

Stakeholdersanalysis to determine the context of the person with PIMD related to sports and exercise and in particular MATP in Ireland, the Netherlands and Slovakia

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Introduction

People with Profound Intellectual and Multiple Disabilities (PIMD) are characterized by a combination of profound or severe intellectual disabilities and severe motor disabilities (Nakken & Vlaskamp, 2007). These persons need support from others for all their activities and quality of life (Shalock et al., 2021), due to the combination of severe limitations in multiple areas. This also applies when people with PIMD want to participate in sports and exercise

Previous research has shown that being physically active has many benefits for both the physical as mental health of all people (Weggemans et al., 2018), regardless of age, gender and disabilities (Dunn & Jewell, 2010; Kapsal et al., 2019). Physical activity has, among others, a positive effect on physical fitness, cognitive functioning, emotional wellbeing, lowers the risk of diseases and can improve the overall quality of Life (John, Borschneck, & Cairney, 2020). Exercise also contributes to develop motor skills that have a positive influence on the development of cognitive, communication, emotional and social skills (Adolph & Franchak, 2017). As for everyone, regular exercise, or being physically active is important (Lewis & Hennekens, 2016).

However, people with PIMD are less likely to participate in regular exercise and sports (Prasher & Janicki, 2002; Van der Putten et al., 2017), even though we know from research that also persons with PIMD can be activated and benefit from it (Van der Putten et al., 2017). Therefore, there is a need for suitable activities and a concrete structure with clear instructions which MATP provides.

To participate in the MATP, it is important to not only focus on the person with PIMD, but also focus on the context of athletes, because people with PIMD need support of their environment to facilitate exercise and movement. This environment has a lot of influence on the amount and quality of their physical activity. The idea of looking at a person in its context, fits in nicely with the ecological model of Bronfenbrenner (1977). According to Bronfenbrenner, an individual is surrounded by different layers. All these layers interact with each other and with the person with PIMD. The system surrounding an individual consists of a micro-, meso-, exo- and macro system. All these levels influence the person with PIMD, from a more direct or a more distant level. The closer the layer is to the individual, the more direct influence that layer has on the person with PIMD.

To determine the context of the person with PIMD related to sports and exercise and in particular MATP, a stakeholder analysis according to the ecological model of Bronfenbrenner can be used. This enables us to see the context of the person with PIMD, and we can also better understand and explain the differences and similarities in MATP between countries. As an added benefit, we can collect best practices, learn from each other and find the collaboration to ultimately improve the MATP curriculum and program internationally. Finally, this analysis will also be used to understand the benefits of participating in the MATP-program.

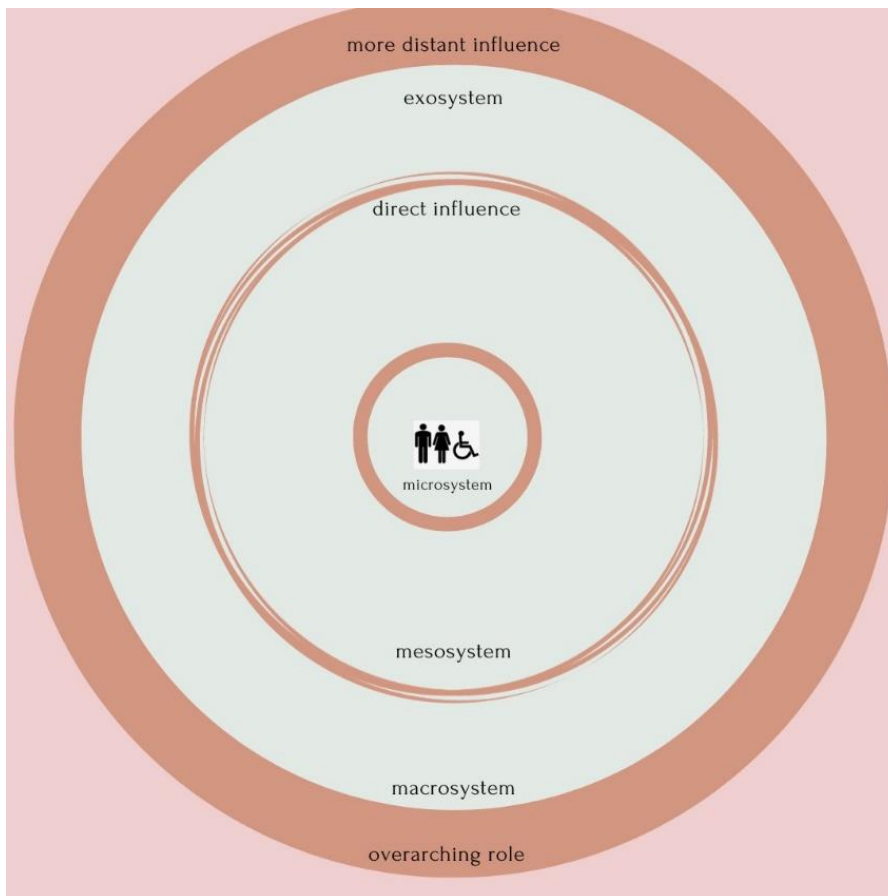
Method

Design

The stakeholders analysis was based on the ecological model (Bronfenbrenner, 1977). As showed in figure 1, we used 'direct influence', 'influence from a more distant level' and 'overarching role' as terms to describe the different layers of the environment,

Figure 1

Bronfenbrenners ecological model adapted



'Direct influence', includes for example parents, healthcare professionals, teachers and other people in the immediate environment of the person with PIMD. 'Influence from a more distant level' includes for example extended family, friends, care facilities, health services and other people involved with the person with PIMD, from a more distant level. 'Overarching role' includes for example the government, policies and other parties involved on a more overarching level.

This report describes the situation at baseline within the three participating countries. The stakeholder analysis will be repeated in 2024 and at the end of the project to compare quantitative data within countries over a period of time, to contextualize the results, and to describe achievements and grow.

Participants

Data were collected from the members of the project group, the represents of Special Olympics Ireland, Special Olympics Slovakia and Gehandicaptensport the Netherlands. Given the differences between countries, it was decided to request this information per country.

Data collection

Three phases were used to collect the information needed; an online questionnaire hosted by Qualtrics, a stakeholders interview and a group discussion.

First of all, written information was collected using an online questionnaire. The questionnaire consisted of 5 main topics with sub questions; ‘general situation’, ‘sports’, ‘MATP’, ‘Special Olympics’ and ‘stakeholders’. These topics emerged partly from the application form of the MATCODE-project. Other topics were established from an ecological perspective to map out the context and its possible influences on the person with PIMD, and to create a complete picture of the situation and stakeholders at this moment for the specific countries. In the questionnaire, the main interest was on quantity for example we asked about the quantity of athletes or the quantity of coaches. After the questionnaires were filled in, the information was used for analysis and input for the stakeholders interviews.

Second, stakeholders interviews were executed, which provided mainly qualitative data. The interviews were held online and took 30 minutes to 1 hour 15. The interviews were prosecuted with a topic list, corresponding to the main topics in the abovementioned questionnaire. It also contained subtopics like ‘living situation’, ‘support’, ‘participants’, ‘staff’ and ‘collaboration’, which were intended to collect more in-depth information about the several topics. Also, follow-up questions were used like ‘options’ or ‘most common’, if a participant had problems answering the questions. The aim of these stakeholders interviews was to create a more qualitative description of the situation in each country, to create a more complete picture. Qualitative methods offer an effective way of a more holistic research approach and prevent valuable descriptions being lost by using only quantitative data. The stakeholders interviews were recorded and thereafter transcribed, whereby the speech from the audio was converted into text. The information described within transcripts were used for analysis.

