed society’s perceptions of people with intellectual disabilities were still negative. Some families (13%) had seen change in societal perceptions of people with intellectual disabilities, stating that people with intellectual disabilities are treated with more respect and no longer looked at as different. Interestingly, one-third (33%) stated that while they believed many people hold positive views of people with intellectual disabilities, negative perceptions are still pervasive in society at large.

Table 10. Family beliefs about society’s perceptions of people with intellectual disabilities.

<p style="text-align: center;">Positive Perceptions</p>	<p>“Now everything is normal, there is no discrimination. There are many activities and [children with disabilities] are included in many places like children who do not have disabilities.”</p> <p>“There is now more openness in society. Before it was a taboo to talk about a child with any disability or problem, but now it’s talked about much more.”</p> <p>“Society has changed very much in accepting special children. There are many children who do not see that they have disabilities. We are entering into a time of acceptance and are entering [mainstream] schools without problems and with less discrimination.”</p> <p>“Today’s society is a little more prepared. In regular schools there are children [with special needs] and they are opening doors. These children with disabilities are integrated and have support staff [classroom aides] and that is important.”</p>
<p style="text-align: center;">Negative Perceptions</p>	<p>“People view them with discrimination. They look at them differently, have different attitudes. People in society are very closed in relation to this topic [disability].”</p> <p>“People ignore them. In our community I see that there is no support from the people – when there is a [Special Olympics] competition the only people who attend are the parents and the athletes, no one else.”</p> <p>“In general there is a lot of fear. People do not know what activities they [people with disabilities] can do, and they do not get to know what their</p>

	<p>capabilities are.”</p> <p>“They are seen like the poor, looked at with pity. There is much ignorance and lack of knowledge about [disability].”</p>
<p>Perceptions are Variable and/or Changing</p>	<p>“We encounter everything – those who discriminate look at us negatively. There are those that support, those who come and ask if they can help and include them [people with disabilities]. There are all kinds, but there is still a great deal of discrimination.”</p> <p>“I think that people do not have bad intentions, but they lack information, experience, and personal knowledge and that is why they act poorly toward people with any kind of disability.”</p> <p>“There are all kinds of people, those with an open mind who ask us about them, who get close to them and include them, and others who look at them like they are strange and who ignore them.”</p> <p>“Years ago there was a different view [of people with disabilities] and it was difficult for them to be included in society. Now that is not so much, it is seen as something normal that there are people with disabilities. There are fewer barriers and now more consciousness in society.”</p>

5. Summary of Special Olympics Argentina

Overall, the majority of Special Olympics athletes in Argentina are adolescents and young adults attending special schools or special workshops for people with intellectual disabilities. Other athletes are employed in unsupported jobs in their communities, working an average of five days per week, for six hours per day. Athletes become involved in Special Olympics through community, local government, or sport club-organized programs before age 18, and participate for an average of nine years. Athletes attend practice for an average of three days per week in sessions lasting between one and three hours. Athletes and families alike report that athletes participate in Special Olympics because they enjoy participating in a competitive sport and because it provides opportunities for social interaction and friendship.

In addition to participating in Special Olympics, nearly half of athletes also engage in physical activity and exercise outside of Special Olympics for an average of five hours per week, and over one-third participate in organized sport programs outside of Special Olympics. More than half of athletes are also involved in other activities outside of sports, including music, dance, theater, and art. Finally, while an important part of athletes’ Special Olympics participation is the social relationships formed on the field with teammates, athletes also have opportunities to interact socially off the field with peers from school, family friends, and people from their neighborhoods. The types of activities they engage in include playing sports and games for fun, dancing, and ‘hanging out’ in their communities, all of which are similar to the activities of typically developing adolescents and young adults.

Families saw marked improvement in all of the goals that they set for their athletes, particularly in the areas of social skills and social relationships. Athletes also saw similar improvement in their sport skills, health and social relationships as a result of their participation in Special Olympics, with the most significant improvement noted in their feelings about themselves. In addition, families report that their expectations for their children have become more positive as a result of seeing them participate in Special Olympics. Families hope that their children will continue to improve their skills in a variety of domains, become more independent, and be accepted by society. Families acknowledge however, that society's views of people with intellectual disabilities are mostly negative, and as a result their children struggle to achieve an equal footing in society.

B. BRAZIL

Special Olympics in Brazil was first established in 1990 in the Federal District (of São Paulo), and later renamed Special Olympics Brazil when it was expanded to include 12 states. Over 2,000 athletes participated in Special Olympics programs throughout Brazil in 2000, with the largest programs located in Rio de Janeiro and São Paulo. In 2002, Special Olympics Brazil was reestablished with a new charter and now includes Special Olympics programs in five states - Minas Gerais, Paraná, Rio de Janeiro, Santa Catarina, and São Paulo. In 2006, Special Olympics Brazil reported having over 46,000 athletes. Special Olympics Brazil provides opportunities for athletes to participate in 19 sports. In addition to traditional sports training and competition, Special Olympics Brazil offers Healthy Athletes, Families programming, ALPs, MATP, Young Athletes™, and Unified Sports®. The final sample in Brazil included 506 families and 213 athletes.

1. Description of Special Olympics Families

The characteristics of Special Olympics athletes in Brazil and their experiences in school, employment, and community life were reported by family members². Over two-thirds of the family respondents were female (79%). All athletes live in their family homes, which is similar to the findings from the Comprehensive National Study of Special Olympics Programs in the United States and China, where the majority of athletes lived in their family homes. In nearly all families (99%), the athlete with an intellectual disability has a sibling.

Most family members (96%) report knowing other people with intellectual disabilities. As might be expected, these are primarily schoolmates of their children, but also include people from their neighborhoods and churches, as well as friends. As seen in Table 11, family members also had varied involvement in Special Olympics during 2007, either by attending training sessions or competitions, participating in Special Olympics Families activities (including the Family Support Network), or assisting with Special Olympics in other ways, such as by providing transportation for the athlete and assisting in fundraising.

A few families (10%) reported receiving services through community agencies to assist themselves or their child. Those services primarily included medical and mental health services, as well as social services (including transportation, financial assistance, and family education and training). A few families (9%) reported being involved in support groups for families of people with disabilities organized by groups other than Special Olympics. These groups were organized by community groups and other organizations serving people with disabilities, as well as their child's school.

² Of the family member/caregiver respondents, only 1% were caregivers in a group home, institution, or supervised living environment for athletes. Because the respondents were primarily family members, this group will be referred to as “family members” throughout this report.

Table 11. Family Characteristics: Relationship to Athlete and Involvement in Special Olympics (N = 506).

	Frequency (%)
Respondent's Relationship to Athlete	
Family	99%
Staff/Other Caregiver	1%
Respondent's Involvement in SO	
Attended Trainings	59%
Attended Competitions	59%
Provided Transportation	38%
Volunteered	14%
Coached	6%
Played in SO as Unified Partner	3%
Participated in the Athlete Leadership Program	10%
Participated in SO Families activities	27%
Participated in the Family Support Network	25%
Assisted in Fundraising	26%
Assisted in Some Other Way	4%

2. Description of Athletes' Experiences in Special Olympics

Athletes' experiences in Special Olympics were reported by family members as well as the athletes themselves. [Note: Over half of the athletes who participated in the survey did so with the assistance of someone in the household (54%).]

Most athletes are currently between 14 and 33 years of age, with a mean of 24 (see Table 12). Athletes join Special Olympics as adolescents and young adults, with a mean age at entry of 19 years of age. Athletes are primarily male (66%) and have participated in Special Olympics for an average of five years. As might be expected, most athletes (81%) have participated in Special Olympics with the same group since joining. In contrast to the Comprehensive National Study in the United States and China, athletes do not primarily participate in Special Olympics programs organized through schools. In fact while one-third (34%) participate through their school, one-third (32%) also participate in Programs run by the state or local government and another 16% by an institution or hospital.

Table 12. Athlete Characteristics: Age, Years of Involvement, Entry into Special Olympics, School Status (N = 506).

	Frequency (%)
Age at Entry into SO*	
Under 18	50%
18 and over	46%
Years Involved in SO*	
5 years or less	64%
6 to 10 years	23%
11 years or more	12%
Current involvement in SO*	
School-based program	34%
State/local government	32%
Institution/Hospital	16%
Independent/Community group	12%
School Status *	
Regular public/private school	14%
Vocational school	1%
Special/residential school	45%
Workshop for people with disabilities	14%
Out of school	26%

* Total does not equal 100% due to “don’t know” or “refused” responses.

Athletes participate in a wide range of the 15 available sports, with many athletes participating in at least two sports during their time with Special Olympics. The most popular sports are aquatics, athletics, and football. Several athletes are also involved in capoeira (a traditional Brazilian game). Within Special Olympics, athletes can participate in different ways, including training and competition. In terms of training, athletes attended training an average of two days per week, with training sessions lasting between one and two hours (see Table 13). Some athletes (20%) participated in training lasting two or more hours per session. While competition opportunities range from local tournaments to World Games, most athletes (71%) have participated only at the local or state levels, with only 9% having had the opportunity to compete at the national level. As might be expected, only a small number of athletes (4%) have competed at a Latin America Regional Games event or a World Games event (6%).

Table 13. Athletes' involvement in Special Olympics.

	Frequency (%)
Frequency of Training*	
1 to 2 days per week	75%
3 to 4 days per week	18%
5 or more days per week	4%
Intensity of Training*	
Less than 1 hour	44%
1 to less than 2 hours	22%
2 to less than 3 hours	13%
More than 3 hours	7%
Highest level of SO competition*	
Local	51%
Province/Regional	20%
National	9%
Regional (all Latin America)	4%
World	6%

* Total does not equal 100% – due to “don’t know” or “refused” responses.

In addition to these traditional Special Olympics training and competition activities, few athletes (7%) have participated in Unified Sports. While this may seem like a small number, it is important to consider this in the context of Special Olympics in Latin America, which is organized through government-sponsored organizations or hospitals and institutions, organizations that provide services exclusively for people with disabilities. Moreover, Unified Sports is not currently an initiative of focus in Brazil.

