

# SPORT AND PLAY FOR ALL

A MANUAL ON INCLUDING CHILDREN AND YOUTH WITH DISABILITIES



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A MANUAL ON INCLUDING CHILDREN AND YOUTH WITH DISABILITIES

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# CONTENTS

|   |    |
|---|----|
| <b>FOREWORD</b>   | V  |
| <b>Chapter I - Inclusive sport – introduction</b>               | 1  |
| Who is this manual aimed at?                                    | 2  |
| Purpose of the manual   | 2  |
| Terminology   | 3  |
| Structure of the manual   | 3  |
| Status of disability sport and inclusive sport in Sri Lanka     | 4  |
| <br>  |    |
| <b>Chapter II - Disability and Inclusion</b>                    | 7  |
| 1. The medical classification of disability                     | 8  |
| 2. The social model of disability                               | 14 |
| What are the implications of the social model of disability?    | 17 |
| The social model and social inclusion                           | 17 |
| Inclusion and sport   | 18 |
| Barriers in accessing sport and leisure                         | 18 |
| <br>  |    |
| <b>Chapter III - Inclusive sport and play – the basics</b>      | 21 |
| What are the benefits of sport and play for children and youth? | 22 |
| What are the benefits of inclusive sport and play?              | 24 |
| Inclusive sport or disability sport?                            | 26 |
| What are the potential harmful effects of sport?                | 26 |
| Models of inclusive sport                                       | 27 |

|  |            |
|--|------------|
| <b>Chapter IV - Sport and play – making it inclusive</b>                             | <b>33</b>  |
| Assessment   | 34         |
| General principles in inclusion  | 37         |
| Impairment-specific tips   | 39         |
| Adapting Sport and Games   | 44         |
| Being a good play leader/coach   | 52         |
| What makes a successful, inclusive play/coaching session?                            | 54         |
| <br>   |            |
| <b>Chapter V - Inclusive games and sports</b>  | <b>57</b>  |
| 1. Informal games and play activities  | 58         |
| 2. Formal sports and games   | 80         |
| <br>   |            |
| <b>Chapter VI - Health and Safety</b>  | <b>91</b>  |
| General health and safety considerations   | 92         |
| Specific health and safety issues related to impairment                              | 93         |
| <br>   |            |
| <b>References</b>  | <b>97</b>  |
| <b>Further reading</b>   | <b>97</b>  |
| <br>   |            |
| <b>APPENDIX 1: National and International Law and Policy on Disability and Sport</b> | <b>98</b>  |
| <br>   |            |
| <b>APPENDIX 2: Examples of Assessment Forms (Physical assessment)</b>                | <b>100</b> |
| <br>   |            |
| <b>Social Assessment</b>   | <b>104</b> |

# FOREWORD

I am very pleased to present to you a product of our Sport for All project, a Training Manual on better inclusion of children and youth disabilities within sport.

This training manual "**Sport and Play for All**" provides tips, guidance and advice on disability and inclusion, with the primary aim of enhancing users' *knowledge* and *practice* on inclusion. It brings together many training materials used during the Sports for All Project in Sri Lanka, including materials on disability, social inclusion and models of inclusive sport. It features many games and sports which have been field tested and adapted to enable children with disabilities to participate.

HI first started project activity in Sri Lanka on inclusive sport in May 2011, there were relatively few initiatives aimed at promoting inclusive sport within the country. In schools, children with mild impairments were naturally included in mainstream PE lessons and sport competitions, but children with more severe disabilities tended to be segregated. The National Paralympics Committee's programmes of disability sports were also conducted separately from mainstream sports events. Baseline surveying by HI in 2011 found that more than a quarter of youth and children with disabilities in Vavuniya played sport less than once a month, and where sport opportunities are provided to persons with disabilities, it was frequently through segregated, disability only events. Under the Ministry of Sport, government Sports Officers and coaches have been appointed to all districts and divisions, and are well trained in mainstream sport, but have received no training on adapted sport to include people with disabilities.

Keeping these gaps in mind, the Sport for All project aimed to target children and youth with disabilities, and the wider community, to improve quality of life through sport. For the wider community the project aimed to increase awareness and understanding about disability, by bringing children and youth together. Main achievements of the project I wish to highlight includes the provision of people with disabilities with opportunities to regularly play sport in Vavuniya, the support to them to form their own sports club, and the facilitation of competition at national level. At the same time, teachers and community workers were made more aware of disability, to enable them to better include children and youth with disabilities in their activities.

I hope that, through this manual, there will be continuous reinforcement of the training that the project has already provided in Vavuniya, and extension of awareness throughout Sri Lanka. Since the manual will be available electronically to practitioners elsewhere in the world as well, I hope it helps improve practice on including children and youth with disabilities in sport and leisure.

Thanks go to the European Union for funding the project and publication of this training manual. I would like to express my gratitude to the Sport for All project team at HI Sri Lanka, with particular thanks to the project manager for writing this manual, and HI's Technical Resources Division, who provided ongoing support, advice and feedback throughout the production process. Without their dedication and enthusiasm this manual would not have been possible.

Best Regards



Gilles Nouzies  
Country Director  
Handicap International Sri Lanka





# Inclusive sport – introduction



*Inclusive badminton – people with and without disabilities playing together*

*Welcome to the Sport and Play For All manual! This manual has been based on field experience gained by Handicap International's Sports For All Project in Vavuniya, Sri Lanka. From 2011-2013 the project has been working with local authorities, sport officers, sports clubs, schools, children's clubs, youth clubs and NGOs. The project targeted children and youth with disabilities, and also the wider community. For children and youth with disabilities, the project's goal was to improve quality of life through sport in terms of physical, psychological and social benefits. For the wider community, the project aimed to increase awareness and understanding about disability, by bringing children and youth out into the open and enabling them to demonstrate their abilities to the public.*

*The manual also draws upon Handicap International's wider, global experience, in particular in inclusive sports projects in Bangladesh and Tunisia.*



Project logo, designed  
by children from  
Puththukulam MV school

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## Who is this manual aimed at?

This manual is aimed primarily at those working at community level with children (eg. children's club workers and volunteers from community-based organisations and NGOs) and youth (youth workers, sports club coaches and sports officers). The manual is also useful for teachers – primary teachers, PE teachers and Special Education teachers – who work with children with disabilities. For teachers, the manual can provide some tips and guidance although it is also recognised that school-based activities are largely governed by the official school syllabuses. The manual can give guidance and advice in a range of settings, eg. in informal play sessions, more formal sports coaching sessions, school PE lessons and sports events.

The manual recognises the value of sport and play both for competition **and** recreation. It is important to address both of these and not to over-emphasise competition, as this can lead to exclusion of players who are less able. Sport and play is not just about winning – it's also about taking part! Through sport and play, we should be helping each individual to develop their own potential, to fulfil their own goals, regardless of whether or not they win trophies! This is nicely summed up in the motto of the Special Olympics (the worldwide sports movement for people with intellectual impairment) –

***"Let me win. But if I cannot win, let me be brave in the attempt"***

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## Purpose of the manual

This manual aims to impact on users' **KNOWLEDGE** and **PRACTICE** related to disability and inclusive sport.

It will increase the user's **KNOWLEDGE** of:

- the main types of impairments which can affect children and youth, especially in Northern Sri Lanka
- the 'social model' of disability – which includes both social and medical constructs of disability
- the benefits of sport and leisure for all children and youth, including those with disabilities
- the policy framework in Sri Lanka promoting inclusion in sport, and policy gaps
- terminology related to inclusive and disability sport models of inclusive sport and leisure.

It will also improve the user's **PRACTICE** in:

- conducting assessments of children and youth with disabilities
- adapting games and sports so that children and youth with disabilities can be included
- delivering inclusive and disability sport and play sessions
- ensuring health and safety during inclusive sport and play.

The manual brings together many of the training materials used during the Sports For All Project, on disability, social inclusion and models of inclusive sport. It also features many games and sports which have been field-tested in Vavuniya, Kilinochchi and Mullaitivu, and adapted to enable children with disabilities to participate.

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## Terminology

**Physical activity**<sup>1</sup> refers to all body movements produced by muscle contractions and which increase energy output. This includes all movements in daily life that are performed during working hours as well as leisure times.

**Sport**<sup>2</sup> is “all forms of physical activity that contribute to physical fitness, mental well-being and social interaction, such as play, recreation, organized or competitive sport, and indigenous sports and games”

Sport is a rule-oriented and organized physical activity, competitive or not, and practised in a controlled setting.<sup>3</sup>

Sport is therefore a sub-set of physical activity, since it covers only certain physical activities which are regulated and codified in various ways.

**Adapted sport** - mainstream sports which have been adapted to enable people with disabilities to play, for example wheelchair basketball or sitting volleyball.

**Disability sport (or para sport)** – sport which is played exclusively by people with disabilities. This includes all adapted sports but also sports which have been developed specifically for people with disabilities, eg. goalball and boccia.

**Adapted physical activity (APA)** – a broader term encompassing adaptations in physical activity more generally, including play and physical education as well as sport.

**Inclusive sport and play** – sport and play activities in which people with and without disabilities take part together. Inclusive sport and play can take various forms, which are described in more detail in chapter 3.

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## Structure of the manual

This manual is divided into six chapters:

1. **Introduction** – objectives of the manual, target, definitions, and status of inclusive sport in Sri Lanka.
2. **Disability and inclusion** – an explanation of disability using two models, the medical model and the social model. The consequences of using the social model, ie. in understanding social inclusion, are explained.
3. **Inclusive sport: the basics** – what are the benefits of sport and play for children, including those with disabilities? What are the types and forms of inclusive sport? This chapter will explain inclusive sport using two models, the Continuum of Inclusion and the Inclusion Spectrum.
4. **Making it happen** – this chapter gives more practical guidance on conducting inclusive sport and games, eg. considerations for children with specific impairments, making adaptations to games and sports (using the STEP model), and conducting an inclusive play/coaching session.
5. **Games and sports** – examples of games and sports, and ideas on how they can be adapted to include children with disabilities.
6. **Health and safety considerations** – general health and safety considerations as well as impairment-specific considerations, and an introduction to child protection issues.

Each chapter starts with ‘key learning points’, which are the main lessons to be covered in that chapter.

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<sup>1</sup> <http://www.sfp-apa.fr>

<sup>2</sup> United Nations Office on Sport for Development and Peace.

<sup>3</sup> <http://www.APA-Sante.fr>

## Status of disability sport and inclusive sport in Sri Lanka

### Disability sport bodies in Sri Lanka

The body with responsibility for promoting and coordinating disability sport in Sri Lanka is the **National Paralympic Committee** (the NPC). Currently the NPC is promoting fifteen para sports in Sri Lanka (athletics, wheelchair marathon, badminton, table tennis, wheelchair basketball, cycling, sitting volleyball, standing volleyball, beach volleyball, cricket (blind and deaf teams), power-lifting, shooting, wheelchair tennis, archery and swimming). The NPC organises annual Para Games which include most of these



*Sri Lanka national sitting volleyball team in China*

sports, as well as annual Army Para Games for soldiers with disabilities. The NPC also organises teams to compete internationally.

In 2012, for example, the NPC took a team of disabled sportsmen to London for the Paralympics. Sri Lanka won its first ever Paralympic medal – Pradeep Sanjaya won a bronze in the men's 400 m T46 category (arm impairment). This success has helped to increase the profile of disability sport in Sri Lanka, including within the Ministry of Sports. Government support for disability sport has increased as a result.

In 2014 the NPC will also send a team of disabled athletes to the Asian Para Games in South Korea.

Another national-level disability sports federation is the Sri Lanka National Volleyball Federation for Disabled. This Federation has provided coaching



*Dushanathan, a young man from Jaffna, who represented Sri Lanka in the Special Olympic Games in Athens (© Sivapoomi, Jaffna)*

to disabled volleyball players and sent two teams (men and women) to an Asia Sitting Volleyball tournament in China in 2011.

Some mainstream **national sports federations** also promote disability sport. The Sri Lanka Tennis Association, for example, has a wheelchair tennis section. It organises national para tennis tournaments and has supported Sri Lanka para tennis players to compete internationally. Sri Lanka is ranked as one of the best countries in Asia in wheelchair tennis.

**Special Olympics** is an international movement of sport for people with intellectual impairments. Special Olympics has also had a branch in Sri Lanka and has organised several coaching camps and events, and a team of Sri Lankan athletes with intellectual disabilities was sent to the Special Olympic World Summer Games in 2010 in Athens, Greece.



## Inclusive sport in Sri Lanka

As will be discussed later in the manual, Sri Lanka's National Disability Policy promotes inclusion in sport, eg. having people with disabilities taking part in mainstream events alongside people without disabilities. Despite the existence of this policy, there have been relatively few initiatives aimed at promoting inclusive sport in Sri Lanka. In schools, children with mild impairments may naturally be included in mainstream PE lessons and sport competitions, but children with more severe disabilities tend to be segregated, eg. in special sports tournaments such as the Sunshine Games. The NPC's programmes of disability sports are also conducted separately from mainstream sports events. Handicap International's Sports For All Project has been promoting inclusive sport by including nearly all of its sports activities and events within existing, mainstream sports programmes. For example wheelchair basketball has taken place alongside regular basketball in Vavuniya, para table tennis and para badminton

have been incorporated within mainstream tournaments, and events for people with disabilities (eg. sitting shot put and wheelchair races) were included in the Northern Province Sports Festival in Kilinochchi. Other bodies are also introducing more inclusive practices in sport; for example the National Youth Services Council has invited youth with disabilities to take part in its mainstream sports events.

### Notes on use of language in this manual

Although this guide is aimed at activities with both children and youth, for simplicity it will refer to 'children' rather than 'children and youth' throughout, except where youth are specifically being referred to.

Children of both genders should be involved equally in sport and play, so the manual will use both masculine and feminine pronouns ('he', 'she', 'him', 'her') when referring to children.