Third, the first preliminary results were presented to the project group at the transnational meeting. By presenting the data, we provoked a group discussion. In this way, we were able to gather useful additional information.

Analysis

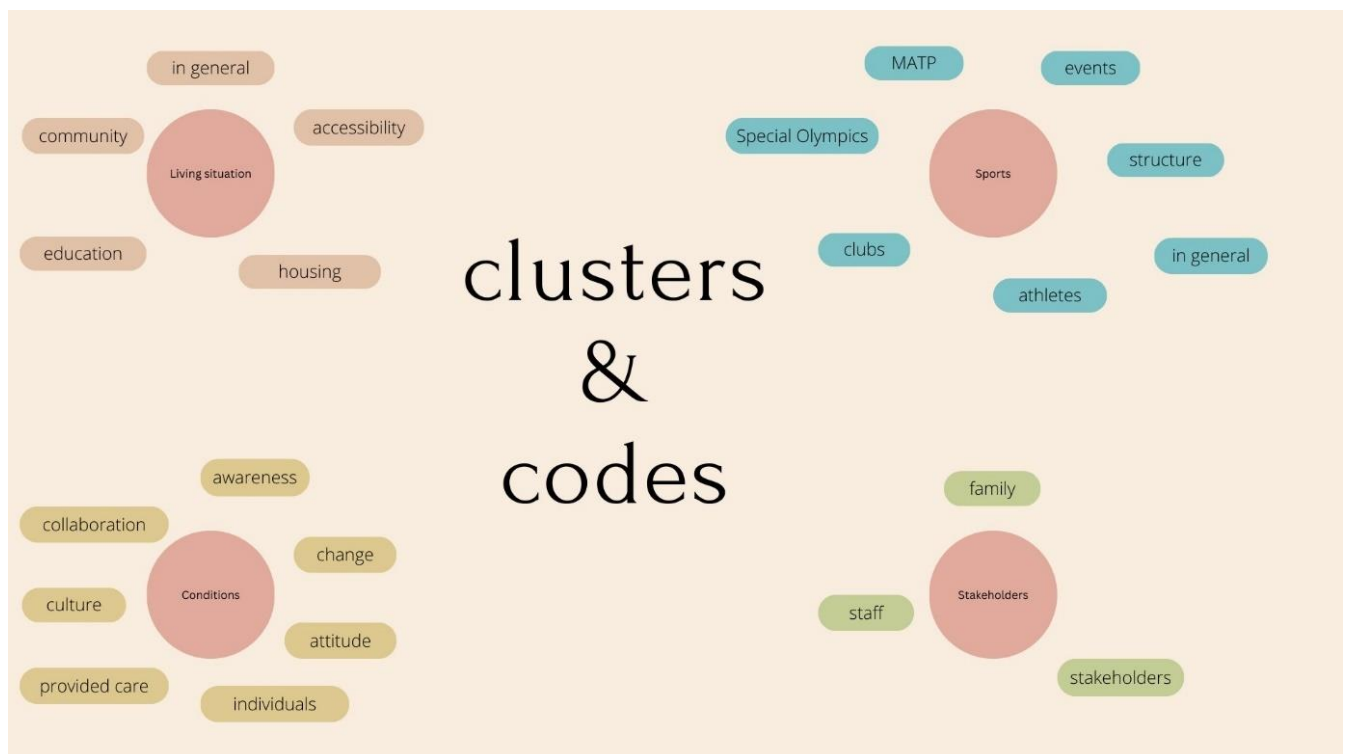
From the questionnaire, data were extracted according to the aim of the stakeholders analysis. This data were analyzed by describing quantitative information about stakeholders between countries.

In order to analyse the transcripts, a thematic analysis was executed by using Atlas.ti to code

the transcribed text using the following procedure. First of all, phrases were selected by the researcher based on the content of the phrases of the participant. Every part of a sentence that matched with one of the main topics on the topic list used for the interview, was selected. Then, a first round of open coding was executed on the whole transcript of Ireland. All phrases were labelled with codes that emerged from the content in the selected phrases. There were no predetermined codes. In this process 24 codes emerged. After this first round of open coding was completed on the whole document, a second round was executed. In this round, axial coding was used to combine related codes into overarching codes. In this process four clusters emerged; ‘living situation’, ‘sports/MATP’, ‘conditions’, ‘stakeholders’ and ‘benefits and barriers’. The codebook in figure 2 was imported and used for the coding of the transcripts of the other 2 countries.

Figure 2

Clusters and codes



After the coding of all three transcripts was finished, the number of phrases was counted for each codegroup and thereafter for each code specifically with a short description of the content. Then a more detailed analysis took place on the content of the phrases of the participants within the codes and clusters. In a qualitative description, the situation in each country was delineated.

The additional information from the group discussion has been emerged into this description. With this mixed methods approach, both quantitative and qualitative information about the stakeholders in each country have been gained. Based on the results of the questionnaire, the

stakeholders interview and the group discussion, we extracted the most important stakeholders from the data, whereby we filled in the ecological model for the general living situation and sports for people with PIMD in each country.

Results

Stakeholders analysis Ireland

Living situation

In Ireland, we found information about the cluster ‘living situation’ in the collected data. Within the cluster, there were phrases about the codes.

The code ‘living situation in general’ included mainly the most common options for people with PIMD.

The code ‘housing’ included for example living at home or living in an institution or the distinction between children and adults. It could also be more specific like how many people were living in a house together or what the role of the staff was.

The code ‘accessibility’ included mainly of housing but also the accessibility of sports and other facilities.

The code ‘community’ included information about the benefits and barriers of living in a community versus living on campus.

The code ‘education’ was also included in the general living situation.

When we look at the content of these phrases and the additional information from the group discussion we can say something about the living situation in Ireland:

In Ireland most people with PIMD live in residential care. For example in a house with 4 or 5 residents. Living at home is not that common, although children are more likely to live at home with their parents. How people live, also depends on their needs. The project group member describes a shift from living on a campus to living in a community. This transition comes with different opinions and benefits and challenges. In Ireland people with PIMD go to special schools from the age of 6 till they are 18 years old. Transportation for this is provided. Not all children with PIMD in Ireland go to special schools. There is often a long travel time. Sometimes there is a waiting list. Therefore some children don’t go to school or daycare. It depends on the individual. Care is sometimes provided at school, sometimes it is arranged privately. There is very little support for physical activity. It depends on where you are based. When you live in service, there is usually a physiotherapist. But this

physiotherapist has to provide care to a lot of people.

Sports

In Ireland, we found information about the cluster 'sports' in the collected data. Within the cluster, there were phrases about the codes.

The code 'MATP' included information about the MATP-program specifically.

The code 'sports' included information about sports in general and MATP was not specifically named.

The code 'events' included information about events, this could also be demonstration.

The code 'athletes' referred to the people that participate in MATP.

The code 'structure' included information about the structure of the session, but mostly it was about the structure of the trainings. So for example if people only participated in events, or that MATP is structural embedded in their daily life.

The code 'clubs' mainly referred to sport clubs.

The code 'Special Olympics' included information about this organization specifically.