Another element of Special Olympics competition events, particularly those at the provincial or national level, is the availability of Healthy Athletes screening. In Brazil, only a few athletes (11%) reported participating in a Healthy Athletes screening event. Of those athletes who did, Fun Fitness was the most common (85%) while Healthy Hearing was the least (67%) (see Table 14). Of those families had reported that their athletes who received a screening, 32% reported being given a referral to a doctor or dentist for further care, but only 14% got the medical care suggested in the referral. It is important to note the overall differences between countries (and regions) with respect to Healthy Athletes screening. Unlike the North America and East Asia regions, where Healthy Athletes screening events occur more frequently, in Latin America, the Healthy Athletes initiative is just beginning to take hold at the national level. For instance, only one Healthy Athletes event was held in Brazil during 2007 at a state event. Therefore those athletes who reported participating in a Healthy Athletes screening event were more often those athletes who had competed at either the regional or world level.

Table 14. Athletes’ Visits to Healthy Athletes Screening (N = 54).

	Frequency (%)
Healthy Athletes Screening	
Special Smiles	78%
Healthy Hearing	67%
Opening Eyes	80%
Fit Feet	80%
Health Promotion	72%
Fun Fitness	85%

In addition to asking about athletes’ experiences in Special Olympics, families and their athletes were also asked about the reasons that athletes participate in Special Olympics. Families and athletes were asked the open-ended question: “Why does/did [name] participate in Special Olympics?” Families most frequently reported that their athletes participated in Special Olympics because their athletes enjoyed playing sports (37%), because Special Olympics was an activity organized by a school or community organization (22%), and because of the opportunities Special Olympics gave to help their athlete improve in a variety of skill areas (15%). Athletes reported that they participated in Special Olympics because of their interest in playing sports (45%) as well as for fun (21%). Only 7% of athletes in Brazil reported that they participated in Special Olympics because they were signed up as a part of a class or group. However, this finding was similar to the reports of athletes in the United States and could be an indication of athletes’ cognitive ability to understand the mechanism through which they became involved in Special Olympics. Overall, not only did athletes and their families essentially agree on their reasons for participating in Special Olympics, but these reasons were consistent across gender, age, and sport. The literature on motivation for sport participation for people without disabilities in general supports these motives (e.g., Feltz & Ewing, 1987; Gould, Feltz, & Weiss, 1985; Kirkby, Kolt, & Liu, 1999; Klint & Weiss, 1986). Literature on this topic specific to athletes in Brazil is scarce, but suggests that Brazilian athletes without disabilities are similar to other athletes (de Rose, de Campos, & Tribst, 2001).

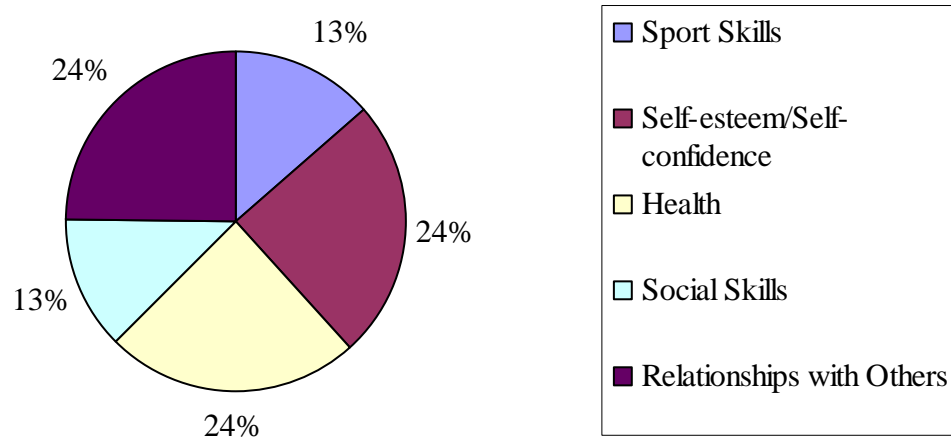
3. The Importance of Special Olympics to Athletes and Families

In addition, families were asked about their goals for athletes’ participation in Special Olympics, and in what areas they saw improvement. First, families were asked to rate the top goal they held for athletes’ participation in Special Olympics from a list of five (improved sport skills, self-esteem and self-confidence, health, social skills [adaptive behavior], and friendship). After identifying the top goals, families were also asked to rate athletes’ improvement in those goal areas.

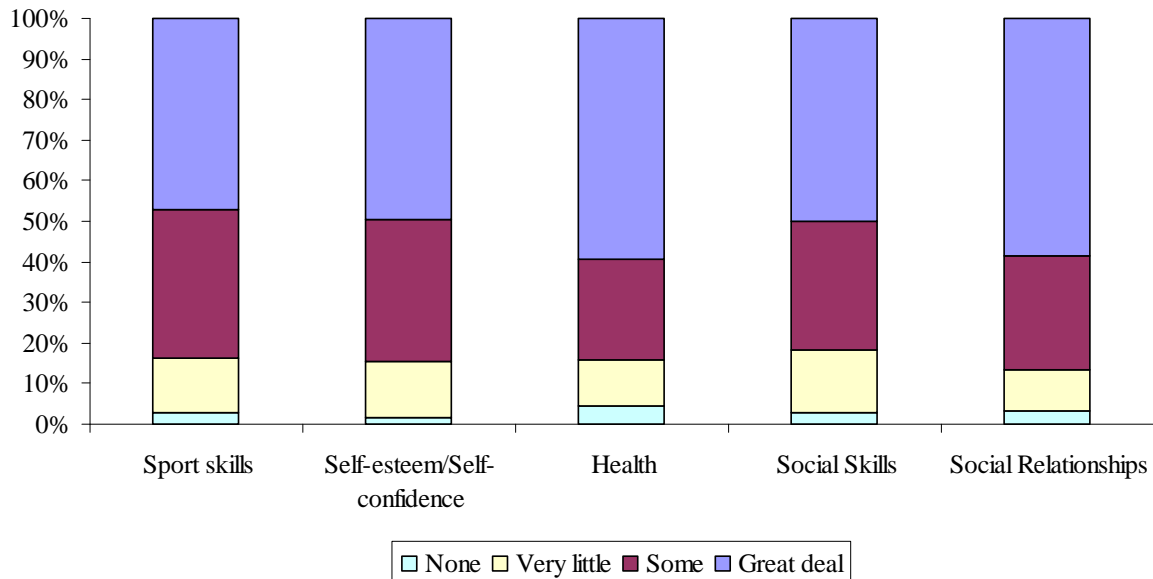
Families considered improved self-esteem and self-confidence, improved relationships with others, and health (all 24%) the most important goals for their athlete (see Figure 4). Considering that Special Olympics is a sports program, it is interesting that for the majority of families, their top goal focused on the social and personal aspects of sport participation, and *not* on sports skill development. Surprisingly, only 13% of families rated improved sport skills as their number one goal for their athletes’ participation in Special Olympics. These findings are

similar to those from a number of studies, including the Comprehensive National Study in the United States and China, the Unified Sports Evaluation in the United States and Europe, and the Census Validation Study. In an interesting contrast to what has been seen in other countries (e.g. United States, China), only 13% of families rated improved social skills (adaptive behavior) as their number one goal for their athletes' participation in Special Olympics.

Figure 4. Family's top goal for athlete participation (N = 506).

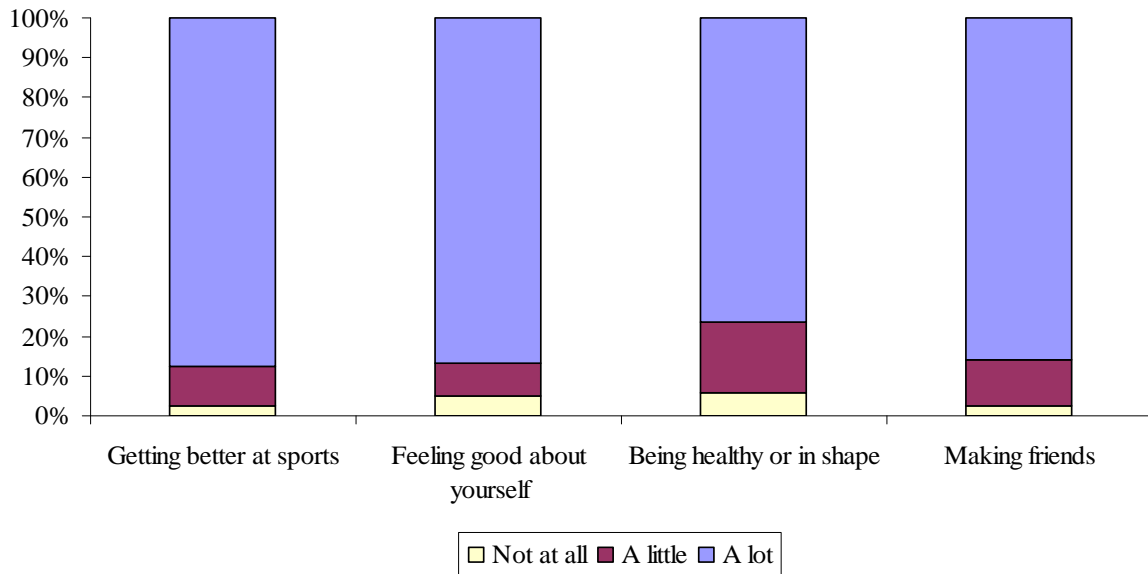


After identifying their top goal, families were asked to rate their athletes' improvement in all five goal areas. Families were asked to rate the extent to which their athlete had *improved* in each area as a result of their participation in Special Olympics, on a four-point continuum from no improvement to a great deal of improvement. As can be seen in Figure 5, families saw improvement in their athlete for every goal they ranked as important. It is interesting to note that families saw improvement in their athlete's social skills, although this was not one of their top three goals. Similarly, although not a top goal, families also saw a lot of improvement in athletes' sport skills. Overall, these results are similar to the findings of the Comprehensive National Studies in the United States and China and the Unified Sports Evaluation in the United States and Europe, each of which found that athletes improved self-esteem and self-confidence, social relationships, and sport skills as a result of their participation in Special Olympics.

Figure 5. Family perceptions of athlete improvement.

Athletes were asked to rate how their participation in Special Olympics had helped them personally. Athletes were asked to rate their own improvement in four areas (improved sport skills, improved self-esteem/confidence, health, and social relationships). For each area athletes were asked if their participation in Special Olympics did not help at all, helped a little, or helped a lot. Overall, athletes saw improvement in each of the four areas. As can be seen in Figure 6, it is interesting to note that athletes reported the most significant improvement in sport skill development (83% of athletes improved ‘a lot’) and making friends (80% of athletes improved ‘a lot’), which was also confirmed by families. Athletes also reported significant improvement in their feelings about themselves, which is supported by prior research on Special Olympics athletes (e.g., Dykens & Cohen, 1996; Gibbons & Bushakra, 1989; Weiss, Diamond, Demark, & Lovald, 2003).