*Crutch race during the Vavuniya North Divisional Sports Meet, 2012*



*Sitting shot put at the Northern Province Sports Festival, Kilinochchi, 2012*



# Disability and Inclusion



Young women with physical impairments playing beach sitting volleyball

*What is disability? This chapter will answer this basic question. While disability is often viewed in terms of a person's physical or medical deficiencies, this chapter will challenge this view. A person's functional abilities (eg. moving, seeing and hearing) are important to consider and to address, but this is only part of the 'creation of disability'. This chapter will start by presenting a medical classification of disability (including the main causes of disability), and then explain the 'social model' of disability, which highlights other factors which contribute to the disabling process. This leads on to the concept of inclusion, and in particular what inclusion means for participation in sport. The barriers to participation in sport will be explained – physical, social, economic and legal barriers.*

## Key Learning Points in this Chapter

- **Disability – a medical classification**
- **A social model of disability**
- **The social model and sport**
- **Barriers to participation in sport for children and youth with disability**

# 1. The medical classification of disability

A traditional and commonly-held view of disability is based on people's physical or medical impairments, and frequently classifies disabilities into seven groups. Types of impairment in each of these groups, especially those affecting children and young people, are presented below. The groups of impairment are:

- I. Physical impairment
- II. Intellectual impairment
- III. Sensory impairments
- IV. Mental disability
- V. Epilepsy
- VI. Multiple impairment
- VII. Others.

## I. Physical impairment

Physical impairments include

- conditions of the limbs, joints and associated muscles;
- loss of limbs; and
- conditions of the central nervous system, ie. the brain, spinal cord and nervous system,

which limit a person's ability to move, to feel, to coordinate movement or to perform physical activities.

There are many types of physical impairments and they can range from mild to severe. It can be progressive or non-progressive, ie. the condition may or may not increase in extent or severity over time.

A physical impairment may be present from birth (congenital) or acquired later in life. Congenital physical impairments include:



*A child with CP*



*A child with cleft lip*



- missing or short limbs, or limb deformities such as club foot (where the foot is rotated at the ankle).
- spinal deformities such as kyphosis ('hunchback') or lordosis (inward curvature of the spine).
- cerebral palsy (CP) – a group of chronic conditions that affect body movements and muscle coordination). CP can be caused by damage to the developing brain during pregnancy or during childbirth. Children with CP may have additional intellectual impairment or as is often the case, have full intelligence.

Children with CP often have abnormally increased muscle tone and muscle spasms, although sometimes the muscle tone is abnormally low and the child appears to be 'floppy'. Children with CP may also have poor coordination and trembling. They may experience difficulty in maintaining posture and balance when sitting, standing and walking.

- cleft lip/cleft palate – cleft lip is an incomplete joining of the upper lip. In a cleft palate, the roof of the mouth does not grow together during pregnancy leaving an opening to the nose.
- inherited conditions passed on from parent to child through the genes, eg. *muscular dystrophy* – a degenerative disease in which the child (nearly always boys) progressively loses muscle strength.
- spina bifida – an incomplete development of a baby's spinal cord and its coverings during pregnancy which causes nerve damage. It can result in various degrees of paralysis in their lower limbs.

Acquired causes of physical impairment include accidents and medical conditions. Accidents include:

- war injuries (which are common in Northern Sri Lanka). This includes amputations (of legs and arms caused by bomb or landmine blasts), and shrapnel or gunshot wounds (which can lead to loss of function to arms and legs due to nerve damage).

- spinal cord injuries resulting from road traffic accidents, gunshot wounds, falls from trees (eg. falls from palm trees are common in Northern Sri Lanka), etc. The severity and degree of impairment resulting from the spinal cord injury varies (eg. only legs may be affected, or legs and arms, and function/sensation loss may be total or partial), depending on the severity and the location of the injury on the spinal column. *Paraplegia* is a loss of function/sensation in the legs only, while in *quadriplegia* arms as well as legs are affected.



Amputation

- brain injury (eg. as a result of road traffic accident or other trauma to the head), which affects the motor skills and the ability to control movement of the limbs.
- burns (eg. due to stove or electrical accidents), which if not treated correctly can lead to contractures (tightening of muscles affecting movements) in legs and arms and restricted movement.

Medical conditions which cause physical impairments include:

- **arthritis** - pain, swelling, stiffness, and limited movement in the joints, especially in the hands. This is uncommon in children and youth.
- **multiple sclerosis** – a neurological disorder which results in a range of symptoms such as muscle weakness, muscle spasms, and difficulties with coordination and balance
- **polio** (which is no longer endemic in Sri Lanka).

## II. Intellectual impairment

Intellectual impairment refers to limitations of the cognitive and intellectual abilities of a person, meaning a slower rate of learning and

comprehending things. Intellectual impairment may affect a person's ability

- to understand things
- to achieve developmental milestones (eg. sitting, crawling, standing, walking) within typical age ranges
- to solve problems
- to remember things
- to learn new information and skills as easily as others.

How an intellectual impairment affects a person varies greatly: some people will only be a little slower than average in learning and other people



The distinctive facial features of Down Syndrome

may not think that they have an intellectual impairment, while others have severe difficulties and need a lot of support. The potential growth and development of a person with intellectual impairment depends also on his environment - the stimulation provided by the things and the people around that person can make a

significant impact on his development, especially in early childhood.

### The causes of intellectual impairment include:

**Before birth:** some intellectual impairments are genetic in origin, eg. *Down Syndrome*. As well as intellectual impairment, Down Syndrome is also associated with distinctive facial features, short stature, increased risk of obesity, and higher prevalence of hearing impairment. People with Down Syndrome also have an increased likelihood of having breathing difficulties as a result of chest and lung infections, and of suffering from poor blood circulation due to congenital heart defects.

Intellectual impairment can also be caused by poor maternal nutrition (eg. iodine deficiency), drug use including drinking large amounts of alcohol during pregnancy, or an infection of the mother during pregnancy such as rubella or chicken pox.

**During birth:** intellectual impairment can result from complications during birth, such as poor oxygen supply to the brain, which can cause brain damage.

**After birth:** certain illnesses may cause brain damage and intellectual impairment such as meningitis or measles. Intellectual impairment can also result from serious head injuries, eg. road traffic accidents and falls.

### III. Sensory Impairments

Sensory impairments include hearing and visual impairment.

**Hearing impairment** refers to the partial or complete loss of the sense of hearing. Hearing impairment ranges in severity – a person may be totally deaf or have varying degrees of hearing loss, in which case they are termed 'hard of hearing.' Hearing impairment can originate from birth or can occur later in life. Causes of hearing impairment are as follows:

- genetics – many cases of hearing impairment have a genetic origin. Hearing impairment



A hearing aid amplifies sounds and can be useful to some children with hearing impairment

often runs in families; some children with hearing impairment have a sibling or other family member with hearing impairment. Hearing impairment is associated with certain genetic syndromes such as *Usher's syndrome* (which also causes visual impairment).

- ear infections, eg. *otitis media* (glue ear), a viral or bacterial infection of the middle ear, resulting in a build-up of a sticky glue-like fluid in the ear. If untreated it can lead to permanent hearing impairment. Rubella can also cause damage to the ear.
- trauma to the ears, eg. in a bomb or landmine blast, or in a head injury, for example in a road traffic accident. Damage to ears can also be gradual, eg. through exposure to excessive noise over a long period of time.
- ageing is another cause of hearing impairment.

**Speech impairment** (impairment in ability to communicate) is frequently associated with hearing impairment - children learn how to speak through listening to others, so if they cannot fully hear, they are unable to develop speech on their own. As well as due to associated hearing impairment, speech impairments can also be caused by other disorders, eg:

- physical impairments, eg. cleft lip or cleft palate, vocal cord disorders, or cerebral palsy. As described earlier, cerebral palsy affects muscle coordination including the muscles involved in the production of speech.
- neurological disorders (disorders affecting the nervous system) which can damage the area of the brain responsible for language and communication. Such disorders include brain tumours or a brain injury (eg. from being hit or from falling).

**Visual impairment** is the partial or complete loss of vision. People with low vision are unable to read at normal distances, and require aids to read and see such as spectacles or magnifying glasses. People who are totally blind have no vision at all, and need to use non-visual resources such as Braille (a tactile system of raised dots which blind people read by touch) and text-to-speech computer technology. Because of their related

difficulties in moving around, they may need additional training in mobility and orientation, eg. in using a white cane.

The leading causes of visual impairment include: congenital and genetic causes – visual impairment may be inherited or caused by an infection (eg. measles) transmitted from the mother to the developing baby during pregnancy.

- trauma/accident causing damage to the eye.
- infections such as measles.
- malnutrition, particularly Vitamin A deficiency, is a cause of visual impairment in developing countries.
- eye diseases such as cataract (a 'clouding' of the lenses of the eyes) and glaucoma (an abnormally high pressure within the eye). These do not commonly affect children and youth.



Reading Braille

- age-related loss of vision (which also does not affect children and youth).

Types of vision loss include:

- tunnel vision – where the child has lost his peripheral vision and can see only a narrow, tunnel-like area directly in front of him.
- peripheral vision – the opposite of tunnel vision, where the child has difficulties with her central vision. This gives the child particular difficulties in moving around.
- interrupted vision – where the child is affected by irregular patches of poor vision, so that he may have to scan objects consciously in order



to see them effectively. Complicated visual tasks may become impossible for such a child.

- low contrast sensitivity – where the child has difficulty distinguishing an object from its background. For such children the lighting and colour scheme of the environment are especially significant.
- adaptability to light. Children with a visual impairment may find pronounced variations in light difficult to manage. They may find bright light painful, or they may find it difficult to adjust visually when moving from a bright to a dimly lit area or activity.
- impaired eye movements. Conditions such as *nystagmus* involve continuous involuntary movement of the eyes, usually from side to side, which creates significant focusing difficulties. Some children may have problems with convergence (the ability to train both eyes on the same object at the same time) while others may find it hard to shift their focus from a near to a far object.

#### IV. Mental disability

Mental disabilities are medical conditions that include depression, schizophrenia, anxiety disorder, and post-traumatic stress disorder (PTSD). Mental disability affects a person's thinking, feeling, mood, behaviour and daily functioning. It can change the whole way how a person sees the world. Symptoms vary from person to person and can include:

- excessive or irrational fear
- personality changes, eg. becoming unusually withdrawn, sad, violent, or excited
- confused thinking
- behavioural changes, eg. disturbed patterns of eating or sleeping
- inability to form and maintain relationships with others, or
- difficulties in coping with daily life, eg. not paying attention to personal appearance or schoolwork.

These feelings and changes can become so strong that they become difficult to manage. Someone can experience sporadic bouts of mental illness over many years, or have only one episode in life.

The causes for mental disability are complicated and not fully understood. Often, mental illnesses are the result of a combination of biological, psychological, and environmental factors:

Biological factors:

- chemical imbalance in the brain: Some mental disabilities develop if these chemicals are out of balance, resulting in messages not being correctly transmitted through the brain.
- genetics (heredity): Many mental disabilities run in families passed on through the genes. So people who have a family member with a mental disability are sometimes more likely to develop a mental illness.
- substance abuse: Long-term substance has been linked to anxiety, depression, and paranoia.

Psychological factors:

- Severe psychological trauma such as emotional, physical, or sexual abuse can cause a mental illness.

Environmental factors:

- Traumatic events in a child's life can cause a mental disability such as a natural disaster, conflict, death or divorce in the family, living in poverty or severe stress, etc.

#### V. Epilepsy

Epilepsy is defined as 'a tendency to have recurrent seizures (sometimes called fits)'.<sup>1</sup> These seizures result from 'a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up.'<sup>2</sup>

<sup>1</sup> Epilepsy Action, <http://www.epilepsy.org.uk/info/what-is-epilepsy>

<sup>2</sup> Epilepsy Action, <http://www.epilepsy.org.uk/info/what-is-epilepsy>

Epilepsy can be caused by complications during childbirth, or by trauma to the brain (eg. a head injury). However in many cases there is no known cause.

Children with certain disabilities such as cerebral palsy and Down syndrome have a greater probability of also having epilepsy.

The normal treatment for epilepsy is to take anti-epileptic drugs (AEDs). For many people with epilepsy AEDs reduce the frequency of or completely stop seizures. Some types of epilepsy are childhood-related and the frequency of fits gradually declines as the child grows up.

## VI. Multiple impairment

Multiple impairment simply refers to a child who has more than one impairment. As mentioned earlier, some disabilities are closely related; for example a child with hearing impairment is likely to have additional speaking impairment. Cerebral palsy is a complex condition which involves physical impairment, often intellectual impairment and speaking impairment, and sometimes epilepsy.

## VII. Others

Certain chronic health conditions can be considered as disabilities because they affect a child's long-term physical functioning. For example circulatory conditions such as congenital heart defects can reduce the heart's efficiency and lead to symptoms such as fainting, breathlessness, poor growth and under-development of limbs and muscles. Chronic respiratory diseases such as asthma also affect a child's physical functioning. Asthma is a chronic lung condition which is allegedly the commonest respiratory disease in Sri Lanka, affecting 15 to 20% of the population and leading to 800 deaths a year.<sup>3</sup> The main symptom is the 'asthma attack', during which the child experiences difficulty breathing. The child coughs, feels shortness of breath and has a tight feeling in the chest. Asthma attacks can be triggered by an allergen in the environment such as dust or tobacco smoke, or a stimulus such as exercise or stress. A common treatment for asthma is to use an 'inhaler' which contains a drug to relax the muscles involved in breathing.

Another type of impairment which does not fit into the previous categories is dwarfism. This refers to a set of genetic conditions leading to restricted growth. Depending on the genetic condition, people with dwarfism can have other functional and medical problems as well as restricted growth, eg. joint problems and spinal deformities.