When we look at the content of these phrases and the additional information from the group discussion we can say something about the sports situation in Ireland:

Outside of motor activities there's very little sporting opportunities for people with PIMD. People without disabilities or people with different disabilities have lots of sports opportunities, where people with PIMD have one: MATP. In a lot of services sports is provided by staff. Institutions can decide where they put their money and their focus. This can also be music for example. Sports depends mainly on the attitude of the individual. At schools the sports is provided by the physical education teacher. The mission statement special Olympics in Ireland, is to provide year around sports training and competition. They provide support for clubs who train every week all year round. They provide support for volunteers who want to register and who want to join a club and they have a healthy athlete program. There maybe about two hundred-fifty clubs, across Ireland at the moment. Special Olympics provides big world games and big national games, but the real benefit of what they do is every week in the clubs according to the participant. There is no clear vision on sports that is embedded structurally. In Ireland they don't use the handbook. And if the handbook is used, it is adapted.

Conditions

In Ireland, we found information about the cluster ‘conditions’ in the collected data. Within the cluster, there were phrases about the codes.

The code ‘awareness’ provided information mainly about the lack of awareness for the existence and importance of MATP.

The code ‘change’ could provide information about positive change, negative change or neutral change. And it could also be wanted change.

The code ‘attitude’ provide mainly the importance of the attitude of the people involved was emphasized. This could be staff or family but also management or politics.

The code ‘provided care’ provided also the complex care needs that were mentioned. As well as the support needs.

The code ‘culture’ provided information about the influence of culture on the living situation and the sports situation of people with PIMD.

The code ‘individual’, was about the fact that MATP mainly is built on individuals. Which makes it fragile.

The code ‘collaboration’ provided information about the collaboration that exists between different organizations.

When we look at the content of these phrases and the additional information from the groupdiscussion we can say something about the conditions for MATP in Ireland:

All motor activities coaches in Ireland are staff. MATP depends on individuals. So it is dependent on whether persons are enthusiastic. Or if they get another job. Which makes it fragile. Like in the Netherlands, also the fact that a lot of services are understaffed, influences the sports landscape a lot. For example because it is not a priority on the agenda. It is important to explain to families what MATP is and to emphasize its importance. Special Olympics Irelands cooperates with Special Olympics Europe, Special Olympics Eur-Asia and special Olympics international. Special Olympics organizes also the MATP,

Stakeholders

In Ireland, we found information about the cluster ‘stakeholders’ in the collected data. Within the cluster, there were phrases about the codes.

The code 'staff' provided information about mainly staff in institutions, but also staff working for a sports organization.

The code 'family' was mainly about parents.

The code 'stakeholders' named stakeholders specifically.

When we look at the numbers of the Qualtrics and the content of these phrases, we can say something about the stakeholders involved in MATP in Ireland, also shown in figure 3:

In Ireland, 261 athletes are participating in MATP. There are 43 coaches involved in MATP. On a yearly basis, 4 events of MATP are organized. So far, 215 athletes have participated in events organized by Special Olympics.

As stakeholders were named:

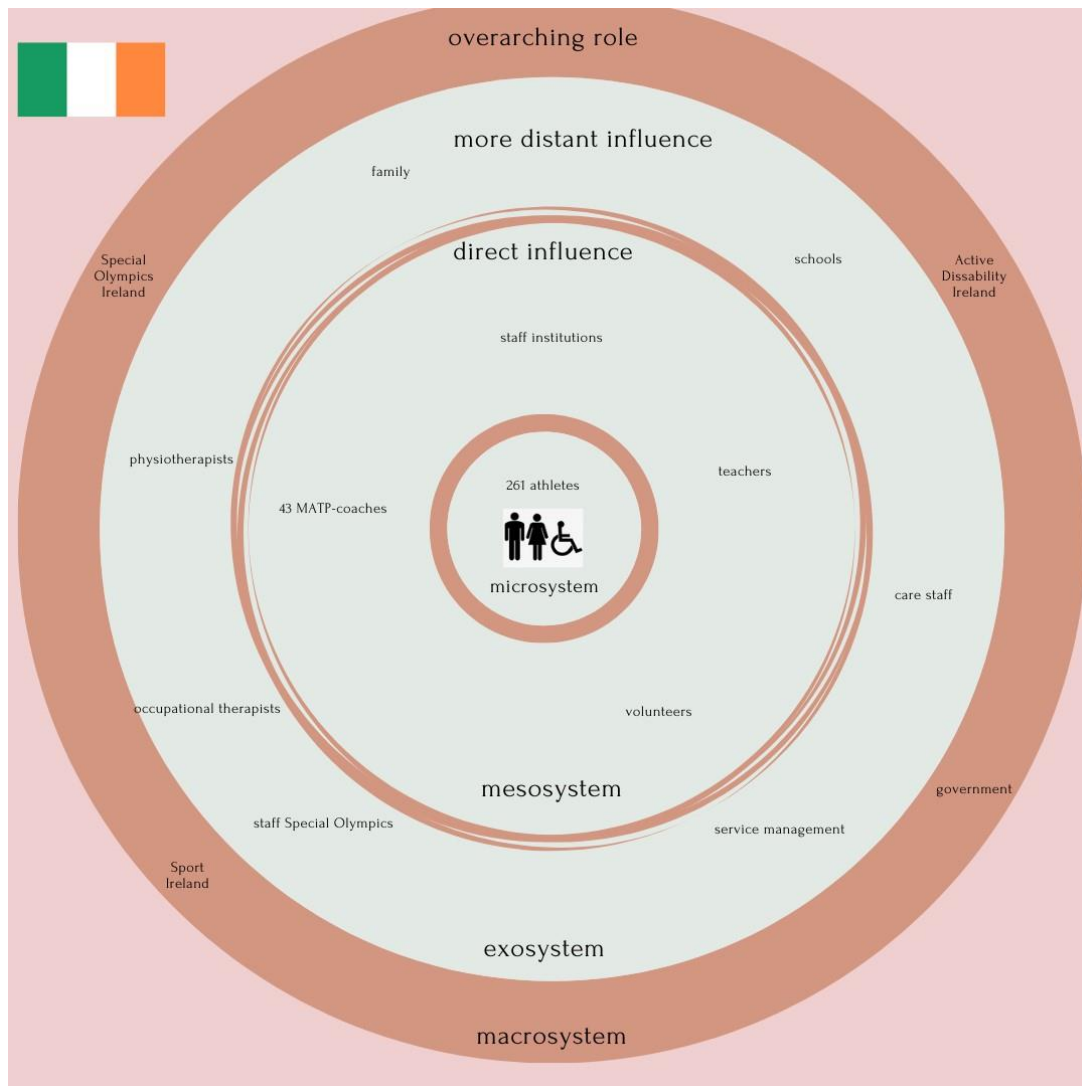
Direct influence: Staff in institutions, Teachers at special schools, MATP volunteers, PE staff.

More distant influence: Special Olympics staff, Family, Care staff, School, Service management, Physiotherapists, Occupational therapists.

Overarching role: Special Olympics Ireland, Active Disability Ireland, Sport Ireland, Government.