In addition, families also reported that overall, athletes were highly satisfied with their involvement with Special Olympics, again similar to what has been found in previous studies. Most athletes enjoyed their Special Olympics experience a great deal (90%), a finding which was substantiated by the athletes’ family members (83%). Most athletes (88%) plan to participate in Special Olympics in the coming year. When asked what athletes liked most about Special Olympics, families reported that their athletes enjoyed playing sports (68%) and making new friends and spending time with their friends (21%). A number of families also mentioned the social activities that are a part of Special Olympics events as important to their athletes, particularly the dances and parties. Similarly, athletes reported that they enjoyed playing sports (58%) and the social aspects of participation (20%). These findings were similar to those from the Comprehensive National Studies in the United States and China.

Figure 6. Athlete perceptions of improvement.

Finally, families were also asked about their perceptions of their athlete, both in terms of any changes family members have experienced in their aspirations for their child since he/she began participating in Special Olympics, as well as the positive impact having a child with an intellectual disability has on their lives and the lives of their family members. Overall, families held more positive perceptions of their athletes as a result of their participation in Special Olympics (see Table 15). In fact, many families (45%) hoped that their athletes would be able to continue participating in sports because of the variety of benefits they reaped from participation (including social skills, health, and achieving personal goals). Nearly one-third of families (27%) mentioned their willingness to support their children in whatever interested them. Some (13%) also spoke about independence in general - that their children would be able to take care of themselves physically in the future, and gain opportunities to be financially stable and employed. Many families also stated that they are proud to have a child with an intellectual disability and that their children were a blessing rather than a burden. In fact, faith and the spiritual aspect of having a child with an intellectual disability was a particularly salient theme among families in Brazil. Finally, family members also viewed their athletes as contributing members of the family, as motivators for parents and siblings alike.

Table 15. Family perceptions of athletes since participating in Special Olympics.

<p style="text-align: center;">Athlete is Blessing/Spirituality</p>	<p>“[Our son] was a wonderful thing that God gave us. If he did not exist I do not know what our lives would be like.”</p> <p>“She was my motor, she made me grow in every way, both social and intellectual. I decided to go to graduate school because of her and other people with disabilities.”</p> <p>“He is a blessing in our lives and he helped us to get to know ourselves because we are also full of deficiencies. It is a lesson of life.”</p> <p>“[Our daughter] taught us what differences mean, she taught us to respect the differences of each person.”</p> <p>“I am not a dreamer, but I know his dreams and I am always supporting [them]. We value and compliment him for his achievements.”</p>
<p style="text-align: center;">Contributing Member of Family</p>	<p>“She is a great companion and she helps me very much at home. She is a great babysitter and she helped me take care of my nephews.”</p> <p>“She does what needs to be done around the house, makes coffee, cooks, and cleans.”</p> <p>“She makes me coffee and brings it to me when I am not well. She gets me water and my medicines.”</p> <p>“Since the moment that he started to develop, he has helped me with house duties. It is very emotional to see my son who was paralyzed now playing and helping me. The way he is today is a blessing.”</p>
<p style="text-align: center;">Positive Impact on the Family</p>	<p>“We learn very much from him, to take care of him as if he were a normal child.”</p> <p>“He taught us a life lesson, he overcame all difficulties.”</p> <p>“He is the happiness of our house, our pride, the center of our attention. He is always happy and it is easy for him to communicate with everyone.”</p> <p>“He goes beyond our expectations, because even though he has an intellectual disability he does not stand behind anyone, no one swims like him. Our other children have [academic] degrees but do not have as many medals as he does.”</p> <p>“I changed from being a mother who was self-centered to one who started to look at the world.”</p> <p>“We now believe that everything in life is difficult but not impossible.”</p>

4. Description of Athletes' Experiences in the Community

To gain insight into athletes' lives outside of their involvement in Special Olympics, families were asked to describe their child's experiences in school, the workplace, and with healthcare. In addition, families were also asked to describe their child's involvement in other activities outside of Special Olympics as well as their beliefs about how society perceives individuals with intellectual disabilities.

School and Work Experiences

Over half of athletes are currently enrolled in schools (74%), and most attend special schools (45%) or special workshops for people with intellectual disabilities (14%). Interestingly, over one-third of family members (34%) reported that their child had previously attended a mainstream school and the reason their child now attended a special school was primarily because of learning difficulties, low test scores, and the availability of resources at a regular school to help their child (teacher ability, school services, etc.).

Family members of athletes who were no longer enrolled in school (26%) were also asked about their child's experiences in education. These athletes attended special schools (44%) or regular primary schools (39%). There were several reasons why these athletes stopped attending school, including completing their compulsory education, low test scores and learning difficulties, and simply choosing to drop out of school due to employment opportunities or a lack of interest.

For those athletes over age 16 and out of school, 20% are employed. Nearly one-third (31%) of those employed have been in their current position for one year or less, and 31% have been employed in the same job for between two and five years. The types of jobs athletes have include office work, manufacturing, manual labor, and janitorial work. Half of employed athletes (50%) received vocational training and services, and those services were primarily provided by special schools and community groups serving people with intellectual disabilities. Interestingly, 31% of athletes received vocational training and assistance from their employer, and nearly two-thirds of these employed (65%) work in unsupported unskilled or semi-skilled jobs in their communities, working on average five days per week and eight hours per day. Only 19% work in sheltered workshops for people with intellectual disabilities.

Healthcare Experiences

Around the world there are documented government programs to promote the education and employment of people with intellectual disabilities, but there is little known about their access to healthcare. The Multinational Study of Public Attitudes, which included Brazil, suggested that members of the public believe that people with intellectual disabilities have at least the same, if not better, access to healthcare than the general population. This study did not collect data about the health status of people with intellectual disabilities and their families. Therefore, in order to more fully understand their experiences in seeking out and receiving healthcare, families were asked about athletes' most recent visit to a doctor, as well as the ease of access to healthcare for their athlete. Most families reported that their athletes had access to

healthcare within the last year (92%) and most received that care at a private practice or clinic in their community (69%). Athletes primarily visited the doctor for a checkup or physical (77%) or for emergency care (13%). This is in contrast to China where less than one-third of athletes received such preventative care. Athletes also had regular access to dental care, with most (81%) of families reporting that their athlete had last visited a dentist within the last 12 months. Again, in China less than half of athletes had visited a dentist within the last year. Most families felt it was easier to get healthcare for their athlete (58%) than it was to get healthcare for themselves or the athlete’s sibling (55%). Overall, over three-quarters of family members rated athletes’ health as good to excellent (81%), similar to that of the athlete’s sibling or themselves (79%).

Table 16. Athletes’ Health Status and Access to Health Care.

	Frequency (%)
Last Visit to Doctor *	
Within the Past 6 Months	80%
6 Months to 1 Year Ago	12%
More than 1 Year Ago	7%
Place of Last Visit *	
Hospital	31%
Clinic/Private Practice	69%
Reason for Last Visit *	
Regular Checkup	77%
Illness, Injury, or Emergency Care	22%
Ease of Access to Care for Athlete *	
Very Easy	22%
Somewhat Easy	36%
Somewhat Difficult	24%
Very Difficult	18%
Ease of Access to Care for Family *	
Very Easy	19%
Somewhat Easy	36%
Somewhat Difficult	20%
Very Difficult	18%
Current Health Rating of Athlete *	
Excellent	34%
Good	47%
Fair/Poor	19%
Current Health Rating of Family *	
Excellent	35%
Good	44%
Fair/Poor	19%
Last Visit to Dentist *	
Within the Past 6 Months	59%
6 Months to 1 Year Ago	22%
More than 1 Year Ago	17%

* Total does not equal 100% – due to “don’t know” or “refused” responses.

Non-Special Olympics Sport and Activity Involvement

Athletes also had opportunities to be involved in organized sport and to be physically active outside of their participation in Special Olympics. Before becoming involved in Special Olympics, a few families reported that their athletes participated in organized sports (14%), and a few are currently involved in other non-Special Olympics organized sports (6%). Surprisingly, however, over one-third (36%) of the athletes who have played on teams outside of Special Olympics did so on teams that included both athletes with and without intellectual disabilities. These teams were organized by a variety of groups, including schools and workshops for people with intellectual disabilities, community sport clubs, and the state and local government. The athletes who took advantage of these opportunities to play sports outside of Special Olympics did so for an average of 7 years. In addition, approximately one-third of the athletes (32%) exercise outside of Special Olympics, for an average of six hours per week. When asked about activities, families reported that their athletes played other sports for fun with friends and family, went swimming, walked, and did fitness activities like calisthenics.

In addition to asking family members, athletes were asked themselves about involvement in organized sports and physical activity outside of Special Olympics. Just under one-third of athletes (30%) reported participating on a sport team unaffiliated with Special Olympics. This number is higher than what was reported by families, most likely reflecting activities at school. Therefore, family members may not be aware of their child's participation. The sports these athletes played included football, basketball, and martial arts. Some athletes (38%) also exercised and were physically active through fitness activities (e.g., sit-ups, calisthenics, etc.), running, and playing sports for fun with peers or their families.

Table 17. Athletes' involvement in sports *outside of* Special Olympics.

	Frequency (%)
Played organized sports before SO	14%
Currently play non-SO organized sports	16%
Physical activity/exercise	
None	65%
1 to less than 6 hours/week	23%
6 to less than 10 hours/week	4%
10 hours or more/week	8%

Some families (27%) reported that their athletes were also involved in non-sport activities. These activities included art and handicrafts, painting, dance, and music, as well as gardening and computer classes. Athletes reported their interests and involvement in these activities as well, with 71% stating that they made handicrafts (jewelry, crocheting, etc.) or were involved in dance, music, and art. The number of athletes reporting participation in non-sport activities is higher than reported by families; once again this most likely reflects activities that took place at school.

Families were also asked about their athletes' social interactions with others their own age. The majority of families (68%) reported that their athlete socialized with others, most often family friends and peers from the athlete's school and Special Olympics team, but also family members,. Over half of families reported that their athletes socialized once per week or more (55%) and played sports and generally hung out with their peers. These social activities occurred in a variety of locations, including school, the homes of both athletes and their peers, the public areas in the community, and in parks and sport clubs.