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<sup>3</sup> Dr. Melanie Amarasooriya, The Sunday Times

## 2. The social model of disability

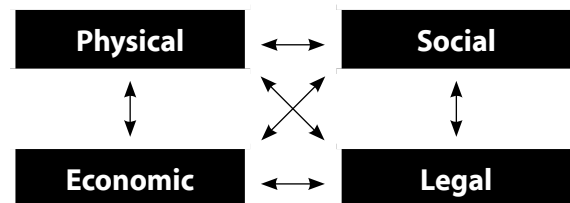
Disability used to be thought of as a purely medical or functional problem. However it is increasingly recognised that disability also has social and environmental dimensions – there are barriers in society which can exacerbate the impact of an impairment on a person’s ability to take part in normal activity. A full understanding of disability therefore includes both the barriers that arise within the person (personal factors) and those that are environmental, as well as interactions between these. This is known as the Disability Creation Process.

This has been recognised by the United Nations, which states that ‘persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which **in interaction with various barriers** may hinder their full and effective participation in society on an equal basis with others (added emphasis).<sup>4</sup> To have a full understanding of disability, it’s therefore necessary to recognise and understand the ‘various barriers’ to social participation that people with disabilities face. So what are these barriers?

<sup>4</sup> Article 1, United Nations Convention on the Rights of Persons with Disabilities

### Barriers to participation in society

The barriers that people with disabilities face in society fall into four, interlinked categories:



Examples of these barriers are given below:

**1. Physical** – people with physical disabilities often need various mobility aids to help them move around their environment, eg. wheelchairs, crutches, walking frames, etc. Absence of these mobility aids is a physical barrier to their social participation.

Even when people with disabilities have the mobility aids they require, they can still face many physical barriers due to the design of their environment and services, which is often designed for people without disabilities. For example:

- buildings which have steps are inaccessible to people who use wheelchairs or crutches
- public transport is often inaccessible, eg. wheelchair-users or other people who are



How can a wheelchair-user access this latrine?



How can a person with visual impairment walk safely down this street?

slow at walking or who have limited physical strength have difficulty getting on and off of buses

- design of toilets and bathrooms is often unsuitable for people who use wheelchairs: wheelchair accessible toilets need to be larger, with bars to help the person lift themselves on and off the toilet, for example
- pavements are often uneven and contain many obstacles (street signs, holes, parked cars, etc), and are therefore extremely hazardous for people with visual impairment to use.

There is therefore need for accessibility modifications to enable people with disabilities to access their physical environment, eg:

- ramps in public buildings
- toilets which are big enough to accommodate wheelchairs
- pavements which are level and clear of obstacles etc.

There is also a gender dimension to physical accessibility of facilities and services. Women and girls with and without disabilities need adapted services to support their access; for example ensuring the times of services are a time which doesn't clash with childcare needs, or information about these services specifically targeting women so they receive appropriate information and know the services exist.



Good practice – accessibility ramp

**2. Social** – social barriers are the prevailing knowledge, attitudes and practices within society towards people with disabilities. They include lack of knowledge and awareness about people with disabilities and their needs and rights, negative attitudes, lack of skills in dealing with people with disabilities, and discriminatory behaviour. These problems can be found within persons with disabilities themselves, their family, professionals who are in contact with them, and the wider public. Examples are as follows:

- parents of a child with disability believing that educating the child is a waste of time and money, and therefore neglecting their education, leading them to have fewer employment opportunities in future
- a teacher not giving adequate support and attention to a child with learning difficulty in her class, so the child loses interest in school and eventually drops out
- a youth with disability refusing to take a place on a vocational training course, because she has been brought up to be dependent on her family; she likes to stay at home and has little idea of how to help herself
- employers being unwilling to give a job to people with disabilities, believing them to be less productive than other people
- knowledge and awareness in society about Sign Language being low, so that deaf people have difficulty communicating with the hearing world and accessing services
- discrimination against people with mental illness, leading to them being ostracised from society.

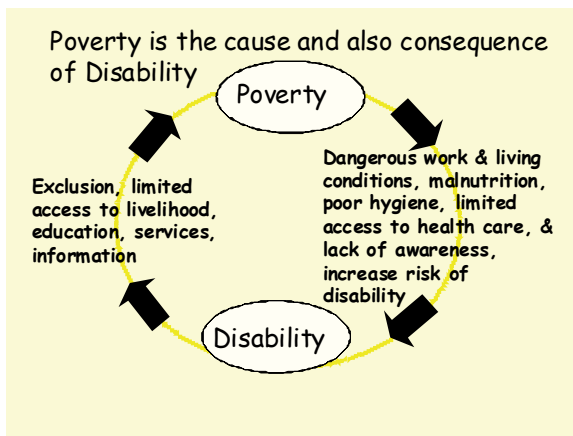
To address these problems, there is need for:

- people with disabilities themselves to be empowered to want to participate in society
- awareness-raising and advocacy among the general public, and also specific groups (eg. parents, teachers, teachers and the government) about the needs, abilities and rights of people with disabilities
- training for the public and professionals, eg. in skills such as Sign Language, inclusive education, accessibility, etc.



**3. Economic** – people with disabilities are more likely to be living in a situation of poverty. This is firstly because they can face problems finding employment due to their impairment, if workplaces are inaccessible or employers' attitudes are discriminatory; and secondly because having a disability can incur additional costs such as:

- medical care
- rehabilitation equipment, eg. mobility aids



- transport – eg. wheelchair-users and other people with severe disabilities may have to take tuk-tuks rather than buses as they are more accessible but also more expensive.
- technology – eg. mobile phones with video can enable deaf people to use Sign Language with one another; people with visual impairment can benefit from computer technology with text-to-voice software.

**4. Legal** – to assist in removing all of the above barriers (physical, social and economic), there is need for the appropriate government legislation and policy framework to be in place to protect the rights and interests of people with disabilities, ensuring that the services they require are provided. Legislation and policy should outline broad principles in addressing disability issues, but also provide regulations in specific sectors, eg. education, employment, transport, health-care and communication.

In Sri Lanka, examples of such legislation and policies are:

- the UN Convention on the Rights of Persons with Disabilities, which the Government of Sri Lanka signed in 2007 (but it has not been ratified).
- the Protection of the Rights of Persons with Disabilities Act, 1996 (Government of Sri Lanka), which established a National Council for Persons with Disabilities
- Disabled Persons (Accessibility) Regulations, 2006 (Government of Sri Lanka), which provides regulations on accessibility of all public buildings, public places and public transport. The Regulations state that all public buildings were to be made accessible within three years of the coming into operation of the Regulations.
- the National Policy on Disability, 2003 (Ministry of Social Welfare, Government of Sri Lanka), which covers a wide range of areas including education, vocational training, housing, health, etc (the section on sport is presented in the appendix of this manual).

Whether the legislative and policy framework protecting people with disabilities' rights in Sri Lanka is adequate is debatable. What is beyond doubt, though, is that the mere existence of legislation and policies is not enough – they also need to be put into practice. Once legislation and policies are developed, there needs to be awareness-raising and training for the relevant service-providers (eg. teachers, social services, etc), and the resources need to be made available so that they can implement the policy. The extent to which service-providers in Sri Lanka are aware of disability legislation and policy, and to which the legislation and policies are being implemented, is questionable.

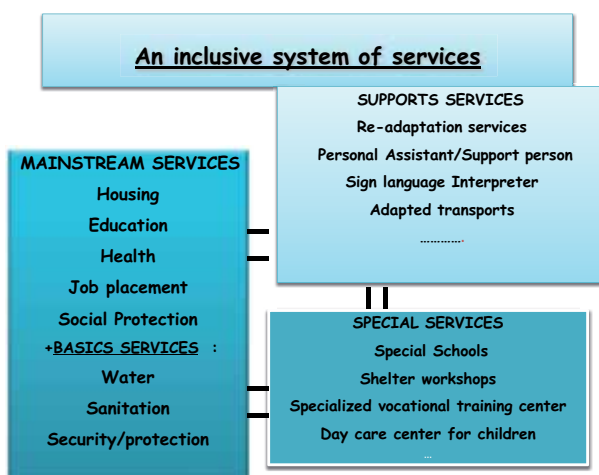


## What are the implications of the social model of disability?

The medical approach to disability focuses on the individual, functional problems of people with disabilities themselves. However adopting a social model approach to disability makes us realise that disability is in part 'our' problem! It is aspects within society as a whole, and not only within the person with disability herself, that 'create' barriers and lead to the person being 'disabled'. Therefore we **all** have a responsibility to reduce these barriers (physical, social, economic and legal), so that people with disabilities can fully take part in society.

This does not deny that people with disabilities often have specific needs which require professional, specialist services, in order to participate fully in society. But the social model allows us to see that there's a lot that the wider society (including you!) can do to reduce or to completely eliminate the impact of the person's impairment, and to increase their social participation.

People with disabilities may require special services (eg. rehabilitation and special education), but their needs must also be included into mainstream services which are available to the general public. They may also require 'support services' which enable them to access these mainstream services, eg. accessible transport and interpretation services (eg. in Sign Language), as shown in the diagram below:



## The social model and social inclusion

According to the UN definition of disability given earlier, people with disabilities' goal is to achieve 'full and effective participation in society on an equal basis with others,' which is otherwise known as **inclusion**. In achieving inclusion, it is best practice to as far as possible provide services and organise activities for people with disabilities and without disabilities at the same time in the same place. This is for several reasons:



*Deaf youth included in a mainstream karate club in Vavuniya. With Sign Language translation they can understand the coach's instructions*

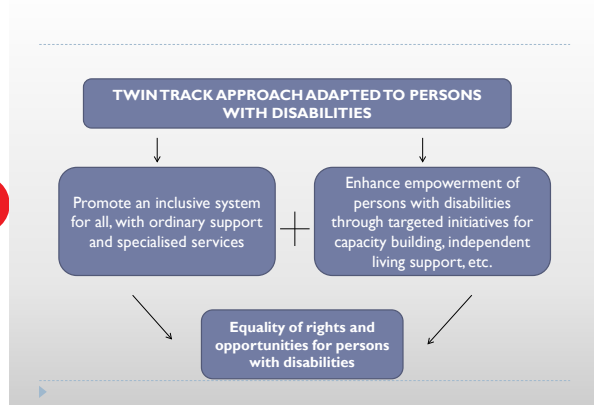
- equal provision for people with and without disabilities is promoting equal rights
- maximising contact between people with and without disabilities helps to 'normalise' disability and reduces the stigma that people with disabilities can face
- inclusive service provision is often more convenient and accessible for a person with a disability than special services. Inclusion of disability into existing mainstream services, eg. education, sport, health and vocational training, means that disability-accessible services are available locally. Provision of special services is often limited to big cities far from where people with disabilities live.

- providing inclusive services is often more economical than providing segregated services; eg. including children with disabilities in mainstream schools is cheaper than setting up and running separate, special schools.

Of course providing inclusive services (education, vocational training, sport, etc) may require adaptations and training for service-providers, to allow people with disabilities to take part alongside people without disabilities. That's what this manual is about!

Promoting inclusive practices does not deny that for some people with disabilities and in some situations, segregated approaches are a more appropriate solution. For example many people with disabilities require specialised rehabilitation services which people without disabilities do not require. Or people with disabilities may want to form their own, segregated self-help groups or associations to promote disability issues. Therefore it must be recognised that a **twin-track** approach is needed – both inclusive services as well as services aimed at developing the capacities of the individual person with disability – which together can contribute to the final goal of full and effective social participation of people with disabilities.

## The twin-track approach



DFID (2000) *Disability Poverty & Development*, London<sup>5</sup>

<sup>5</sup> DFID (pdf) available at :[http://www.handicap-international.fr/bibliographiehandicap/4PolitiqueHandicap/hand\\_pauvrete/DFID\\_disability.pdf](http://www.handicap-international.fr/bibliographiehandicap/4PolitiqueHandicap/hand_pauvrete/DFID_disability.pdf)

## Inclusion and sport

So what does the social model and inclusion mean for sport and leisure service-provision?

Inclusion in sport has been defined as 'increasing access to, participation within, and reducing exclusion from, any arena that provides sport and physical activity<sup>6</sup>. Our goal should therefore be for **all** children and youth, no matter what type of degree of disability they have, to take part **fully** in sport and leisure, according to their choice. This means addressing the four groups of barriers explained earlier.

What are the barriers facing children with disabilities in accessing sport and leisure?

## Barriers in accessing sport and leisure

The four types of barriers in accessing sport (physical, social, economic and legal) will be presented here, while chapter 4 will talk more about overcoming these barriers.

### I. Physical barriers

Children with disabilities need to receive physical rehabilitation services (physiotherapy, prosthetics, orthotics, mobility aids, etc) to enable them to play sport. Rather than using the child's normal, everyday wheelchair, it is preferable for some sports if the

<sup>6</sup> Interactive: Disability Equality in Sport



Accessibility difficulties at Vavuniya Urban Council sports facilities

child can use a specialised sports wheelchair, eg. in Sri Lanka wheelchairs are available for basketball, badminton or wheelchair racing, but these can be very expensive.

Sports facilities need to be accessible, eg. equipped with ramps and rails, and with smooth surfaces and access routes. Sports facilities also need to have toilet and changing facilities which are accessible, to both males and females. Transport to sports facilities can often be a problem, especially in rural areas where people live far from sports facilities and transport services may be inaccessible or expensive.

Sports equipment (bats, balls, etc), may be too large or too heavy for the child to play with and may need adapting. Nets may be too high, and the size of the court/playing field may be too large. Adapting sports equipment and playing environments for children with disabilities is discussed in chapter 4.

## II. Social barriers

There may be a number of unhelpful attitudes and opinions surrounding children with disabilities and sport, which can lead to the children's exclusion. For example:

- children and youth with disabilities may themselves lack the self-confidence to take part in public activities such as sport. They may be shy or embarrassed, worried about being humiliated or bullied by other children/youth, or afraid of experiencing defeat.