Figure 3

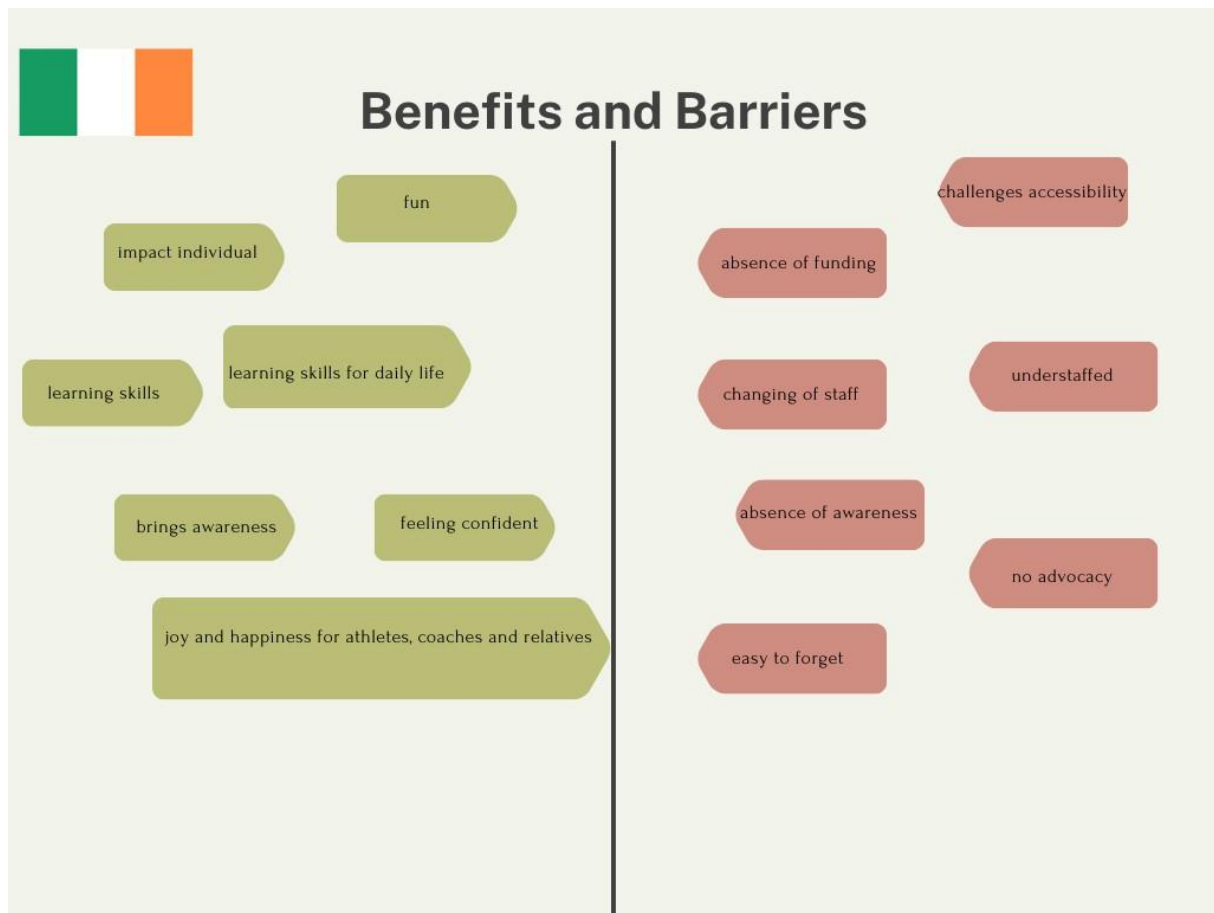
Stakeholders in Ireland



Benefits and barriers

In Ireland, we found information about the cluster ‘benefits and barriers’ in the collected data. Within the cluster, there were phrases about the codes ‘benefits and barriers’.

Figure 4
Benefits and barriers Ireland



Stakeholder analysis The Netherlands

Living situation

In The Netherlands, we found information about the cluster ‘general living situation’ in the collected data. Within the cluster, there were phrases about the codes.

The code ‘living situation in general’ was mostly about the fact that the living situation and the care provided is very individual in the Netherlands.

The code ‘housing’ emphasized the fact that parents in the Netherlands have a lot of influence on the living situation and the provided care of their children.

The code ‘accessibility’ was in contrary to the other two countries mainly about the social security system and ways to choose and finance care.

The code ‘community’ provided mainly information about visibility.

The code 'education' provided information about education and the variety of options.

When we look at the content of these phrases, we can say something about the living situation in The Netherlands:

The living situation for people with PIMD in the Netherlands is very different for each individual. Therefore, it is difficult to create a general picture. There are a few options in the Netherlands; care within a residential healthcare organization, parent initiatives or care at home provided from a personal budget. This all depends on the amount of care a person needs and the preferences of the relatives of the person with PIMD. Children generally live with their parents, as they grow up, they are more likely to live in a care organization. The laws and regulations in the Netherlands make it possible for parents to control the living situation of their child with PIMD and make their own choices. Ten years ago there was also a shift in the Netherlands of people living on campus to living in a community. Nowadays, people are getting back from that idea. People like the idea of persons with PIMD living in the community, however in practice there are often practical objections both on the part of people with and without disabilities. In general people with PIMD are not very visible in society, because they cannot participate in regular sports clubs, attend special education and usually have living facilities on a campus. Education for people with PIMD is also very individual in the Netherlands. Some children are exempt from school and go to a medical daycare activity centers, others attend special schools or daytime activities. Some children go to a normal school with a teaching assist. In the Netherlands there are special schools for children with special needs.

Sports

In The Netherlands, we found information about the cluster 'sports in the collected data. Within the cluster, there were phrases about the codes.

The code 'MATP' named MATP specifically. Mainly that in the Netherlands this is still in the start-up phase and how it is organized.

The code 'sports' provided information about sports in general and information about the structure and the way things are organized.

The code 'events' was mainly about that they would like to organize more events for more participants.

The code 'athletes' was not mentioned. This doesn't seem to be a term often used in the Netherlands to describe participants of MATP.

The code 'structure' provided information about mainly the absence of structure, the fact that everything is highly individual organized and the need for more structure.

The code 'clubs' provided information about the structure of sports clubs in The Netherlands.

The code 'Special Olympics' named this as an organization specifically. This wasn't mentioned a lot in comparison to the other countries, but the same tasks in the Netherlands are executed by GSN.

When we look at the content of these phrases, we can say something about the sports situation in The Netherlands:

In the Netherlands, promoting sports for people with PIMD depends mostly on people's personal enthusiasm. If people find sports important for themselves, than they are more likely to have attention for food and sports for people with PIMD. For people living at home it depends on the family whether they think sports is important and worth the trouble. In the Netherlands usually staff who works with people with PIMD have a background in social works and less of a sports background. So they are more likely to be focused on the social aspect than on the physical or therapeutic aspect of sports. It seems not that easy to arrange sports for people with PIMD, because you have to provide a lot of care, have the right knowledge. And also have the right facilities, such as a toilet for people with disabilities, transport. Thereby you need to be familiar with the target group. Movement therapist focus mainly on children under 18. Sports activities for people with PIMD depend on individuals at this movement. Also the number of people employed is an influence. At the moment, healthcare is often understaffed and 'unnecessary activities' are the first to be left out. A vision on sports for people with PIMD is not sufficient at this moment in many healthcare organizations. In the Netherlands, there are a lot of organizations who provide sports for people with a disability. They are organized in different clubs. For people with PIMD there are no such clubs. Special Olympics is not responsible for MATP, only for the events national and regional. There is no clear existing structure for MATP.