Athletes were also asked about the activities they did for fun and the people with whom they did those activities. Nearly two-thirds of athletes reported that they engaged in these activities with members of their families (parents, siblings, and other family members), while over one-third of athletes (39%) reported that they socialized with friends. The most common activities that athletes reported doing with others included playing football and other games and sports, going dancing and listening to music, and simply "hanging out" at their homes, in the community, or at the beach.

Family Perceptions of Community Beliefs

Finally, families were asked about society's perceptions of people with intellectual disabilities. While families reported positive changes in their own perceptions of their athletes, nearly two-thirds of families (62%) stated that they believed that society's perceptions of people with intellectual disabilities were still negative (see Table 18). A few families had seen change in societal perceptions of people with intellectual disabilities; 14% stated that people with intellectual disabilities are now treated with more respect than in the past. Interestingly, almost one-quarter (21%) stated that while they believed many people hold positive views of people with intellectual disabilities, negative perceptions are still pervasive in society, particularly among the less educated. Some surprising themes emerged in these family members' descriptions of their interactions with the community, including the social isolation of not only the athlete with an intellectual disability but also other members of the family. There is a general perception among the public that disability is a sickness (approached as though it were a communicable disease), and people with disabilities are dangerous to others and should be avoided. Interestingly, a number of family members also suggested that society's treatment of themselves and their children was akin to racism.

Table 18. Family beliefs about society's perceptions of people with intellectual disabilities.

<p>Positive Perceptions</p>	<p>"People get really surprised when they see what [people with intellectual disabilities] are capable of doing. They find that if they have a proper life, they will do things that normal people do."</p> <p>"Now she is better accepted, because there are many shows that are talking about this problem and it makes their lives [people with intellectual disabilities] easier. Society is getting to know them, learning about their needs, understanding that they are not to be excluded. There is more respect."</p> <p>"People see her has normal. They like her and treat her well, talk to her, listen,</p>
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	<p>and pay attention to what she says.”</p> <p>“There is no prejudice. People in our neighborhood like [our son] very much. They know that he likes [toy] cars and they give them to him, and they invite him to parties.”</p> <p>“Now it is much better...we can do things [in public]. People are not staring anymore...that is over.”</p> <p>“People are amazed by the things he does, because he is always ready to help. The neighbors see his improvement and talk about it.”</p>
<p>Negative Perceptions</p>	<p>“People [act] as if they had an untreatable disease. When they come close to talk [to me], some people turn their faces [away]. People should be better informed about how much love they [people with intellectual disabilities] have to offer. It hurts us mothers to see people turning away from our children.”</p> <p>“They think that they are not capable. Things are harder for [people with disabilities] because they are not well accepted by society, they do not have the same opportunities.”</p> <p>“People create barriers, thinking that [people with intellectual disabilities] are not capable of reading, writing, and studying.”</p> <p>“Disability is considered contagious. You have to prove to society that he can be there and nothing will happen. If only [people in] society could open their eyes and understand that [people with disabilities] are not crazy and that they are capable.”</p> <p>“[People believe] that they deserve their pity. People do not understand that people with disabilities have the same rights as any other person and these rights are not for the privileged few.”</p> <p>“[The public] does not respect special people. For them they are sick and full of defects and you have to let it go otherwise you will fight with everyone that you see.”</p> <p>“Many people look at them with disrespect – they are repulsed, scared, and think that they will attack them.”</p>
<p>Perceptions are Variable and/or Changing</p>	<p>“[My daughter] is not a victim of prejudice because of her physical dependence. The inclusion of the disabled in society must improve because society is still scared to deal with these people.”</p> <p>“There are a lot of people who give credit to people with disabilities, and others just do not. For example, the other day I was in the bus with [my son] and the driver asked why he was disabled, and I answered, ‘Are you a bus driver or a doctor?’”</p> <p>“When she was born I suffered very much, there was a lot of prejudice. But after the soap opera showed a person with a disability, prejudice has diminished.”</p> <p>“They say she is smart, but they make comparisons like, ‘Can you imagine if my daughter was like yours?’”</p>

	<p>“There was a time when the barriers were bigger, but now with the media promoting it, people are less afraid.”</p> <p>“More educated people accept them well, they do not stare. The less educated keep staring as if they were extraterrestrials, especially children who think that they are different. Everything that is different makes people nervous. It will take time for society to accept them the way they deserve [to be accepted].”</p> <p>“In the beginning...there was discrimination and humiliation, on the street people stared at him, and on the bus people would not sit next to him. Today he is a normal person among others, even some family members did not used to get close to him, but now people are caring toward him.”</p>
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5. Summary of Special Olympics Brazil

Overall, Special Olympics athletes in Brazil are adolescents and young adults attending special schools or workshops for people with intellectual disabilities. Other athletes are employed in unsupported jobs in their communities, working an average of five days per week, for eight hours per day. Athletes become involved in Special Olympics through school or local government programs before age 21, and participate for an average of five years. Athletes attend practice for an average of two days per week in sessions lasting between one and two hours. Athletes and families alike report that athletes participate in Special Olympics because they enjoy participating in a competitive sport, but many are introduced to Special Olympics because they were signed up by a teacher, coach, or recruited to participate by a significant person in the athlete’s life.

In addition to participating in Special Olympics, nearly half also engage in physical activity and exercise outside of Special Olympics for an average of six hours per week, and some are even involved in organized sport programs outside of Special Olympics. Athletes are also involved in other activities outside of sports, including art and handicrafts, music, and dance. An important part of athletes’ Special Olympics participation is the social relationships formed on the field. Athletes also have opportunities to interact socially off the field with peers from school, Special Olympics teammates, and family friends. The types of activities they engage in include playing sports and games for fun, dancing and listening to music, and “hanging out” in their communities, all of which are similar to the activities of typically developing adolescents and young adults.

Families saw marked improvement in all of the goals that they set for their athletes, particularly in the areas of health and social relationships. Athletes also saw improvement in their feelings about themselves, their social relationships, and their health as a result of their participation in Special Olympics, with the most significant improvement noted in their sport skills. In addition, families report that their expectations for their children have become more positive as a result of seeing them participate in Special Olympics. Families hope that their children will continue to improve their skills in a variety of domains, become more independent, and be accepted by society. Families acknowledge however, that society’s views of people with intellectual disabilities are mostly negative, and as a result both they and their children struggle to achieve an equal footing in society.

C. PERU

Special Olympics Peru was established in 1983 and currently has programs in 12 departments offering 10 sports. Most recently a National Games event was held in November 2007 that included over 500 athletes competing in 6 sports. In 2000, over 22,000 athletes participated in Special Olympics programs throughout Peru, with the largest programs located in Lima, La Libertad, Piura, and Tumbes. In comparison in 2006, Special Olympics Peru reported having over 21,000 athletes. In addition to traditional sports training and competition, Special Olympics Peru offers Healthy Athletes, Families programming, ALPs, Special Olympics *Get Into It*[®], MATP, and Young Athletes[™]. The final sample in Peru included 174 families and 118 athletes.

1. Description of Special Olympics Families

The characteristics of Special Olympics athletes in Peru and their experiences in school, employment, and community life were reported by family members. Over half of the family respondents were male (62%). All athletes live in their family homes, which is similar to the findings from the Comprehensive National Study of Special Olympics Programs in the United States and China, where the majority of athletes lived in their family homes. In almost all families (82%), the athlete with an intellectual disability has a sibling.

Most family members (86%) report knowing other people with intellectual disabilities. As might be expected, these are primarily schoolmates of their children, but also include friends and people from their neighborhoods. Family members also had varied involvement in Special Olympics during 2007, either by attending training sessions or competitions, participating in Special Olympics Families activities (including the Family Support Network), Unified Sports, volunteering, or assisting with Special Olympics in other ways, such as assisting in fundraising (see Table 19).

Some families (12%) accessed services in their communities to assist themselves or their child. Those services primarily included financial or material assistance. As might be expected by the small number of families who used these services, nearly one-third of these families (29%) reported that it was difficult for them to gain access to services in their communities. Some families (14%) also reported being involved in support groups for families of people with disabilities organized by groups other than Special Olympics. These groups were organized by community groups and other organizations serving people with disabilities, as well as their child's school.

Table 19. Family Characteristics: Relationship to Athlete and Involvement in Special Olympics (N = 174).

	Frequency (%)
Respondent's Relationship to Athlete	
Family	100%
Staff/Other Caregiver	0%
Respondent's Involvement in SO	
Attended Trainings	62%
Attended Competitions	80%
Provided Transportation	35%
Volunteered	38%
Coached	15%
Played in SO as Unified Partner	40%
Participated in the Athlete Leadership Program	13%
Participated in SO Families activities	46%
Participated in the Family Support Network	25%
Assisted in Fundraising	49%
Assisted in Some Other Way	0%

2. Description of Athletes' Experiences in Special Olympics

Athletes' experiences in Special Olympics were reported by family members as well as the athletes themselves. [Note: Most of the athletes who participated in the survey (81%) did so with the assistance of someone in the household.]

Overall, most athletes are currently between 13 and 26 years of age, with a mean of 21 years (see Table 20). Athletes join Special Olympics as youths and adolescents, with a mean age at entry of 13 years of age. Athletes are primarily male (62%) and have participated in Special Olympics for an average of eight years. Similar to the Comprehensive National Studies in the United States and China, athletes primarily participate in Special Olympics programs organized through schools (58%). While a few athletes participate in programs run through a community group that serves people with disabilities, 12% participate in programs organized by local sport clubs. Since many of the Special Olympics programs in Peru are school-based, and the majority of the athletes are school-age, it is not surprising that over half of athletes (66%) have participated in Special Olympics with the same group since joining.

Table 20. Athlete Characteristics: Age, Years of Involvement, Entry into Special Olympics, School Status (N = 174).

	Frequency (%)
Age at Entry into SO*	
Under 18	82%
18 and over	16%
Years Involved in SO*	
5 years or less	51%
6 to 10 years	20%
11 years or more	28%
Current involvement in SO*	
School-based program	58%
Local sport club	12%
Community group	14%
Families/Independent	5%
School Status *	
Regular public/private school	7%
Vocational school	2%
Special/residential school	49%
Workshop for people with disabilities	12%
Out of school	28%

* Total does not equal 100% due to “don’t know” or “refused” responses.