*Three-wheeled wheelchair suitable for track athletics*

- sports organisers such as Sports Officers or community workers may not know about people with disabilities living in their community and therefore not organise events for them. Or they may see disability sport as a specialist area and not their responsibility.
- parents may be reluctant to allow their child to take part in sport, fearing that the child will get injured or will be bullied or embarrassed by the other children. They may also not understand the value of sport and feel that it is a waste of time, preferring the child to use her time in academic study.
- in schools there can be an over-emphasis on the competitive aspect of sport. PE teachers may see it as a waste of time involving a child with disability in sport, thinking that the child will never get selected for a school team. The teacher may also be afraid of the child getting injured, or not be aware of adapted games and sports that are more suitable for a child with disability. In a large class, the teacher may not have the time to attend to the specific needs of one individual child with special needs in PE.
- sports clubs, which also focus on competitive sport, may see it as a waste of time having youth with disabilities as members as they will not be able to compete.



*Specially-designed basketball wheelchair. Note the angled wheels, footplate and leg-strap*

## III. Economic

Sport is a leisure-time activity and yet for many youth with disabilities, who are living in poverty, they do not have the luxury of free time to spend in sport, as they are busy in livelihood activities. There are also some financial costs to participation in sport, most notably transport. As noted before, transport for people with disabilities can be expensive, especially for wheelchair-users. Other costs include the cost of sports equipment and clothing. Poor families facing many more important financial priorities are unlikely to spend



money on sports equipment, transport and sports clothing for a child with disability.

#### IV. Legal

What are the laws and policies in Sri Lanka related to sport and disability?

First of all, Sri Lanka is a signatory to relevant international laws. The UN Convention on the Rights of Persons with Disabilities recognises people with disabilities' right to sport. The Government of Sri Lanka signed this convention in 2007. This Convention (Article 30.5)<sup>7</sup> binds States Parties to not only make sure that people with disabilities participate in sport, but to do so **at all levels**, from community level up to national and international level. States Parties are required to make inclusive provisions for people with disabilities to participate in *mainstream* sport, as well as *disability-specific* provisions.

Sri Lanka has also signed and ratified the Convention on Rights of the Child (CRC). This Convention requires States Parties to 'recognise the right of the child to ... engage in play.'

In Sri Lanka's own domestic government policy, the right of people with disabilities to sport and leisure is also recognised. In 2003 the Ministry of Social Welfare, for example, published the 'National Policy on Disability', which contains a chapter on sport (see Appendix 1). This policy espouses a highly inclusive approach to disability sport. For example it commits the Government of Sri Lanka to including disability events in mainstream sports meets, and to ensuring accessibility of sports facilities. Moreover it promotes adaptation of sports rules to enable people with disabilities to take part, and it includes provisions for people with disabilities to be trained and employed as coaches and referees, and for disability to be included in training programmes for sports personnel. The policy recognises that people with disabilities should participate in sport both for recreational and for competitive purposes.

The Government of Sri Lanka's Disabled Persons (Accessibility) Regulations (2006) was mentioned earlier. This provides detailed regulations for accessibility of public buildings and public places (including designs of ramps, toilets, etc) and specifically mentions stadiums, sport complexes and sports venues.

Despite the existence of these policies and laws, as noted earlier it is awareness of the law/policy and implementation which really counts. In the case of the domestic law and policy above, it is questionable whether the relevant service-providers (eg. the Ministry of Sport), are aware of them and if so, whether they are abiding by them. In the experience of the Sports For All Project in Northern Sri Lanka, many of the provisions of the National Policy on Disability are not being fulfilled; for example sport facilities are inaccessible, people with disabilities are rarely included in mainstream sports meets, and people with disabilities are not being trained as coaches.

In other sectors, there remain policy gaps:

- national education policy – there is little guidance in school syllabuses for teachers on Physical Education for children with disabilities. Special Education teacher training does not include Adapted Physical Activity, and Disability Sport has only recently been introduced into Physical Education teacher training.
- national sport policy – people with disabilities are not included in the majority of sports. There are 48 National Sports Federations registered with the Ministry of Sports. However there are only provisions for people with disabilities in 15 sports nationally<sup>8</sup>, through the efforts of the National Paralympic Committee.

Therefore much remains to be done in Sri Lanka in terms of policy and legislation on sport and disability – both to disseminate and implement existing policy/law, and to develop policies/laws where there are gaps.

<sup>7</sup> The relevant article of this Convention, and other conventions and policies referred to in this chapter, are given in full in Appendix 1

<sup>8</sup> Athletics, wheelchair marathon, badminton, table tennis, wheelchair basketball, cycling, sitting volleyball, standing volleyball, beach volleyball, cricket (blind and deaf teams), power-lifting, shooting, wheelchair tennis, archery and swimming

# Inclusive sport and play – the basics



*The Right to Play: Wheelchair racing in Oddisuddan Mullativu*

## Key Learning Points in this Chapter

- **The benefits of sport and play – for all children and for those with disability**
- **The risks of sport**
- **Models of inclusion in sport**

*The fact that you're reading this manual suggests that you're probably involved in sport, either as a play leader, PE teacher or sports officer/coach. So you're probably already well aware of the many benefits of sport and play for children. However you may not be aware of the particular benefits that sport and play can have for children with disabilities. This chapter will remind you of the benefits of sport and play for **all** children, while highlighting the particular benefits for those with a disability.*

*While sport brings many benefits to children we should be realistic and be aware that it can also have negative impacts. These need to be recognised so that we can prevent them.*

*The degree and type of inclusion which is possible in sport depends on factors such as the type and severity of impairment, and the type of sport/physical activity. This chapter will explore this in more detail, presenting two models which illustrate the types and degrees of inclusion which are possible in sport. These models will introduce the concepts of adapted sport, disability sport and adapted physical activity (APA) – how sport and games can be modified to make them accessible for children with disabilities.*

## What are the benefits of sport and play for children and youth?

The benefits of sport and play have been amply documented and researched. Here is a summary of the main benefits.

### Increased physical activity and improved health

Sport and physical activity are important components in a healthy lifestyle for children. Physical activity contributes to developing healthy bones and efficient heart and lung function, and can positively impact on the functioning of the body's immune system. Sport and physical activity contribute to the prevention of chronic diseases such as cardiovascular disease, diabetes, hypertension, obesity and osteoporosis.

All children, including those without disabilities, are becoming increasingly sedentary, due to changes in lifestyle (eg. increased use of TV and the internet), family pressure to study harder, etc. Obesity rates in Sri Lanka are rising - 0.4 million schoolchildren are thought to be overweight in Sri Lanka (2011)<sup>9</sup>. Children with disabilities may be particularly prone to a sedentary lifestyle – children with physical impairments (especially wheelchair-users

and those with other severe mobility impairments) have particular difficulty in moving. Children with visual impairment also tend to be more inactive because of fear of falling over and injury. Parents may over-protect a child with disability, eg. not allowing him to play for fear of injury, which also contributes to low activity levels. Low physical activity can lead to health complications for children with disabilities, eg. contractures can

increase, and wheelchair-users can develop bedsores, circulatory or urinary problems.

Young women may be particularly at risk of physical inactivity because of cultural attitudes towards their participation in sport. It's therefore particularly important that sport and play programmes include young women, eg. by ensuring a safe environment for them and by selecting appropriate physical activities for them, eg. dance.

### Increased strength and functional ability

Sport and physical activity can increase muscle strength and also improve functional ability, such as range of motion, gross motor skills (eg. walking, jumping, kicking), fine motor skills (eg. hand function – grasping, gripping), balance and coordination (eg. hand-eye coordination). While this is of benefit to all children, children with disabilities (especially physical or intellectual impairments) may be in particular need of developing these skills. For example:

- ◆ wheelchair-users need to develop upper-body strength to push themselves independently, without the need for a carer
- ◆ children with amputations, paralysis or contractures (tightening of the muscles) may need exercise for muscle strengthening, to



*Physical activity is particularly vital for young people with Down Syndrome, who are at greater risk of obesity*



*Wheelchair-racing – a great way to develop upper body strength*

<sup>9</sup> Nutrition & Lifestyle: The Official Blog of the Department of Nutrition, Medical Research Institute, Sri Lanka, 24/5/11



improve gross motor skills, and to improve balance

- ◆ children with contractures (either arm or leg) need exercises to increase the limb's range of motion
- ◆ children with intellectual impairment or cerebral palsy frequently have coordination or balance problems, and poor motor skills (both gross and fine).

By developing strength and functional ability, children with disabilities become more autonomous and less dependent on their parents. For example a wheelchair-user can push herself, and a child with cerebral palsy can learn to feed or dress herself.

## Educational benefits

Sport and physical education can teach children key values such as honesty, teamwork, fair play, respect for themselves and others, discipline, and adherence to rules. While these are valuable lessons for all children, children with disabilities in particular may lack the social education and opportunities to learn these lessons, due to overprotection at home and isolation.

Sport and physical activity are seen by some as the antithesis to education and academic achievement – time spent playing is 'wasted' study-time. However this is erroneous, for two reasons. Firstly, sport and physical education in schools actually contributes to academic subjects rather than detracts from them, eg. it contributes to curriculum topics in Mathematics and Science (measurement of distance, time, etc). Secondly, academic research has consistently shown that spending a reasonable amount of time in physical activity does not hinder academic performance, and it may actually improve it. Some studies have shown, for example, that engaging in physical activity leads to increased concentration, enhanced creativity and memory, better task performance and problem-solving among children in school. It may therefore be beneficial for children with intellectual impairment to take part in physical activity, in order to improve their cognitive performance.



*Sport as an educational activity – measuring distance in standing long-jump*

## Improved psycho-social situation

Sport provides fun, relaxation and an escape from stress. Research has shown that sport and physical activity can be effectively used in treating depression. Stress and psycho-social disorders can affect any child, eg. as a result of family crisis, school pressure or the anxieties of adolescence. However stress and psycho-social disorders are more widespread in areas affected by conflict such as Northern and Eastern Sri Lanka, where children may have experienced more serious trauma and disruption to normal life (death in the family, family dislocation, displacement, etc).

Sport and play has been used in many parts of the world in programmes to normalise children's mental state after a war or natural disaster. Sport and play programmes can therefore provide psycho-social relief to children in North and Eastern Sri Lanka, especially those with conflict-related psycho-social trauma.

## Higher self-esteem/self-confidence

Low self-esteem and self-confidence can affect all children; any schoolchild, for example, can be the victim of bullying just because he or she is different from other children. Children can suffer from low self-esteem because of unsupportive parents, or because of emotional crises during adolescence as their bodies change. Children with disabilities may be particularly susceptible

to low self-esteem and self-confidence. They may suffer from 'inferiority complex' – viewing themselves as being inferior to other children. This self-view may be the result of the attitudes and practices of their families and others around them such as their teachers and other children. Such damaging attitudes and practices including infantilising (treating the child with disability like

- ◆ meet new people and make new friends
- ◆ gain experience of leadership or responsibility, eg. by being appointed a team captain or a referee.

Experience from the Sports For All Project has shown that young people with disability can 'forget' they are disabled when they are playing and succeeding in sport. Sport can contribute to creating a whole new identity for the youth with disability - she starts to consider herself firstly as a sportswoman and secondly as a person with disability.



*Sporting achievements can boost the self-confidence of these youth with learning difficulties*

a much younger child), over-protecting, 'spoon-feeding', bullying, denying equal opportunities, etc. Children with disabilities may therefore be shyer and more withdrawn than other children, having less belief and confidence in their own abilities.

Sport and play can help to address a child's low self-esteem or low self-confidence, by enabling the child to:

- ◆ enjoy the excitement of winning, and the praise and recognition that she receives after a victory
- ◆ sense achievement when she can achieve personal goals – eg. when hitting a cricket ball for six for the first time, or when beating her personal best time in athletics
- ◆ experience the satisfaction of trying and mastering a new skill, eg. learning to ride a bicycle, or playing table tennis for the first time
- ◆ broaden his horizons through travelling to new places for away fixtures

## What are the benefits of inclusive sport and play?

The section above has shown how children (both with and without disabilities) can reap many benefits from taking part in sport and games. There are additional benefits to **inclusive** sport, ie. sport provision for people with and without disability together, in the same place and at the same time. The benefits of inclusive sport are not just felt by the children with disabilities, but by other children too.

### Inclusive sport – benefits to the child with disability

Inclusive sport contributes to the socialisation of children with disabilities, especially those with severe disabilities who may otherwise have few



*Inclusive carom can have a positive impact on people with disabilities' self-esteem*



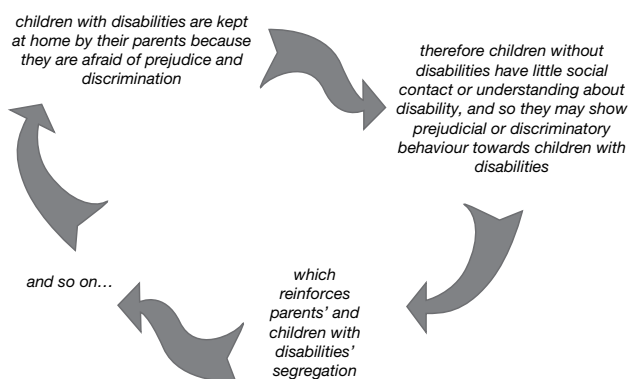
opportunities to meet other children and learn social skills such as cooperation, sharing, turn-taking, etc.

Inclusive sport can build the self-esteem of children with disabilities, reducing their inferiority complex, if they are able to compete equally with and maybe even beat children who do not have a disability. For example a child with physical impairment discovers that she is an excellent carom player and represents her school in tournaments. The child gains prestige and status within the school through this, which over-rides the fact that she has a disability.

Some children with disabilities who are particularly gifted in sport may be held back if they only have opportunities to compete against other children with disabilities. For example a child who is deaf who is a talented athlete should be able to compete against all children to give him extra competition and to develop his talent.