Conditions

In The Netherlands, we found information about the cluster 'conditions' in the collected data. Within the cluster, there were phrases about the codes.

The code 'awareness' emphasized the importance of creating more awareness. This seems to be really important.

The code 'change' provided information mainly about what they would like to change in terms of structure and numbers.

The code 'attitude' had a strong connection with awareness and especially culture.

The code 'provided care' was mainly about the high care needs for people with PIMD.

The code 'culture' provided information about the influences on the living situation and the independent national character.

The code 'individual' provided information about that people in the Netherlands mainly like to organize thing in their own way.

The code 'collaboration' provided information about the collaboration that exists between different organizations and the absence of it.

When we look at the content of these phrases, we can say something about the conditions for MATP in The Netherlands:

In the Netherlands MATP is still in the start-up phase. There are no official coaches, official training, of official education. There is also no official structure. However, a lot is already happening unofficially. There is no general policy for MATP in the Netherlands and no structural collaboration on MATP and other sports or sports organizations. The aim is to raise more awareness for MATP. To make a curriculum for the coaches, provide MATP-training and pitch pilots.

Stakeholders

In The Netherlands, we found information about the cluster 'stakeholders' in the collected data. Within the cluster, there were phrases about the codes.

The code 'staff' could be both in institutions and within MATP.

The code 'family' was mainly about parents.

The code 'stakeholders', named stakeholders specifically.

When we look at the numbers of the Qualtrics and the content of these phrases, we can say something about the stakeholders involved in MATP in The Netherlands also shown in figure 5:

In The Netherlands, on regular base about 30 - 50 athletes are participating in MATP. Total exact numbers of participants variable and unknown. There are 0 official and 5 unofficial coaches involved in MATP. So far, 15 athletes have participated in events organized by Special Olympics.

As stakeholders were named:

Direct influence: Conny Jabaay: working for healthcare facility Gemiva close to persons with PIMD, involved in the MATCODE project as a volunteer for GSN, Trainers, students/interns and group supervisors from healthcare institutions.

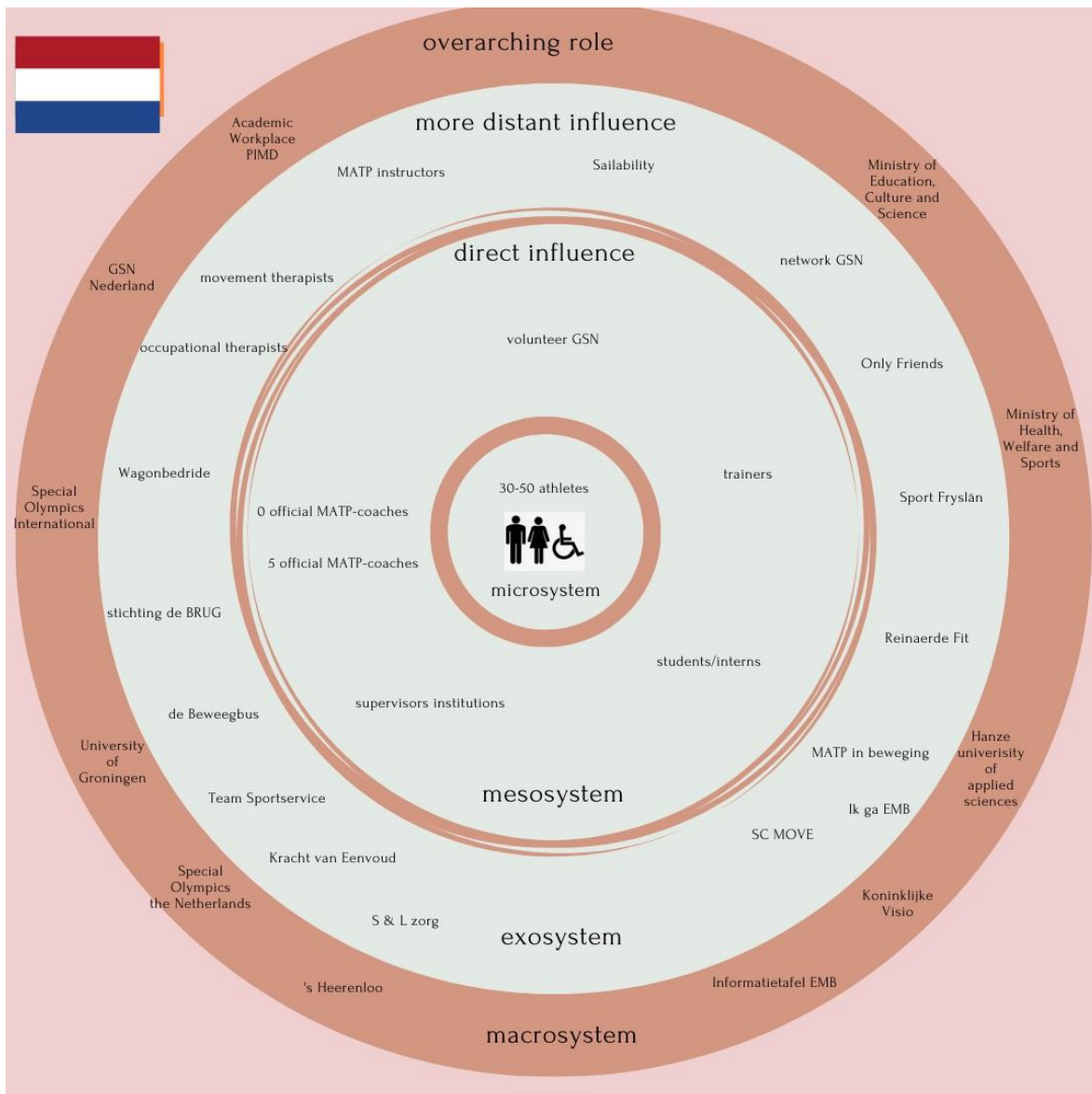
More distant influence Known MATP instructors from clubs/healthcare organizations in the Netherlands that are in the network of GSN, Movement therapist of a lot of healthcare facilities, Reinaerde Fit, BrichBouw, SC MOVE, Stichting de Brug MATP Groningen, De Beweegbus, Ik ga EMB, Facebookgroup MATP in beweging, De Kracht van Eenvoud, S&L zorg, Sailability, Only Friends Amsterdam, Covered wagon bed ride, Team Sportservice Utrecht, Sport Fryslan.

Overarching role: GSN: Lisa Snooy, Special Olympics Nederland, Academic Workplace for PIMD, Hanze Hogeschool, University of Groningen, 's Heerenloo, Koninklijke Visio, Special Olympics International, Informatietafel EMB, Ministry of Health, Welfare and Sport, Ministry of Education, Culture and Science.

Parents do not appear to be involved at this stage and the program is still separate from the school. management of these healthcare institutions does not have anything directly to do with MATP, but they do determine the place of exercise/sport in the vision and reality of healthcare organizations.