Athletes participate in a wide range of the 10 available sports, with many athletes participating in at least two sports during their time with Special Olympics. The most popular sports are athletics, aquatics, basketball, and football. Within Special Olympics, athletes can participate in different ways, including training and competition. In terms of training, athletes attended training for an average of three days per week, with training sessions lasting between one and two hours (see Table 21). Some of athletes 28% participated in training lasting two or more hours per session. While competition opportunities range from local tournaments to World Games, about half of athletes (48%) have participated only at the local or state levels, with 35% having had the opportunity to compete at the national level. Fewer athletes (16%) have had the opportunity to compete at a Latin America Regional Games or a World Games event.

Table 21. Athletes' involvement in Special Olympics.

	Frequency (%)
Frequency of Training*	
1 to 2 days per week	33%
3 to 4 days per week	41%
5 or more days per week	20%
Intensity of Training*	
Less than 1 hour	27%
1 to less than 2 hours	32%
2 to less than 3 hours	22%
More than 3 hours	5%
Highest level of SO competition*	
Local	35%
State/Regional	13%
National	35%
Regional (all Latin America)	13%
World	3%

* Total does not equal 100% – due to “don’t know” or “refused” responses.

In addition to these training and competition activities, some athletes (17%) have participated in Unified Sports. While this may seem like a small number, it is important to consider this in the context of Special Olympics in Latin America, which is organized through schools, sport clubs, or community organizations that provide services exclusively for people with disabilities. Moreover, Unified Sports is not currently an initiative of focus in Peru.

Another element of Special Olympics competition events, particularly those at the provincial or national level, is the availability of Healthy Athletes screening. In Peru, over one-third of athletes (40%), reported participating in a Healthy Athletes screening event. Of those athletes who received Healthy Athletes screening, Opening Eyes was the most common (83%) while Health Promotion was the least (57%) (see Table 22). Of those families who reported that their athletes received a screening, almost half (46%) received a referral to a doctor or dentist for further care, and most (74%) of those recommended for treatment got the medical care suggested in the referral. It is important to note the overall differences between countries (and regions) with respect to Healthy Athletes screening. Unlike the North America and East Asia regions, where Healthy Athletes screening events occur more frequently, in Latin America, the Healthy Athletes initiative is just beginning to take hold at the national level. Only three Healthy Athletes events were held in Peru during 2007, with one cancelled due to a natural disaster. Therefore those athletes who had competed at either the regional or world level were more likely to participate in a Healthy Athletes screening.

Table 22 Athletes’ Visits to Healthy Athletes Screening (N = 47).

	Frequency (%)
Healthy Athletes Screening	
Special Smiles	79%
Healthy Hearing	66%
Opening Eyes	83%
Fit Feet	77%
Health Promotion	57%
Fun Fitness	70%

In addition to asking about athletes’ experiences in Special Olympics, families and their athletes were also asked about the reasons for participating through the open-ended question: “Why does/did [name] participate in Special Olympics?” Families most frequently reported that their athletes participated because Special Olympics gave their athletes an opportunity to participate competitively in a sport they enjoyed (79%) and because of the opportunities it offered for athletes to be with their friends and make new friends (41%). Interestingly, nearly one-third (29%) of families reported that their athlete became involved in Special Olympics because it was a school-oriented activity. Athletes reported that they participated in Special Olympics because they were interested in and enjoyed playing sports competitively (53%), to be healthy and physically active (25%), and because they enjoyed being with their friends (22%). Similar to family members, 17% of athletes reported that they became involved in Special Olympics because they were invited by a teacher or joined a school-organized team. Athletes and their families essentially agree on their reasons for participating in Special Olympics, and these reasons were consistent across gender, age, and sport. The literature on motivation for sport participation for people without disabilities in general supports these motives (e.g., Feltz & Ewing, 1987; Gould, Feltz, & Weiss, 1985; Kirkby, Kolt, & Liu, 1999; Klint & Weiss, 1986). This topic has not been examined specifically with athletes in Peru, but given the similarities with athletes from around the world as well as the breadth of prior research findings may be generalizable to athletes in Peru.

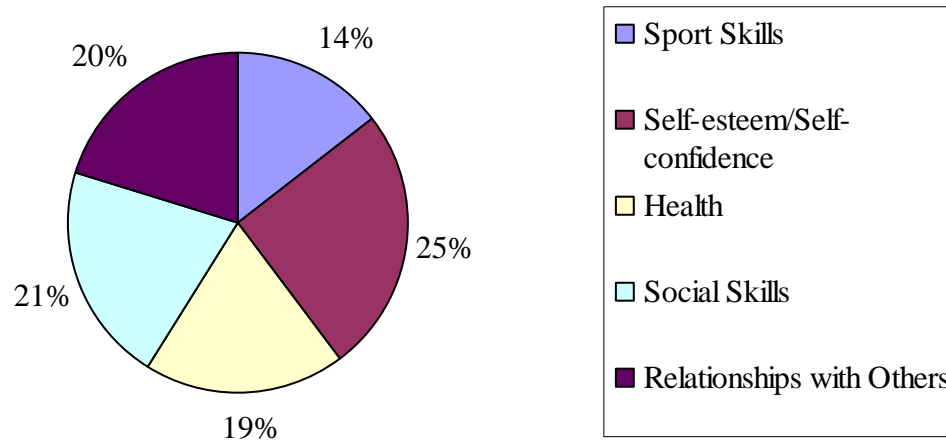
3. The Importance of Special Olympics to Athletes and Families

In addition to being asked about the reasons athletes participate in Special Olympics, families were asked about their goals for athletes’ participation in Special Olympics, and in what areas they saw improvement. First, families were asked to rate the top goal they held for athletes’ participation in Special Olympics from a list of five (improved sport skills, self-esteem and self-confidence, health, social skills [adaptive behavior], and friendship). After identifying the top goals, families were asked to rate athletes’ improvement in those goal areas.

Families considered improved self-esteem and self-confidence (25%) the most important goal for their athlete, followed by improved social skills (21%) and relationships with others (20%) (see Figure 7). Considering that Special Olympics is a sports program, it is interesting that for the majority of families, their top goal focused on the social and personal aspects of sport participation, and *not* on sports skill development. Surprisingly, only 14% of families rated improved sport skills as their number one goal for their athletes’ participation in Special

Olympics. These findings are similar to those from a number of studies, including the Comprehensive National Study in the United States and China, the Unified Sports Evaluation in the United States and Europe, and the Census Validation Study.

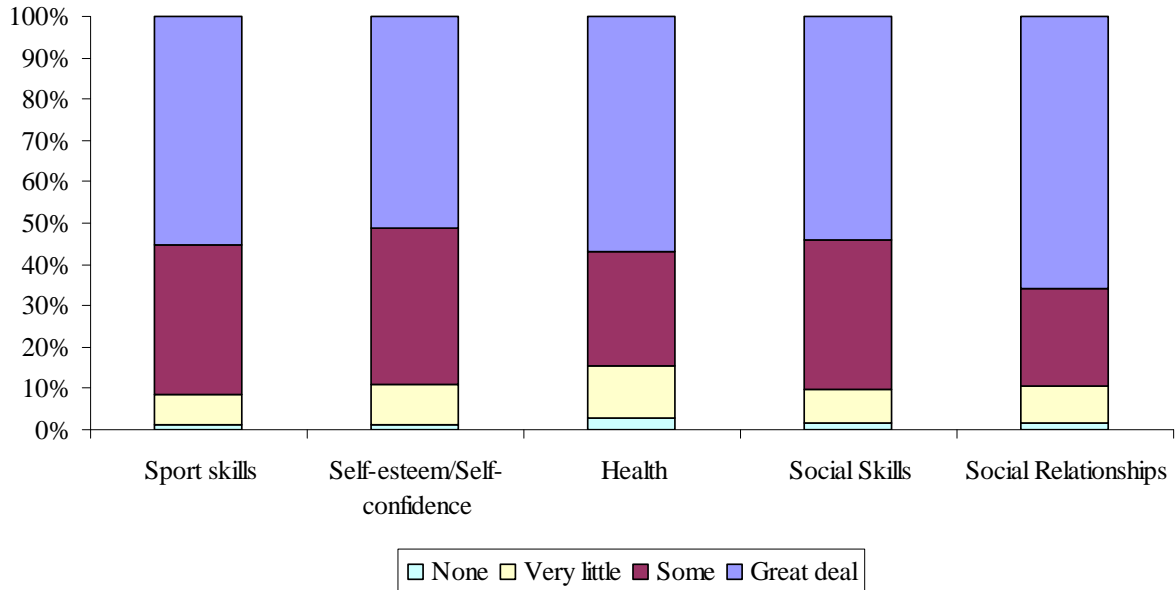
Figure 7. Family’s top goal for athlete participation (N = 174).



After identifying their top goal, families were asked to rate their athletes’ improvement in all five goal areas. Families were asked to rate the extent to which their athlete had *improved* in each area as a result of their participation in Special Olympics, on a four-point continuum from no improvement to a great deal of improvement. Overall, families saw improvement in their athlete for every goal they ranked as important. As can be seen in Figure 8, it is interesting to note that families saw significant improvement in their athlete’s sport skills, although this was not one of their top three goals. Significant improvement was also seen by families in the areas of social relationships and self-esteem/self-confidence, as well as health.