## Inclusive sport – benefits to other children

Giving children without disabilities contact with and exposure to children with disabilities can be a valuable life experience, as they learn about and gain a broader understanding of what it is to be human. They learn empathy, patience, tolerance, acceptance and respect for people who are different from themselves. Children can sometimes be cruel towards those with disabilities. Through ongoing contact with children with disabilities, children without disabilities will gradually stare, point or laugh less at them – they will increasingly accept them as children just like themselves. This breaks **the vicious cycle of segregation:**



Inclusive sport also teaches children without disabilities about the wider values of sport. Often a lot of emphasis on sport, eg. in schools, is placed on winning – on cups, medals and trophies. Inclusive sport shows that there is more to sport than this – sport is also about personal development, about each child doing their best, trying hard and improving themselves. A child with a deformed leg may never get selected for the school football team, but he can enjoy himself in an adapted-rules game of football in a PE lesson, improve his fitness and inspire others with his efforts and perseverance.

Many of the principles of inclusive sport benefit all children, not just those with disabilities. For example in schools, inclusive PE teaching or coaching promotes an individual instructional approach and adapting to the learning style of each child. Even children who do not have a disability vary greatly, eg. in physical ability, coordination, cognitive ability, behaviour, interest in sport, preferred learning method, attention span, etc. Inclusive teaching and coaching enables the teacher/coach to respond more effectively to the individual needs of each and every child, to provide better quality, more effective PE lessons and coaching sessions.

Similarly in children's clubs, play and games sessions can attract children from a wide range of ages, and it can be a challenge leading a session for young and older children at the same time. Individualised and adapted approaches can help the play leader to design and deliver games sessions which are suitable and enjoyable for all the participating children regardless of their age, and also ensure safety (since there is greater risk in games and sport with mixed age groups of children playing together).

Accessibility is another issue which is central to inclusion but also benefits everyone. Improving playing fields so that they are level, with quality surfaces and free from hazardous objects provides a safe playing environment to **all** children, not just those with disabilities.

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## Inclusive sport or disability sport?

Because of the benefits of inclusive sport, does this mean that there should be no segregated, disability sport provisions at all? Not necessarily – remember, the last chapter spoke of the ‘twin-track’ approach to full social participation. While it is best practice to promote inclusive approaches such as inclusive sport, segregated approaches such as disability sport can also play a role in advancing the inclusion of people with disabilities. For example some children with disabilities who are new to sport may prefer to play with other children with disabilities, to gain confidence and to overcome their shyness before being introduced to more competitive play with other children without disabilities. It’s important to respect the choice of children and youth with disabilities, whether they prefer to play inclusive or segregated sport. Disability sports, eg. wheelchair basketball, can provide opportunities to people with disabilities to compete at national and international level, giving them considerable social opportunities (travel, new experiences, etc), and even economic reward. Through this they can become role models to inspire other people with disabilities. Disability sports events such as the Paralympics are also effective in changing public perceptions towards people with disabilities and creating more understanding and acceptance of disability.

So disability sport has a place in sport provision for people with disabilities, which is why it is recognised (along with inclusive sport) in Sri Lanka’s National Policy on Disability. However it should also be remembered that providing disability sport is often expensive (it needs more specialised equipment such as wheelchairs, and players’ transport costs for coaching sessions and events can be expensive), and the number of beneficiaries can be proportionally quite low. Inclusive sport, on the other hand, by using existing structures such as schools and sports clubs, can provide benefits to a large number of children and youth at relatively low cost.

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## What are the potential harmful effects of sport?

While participating in sport and play potentially has many positive impacts for children, including those with disabilities, there are also a few dangers and pitfalls that we should be aware of.

**Negative impact on the child’s psycho-social situation/self-esteem** – earlier it was described how participation in sport can reduce a child’s stress, enable him to relax, and have positive impacts on his self-esteem and self-confidence. However if the sport/play experience is badly delivered, the result may be exactly the opposite! For example a sports or play activity may not be appropriately adapted, so that the child fails at the task, and experiences excessive stress in trying to achieve it. This may humiliate the child in front of other children, negatively impacting upon his self-esteem. The social and psycho-social benefits which children with disabilities can derive from participating in sport do **not** happen automatically – it depends on how the sports/play activity is planned, adapted and delivered.

**Exacerbating exclusion / negative attitudes** – similar to the point above, having children with disabilities participate in sport alongside children without disabilities does not *necessarily* create positive awareness about disability among the general public. If the attempt at inclusion is unsuccessful, it may have the opposite effect. For example if a child with disability is placed in an inclusive game environment with insufficient adaptations, she may perform very badly which would reinforce the belief (among spectators and non-disabled players) that children with disabilities should not take part in sport, or should have separate, ‘special’ events. Alternatively, making excessive adaptations which result in giving the child with disability an unfair advantage over a child without disability may lead to resentment and a backlash against inclusion.

**Lack of balance** – while children should participate in sport and play, we should also ensure that they strike a suitable balance between

this and their other responsibilities, such as family and domestic commitments, as well as academic studies, cultural activities, etc. There is a risk that a child enjoys sport so much that he neglects his other activities and responsibilities.

**Risk of injury/impairment** – while sport and play can reduce the effects of an impairment on a child’s functioning as described earlier (by increasing strength and developing the child’s functional ability), sport can also exacerbate an existing impairment or create a new impairment through injury. Chapter 6 of this manual gives advice on ensuring safe practice to prevent such accidents.

**Promoting undesirable behaviour/traits** – earlier in this chapter the positive values and life-skills that sport can impart were discussed (fair play, discipline, teamwork, adherence to the rules, etc). However unfortunately in society, a fair amount of undesirable behaviour also takes place in sport and this is sometimes tolerated or even promoted by schools or sports clubs. Unsporting behaviour, cheating, sledging (players verbally abusing their opponent to gain an advantage), etc. are common in sports such as cricket and football. Off the pitch, hooliganism and violence among spectators sometimes spoil matches. Responsible adults (coaches, PE teachers, etc) need to ensure that positive behavioural traits are promoted through sport, both on and off the pitch.

## Models of inclusive sport

What, then, is inclusive sport? There are various ways in which children with disabilities can participate in sport, and there are various degrees to which inclusion can be possible. The form of inclusion which is possible with a given child depends on the child’s impairment (its type and severity), and the nature of the sport/physical activity.

Several models have been put forward to explain the variety of possible forms that inclusion in sport can take. This manual will present two of them: the ‘Continuum of Inclusion’ (Winnick, 1987) and the ‘Inclusion Spectrum’ (Stevenson and Black,

2011). Both models are useful for understanding inclusive sport. A difference between the two models is that the Continuum of Inclusion focuses more on sport while the Inclusion Spectrum is based more on PE and play.

At this point it’s useful to define several terms which will be used. **Adapted sports** include those variations of mainstream sports which have been made to enable people with disabilities to play, for example wheelchair basketball or sitting volleyball. **Disability sports** include adapted sports, but also those sports which have no mainstream equivalent because they were created specifically for people with disabilities. These include goalball and boccia (which will be explained later). **Adapted physical activity** refers more broadly to adaptations in physical activity more generally, including sport, play and physical education.

## 1. The Continuum of Inclusion

Winnick proposes five levels of inclusion in sport as explained below:

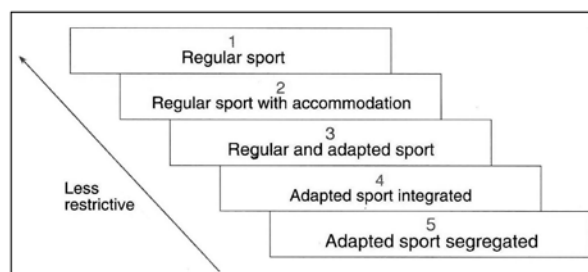


Figure 3.1 An integration continuum for sport participation.  
Reprinted, by permission, from J.P. Winnick, 1987, “An integration continuum for sport participation,”  
*Adapted Physical Activity Quarterly* 4: 158.

**1. Regular sport** – at this level of inclusion, children with disabilities are included into regular, mainstream sport with no adaptations at all. This includes, for example, deaf youth taking part in athletics events. They can participate equally alongside people who are hearing in almost all events, track and field<sup>10</sup>, with minimal additional support (eg. Sign Language interpretation and a flag at the start to accompany the starting gun in track events).

Another example is participation of people with physical impairments in sedentary games, such

<sup>10</sup>Start-light systems are needed for higher-level competitive events, especially for the sprint distances



*Most people with physical impairments can easily play sedentary games inclusively without adaptations*

as chess, carom, etc, or standing games such as darts or cue sports (snooker, billiards, pool). A wheelchair-user, for example, can play against a person without a disability with no adaptation to the game, and with no need to organise separate games/tournaments for the players with disabilities. A person with a disability affecting one arm would be able to play darts against people with no disability.

## **2. Regular sport with accommodation**

– in this case, the child with disability is able to participate in regular, mainstream sport but with some accommodation or modification, to allow the child to compete equally with other players (but not to give an additional advantage). A celebrated example is the case of Oscar Pistorius, the South African double-amputee athlete who competes alongside athletes without disabilities with the aid of two prosthetic legs. After a lengthy legal process, the Court of Arbitration for Sport ruled that the use of these prosthetic legs gave Pistorius equal opportunity with other athletes and not an unfair advantage.

Children with disabilities may be able to take part in other regular sports with children without disabilities, without adapting the sport, with the aid of their mobility aids. For example a child with a foot deformity who wears orthotic shoes may be able to play cricket as well as any other children without having to adapt the game to accommodate his needs.

**3. Regular and adapted sport** – at this level of inclusion, the sport itself is adapted to allow people with and without disabilities to

play together. An example would be in tennis doubles, where one player has a disability and the other does not. The player without a disability follows normal tennis rules (regular sport), while the player with a disability follows modified rules – she is allowed two bounces of the ball per volley instead of one (adapted sport). *see photo below*

Another example would be a marathon which incorporates a wheelchair marathon within the mainstream race. Athletes with and without disabilities follow the same course, although start times are staggered and the results are separated between the two categories.

The 'Unified Sports' also falls within this category in the Continuum of Inclusion. Unified Sports is a branch of Special Olympics, the worldwide movement of sport for people with intellectual impairment. Unified Sports, however, involves mixed teams of people with intellectual impairment (termed 'athletes') and without intellectual impairment (termed 'partners'). For example in 7-a-side football a team consists of 4



*'Mixed' – disabled/non-disabled doubles in tennis*

athletes and 3 partners. Unified Sports originated in the USA, has been promoted in many countries where Special Olympics is present including India and Bangladesh. Sports practiced using the Unified approach include athletics, basketball, badminton, football and volleyball.

**4. Adapted sport integrated** – this level of inclusion is where athletes with and without disabilities participate in adapted or disability





1



2



3



4



5



6

1. **Boccia**, a target game similar to petanque which was designed for wheelchair-users

2. **Para Badminton**, which has categories for wheelchair-users as well as leg and arm amputees

3. **Sitting Volleyball**, for people with spinal injury or leg amputation

4. **Amputee football** – 7-a-side football where the 6 outfield players are leg amputees and the goalkeeper is an arm amputee

5. **Goalball** – a sport which features in the Paralympic Games, specially developed for players with visual impairment

6. **Sitting Throwball** – a variation of throwball, where all the children play seated on the ground, which is easier for children with mobility difficulties

sport, eg. in wheelchair sports such as wheelchair tennis or wheelchair basketball, athletes with and without disabilities both use wheelchairs. This can also be called 'reverse inclusion', where athletes without disabilities play sports which are normally for athletes with disabilities only.

Boccia (see above) can be another example of 'adapted sport integrated'. Boccia is a sport which was developed specifically for people with disabilities, but it can equally well be played in mixed teams of people with and without disabilities.

**5. Adapted sport segregated** – this is the final level of the Continuum of Inclusion. It is where athletes with disabilities participate in adapted sport in a completely segregated setting, without participation of athletes without disabilities. Examples of adapted sports are shown above:

Even if children with disabilities are playing an adapted or disability sport, with no children without disabilities participating at all, there can still be some degree of inclusion. For example, parallel events/tournaments can be held, eg. a wheelchair basketball match/tournament



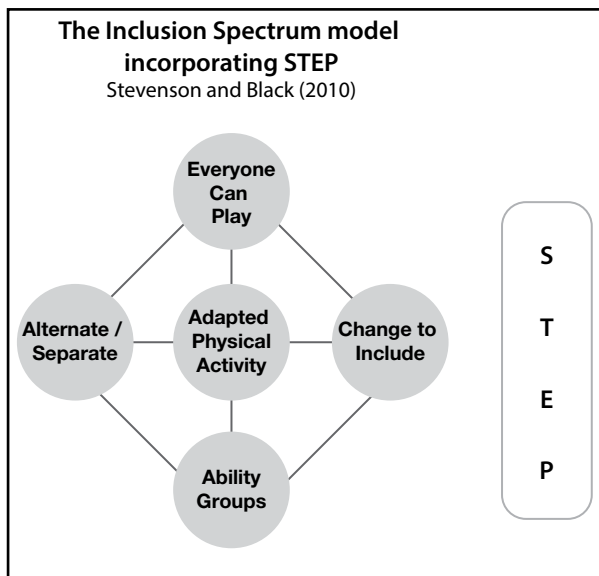
(segregated, only children with disabilities) can be incorporated within a mainstream basketball tournament, a wheelchair race (children with disabilities only) can be included in the programme of a mainstream athletics meet, etc.

**Everyone Can Play**

There are six types of inclusive sport/play in the Inclusion Spectrum. The first one is 'Everyone Can Play', in which children with disability participate in naturally inclusive activities based on what each child can do, with little or no modifications or adaptations. For example:

**2. The Inclusion Spectrum**

A more recent model of inclusion put forward by Stevenson and Black (2011) is similar to that of Winnick but is based more on school and community-level PE and physical activity rather



*Inclusive warm-up session*



*Free play session with hula hoops. Each child can play according to their ability*

than formalised sport. Another difference is that rather than seeing inclusion as being hierarchical (ranging from 'more inclusive' to 'less inclusive'), the Inclusion Spectrum depicts the different types of inclusion as being of equal importance and therefore circular.

- ◆ warm-up and cool-down activities, where children can find the level of participation that they can manage
- ◆ free dance activities, where each child can express himself in the way he can
- ◆ collecting or gathering games, eg. gathering up objects scattered around the playing area and arranging them by colour ('cups and saucers' is one such game, see chapter 5).