Figure 5

Stakeholders in The Netherlands

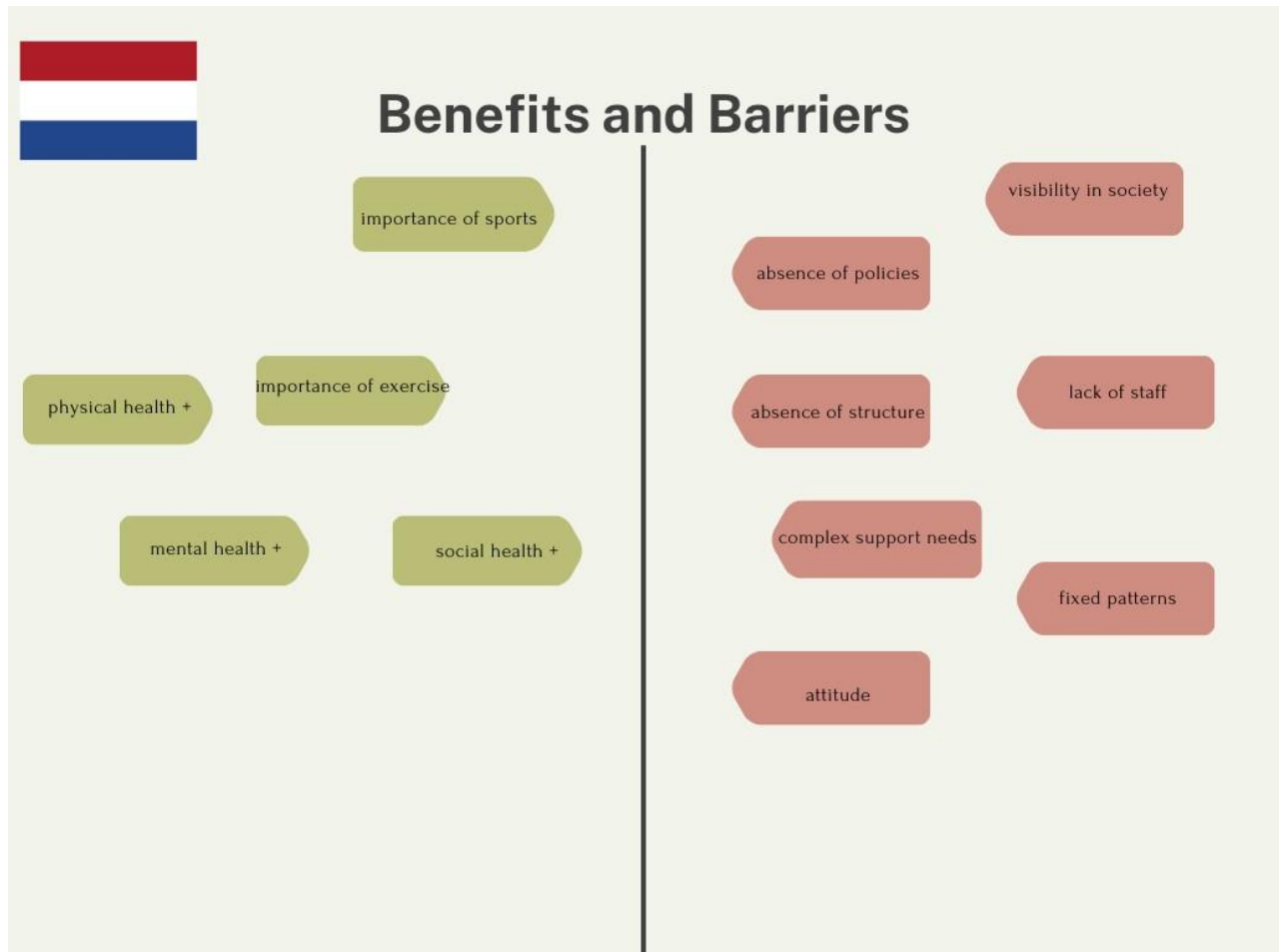


Benefits and barriers

In The Netherlands, we found information about the cluster ‘benefits and barriers’ in the collected data. Within the cluster, there were phrases about the codes ‘benefits and barriers’.

Figure 6

Benefits and barriers The Netherlands



Stakeholders analysis Slovakia

Living situation

In Slovakia, we found information about the cluster ‘general living situation’ in the collected data. Within the cluster, there were phrases about the codes.

The code ‘living situation in general’ provided information about the fact that it was difficult for the interviewee to answer questions about the general living situation.

The code ‘housing’ was about whether the people were living at home or in an institution.

The code 'accessibility' was only named once, in this case that there is not enough housing available for all people.

The code 'community' provided information mainly about the sports clubs and people involved in MATP which they see as a community at itself.

The code 'education' provided information about special schools but also about education of coaches and other people involved in MATP.

When we look at the content of these phrases, we can say something about the living situation in Slovakia:

It is not easy in Slovakia to provide general information about the living situation of people with PIMD. Thereby, there are no statistics about people with disabilities. In general you can say that in Slovakia, most people with PIMD live at home. There are not enough institutions for them to stay during the day or overnight. The parents take care of their child. They provide the care the child needs. Therefore the care that is provided to people with PIMD is very individual and dependent on the family of the person with PIMD and on the community they are living in. In Slovakia people with PIMD go to special schools.

Sports

In Slovakia, we found information about the cluster 'sports' in the collected data. Within the cluster, there were phrases about the codes.

The code 'MATP' mentioned MATP specifically. Mostly this was an explanation of how MATP is organized and what events take place.

The code 'sports' provided information about sports in general. Mostly about the structure of how the sports are organized in general and for people with PIMD specifically.

The code 'events' provided information about how they are organized, how many there are and what they entail.

The code 'athletes' is the term used for people who participate in MATP.

The code 'structure' seemed in comparison to the other countries, more important in Slovakia.

The code 'clubs' provided information mainly about the structure of the clubs.

The code 'Special Olympics' mentioned this organization specifically, which entails content about what Special Olympics does in Slovakia.

When we look at the content of these phrases, we can say something about the sports situation in Slovakia:

In Slovakia, sport is organized in sport clubs, at schools and by individual members practicing and exercising in communities. These sport clubs, individuals or schools are a member of Special Olympics. There are special sport clubs specific for MATP. There is a law in Slovakia that you have to be a member of special Olympics. All sports clubs are members of Special Olympics Slovakia. Individuals, schools and sport clubs can be a member of Special Olympics Slovakia. Special Olympics educates coaches for MATP. Special Olympics provides 22 sports. Summer and winter sports. They organize 22 national championships in these sports. Special Olympics also works at projects like MATP, but also young athletes, healthy athletes and safe guarding. Sports, trainings, competitions and projects are organized by Special Olympics. There is a really clear structure for MATP, this seems to be very important in Slovakia. They have a really firm structure for how they organize sports, clubs and events. This structure is based on the handbook of Special Olympics international. So that everybody who practices MATP does it in the same way. Every athlete has a training once a week of one and a half hour. They run 8 clubs all over Slovakia. They have a structure for the coaches as well. The head coach is the coach who is set upping the training and who is just overlooking the other coaches. And then one coach is at the station and there are sub coaches and volunteers. Every person with PIMD needs an assistant or a volunteer. They work 1 on 1. For each station the head coach keeps an eye over the whole training. They cooperate with Special schools. Special schools are working with the athletes in physical education classes. There is no collaboration with mainstream clubs. At the sports days, they invite mainstream schools.

Conditions

In Slovakia, we found information about the cluster 'conditions' in the collected data.

The code 'awareness' was mainly about the fact that there is not enough awareness and that is needs to be raised.

The code 'change' was mainly about expansion of the capacity.

The code 'attitude' was mostly about visions on inclusion, attitude to persons with a disability in general and priorities within policy.