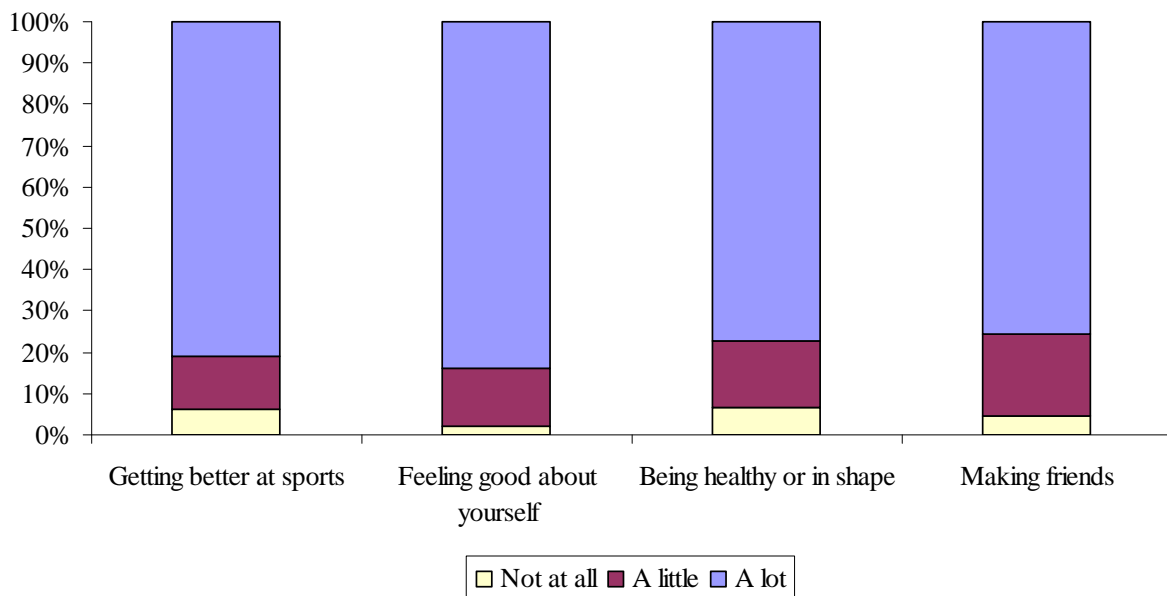
Overall, these results are similar to the findings of the Comprehensive National Studies in the United States and China and the Unified Sports Evaluations in the United States and Europe, each of which found that athletes have improved self-esteem and self-confidence, social relationships, and sport skills as a result of their participation in Special Olympics.

Figure 8. Family perceptions of athlete improvement.



In order to judge how their participation in Special Olympics had helped them personally, athletes were asked to rate their improvement in four areas (improved sport skills, improved self-esteem/confidence, health, and social relationships). For each area athletes were asked if their participation in Special Olympics did not help at all, helped a little, or helped a lot. Overall, athletes saw improvement in each of the four areas. As can be seen in Figure 9, it is interesting to note that athletes reported the most significant improvement in their feelings about themselves, which is supported by prior research on Special Olympics athletes (e.g., Dykens & Cohen, 1996; Gibbons & Bushakra, 1989; Weiss, Diamond, Demark, & Lovald, 2003).

Figure 9. Athlete perceptions of improvement (N = 118).



In addition, families reported that athletes were highly satisfied with their involvement with Special Olympics, again similar to what has been found in previous studies. Most athletes enjoyed their Special Olympics experience a great deal (84%), which was also substantiated by their families (95%). Most athletes (92%) plan to participate in Special Olympics in the coming year. When asked what athletes liked most about Special Olympics, families reported that their athletes enjoyed playing sports (51%), making new friends and spending time with their friends (45%), competing (34%), and feeling good about themselves and demonstrating competence (16%). Similarly, athletes reported that they enjoyed playing sports competitively (33%) as well as the social aspects of participation (17%). These findings were similar to those from the Comprehensive National Studies in the United States and China.

Finally, families were asked about their perceptions of their athlete, both in terms of any changes family members have experienced in their aspirations for their child since he/she began participating in Special Olympics, as well as the positive impact having a child with an intellectual disability has on their lives and the lives of their family members. Overall, families held more positive perceptions of their athletes as a result of their participation in Special Olympics. In fact, many families reported that their child had improved in his or her interaction with other family members and had become a contributing member of the family, particularly by assisting in household activities. Like families in China, families in Peru saw the value and impact of Special Olympics on their child's future, and many expressed the joy brought into their families by their athletes. Many stated that supporting their child to do what he or she truly enjoyed or supporting their child to do the best that he or she could was important to them. In some cases this included being employed or independent, but for many families this was left open. In addition, families spoke about their hopes for their child's continued participation in Special Olympics.

Table 23. Family hopes for their athletes since participating in Special Olympics.

Supporting Athlete's Interests	<p>“We hope that she can be independent in whatever way is possible, to see her on her own, getting around from one place to another by driving herself.”</p> <p>“We hope she will teach others in her group how to present themselves. She is always smiling...visiting [people in] the institution.”</p> <p>“Every year that passes he becomes more attentive. He knows what he wants and what he hopes for.”</p> <p>“I hope he can continue surpassing [his own performance], that he reaches his maximum potential.”</p> <p>“I hope that he is accepted and included in society. I hope that he can participate in activities without being underestimated so that he can be accepted, and become independent.”</p> <p>“I hope he will learn to take care of himself in every way for the future, like having work and family.”</p> <p>“We are always hopeful that she will be independent overall in the future.”</p>
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<p>Continued Participation in Special Olympics</p>	<p>“I hope that he can participate in international competitions, become healthier, and continue playing sports in Special Olympics.”</p> <p>“I hope that one day she can represent her country [in Special Olympics], and that she is successful in what she enjoys the most.”</p> <p>“I hope that she can be more successful due to sports.”</p>
<p>Positive Impact on the Family/ Contributing Member of Family</p>	<p>“[Our child] brings us joy, satisfaction because he is a winner. He is moving ahead, and we are proud of his achievements.”</p> <p>“For me he is the air...when he was born I was very sad but he filled the emptiness I had before and [now] I am happy, proud of having him...and he is happy too.”</p> <p>“She brings a great deal of happiness. She is a good girl who is concerned about everyone. She makes others happy and she is the joy of our home.”</p> <p>“He is a member of the family who makes us feel satisfied. He helps us a lot, helps me do the shopping...he is indispensable.”</p> <p>“She gives us a lot of love, has taught us to have patience, that things are really much easier [than they look], she is always patient with us.”</p>

4. Description of Athletes’ Experiences in the Community

To gain insight as to athletes’ lives outside of their involvement in Special Olympics, families were asked to describe their child’s experiences in school, the workplace, and with healthcare. In addition, families were also asked to describe their child’s involvement in other activities outside of Special Olympics as well as their beliefs about how society perceives individuals with intellectual disabilities.

School and Work Experiences

Over half of athletes are currently enrolled in schools (72%), and most attend special schools (49%) and special workshops for people with intellectual disabilities (12%). Interestingly, 26% of family members reported that their child had previously attended a mainstream school but currently attends a special school or workshop of these individuals, 52% reported a lack of resources available at a regular school to help their child (teacher ability, school services, etc.) or as their child’s academic performance or behavior issues (36%) is the need for segregated schooling.

Family members of athletes who were no longer enrolled in school (28%) were also asked about their child’s experiences in education. These athletes attended special schools (73%) and workshops (16%). Nearly half of these athletes (43%) stopped attending school because they dropped out. Reasons for dropping out included problems with their local school no access to a school that could meet their needs, or lack of access to a school they could afford. Some athletes stopped attending school because they completed their compulsory education or exhausted the educational opportunities available to them in their communities (32%).

For those athletes over age 16 and out of school, 21% are employed. Nearly half (40%) of those employed have been in their current position for more than two years. The types of jobs athletes have are semi-skilled and unskilled professions and include manufacturing, food service, and carpentry. Half of employed athletes received vocational training and services, and those services were primarily provided by a special school. Interestingly, nearly all of the employed athletes (89%) work in unsupported jobs in their communities or in family businesses, working on average five days per week and seven hours per day.

Healthcare Experiences

Around the world there are documented government programs to promote the education and employment of people with intellectual disabilities, but there is little known about their access to healthcare. The Multinational Study of Public Attitudes, which included one country from Latin America (Brazil), suggested the public perceives that people with intellectual disabilities had at least the same, if not better, access to healthcare than the general population. This study did not collect data about the health status of people with intellectual disabilities and their families. Therefore, in order to more fully understand their experiences in seeking out and receiving healthcare, families were asked about athletes' most recent visit to a doctor, as well as the ease of access to health care for their athlete. Most families reported that their athletes had access to healthcare within the last year (87%) and athletes received that care at either a hospital in their community (44%) or a clinic or private practice (54%) (see Table 24). It is interesting to note that of the three Latin American countries represented in this study, it was only Peru where it was nearly equally likely for an athlete to receive medical care at either a hospital or private medical provider. Athletes primarily visited the doctor for a checkup or physical (68%) or because of an illness (24%). Athletes also had regular access to dental care, with most (76%) families reporting that their athlete had last visited a dentist within the last 12 months. Most families felt it was easier to get healthcare for their athlete (65%) than it was to get healthcare for themselves or the athlete's sibling (53%). Nearly all family members rated athletes' health as good to excellent (80%), similar to but higher than that of the athlete's sibling or themselves (67%).

Table 24. Athletes' Health Status and Access to Healthcare.

	Frequency (%)
Last Visit to Doctor *	
Within the Past 6 Months	68%
6 Months to 1 Year Ago	19%
More than 1 Year Ago	12%
Place of Last Visit *	
Hospital	44%
Clinic/Private Practice	54%
Reason for Last Visit *	
Regular Checkup	64%
Illness, Injury, or Emergency Care	35%

Ease of Access to Care for Athlete	
Very Easy	36%
Somewhat Easy	29%
Somewhat Difficult	22%
Very Difficult	13%
Ease of Access to Care for Family *	
Very Easy	18%
Somewhat Easy	36%
Somewhat Difficult	22%
Very Difficult	10%
Current Health Rating of Athlete	
Excellent	24%
Good	56%
Fair/Poor	20%
Current Health Rating of Family *	
Excellent	21%
Good	45%
Fair/Poor	29%
Last Visit to Dentist *	
Within the Past 6 Months	49%
6 Months to 1 Year Ago	27%
More than 1 Year Ago	18%

* Total does not equal 100% – due to “don’t know” or “refused” responses.

Non-Special Olympics Sport and Activity Involvement

Athletes also had opportunities to be involved in organized sport and to be physically active outside of their participation in Special Olympics. Before becoming involved in Special Olympics, some families reported that their athletes participated in organized sports (31%), and surprisingly, nearly half are currently involved in other organized sports (47%). Interestingly, however, nearly one-quarter (21%) of the athletes who have played on teams outside of Special Olympics did so on teams that included both athletes with and without intellectual disabilities. These teams were organized primarily by a school, but also included teams organized by local sport clubs and other community organizations. The athletes who took advantage of these opportunities did so for an average of seven years. In addition, nearly half of the athletes (46%) exercise outside of Special Olympics, for an average of seven hours per week. When asked about activities, families reported that their athletes participated in fitness activities (including weight lifting, calisthenics, and aerobics), went running or walking, went swimming, and played other sports for fun with friends and family.