## Change to Include

In Change to Include, all the children of different abilities do the same activity but with adaptations. The purpose of the adaptations is to provide support to those with less abilities, and challenge to those with more abilities. The types of adaptations which can be made follow the **STEP** model (**s**pace, **t**ask, **e**quipment and **p**eople). Chapter 4 gives examples of this. In the game pictured, for example (running and picking up marker saucers), a child with mobility impairment can be allowed to run a shorter distance.



## Ability Groups

In Ability Groups, children are grouped according to ability. Each group does a version of the same activity, but at a level which suits the individuals in each group. For example



more able children might be involved in a game of full-contact football, while children with less ability would be involved in a passing or dribbling game or activity.

You might also use this approach in a group with children of mixed ages. In the picture bottom left, a very diverse group of children is divided into two groups – smaller children play a minor game (passing a ball between the legs), while older boys are instructed in a more physical ball-throwing game.

## Alternate / Separate

This is similar to Ability Groups: children with disabilities work individually on specific skills, to enable them to be successfully included in the whole group. This approach is used when a child needs to practise separately first before participating in the main group. For example a child might need additional practice in catching or developing hand-eye coordination before participating in a sport such as cricket. This approach should only be used temporarily and not most of the time.

## Adapted Physical Activity

This is the same as 'Adapted sport integrated' in the Continuum of Inclusion, where children without disabilities play with children with disabilities in adapted or disability sports, eg. sitting throwball or boccia.

## Summary of the two models of inclusion in sport

What these two models tell us is that there is no single answer to the question 'what is inclusive sport?' How children with disabilities can be included in sport depends on the type and degree of disability, and the nature of the sport or physical activity. Possible forms of inclusion in sport are:

- ◆ children with and without disabilities playing together, with no additional support and with no adaptations needed to the sport
- ◆ children with disabilities playing a non-adapted sport with children without disabilities, thanks to additional support such as rehabilitation equipment
- ◆ children with disabilities playing adapted versions of sports with children without disabilities. These include adaptation to the playing space, the task, the equipment and people (STEP).
- ◆ children (with and without disabilities) divided into ability groups so that they can participate on differentiated tasks within the same group
- ◆ **reverse inclusion**, where children without disabilities play an adapted or disability sport with children with disabilities, eg. a wheelchair race.
- ◆ **parallel inclusion**, where children with disabilities play adapted/disability sport and children without disabilities play mainstream sport, separately but alongside each other, eg. a joint volleyball/sitting volleyball tournament.

The next chapter of the manual will explore these options and possibilities in more depth.



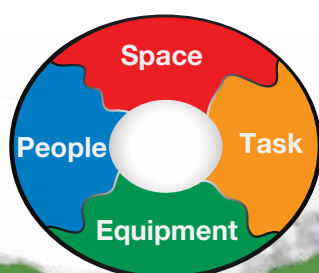
# Sport and play – making it inclusive



Disability - not a barrier to having fun

*The previous chapter explained the concepts of inclusive sport, adapted sport and disability sport, and gave various ways in which children with and without disabilities can play together through presenting two conceptual models. This chapter will give more concrete, practical ways how this can be done. This includes some general principles of working with children with disabilities in sport and physical activity, some specific tips related to certain impairments, and general ideas about games and sports which lend themselves more easily to inclusion (and also some activities which should be avoided).*

*Do you remember STEP? This was briefly introduced in the last chapter. STEP (space, task, equipment and people) comes from the Inclusion Spectrum model of inclusive sport, and gives us a framework for recognising what we can adapt to bring about effective inclusion. This chapter will go into much more detail about how STEP can be put into practice.*



## Key Learning Points in this Chapter

- *Basic assessment of children with disabilities*
- *General principles in working with children with disabilities in sport and play*
- *Impairment-specific guidelines on sport and play*
- *What adaptations can be made?*
- *How to lead an inclusive play session*
- *What makes a good play leader/coach?*

**F**inally this chapter will focus on **you**, the play leader/PE teacher. What are the essential qualities you should have to work with children of mixed abilities in play and sport? The chapter will also give some tips to help you improve your play/coaching session, to make them more effective and more enjoyable for all children, not just for those with a disability.

First of all, though, this chapter will discuss **assessment**, which is vital before planning or conducting any play or sports activities with children with disabilities, or indeed any children.

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## Assessment

Assessment can help you to answer questions such as:

- ⊙ What sports and games should I provide to my group of children, including those with disabilities?
- ⊙ Are there any sports or activities that the child should definitely **not** be involved in?
- ⊙ How is participating in sport and play benefiting this child?

These first two questions are important for all sports and play sessions, whereas the third is most important if you are working in a project where monitoring and evaluation is required.

Assessment is an activity to help your sport or play programme at both the **individual** and the **project** level. At the **individual** level, assessment is used to:

- ⊙ make choices and decisions about which sports and activities are suitable for each child. For many children with disabilities, this is simply a matter of the child's particular preferences and interests. However for children with more severe or complex impairments, it is also based on the child's capacities and abilities, which may be affected as a result of her impairment. There may also be medical reasons why it is inadvisable to take part in certain activities on health grounds.
- ⊙ identify the children's needs for additional support – rehabilitation equipment, adapted sports equipment, adapted games/methodology, staffing support, etc. You need in-depth knowledge and understanding about the children with disabilities in your group, so that you can effectively involve them in your play activities, and so that you can be aware of any health and safety risks – this process of knowing their needs and situation starts with assessment.
- ⊙ in competitive disability sport, assessment is called **classification**, and is used to categorise athletes with the same type of impairment. It is important to group athletes with the same or very similar levels of impairment together in the same race or event, to ensure fairness.

At **project** level, assessment can help to:

- ⦿ plan the services and activities you will provide, to determine what resources (sports equipment, coaches, facilities, etc) you will require. For example collectively considering all the individual assessments you have carried out will tell you if you have enough people with the compatible impairments and the interest to form a team, eg. in sitting volleyball or wheelchair basketball; if not you will perhaps need to focus on individual sports such as badminton or table tennis.
- ⦿ monitor and evaluate the outcomes of your work. For example, if you are a PE teacher you might be interested in knowing how the fitness levels or sports skills of your children are increasing thanks to your coaching. Or you may be interested in finding out about the psychological or social changes in the children you're working with, as a result of their participation in your project. Demonstrating such changes begins with conducting an assessment.

Depending on how formalised your sports/games activities are, you may need to conduct a written assessment (and therefore developing an assessment form is a good idea – see appendix 2 for examples), or if you are working in sport and leisure informally at community level, a verbal discussion with the children (and parents) is probably enough. However you conduct an assessment, the kinds of information you need are as follows:

## 1. About the child's impairment

- ⦿ What type of impairment does the child have? Is it from birth or acquired?
- ⦿ What is the cause?
- ⦿ What medical/rehabilitation services has the child received?
- ⦿ Is the child taking any medication?
- ⦿ Has the child received any advice from a medical professional concerning his participation/non-participation in physical activity?
- ⦿ Is the impairment progressive (is it getting more severe over time)?
- ⦿ Does the child have a mobility aid (wheelchair/crutch/prostheses/orthosis/etc)? If so what condition is it in? If the child does not have a mobility aid, does he need one?
- ⦿ Are there any medical risks in the child participating in sport (eg. bedsores, which could be exacerbated by physical activity)?

The assessment should also cover the child's physical abilities. The complexity of this will depend on whether or not you have access to a professional such as a physiotherapist. A physiotherapist will be able to conduct an assessment including, for example, the child's muscle strength, range of motion, posture, hand function, spasticity, etc. If you don't have access to such a professional, you should nevertheless be able to describe the child's physical abilities, eg. in terms of arm and leg function, ability to walk, run, etc, level of comprehension/understanding (eg. for children with hearing impairment or intellectual impairment), etc, as these will influence what sport and play activities the child can and can't do, and also highlight any potential risks.

## 2. Sport

What sports and games is the child interested in playing? While it's important to get the child's opinion on this, remember that the child's experience may limit her answers to the common sports and games that she sees every day. A child is unlikely to mention a sport such as sitting volleyball which she has never seen or heard of before. The child needs to know about options and opportunities available so that she can make an informed choice.



Sit and reach test, measuring flexibility

Are there any sports/activities which are inadvisable for the child? For example highly physical contact sports such as rugby or kabaddi are generally not suitable for children who are particularly weak or fragile (although remember that adaptations can be made to make many games, even highly physical ones, more suitable).

Sport and fitness assessment can also include an in-depth assessment of the child's fitness levels. This is useful if you



Dumb-bell lift and hold, assessing muscular strength

want to measure the results of a

coaching camp or a training programme on a group of children. There are various ways of assessing or measuring fitness. One assessment system that has been developed



Trunk lift – measuring core strength and flexibility

specifically for children with

disabilities is the **Brockport Physical Fitness Test (BPFT)**. This consists of a battery of 27 fitness tests covering three domains of physical fitness:

- ⊙ aerobic capacity
- ⊙ body composition
- ⊙ musculoskeletal functioning (muscular strength and endurance, and flexibility)

For a full description of the tests included in the BPFT, please refer to Winnick, 2005 (see references). Some examples of tests used in the Sports For All Project are shown above:

## 3. Social assessment

A child's participation in sport and physical activity depends as much on social and environmental factors as on the physical/medical factors, as discussed in chapter 2. Therefore an assessment should also cover:

- ⊙ the child's psycho-social/psychological status – does the child have the self-confidence to participate in public, social activities like sports practice? Or is she excessively shy? What concerns does the child have about her participation? You



need to understand what these concerns are so that you can begin to address them, eg. worries about bullying, failing, cost of transport, etc.

- ⦿ parental support and attitudes – how do the parents feel about the child's participation in sport? Are they supportive? What are their worries and concerns?
- ⦿ transport and accessibility issues – where does the child live in relation to the sports/play venue? Can the child get there independently, or with assistance? Is this assistance available, eg. a friend helping to push the wheelchair, or the father giving a lift by motorbike? Or is public transport required, and is this a barrier?

Make sure the parents (and if necessary, medical professionals) are involved in the assessment!

Examples of assessment forms used in the Sports For All Project are given in Appendix 2. But note that these are only examples – you should develop your own forms based on your own needs!!

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## General principles in inclusion

When working with children with disabilities in sport and physical activity, whatever the type or degree of disability, there are some general principles to keep in mind. Jowsey (1992) provides us with the following useful list:

**1. Focus on ability not disability!** It is easy to first of all see the child's disability and worry about what the child is unable to do. But instead you should establish what the child's strengths and abilities are and try to develop these. Children with Down Syndrome, for example frequently have well-developed muscle strength even if their abilities in other areas (eg. body coordination and balance) is poor. Similarly children who use wheelchairs or crutches may have well-developed upper-body strength, and therefore excel in sports and games where this is required. To build the child's confidence and motivate her to continue practising sport, it's important that she experiences success, so you should focus on activities (at least in the beginning) which play to her strengths and abilities, where she is most likely to succeed.

**2. Encourage independence** – children with disabilities may be over-protected at home and not allowed to develop their independence. Participation in PE and sport is an opportunity to help the child to develop this independence, eg. pushing and transferring from his wheelchair himself, dressing, etc. But you should also make sure that the environment is conducive to developing this independence, eg. it is accessible and free of obstacles, and the child is able to move around freely and safely.

**3. Encourage the child to be responsible for his own learning** – overprotection can also lead to children with disabilities not thinking and solving problems for themselves. PE and sport is an excellent medium through which children can learn to think for themselves. When introducing a new skill (eg. how to execute a badminton serve, how to skip with a rope), take a step back and let the child explore how to carry out the action herself before offering assistance. Encourage the child to ask for help if required, and offer this help only after being requested. Don't give too much assistance to the child – she can probably do more than you think she can!



Remember also that children are free to make their own choices and decisions, eg. about what games they take part in, or when they need to stop and take a break, although the coach or play leader may need to take a more controlling attitude when it comes to health and safety issues.

**4. Remember safety** – safety is of paramount importance for obvious reasons. Chapter 6 deals with health and safety in greater detail. Actual injuries caused by accident are obviously to be avoided, but even the fear of accidents can have a negative impact upon a child. If a child starts to associate PE or sport with pain, fear or risk, it is likely that he will start to find excuses to be absent in future. The child must not only **be** safe but also **feel** safe at all times.

**5. Allow sufficient time** – be patient! Children with intellectual impairment may need more time to understand an instruction, so you may have to repeat several times. Children with intellectual impairment and mobility difficulties will need more time to complete a physical task. Make sure that the other children in the group are also patient and understanding of the child's needs.

Prior to a PE lesson/games session, you must also allow a sufficient amount of **your** time, eg. for planning the session. With a child with a disability, you may need more time to plan an adaptation to the activity, or to prepare/make/buy an adapted piece of sports equipment, as shown in the example below.

#### **Experience from Sports For All project: adapting table tennis for a boy with visually impairment**

The Sports For All project was providing sports practice to youth with physical impairments every Sunday in Vavuniya, and on one particular Sunday a young man turned up with his friend who was blind. The activity that week was table tennis. This set the project team to start thinking about adapting table tennis so that a person with visual impairment could take part.

It was decided to develop a game where a disc was pushed back and forth across the table-tennis table, but the disc would need to have a sound inside it. But the staff were faced with various questions: what kind of disc to use? What kind of noise-making device to put inside it?

For the disc, it was found that a coffee-jar lid was a suitable size and weight, and its surface was smooth enough to slide over the table-top. But the noise-making device was more difficult. The staff bought some children's noise-making toys and tried to extract the sound device from them, but this didn't work. They searched for a very small, cheap mobile phone or radio which could be placed inside, but without success. Finally, one staff-member was able to find an electronics shop in Colombo which sold small electronic buzzers. A local electrician was found who could solder this inside the coffee-jar lid, and bingo! A piece of equipment for an adapted table-top game for people with visual impairment was created!