The code 'provided care' provided mainly information about care provided during MATP.

The code 'culture' provided information about how culture influences the living situation and sports situation of people with PIMD, which is very related to attitude and awareness.

The code 'individual' provided information about the approach and adaptation within MATP.

The code 'collaboration' provided information about the collaboration that exists between different organizations.

When we look at the content of these phrases, we can say something about the conditions for MATP in Slovakia:

In Slovakia there is a lot of importance to create awareness. Awareness about the importance for people with PIMD. And also awareness of people with PIMD in general. The general attitude towards people with a PIMD is often about what they can't do. It is important to show what they can do and can achieve. The government in Slovakia doesn't prioritize inclusion in education or inclusion of disabled people. This aspect of culture seems to have a lot of impact. Slovakia does have a clear structure for MATP. They don't feel the urge to change this structure. What they would like to change is that they would expand their capacity so that they can reach more people with the program. Preferably, they want to double his number in the next two years. And they would like to educate more coaches.

Stakeholders

In Slovakia, we found information about the cluster 'stakeholders' in the collected data. Within the cluster, there were phrases about the codes.

The code 'staff' provided information both about staff in institutions and within MATP.

The code 'family' was mainly about parents.

The code 'stakeholders' provided information about stakeholders named specifically.

When we look at the numbers of the Qualtrics and the content of these phrases, we can say something about the stakeholders involved in MATP in Slovakia also shown in figure 7:

In Slovakia, up to 60 athletes are participating in MATP. There are 18 coaches involved in MATP. On a yearly basis, once a week training session is organized. Once a year MATP-camp of 4 days with swimming lessons, once a year MATP-camp of 3 days with skiing, once a year Bowling Competition, once a year an athletics competition, once a year a cycling competition events and show events of MATP are organized. So far, 60 athletes have participated in events organized by Special Olympics.

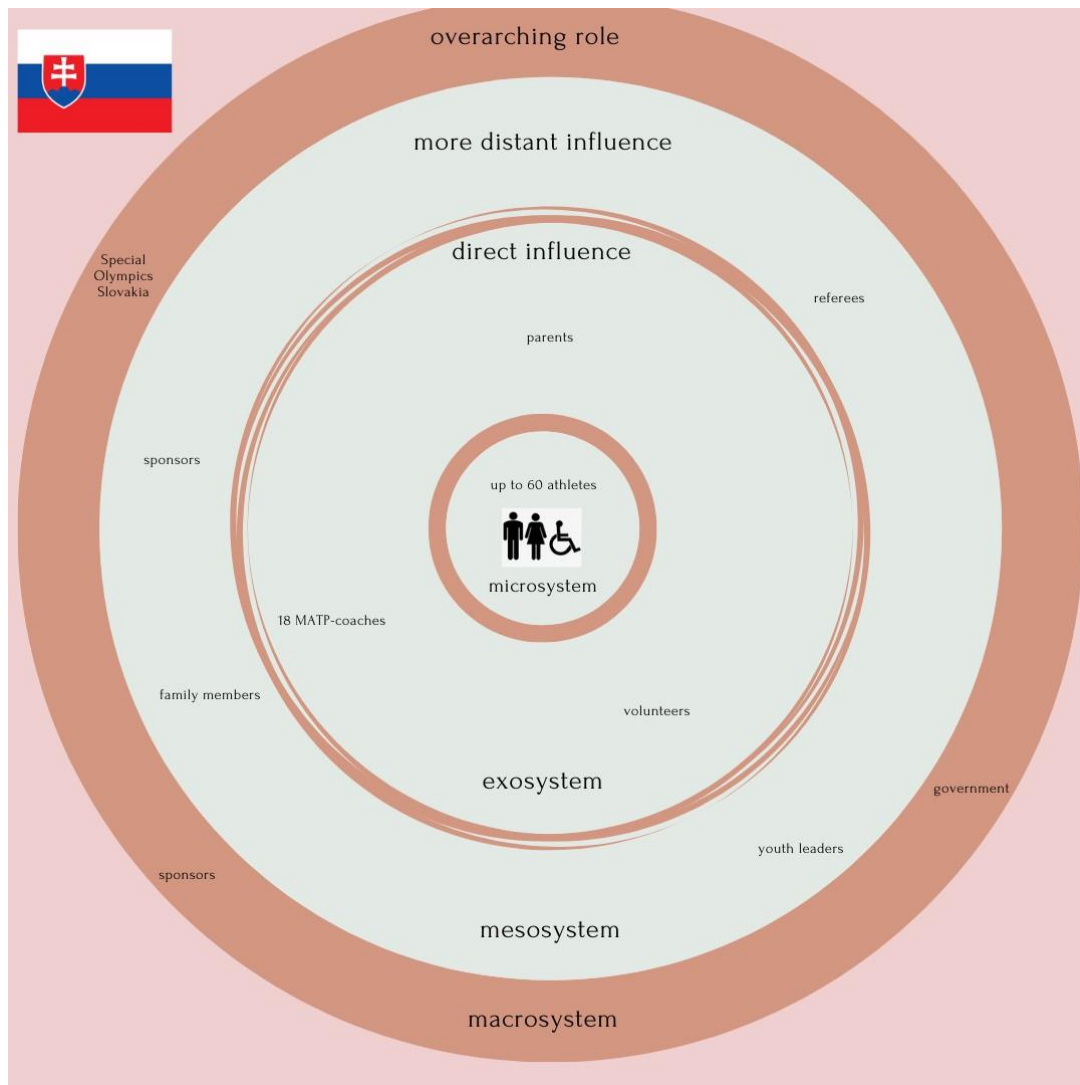
As stakeholders were named:

Direct influence: parents, coaches, volunteers, youth leaders, family members, referees.

More distant influence: parents, coaches, volunteers, youth leaders, family members, sponsors, referees.

Overarching role: sponsors, referees.