In addition to asking family members, athletes were asked themselves about involvement in organized sports and physical activity outside of Special Olympics. Just under half of athletes (45%) reported participating on a sport team unaffiliated with Special Olympics. This number is slightly higher than what was reported by families. Most likely reflecting activities that took place at school, family members may not be aware of their child’s participation. The sports these athletes played included football, athletics, and basketball. Over half of athletes (56%) also

exercised and were physically active through running, swimming, and playing sports for fun with peers or their families.

Table 25. Athletes’ Involvement in Sports *Outside* of Special Olympics, Reported by Family Members.

	Frequency (%)
Played organized sports before SO	31%
Currently play non-SO organized sports	47%
Physical activity/exercise*	
None	21%
1 to less than 6 hours/week	39%
6 to less than 10 hours/week	22%
10 hours or more/week	14%

* Total does not equal 100% – due to “don’t know” or “refused” responses.

Some families (43%) reported that their athletes were also involved in non-sport activities. These activities included dance, music, and theater. Athletes reported their interests and involvement in these activities as well, with 53% stating that they were involved in dance, music, and art. Interestingly, a few athletes also expressed an interest in reading as well as creative writing. The number of athletes reporting participation in non-sport activities is higher than reported by families; again this most likely reflects school activities.

Families were also asked about their athletes’ social interactions with others their own age. The majority of families reported that their athlete socialized with others (73%), most often family friends and peers from the athlete’s school or workshop and Special Olympics team. Many families (61%) reported that their athletes socialized once per week or more and generally hung out with their peers and played sports and games. These social activities occurred in a variety of locations, including the homes of both athletes and their peers, school, and the public areas in the community.

Athletes were also asked about the activities they did for fun and the people with whom they did those activities. Over half of athletes (54%) reported that they engaged in these activities with members of their families (parents, siblings, and other family members), while 25% of athletes engaged in social activities with friends. It is important to note that very few athletes (8%) listed peers from school or their Special Olympics team, but, it is likely that these teammates are also their peers from school. The most common activities that athletes reported doing with others included playing sports and other games, dancing, talking, eating and drinking together, and simply “hanging out” at their homes or in the community.

Family Perceptions of Community Beliefs

Finally, families were asked about their beliefs regarding society’s perceptions of people with intellectual disabilities. While families reported positive changes in their own perceptions of their athletes, half of families stated that they believed society’s perceptions of people with

intellectual disabilities were still negative. Since families (38%) reported seeing change in societal perceptions of people with intellectual disabilities, stating that people with intellectual disabilities are treated with more respect and no longer looked at as different. Interestingly, 17% stated that while they believed many people hold positive views of people with intellectual disabilities, negative perceptions are still pervasive in society. Some interesting trends in these families' responses included statements that people with intellectual disabilities are looked at as "strange", as well as the suggestion that the public's perceptions are either more likely to be positive or negative based on the individual's level of education or place in society (whether financial or social).

Table 26. Family beliefs about society's perceptions of people with intellectual disabilities.

<p>Positive Perceptions</p>	<p>"People who have [financial] means look at them with better eyes because they can give a better life to their children and this depends on the economic situation."</p> <p>"People value children with disabilities. They are more accepted at the level that we are."</p> <p>"They accept [people with disabilities]; they are surprised by their performance."</p>
<p>Negative Perceptions</p>	<p>"People are not prepared to accept people with disabilities. They look at [people with disabilities] with curiosity, but will not approach them."</p> <p>"[People with disabilities] are always discriminated against, no one helps them. Even in the bus we do not get a seat, people make fun of [my child], people stare, children are cruel, and they hit [my child] instead of helping."</p>
<p>Perceptions are Variable and/or Changing</p>	<p>"Now [people with disabilities] are better known because of Special Olympics, although there still exists a group [of people] who reject them. They don't accept or value them as the human beings they are, who think and who love, like any other person."</p> <p>"There are some people who don't think much of [people with disabilities], but there are others who can see them differently and who know that they can do things that they cannot imagine."</p> <p>"There is more acceptance than before, but still there is real fear and there are people who are ignorant and do not know how to treat a person like my son."</p> <p>"There are some that treat them well, but others who reject them and behave indifferently."</p>

5. Summary of Special Olympics Peru

Overall, Special Olympics athletes in Peru are adolescents and young adults attending special schools or special workshops for people with intellectual disabilities. Other athletes are

employed in unsupported jobs in their communities, working an average of five days per week, for seven hours per day. Athletes become involved in Special Olympics through school programs before age 18 and participate for an average of eight years. Athletes attend practice for an average of three days per week in sessions lasting between one and two hours. Athletes and families alike report that athletes participate in Special Olympics because they enjoy participating in a competitive sport and the opportunities for social interaction and friendship, but also because of the opportunities Special Olympics provided for athletes to be healthy and physically active. Interestingly, families and athletes in Peru also described that their athlete's participation in Special Olympics was a school-organized activity.

In addition to participating in Special Olympics, nearly half also engage in physical activity and exercise outside of Special Olympics for an average of seven hours per week, and nearly half participate in organized sport programs outside of Special Olympics. Athletes are also involved in other activities outside of sports, including music, dance, and theater. Finally, while an important part of athletes' Special Olympics participation are the social relationships formed on the field, athletes also have opportunities to interact socially off the field with peers from a school or workshop, Special Olympics teammates, and family friends. These activities include playing sports and games for fun, dancing, talking, eating and drinking together, and "hanging out" in their communities, all of which are similar to the activities of typically developing adolescents and young adults.

Families saw marked improvement in all of the goals that they set for their athletes, particularly in the areas of social relationships, health, and self-esteem and self-confidence. Athletes also reported improvement in their sport skills, their social relationships, and their health as a result of their participation in Special Olympics, with the most significant improvement noted in their feelings about themselves. In addition, families report that their expectations for their children have become more positive as a result of seeing them participate in Special Olympics. Families hope that their children will continue to improve their skills in a variety of domains, become more independent, and be accepted by society. Families acknowledge however, that society's views of people with intellectual disabilities are mostly negative, and as a result both they and their children struggle to achieve an equal footing in society.

IV. CONCLUSIONS

This study was designed to provide Special Olympics with a comprehensive view of athletes and their families, as well as begin to document the Latin American athlete's Special Olympics experience. The findings in this study provide insight into their experiences in sports, education, employment, and community membership. The major findings are as follows:

- There is a successful partnership between Special Olympics, schools, and the community. The majority of athletes in Argentina and Brazil become involved in Special Olympics through programs organized by the government, local sport clubs, community organizations, and institutions that provide services to people with intellectual disabilities, as well as schools. In Peru, the majority of Special Olympics programs are organized by schools.
- Throughout their involvement in Special Olympics, athletes take advantage of the variety of individual and team sports offered through the movement and participate in multiple sports. Across the three countries the most popular sports were aquatics, athletics, and football.
- When participating in Special Olympics, athletes have the opportunity to compete not only in their community games, but also advance to regional, national and even world-wide competitions. In fact, over half of athletes in Peru and Argentina have competed at the national, regional, or world level. In Brazil however, only 19% have had the opportunity to compete above the local or state level.
- Special Olympics athletes are serious in their endeavor to be physically fit and competitive. Athletes in all three countries attend trainings averaging for two to three days per week, in sessions lasting between one and three hours.
- Special Olympics athletes participate because Special Olympics provides them with the opportunity to compete in a sport they enjoy. However, they also participate because they value the social opportunities and friendships that come along with playing sports. Interestingly, these are some of the same reasons that athletes without disabilities participate in sports. In addition, athletes in Brazil and Peru become involved because Special Olympics is organized by a school or because athletes were recruited by a teacher or coach, but it is important to note that these were not the only reasons why they participated.
- The benefits of participation in Special Olympics are substantial for its athletes. There is strong consensus between family members and the athletes themselves in all three countries that in addition to an improvement in sports skills, there is significant improvement in athletes' sense of self, social skills, and relationships with others as a result of their participation in Special Olympics.

- Special Olympics provides athletes with opportunities to interact socially with their peers from their Special Olympics team. In fact, these opportunities take place both on and off the field, as athletes from all three countries play sports and games, go dancing, and "hang out" with their teammates in their homes and in the community. This finding is significant because it illustrates commonalities between Special Olympics athletes and their peers without disabilities.
- Special Olympics also benefits the families of athletes. In all three countries, family members' perceptions of their children and expectations for their children's future were significantly more positive after observing their participation in Special Olympics. Family members are hopeful that their children will become more confident, more competent, and come to be accepted by society. Moreover, families expressed their support for their children's interests and willingness to help their children achieve their goals.

This study also provided new information about the off-field experiences of athletes from Latin America, which were particularly interesting when considered in comparison to the general public in Latin America. In general, the economic development of the three countries, as well as the level of education and employment status of residents, is varied. However, many similarities were found across the three countries with regard to the lives of athletes with intellectual disabilities. The major findings about athletes' experiences off the field are as follows:

- In Latin America, athletes with intellectual disabilities primarily attend special schools or special workshops for people with intellectual disabilities. The opportunity to attend a special school allows these children to have continued access to services and support for their mental, physical, and social development. Special workshops also provide vocational training in both skilled and unskilled trades after children have completed their compulsory education. Interestingly, in each of the three countries those athletes who were employed were primarily in unsupported jobs in their communities.
- In Latin America, sports are a common part of community life. Outside of their involvement in Special Olympics, athletes participate in fitness and sport activities between five and seven hours per week, and also take advantage of other organized sport opportunities. Sports are available for athletes in a variety of contexts in the community. These opportunities, like those for people without disabilities, extend from competitive to recreational activities. Opportunities like these promote lifelong sport and physical activity participation.
- Similar to the general public, athletes in all three countries received preventive medical and dental care from a clinic or private practice. Moreover, families did not perceive challenges in accessing medical care for their children because their child had an intellectual disability.

Overall, Special Olympics athletes in Argentina, Brazil, and Peru are similar to Special Olympics athletes around the world. They also share similar motivations, goals, and interests in sports as athletes in any other organized sports program. Through training and

competition, Special Olympics athletes have access to new experiences and opportunities to advance in sport. Moreover, this study confirms the findings in the Comprehensive National Studies of Special Olympics Programs in the United States and China. It further suggests that the Special Olympics experience is not only universal for athletes around the world, but that it also fills a critical need in the lives of people with intellectual disabilities by providing opportunities for physical activity, social interaction, and demonstrating competence to themselves, their families, and the community.