**6. Be aware of specific 'watchpoints' for each child** – you need to know about any particular health issue related to each individual child, eg. epilepsy, heart condition, etc. Also, make sure you get to know individual children's likes, dislikes, preferences, etc, in sport and games, especially for children with intellectual impairment or behavioural problems (see below under 'impairment-specific tips').

**7. Check the child's understanding** – ensure that the child knows exactly what is expected of her, eg. after giving instructions or explaining the rules of a game. For example you can ask the child questions about your instruction: 'what colour team are you? When I count to three, what do you have to do?'. Children with intellectual impairment or hearing impairment may have particular difficulty in understanding your instructions.

**8. Appreciate the child's energy expenditure** – recognise that for children with physical impairments, walking, or moving in a wheelchair expends a considerable amount of energy and they are likely to get more tired than other children. Therefore adapt the tasks you give to the child accordingly.

**9. Use a variety of teaching styles** – depending on the type of disability in your group, you may need to use visual demonstrations and manual guidance as well as verbal instructions.

**10. Practice close observation** – this will help you to analyse the child's response to a given task and make adjustments accordingly. For example observing how a child shoots in basketball will enable you to modify the task in future, eg. reducing the distance, the height of the hoop, or the type of ball. Close observation is also key in spotting any risks or dangers during the coaching/play session, to prevent accidents or health-related problems.

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## Impairment-specific tips

These guidelines are for if you have a child with a particular type of impairment in your coaching/play session. It's important **before** any session that you know about any child with a disability in the group, so that you are able to take any necessary measures. This involves assessment of the child as discussed earlier.

These tips are about ensuring the **quality** of the child with disability's participation during the coaching/play session, and her **enjoyment**. For health and safety issues related to specific impairments, please see chapter 6.

*Using written instructions and visual diagrams in cricket coaching with deaf youth*

### 1. Hearing impairment/speaking impairment

- ⦿ When giving instructions, ensure that any child with hearing impairment is standing near the front of group, where she is more likely to be able to hear you or to read your lips (if the child is able to lip-read).
- ⦿ Speak clearly and loudly, while at the same time maintaining normal mouth movements. Over-stressing words in speech makes lip-reading difficult.



- ☉ Face the child with hearing impairment.
- ☉ Reduce background noise/chatter from other children while you are giving instructions. In indoor venues echo can be a particular problem, making it difficult for children with hearing impairment to hear you.
- ☉ Use gestures, demonstrations, written or pictorial instructions, not just verbal instructions.

For children who know Sign Language, seek interpretation support from a Sign Language interpreter if available, or help from a friend or family member who understands the child's gestures and informal signs.

## 2. Visual impairment

- ☉ A child with visual impairment is likely to be very cautious and anxious when entering a new environment or when being introduced to a new experience. Therefore ensure plenty of time to explain to the child what you are going to do, and also to explain about the child's surroundings, eg. verbally describe the playing area, how many people are present, etc. Guide the child around the playing area, giving a verbal description if necessary.



*Brightly-coloured, tactile play equipment such as this is specifically designed for children with visual impairment*

- ☉ When giving instructions, ensure that the child with visual impairment is standing at the front of the group, where he is more likely to be able to see you.
- ☉ Use verbal explanation more than visual demonstration or visual aids.
- ☉ Ensure that the playing area is well-marked with clear lines (use bright colours where possible).
- ☉ Use modified equipment where possible, eg balls with bells, or brightly-coloured sports equipment. Foam balls and beach balls also move more slowly and are easier for the child to track.
- ☉ Avoid noisy games that can be very confusing and frightening for a child with visual impairment.
- ☉ Make sure that indoor environments (eg. indoor sports halls and games rooms) are well lit.

### 3. Intellectual impairment

The degree of intellectual impairment (ie. comprehension, memory, attention, etc) varies from child to child, as does the child's other difficulties (mobility, balance, coordination, hearing, etc). Therefore a thorough understanding of the individual child's abilities is needed for you to be able to effectively work with him.

- ⦿ When giving instructions, ensure that the child with intellectual impairment is standing at the front where she can hear and see you clearly. Children with intellectual impairment can have difficulties in concentrating and paying attention. They can easily be distracted and you need to be able to see them easily to check that they are following you.
- ⦿ According to the child's level of intellectual impairment, you may need to give clear, short and simple instructions, for example, 'when I blow the whistle, run to the red cone over there.' Use accessible language, eg. when talking about complex matters such as biomechanics. Make sure that the game or task that you are explaining is within their capacity of understanding. Games with complicated rules are best avoided. This also applies to young children who have difficulties grasping complicated rules.
- ⦿ Use a wide range of teaching methods, eg. verbal instructions, visual demonstration and other visual and auditory inputs (eg. pictures, noise-making toys). You may also need to manually guide the person, ie. using your hands to guide the child's body.
- ⦿ Repeat instructions as they often have memory problems.
- ⦿ Children with intellectual impairment can be particularly attracted by colourful sport and play equipment.
- ⦿ The child may have associated physical impairments as well as the intellectual impairment, so use exercises and games to try to improve the child's balance and coordination.
- ⦿ Be patient and allow extra time where necessary because of their understanding and mobility problems.



*Children are attracted to brightly-coloured sports equipment*

### 4. Mental disability

Children with mental disability have very specific needs so it is difficult to give general advice. You need to carefully observe and talk to the child to find out about him, as well as talking to the parents.

- ⦿ Some children may feel uncomfortable or anxious playing in a large group of children, especially if the child doesn't know them. Therefore allow him to play in a small group, or maybe even alone.
- ⦿ Find out who the child's friends are, or encourage other children to befriend her.
- ⦿ If the child appears to be withdrawn or disinterested, provide appropriate encouragement and motivation, without being forceful or pushy.



- ⦿ The child may have particular likes or dislikes, or things he is afraid of. They may be rational (eg. a particular preference for cricket or football), or they may appear irrational to you (for example a dislike of being touched, or an obsession with a favourite toy). Some children have a particular preference for routines, in which case you should try to establish a pattern or ritual during the play session. It's particularly important to avoid anything that is likely to disturb, frighten or annoy the child.
- ⦿ If the child becomes over-excited, give him some 'time out' to cool down.
- ⦿ Some children with mental disability can exhibit behaviour that is anti-social, eg. not sharing play equipment, not taking turns, or arguing. Monitor the child's interactions with other children to check for such behaviour, and take appropriate disciplinary action where necessary.

## 5. Physical impairment

Many of the issues related to children with physical impairments are covered in a later section on adaptations (eg. of equipment, space, rules, etc). Additional issues to consider with children with physical impairments are:

- ⦿ Warm-up and stretching is particularly important for children with physical impairments. For children with spasticity (eg. most children with CP), a period of relaxation at the start of the games session will probably produce better performances. A child may need assistance in warm-up and stretching exercises, eg. helping to lift her arms or to bend her wrists.
- ⦿ Also for children with spasticity, avoid fear, excitement, tiredness and loud noises during the play session, as this can provoke a 'startle reflex' in which the child loses grasp and posture.
- ⦿ For children who use mobility aids (eg. prostheses, orthoses, crutches and wheelchairs), find out (in discussion with the child) which is the most comfortable way for the child to take part in the game. For example the child may prefer to play with or without her orthosis. Or she may prefer to play using a crutch instead of his/her prosthesis, depending on the nature of the game.
- ⦿ Because children with mobility difficulties can be slower than other children, select sports and games where fast movement is not required, or adapt games to allow for players of different speeds to play together equally and fairly.
- ⦿ Reduce the duration of the play session, according to the child's ability, and allow more breaks if necessary.
- ⦿ Be observant for signs of tiredness and watch for accidents.
- ⦿ Allow more time where necessary for slower children.

Some conditions such as muscular dystrophy are progressive, ie. the child gradually loses muscle strength and function over time. Therefore activities will have to be gradually modified over a period of time to allow for this, eg. reducing the duration or intensity of the activity.



## General tips on interacting with people with disabilities

Here are some general tips on social interaction with people with disabilities, not just in sport and play but in everyday life.

### **Ask before you assist**

Don't assume all people with disabilities need help. Many people are able to move around independently. But if they do need assistance then check how to support them before you do so. They are usually the best person to ask how to go about this.

### **Be sensitive about physical contact**

As with other people, be aware of dignity so don't grab or touch people with disabilities without their permission. Do not grab hold of wheelchairs and other equipment they use without checking with the person first.

### **As much as possible speak directly to the person with disabilities**

Remember even if people cannot speak they can still communicate in other ways. While some people rely on support persons to assist them with such, don't assume they cannot speak for themselves and make useful contributions and choices

### **Don't make assumptions**

People with disabilities are the best judge of what they can or cannot do. Don't make decisions for them about participating in any activity; always seek their preferences.

### **Identify yourself before you make physical contact with a person with visual impairment**

Explain your intentions if your assisting someone with a sight impairment for example when leading them to an exit of a building. Also make sure you introduce yourself before speaking with a person with visual impairment, and make sure you tell them when leaving the conversation.

### **If you are giving directions to people with vision impairment, give specific non visual information**

Make sure any directions given rely on non visual clues (e.g. instead of 'turn right at the blue building', say, "Walk forward to the end of this aisle and make a full right."<sup>1</sup>

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<sup>1</sup> Disability Inclusive Community Based Disaster Risk Management: A toolkit for practice in South Asia, Handicap International 2012, [www.disabilityindrr.org](http://www.disabilityindrr.org)

## Adapting Sport and Games

The previous chapter introduced the terms **adapted sport** and **adapted physical activity**. Just to recap, the purpose of adaptation is either to introduce extra challenges for more able players or to make the activity easier for less able players, to enable a group of mixed abilities to play together. But what can we adapt? The Inclusion Spectrum (Stevenson and Black, 2011), introduced earlier in this manual, classes adaptations using the acronym STEP:



Within any given game or sport, there is plenty of scope for how you can introduce adaptations, to give advantages or disadvantages to players of different abilities – the only limit is your creativity!

### Adapt the **Space**

- ⦿ Playing areas can be made smaller to reduce the amount of mobility required for people with mobility impairments, eg. for badminton, volleyball, football, etc. For example wheelchair badminton is played on only half the court, as it is very difficult for a wheelchair-user to cover the entire court.
- ⦿ Playing surfaces should be as level as possible, so that they are accessible to children with physical impairments. Can you imagine how difficult it is, for example, to push a wheelchair on a bumpy sports ground? Mud or long grass can also be a hindrance to mobility.

*Wheelchair badminton uses only half the normal court size*



Make sure sports grounds are clear of obstacles and rubbish (eg. broken glass, stones, etc), so that they are accessible to people with visual impairments.

- ⦿ Indoor sports halls can present particular difficulties for children with disabilities. Ensure that lighting is sufficient for children with visual impairments to see. Children with hearing impairment also need good lighting, especially if they can lip-read. Indoor sports halls also frequently suffer from poor acoustics, eg. echoes, which present difficulty for children with hearing impairment, especially when the hall is crowded with a lot of noisy children! There is

particular need for children to be quiet when you are giving instructions in indoor halls, if you have a child with hearing impairment present.

- Playing areas should be well marked so they are visible to children with visual impairment, eg. using coloured cones or marker saucers, or chunnam powder. Bright colours also make the game more attractive and interesting to children with learning difficulties. Walkways (eg. access paths to sports grounds) should also be well marked so they are easily visible.



*The yellow line on this access ramp to a latrine helps to guide a person with visual impairment*

Another way of adapting the playing ground to enable inclusion is by introducing **zoning**. This is a form of rule-change (see below). You can introduce areas of the playing area where only the child with disability can play. For example in football, you can demarcate an area (eg. a defined width of the midfield area, or the penalty box) where only players with disability can play. This means that the players with disability are more involved in the game, eg. in passing and scoring. You can introduce similar zones in netball or basketball, for example.

- For some people with disabilities, eg. wheelchair-users, toileting can be a particular challenge; they will be reluctant to take part in sports activities especially if they are of long duration, or far from home, if there are no toileting facilities at the sports venue. Therefore you need to ensure that accessible toilets are available.
- Changing facilities may be required at the sports event, especially to enable the participation of girls. These may also need to be accessible, eg. if wheelchair-users are taking part.
- Children may need help travelling to and from the sports venue, eg. pushing his wheelchair, giving him a lift on a bicycle, or helping him on and off of buses. You need to ensure that someone (a friend or family member) is available to provide this help.

## Adapt the **Task**

Give children choices about what activities they would like to do, and ensure that some options are more suitable for children with disabilities. Some games, sports and activities which may be particularly suitable for children with disabilities are as follows:

**Individual games/activities** – in activities where there is no direct competition/comparison between the child with disability and other children, it is easier for the child to find his own level and go at his own pace. For example, athletics, dance, yoga, aerobics, gymnastics and circuit training. Team sports can be adapted to become more individualised activities, eg. 'Football Skills' and Cricket Skills' (see next chapter).

**Target games** – these require less mobility and less physical contact than many other games and sports, but develop other skills such as accuracy and coordination.



*Yoga and aerobics – two individualised activities suitable for a mixed-ability group*







Examples are archery and ten-pin bowling (shown here). Archery is a recognised Para Sport in Sri Lanka and is promoted by the National Paralympic Committee. More examples of target sports (eg. boccia and darts) are given in the next chapter.



Cooperative games – such games emphasise cooperation between children rather than competition (eg. parachute games) – see next chapter.

It's worth also mentioning games or activities which are best avoided if you have a mixed-ability group. Avoid **elimination games**, where children are 'out', as it will usually be the child with disability who is 'out' first (unless you have introduced some compensatory rule to give him an extra chance). And avoid children choosing their own teams, as this will usually result in the child with disability being left last which can be damaging to his self-esteem if it happens regularly. Use other methods (eg. random selection, numbering off) to form teams.

**Rule adaptations**- You can adapt the rules of a game to give advantages/disadvantages to players of different abilities, to 'level the playing field'. Of course these adaptations may not be able to be carried over into formalised tournaments which are played according to standard rules, but in practice sessions and PE you can be as imaginative as you want!