Figure 7
Stakeholders Slovakia

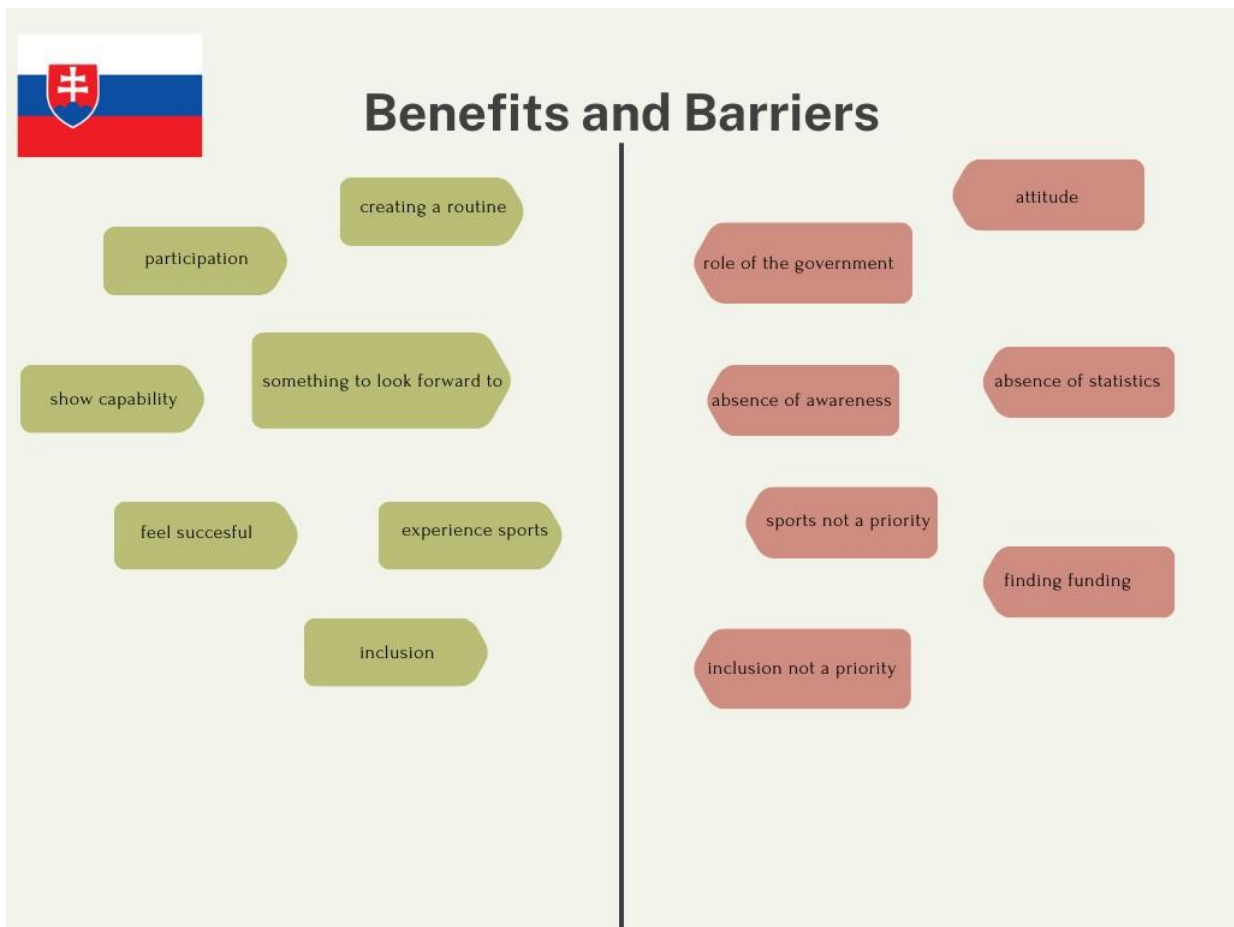


Benefits and barriers

In Slovakia, we found information about the cluster ‘benefits and barriers’ in the collected data. Within the cluster, there were phrases about the codes ‘benefits’ and ‘barriers’.

Figure 8

Benefits and barriers in Slovakia



Reflection

The stakeholder analysis has provided us with useful information about the three participating countries. Below a brief summary per country is described, followed by a general conclusion.

Ireland

Currently, in Ireland the advantages and disadvantages of living in a community versus living on a campus is an issue. There can be named several advantages and disadvantages of both types of housing, which is related to for example accessibility. Results show that accessibility is an important factor. This concerns, for example, the accessibility of sports. Topics discussed were whether people can come to a training independently, if people live in the community will it be possible to provide the same amount of sports, and accessibility of social contacts. The latter concerns issues such as should you separate people who have lived together all their lives versus is it okay if people with disabilities all live together instead of in the community. In Ireland implementation of sports is highly dependent

on individuals, mainly staff. It is indicated that this is a fragile system, because if people get another job a lot of knowledge is lost. This refers to a need for a more formal structure.

The Netherlands

In the Netherlands, it is mainly discussed that many matters surrounding sports and exercise are arranged individually for people with PIMD. This applies, for example, to the care provided, the way housing is arranged or the way MATP is designed. In the Netherlands, many things can be arranged individually. People can make their own choice, there are many organizations and facilities to choose from. Healthcare in the Netherlands is well organized and there are many opportunities and possibilities. People have the choice to purchase and administer care in the way they consider best. This is also related to culture; the Dutch seem independent and like to have matters in their own hands, which is ensured in laws and policies by the government, and thus designed in the social system. The results also show that there is no formal structure for MATP specifically in the Netherlands. All sorts of initiatives are happening, but this is not recorded in official statistics. There are many individual initiatives, but coherence is lacking. The desire for a formal structure, became very clear during the data collection.

Slovakia

In Slovakia, unlike the other two countries, there is no strong need for a more formal structure, because this structure already exists. In the interview there is a lot of attention for the existing structure. In Slovakia the manual is followed, MATP is practiced in the same way by everyone and the structure is shaped in the same way everywhere. In this country, there is a strong need to expand the existing structure. The structure that already exists is satisfactory, but they would like to expand in order to reach many more people with the benefits of MATP. Another influence in Slovakia is the attitude of the people in public policy regarding people with disabilities and the and lack of priority sports, which is related to culture.

Conclusion

All in all, we have mapped out all the facts associated with the sports landscape of people with PIMD. As the results show, there are similarities and differences between the countries. The literally mentioned stakeholders are shown in Bronfenbrenner's figure, whereas the overview of codes and clusters shows that sport and exercise for people with PIMD are related to many more factors. All these factors influence movement, physical activity and sports for people with PIMD from a direct, more distant or overarching level.

In general we can say that the sports landscape for people with PIMD is related to many different factors that are interrelated and interact with each other. By executing a stakeholder analysis,

we can see which factors exert influence from different levels and how this is related to each other. This provides a lot of useful information. In the future, it is necessary to compare this data with various periods in the future to see what changes and whether growth is occurring. The information from the stakeholder analysis can also be used as context for the question what sport and exercise mean for people with EMB and their environment.

There were similarities among the countries. The importance of enthusiastic individuals on the overarching level, emerged in all three countries. All three participants mentioned that the government should be involved to get sports well embedded in the policies and regulations. Thereby, all three countries underscored the importance of the MATP program. MATP is urgent, because for people with PIMD there is only MATP as a sport. In addition, it seems easy to forget about sports for people with PIMD, because nobody advocates for them.

All three countries were very clear about the need to create more awareness. Awareness must be raised and there needs to be more information. This requires a change in attitude and is related to culture, where the influence of culture appears to be larger than expected. If we zoom in on culture, this has a lot of influence on how people look at persons with PIMD. For example if they are visible in society, whether inclusion is important, whether people are advocating for their rights and need, if sports is high on the agenda, if there is a lot of attention for healthy lifestyle and so on.

In all countries it appears that MATP mainly relies on individuals, which is a fragile system. In the Netherlands and Ireland, the fact of a shortage of healthcare professionals also plays a role, because for this causes that the priority shifts from sports to other matters. Making sport a priority and recognizing the importance of sport therefore plays a major role during the interviews.

There were also differences among the countries. In the Netherlands the living situation for people with PIMD is very different for each individual. People live in an institution or at home all depending on the persons needs and the preferences of the relatives of the person with PIMD. In Ireland living at home is not that common, although children are more likely to live at home with their parents. In Slovakia it is most common for people with PIMD to live at home. The parents take care of their child.

Some situations were partly similar and partly different among the countries. In the Netherlands and Ireland there is a clear need for a more formal structure. This need is lacking in Slovakia, there is a clear need for more resources to expand their existing structure.

Finally, all three countries indicate that they would like more cooperation. Some countries are further with the theoretical component, where others have an advantage in the implementation and formal structure. By combining knowledge and skills of the three countries, it is possible to help each other out and improve the MATP-program in all countries.

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