V. RECOMMENDATIONS

Overall, the results of this study continue to validate what has been intuitively known for 40 years, as well as what has been reported in other recent investigations: Special Olympics has great value and utility for people with intellectual disabilities and their families. In the following section a number of recommendations are offered to guide Special Olympics to continue to build on its successes.

Special Olympics should adopt a single, standard data management system. The full potential of a system (e.g. GMS) cannot be realized until all programs are utilizing the same software/system to maintain athlete records and are doing so at the same level of detail and frequency.

The results of this study further support the findings from the Census Validation Study and the Comprehensive National Study of Special Olympics Programs in China – that the information systems used by Special Olympics have not kept pace with the rapid growth of programs, particularly those outside of the United States. Special Olympics China is perhaps the most staggering example mainly due to the size of its program. Although significantly smaller in size than China, similar challenges with maintaining accessible, accurate information systems were found with Special Olympics Programs in Argentina, Brazil, and Peru, three of the largest programs in the Latin America region. At the present time, data management methods vary within and between programs in Latin America, and as a result it is difficult to collect information in a consistent and efficient manner that can be easily compiled and disseminated. This is a particularly notable challenge in those programs that have experienced significant growth within the last decade. For example, in contrast to the approach used in the Comprehensive National Study of Special Olympics Programs in the United States, no standard instructions for creating the list of athletes could be provided to any of the three countries because of the disparate nature of the data management systems utilized. As a result of the differences in each program’s data management system, this process extended over five months and required multiple sets of sample from each country. Creating a standard, computerized, and regularly updated system would also lessen the extreme burden on program staff who are charged with collecting and maintaining athlete information and registration data, as well as providing such data for future research purposes.

Furthermore, a standard system for maintaining athlete data would allow Special Olympics to ensure that each Program collects the same data on their constituents. Currently athlete data is primarily maintained for Program and competition registration as well as accreditation through the annual census process and in general, is limited to basic demographics and contact information. Once standardized, this data collection process could be easily expanded to include more in-depth information such as the location of an athlete’s current program and their involvement in sports outside the movement. Collecting information about athletes’ sport experiences will empower Special Olympics programs; they will be better positioned to access up-to-date information about their athletes including, for example, information about which local programs are reaching the most athletes and in which sport or exercise activities outside the movement athletes participate. In addition, programs, as well as Special Olympics, Inc., could use this data in annual strategic planning for program development

and community outreach. However, information collected from constituents must be reliable before it can provide a basis for constructive planning at a local, not to mention global level. Finally, and perhaps most importantly, data maintained by such a database must have a high degree of accuracy. One of the most critical issues addressed throughout the data collection period of this study was the availability of usable telephone contact information for athletes and their families.

A more complete profile of athlete characteristics should be made available at the sub-program level, with access nationally. Special Olympics should collect information on, for example, the average age and location of initial involvement at program entry; ability levels; participation in training and competition; competition levels; sports/LPTA activities outside the movement; educational and employment placement; and team/program social activities.

This study presents a national profile of athlete characteristics in Special Olympics programs in three countries in Latin America, namely Argentina, Brazil, and Peru. The information contained in the profile extends beyond what is currently available in the Special Olympics annual program census. Perhaps most importantly, this profile is a reflection of athletes' total experiences in Special Olympics over the course of their lives. By considering the development of athlete profiles on a national basis, Special Olympics, Inc. will be better positioned to access updated program information that will facilitate national, regional, and global program development and result in a broader understanding of athlete characteristics, needs, and preferences. These profiles can be maintained at the program level, and can be updated each time an athlete submits his/her medical form or registers for a competition. In addition, creating a standard method for collecting this information will assist programs in the annual accreditation/census process by providing regularly updated information on each individual who is registered in Special Olympics, and will ensure that the athletes and participants who are counted in the annual census and recruited for future research are those who truly have been active in Special Olympics programs.

As strategies are developed to attract new athletes around the world, Special Olympics should strongly emphasize the importance of sports competition as a vehicle for personal and social growth among people with intellectual disabilities.

Special Olympics sports training and competition is highly valued by athletes and their families. The importance of this participation, however, extends far beyond the competitive aspects of the program into personal and social development. The study results affirm that while continuing its efforts to expand the number of programs around the world, Special Olympics must also continue to foster a better understanding of athlete characteristics, needs, and aspirations. As the results of this study indicate (as well as studies conducted in the United States, Europe, and China) athlete motivations for participation in Special Olympics are consistent with, but also extend beyond, the movement's stated mission of sports training and competition.

Special Olympics should strongly emphasize the quality of sports training and coaching that is provided to people with intellectual disabilities as strategies are developed to form relationships with community sport organizations and sport governing bodies around the world.

Sports training allows athletes to develop the physical as well as strategic skills needed to participate and excel in sports throughout lifetime, regardless of disability. Athletes have opportunities to participate in structured training and competition that benefits them physically and socially and is provided by Special Olympics as well as organizations in their communities. As Special Olympics continues to foster relationships with other sport organizations that serve individuals both with and without disabilities, it is critical that Special Olympics programs strive to attract and retain athletes by promoting the quality instruction and competition opportunities provided by the movement so that Special Olympics is seen as providing sport opportunities for people with intellectual disabilities that rival those available to people without disabilities.

Special Olympics should highlight the relationships that national programs have developed with schools, non-governmental organizations (NGOs), community organizations serving people with intellectual disabilities, sport federations, and local and national governments in order to identify best practices for outreach and program development from their programs around the world.

This present line of research, which to date includes five countries, has shown that Special Olympics programs around the world have found ways to be successful by identifying major players in the community that provide or support programming for people with intellectual disabilities, whether sport oriented or not. Moreover, these studies have demonstrated that there are a number of models for program development and implementation that could be useful to other programs throughout the movement. Special Olympics, Inc. could provide a clearinghouse of sorts for these ‘best practices’ to assist programs that are interested in reaching out to new constituencies (i.e. adult athletes, mainstream ‘partner schools’, etc.) or programs that have experienced challenges in creating partnerships with community organizations or developing programs in more rural areas of their countries.

More specifically, Special Olympics Latin America as a region has demonstrated that forming relationships with sport governing bodies is not only possible but has benefits for both parties. This is especially notable as the pilot work conducted for this study occurred during a regional football tournament in Venezuela that included athletes with intellectual disabilities from 12 countries. This tournament highlighted the Fútbol Somos Todos program, a three-year regional development project, which represents an important partnership with the CONMEBOL, the South American Football Confederation (the regional FIFA affiliate). In addition, CONMEBOL sanctioned the tournament as an official event of the COPA AMERICA 2007, provided FIFA officials to referee matches, and broadcast matches live on national television. Officials and spectators alike were positively affected by athletes’ skill and the quality of play on the field, which further suggests that events like this – which can be enriched by successful

partnerships – can promote attitude change among the general public through athletes' demonstrations of competence.

In conclusion, it is important that ensuring a quality sport experience for all athletes continues to be an integral ingredient in the growth of Special Olympics. There is a benefit to providing a picture of Special Olympics that is not just about the breadth of its programs, but also about its depth. What we learned from this study supplements what we have found in past studies and is reflective of what we have intuitively known, that the Special Olympics experience is a unique part of the life of a person with an intellectual disability. However, the results of this study also call attention to the internal need for Special Olympics to implement a more systematic monitoring system to ensure that as they continue to grow, Special Olympics programs can continue to not only provide quality sport experiences to people with intellectual disabilities and their families but be able to document and share this information and these experiences with the research community as well as the public.

Furthermore, this study is a first step toward describing the lives of people with intellectual disabilities off the playing field in Latin America. This region has been historically underrepresented in the literature that documents both policies and practices towards individuals with intellectual disabilities. Many of the policies and practices that do exist are similar to those of the United States and other Western countries. However, as in Europe, the levels to which people with intellectual disabilities are integrated and accepted in their communities vary across the region. This study is one of the first to document the actual experiences of people with intellectual disabilities in school, the workplace and community, and provides an especially unique glimpse into the lives of people with intellectual disabilities because it includes individuals from three countries in this region.

One of the most surprising findings from this study was that across the three countries adult athletes with intellectual disabilities were often employed in unsupported jobs in their communities. This suggests that while their educational opportunities may still be separate, opportunities for people with intellectual disabilities to be integrated and included in society through employment are growing. This also suggests that the separate special schools and special workshops do provide opportunities for people with intellectual disabilities to learn and to receive the support and training necessary to enter the workplace upon completion of their education.

Although progress is being made there are still barriers to the inclusion and participation of individuals with intellectual disabilities in society that cannot be ignored. Although little is known about the attitudes of the public toward individuals with intellectual disabilities throughout Latin America, the Multinational Study of Public Attitudes (2003), which included Brazil, suggested that there are many barriers to the acceptance and inclusion of individuals with intellectual disabilities in society. The results of the present study suggest that these barriers are also apparent in Argentina and Peru but most striking in Brazil. In fact, many Brazilian families talked about society's negative treatment of their children as well as themselves. It would seem that the families of Brazilian athletes with intellectual disabilities are just as socially excluded as the athletes themselves. Some examples include family reports of being laughed at and called names. Many families also felt that their children with intellectual disabilities are being treated

by society as if they had a disease or were dangerous. In fact, there were some family reports of their athletes being hit by strangers. It is important to note that the results from Brazil were unusual when compared to those from Argentina and Peru, as well as China. However, if the results from Brazil are indicative of present or past perceptions of people in the Latin American region toward individuals with intellectual disabilities and their families, it underscores the importance of Special Olympics in supporting families and allowing them the opportunity to see their children in a positive light.

It is clear that what families reported in the present study about the public's perceptions of people with intellectual disabilities reflects the reality of a developing region. While negative perceptions of people with disabilities still prevail, it is also possible to see the promise of change for the better in the future. Moreover, the general public's perceptions can become more positive when they see the competence and abilities of people with intellectual disabilities. One example is the 2007 Special Olympics Latin America Regional Football Tournament. Therefore, Special Olympics, and other organizations like it, can promote attitude change among the general public by presenting profiles, like those described in the present study, of their constituents, as well as providing opportunities for the public to see individuals with intellectual disabilities succeed and demonstrate their value – as athletes, family members, and members of their communities.

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