Here are some examples of rule changes in games and sports. The next chapter will give many more examples of how rule-changes can be applied to various games.

- ⦿ Modifying the scoring system – eg. in football, hitting the sides of the net or the post also count as a goal for a less able child; in basketball, hitting the back-board (or even the post) counts as a goal.
- ⦿ Use of substitutes – eg. teams are required to play all their substitutes for a certain period of time, including players with disabilities.
- ⦿ Out-of play rule – waive it for children with disabilities if have they difficulties with ball control, eg. in football, netball and basketball. Or waive the handball rule for children who need to use their hands as well as their feet in ball control.

*Tag rugby in India*



- ⦿ Rules to reduce physical contact – in rugby, for example, there are variants such as touch rugby and tag rugby, where players do not have to tackle. In touch rugby, touching a person is a substitute for a tackle. In tag rugby, players wear two tags on either side of their shorts. Players make a 'tackle' by removing one tag from another player and shouting 'tag.'



Rules to enforce participation of a child with a disability – for example in volleyball, the child with a disability must have been involved in the volley for the point to count, or in football, the child with disability must have touched the ball in the build-up to a goal.

- ⦿ Change the distance that players play from. For example in frisbee games, more able players have to pass the frisbee a greater distance than less able players. In volleyball, throwball or tennikoit, allow a less able or younger child to serve from a shorter distance rather than from the normal serving line.
- ⦿ Change the way individuals execute a given task in the game – for example some children are allowed to catch/throw one-handed and others two-handed; or some children are allowed to run, while others must walk, or hop.
- ⦿ Give extra 'lives' to children with disabilities before they are 'out'. Eg. in dodgeball the child can be hit three times before being 'out'.

When making adaptations to a game or sport, remember that the purpose of adaptation is to create **equal opportunity** and a **level playing field** – it should not create an unfair advantage for any person. A basic principle of sport is that it should be **fair** – making adaptations which are perceived to give the child with disability an unfair advantage may be seen as unsporting or as patronising to the child, which can cultivate attitudes towards disability which are not conducive to inclusion.

Another point to bear in mind is that any adaptation made should maintain the basic integrity of the game – the basic essence or goal of the game should be unchanged. Altering the game to the extent that it is scarcely recognised as, say football or cricket, may be unsatisfying to the whole group, including the child with disability herself.

## Adapt the **Equipment**

Special, adapted play equipment can be purchased, but there's also a lot you can do to adapt the sports and play equipment you use. Or you can also make your own equipment!

- ⦿ Balls – it's important in ball games to use balls which are non-threatening to the child – children can be fearful when faced with a fast-moving, heavy ball. Many sports accidents happen with balls, even among children without disabilities. Therefore you should experiment with ball of different sizes, weights, colours and textures. Balls which are larger, lighter, softer, more textured and more brightly-coloured are easier to throw, catch and track while in motion. Beach balls and foam balls are particularly suitable, or tactile inflatable balls. Balloons can also be used in many games, although outdoors their motion can be unpredictable in windy conditions. Beanbags are a good substitute for balls in catching games because they don't bounce.
- ⦿ Lower nets – in net games such as badminton, volleyball, sitting volleyball, throwball and tennikoit, lower the height of the net according to the age and ability of the children. Sitting sports such

*Sitting beach volleyball – adapted net (lower), and appropriate playing surface (sand – to reduce injury)*



*Beach balls are great fun!*



as sitting throwball and sitting volleyball in particular need a low net. The official height for the net in sitting volleyball is 1.15 m for men and 1 m for women, compared to 2.43m for men and 2.24 m for women in standing volleyball.

- ⊙ Bats and racquets – bats (eg. cricket bats) and racquets (eg. in badminton and tennis) should be suitable for the child's age, size and strength.



Table tennis table with adapted support post

For children with weak hand-grip, you can improvise a strap to help the child to hold the bat/racquet. In cricket, a tennis racquet can be substituted for a cricket bat, as it is lighter, it has a larger surface area (and therefore easier to hit the ball) and gives more bounce to the ball.



England v Australia in the Blind Cricket Twenty20 World Cup in 2012. Sri Lanka came third

- ⊙ Table tennis tables should be adapted for wheelchair-users; on many tables the supporting post under the table is too close to the edge of the table meaning that a wheelchair-user's legs cannot fit under it. The post should be a minimum of 40 cm from the edge of the table.



Catch pad

- ⊙ Use sports equipment with bright colours, to help increase their visibility for children with visual impairment, and to attract the

attention of children with learning difficulties. Many items of sports and play equipment are already available in bright colours (eg. balls, Frisbees, cones, hoops, etc); others can be painted, eg. blind cricket is a recognised sport in Sri Lanka and uses stumps painted in luminous colours.



Junior javelin

- ⊙ Specialised sports and play equipment, suitable for children with disabilities, may be available, or if not it may be possible to improvise using materials which are available locally. For example play parachutes (see next chapter) are brightly coloured and stimulating to all children including those with disabilities, and they require little physical mobility. Catch pads consist of Velcro pads and special balls which stick to the pad, and are useful for children who have difficulty catching, eg. children with poor hand-eye coordination or poor hand function. Junior javelins are lightweight, foam javelins which young children or children with particular weak upper body strength can use to develop the skills of throwing.

- ⊙ In disability sport, some adapted aids may be required, for example in athletics wheelchair-users can participate in throwing events using a special throwing chair, to give the required support: (see left)



Remember that children with disabilities may need particular equipment related to their impairment. The child may require mobility aids such as a wheelchair, a crutch, a prosthetic or orthotic.



You should check that this aid is in a good state of repair, safe to use, and that it is right size for the child – children who are growing will outgrow their mobility aid. Children with hearing impairment may use a hearing aid, while children with visual impairment may use glasses or a white cane. For all these adaptive aids, it may or may not be advisable for the child to use the aid during the sports/play session depending on the nature of the physical activity. For example it may be advisable for children not to wear glasses during highly physical, contact sports. A child may be able to use a crutch in some games but not in others. You should make a decision based on your observations and in discussions with the child, but remember that safety is of paramount importance.

## Adapt the **People**

'People' refers to both **players** and **instructors** (ie. the teacher, coach or play leader). You can adapt the way children **play** and also adapt the way you yourself **teach**.

Concerning the other children and youth in the group, the most important point is to foster an inclusive atmosphere in the group, so that they understand and accept the child with a disability. If the other children do not know the child with disability, you may need to sensitively explain to them about her disability – about what she can and can't do, and about any potential risks (eg. if she has epilepsy, or if she has to avoid excessive physical contact). Make sure you emphasise the positives, and also respect the child's privacy by not disclosing unnecessary information. During play/sport sessions, be aware of the possibility of any discriminatory practice taking place, for example the child being left out of activities (or opting out himself), name-calling, bullying, etc.

You can also adapt the way that children play together; by for example:

- ⦿ dividing the children into smaller groups. In small-team sports, eg. 5-a-side football, each child can play a more active role in the team than in the full-team version of the sport. Smaller groups also allow staff to give more individual attention to each child's special needs. You might divide the groups according to abilities, for example so that you can focus on developing a particular skill (eg. batting) with children of a similar ability. However this segregation should not be for long and should not be a regular part of your play/coaching sessions.
- ⦿ having unequal teams, based on parity of ability rather than numerical parity. A larger team, eg. in football, tug-of-war, etc, would have more people with disabilities. In badminton, as well as singles and doubles, you could have teams of three, for example – one player without disability to support two players with disability.
- ⦿ changing the rules about how players play, eg. in football, removing the goal-keepers in football to make scoring easier. In cricket you can allow a 'runner' – a player who runs for a child with disability when he is batting.
- ⦿ another possible rule-change is to give specific roles to the team member who has a disability. For example in basketball, having a rule that only the child with disability is allowed to shoot at the hoop – all other members of the team have to



*Four people per team in badminton - two people without disabilities to support two wheelchair users*



*Deaf and hearing teams playing volleyball together, with a hearing referee (communication using gesture)*

pass the ball to him. Or in volleyball, all serves have to be taken by the child with disability. It's important to find a role for each child in the game, regardless of his disability, even if this is refereeing or keeping the score.

- ☉ making sure that there is adequate communication between the child with a disability and other players. For example you may need to develop a system of gestures or signs to help children communicate with a child who is deaf.

- ☉ have assistants to provide support to the child with disability to enable her to achieve the task. This might be peer support (the child's friend, or another child), a parent or sibling, or staff/volunteers. Here are some examples of support during play and sport:



*Helping a youth with learning difficulty during a parachute session*



*An assistant giving extra stability during discus throw*

You also need to consider your own teaching/coaching/instructional style. As well as the aspects mentioned earlier, related to children with specific impairments, be aware of the following three principles of teaching:

**1. Success-based teaching** - create situations adapted to the child's abilities so she can succeed at the task. Avoid obstacles that might set the stage for failure and lead to disappointment and frustration.

**2. Personalised teaching** – remember that each child is unique! Think of his abilities and potential! Listen to and observe him, to get a full understanding of his environment, needs, desires and resources. Also think of the child's interpersonal encounters with other children – help to foster links between children so they can offer each other mutual help.

**3. Differentiated teaching** – use a wide range of teaching and learning methods and processes. Vary your communication methods (written, demonstration, verbal, pictures, etc). Remember the adaptations that are possible under STEP.

Critically appraise yourself and monitor your own performance – for example when making verbal communication, ask yourself 'can everyone hear me/see me? Am I speaking loud enough? Too fast? Has everyone understood me, or do I need to repeat the message? Should I ask the children questions to check their understanding?' Seek



feedback from the children themselves, or from a colleague: ask them 'how was the lesson today? Did everyone enjoy it? Did they learn something? Did everyone participate well? How can I improve?'



*Coaches in action – 'is everyone paying attention? Is everyone following me?'*

Some general advice when making adaptations using STEP:

- ☉ Think positively and creatively: there are no problems, only solutions.
- ☉ Take the risk to try something new – "to err is human" – you **will** make mistakes in the process of developing a new game or a new piece of equipment – that's OK, as long as you learn from them!
- ☉ Have confidence in yourself – don't be afraid to be creative and to have your own ideas!

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## Being a good play leader/coach

The previous section stressed that you as play leader or coach need to be mindful of your instructional or coaching style. But more widely than this, you have to consider your overall character and attitude during your play/coaching session. **You** are responsible for creating the atmosphere in the group among the children and youth. The participants look to you to create a welcoming, friendly, fun and safe environment. Remember, chapter 3 talked about the possible negative effects of sport on children and youth – the positive benefits of sport and play are not automatic. If the play/coaching session is poorly managed it can actually lead to the child having a greater feeling of worthlessness, or the child being more socially excluded. Children may respond to a poor play/coaching session by absenting themselves from your session, abandoning sport, and telling other children not to go either to the session!

With this in mind, it's therefore important to examine what are the qualities of a good play leader/coach?

### Qualities of a good play leader/coach

**Friendly** – the play leader has to welcome the children to the session. Ideally the play leader should have arrived at the venue ahead of time and be there to talk to the children as they arrive, with a smile, and take time to get to know them, to know their names, talk about their lives, their interests. This helps to create an environment in which the child feels valued and safe.

**Respected** – the play leader's own life should reflect the values of sport, ie. she should live a healthy lifestyle and promote values of good sportsmanship. She should act as a role model who the children can look up to and follow.

**Fair** – especially in competitive sport, the play leader must be, and must be seen to be, impartial at all times, dealing with all teams and all players equally and fairly.

**Knowledgeable about games/sports** – the play leader needs to have sufficient knowledge about the games and sports he is giving instructions in. This is especially important when introducing new games or new rules, to allow for the inclusion of children with disabilities. Preparing beforehand can help to give you confidence. Children will notice if you are lacking in confidence when leading the games/play session and this will affect their enjoyment of the session.

*A good coach is one who builds children's confidence*

**Encourager** – in your group you are likely to have children who are shy or withdrawn, eg. children who have come for the first time and don't know anybody else, or children with low self-esteem, who are afraid of new experiences and feel will fail at anything they try. This may be a child with disability, or it could be any other child who isn't particularly 'sporty.' It's your job to build their sense of confidence, to help them to try things they may have never tried before, to experience success, to make friends, and to discover enjoyment through participation in play and sport.



**Listener** – you should always be open to ideas, from children or from your colleagues, about improving your play/coaching sessions. It's good practice to ask children at the end of a session, 'what did you think of the session today?' and as well as listening to their feedback, acting on it! Was it too easy/too difficult, too long, was the sports equipment sufficient and appropriate, did they have fun?



**Observant** – this manual has mentioned observation several times – to help in assessing the child's abilities, to ensure that tasks you give the child are appropriate, to ensure good interpersonal relations between the children, to be vigilant for risks and accidents...being observant is a key skill for a play leader/coach, and one that is not easy to practice when you are trying to watch what 30 excited children over a large play area are doing!

*A good coach is a listening coach*

**Good communicator** – the play leader has to be able to communicate clearly with all children, but also (as discussed earlier) be able to adapt his communication methods to meet the needs of each individual child.

**Flexible** – when working with children and youth, especially with larger groups, you have to be prepared for the unexpected: far more (or fewer) children you planned for turn up at your play session; the footballs you planned to use are all deflated and there's no pump; the game you planned to introduce fell flat because it wasn't aimed at the right age-group; a new child with a severe disability unexpectedly turns up and you have no idea how the child can be involved in the game you'd planned; it's raining so an outdoor play session has to become an indoor play session...you have to be able to improvise and have a 'plan B' for when things don't go according to plan.

**Well-organised** – although it's good to be flexible and plan for the unexpected, it's also good to be well-organised! Children can get bored easily (or distracted and start misbehaving), if you are disorganised and you appear to not know what you are doing during the session. You need to think before the play session and ask yourself a series of questions: what games will I do? What equipment will I need? Where will the session take place and is the venue suitable? How many children are expected? What children with special needs are likely to be there and what measures do I need to take concerning them? Etc.



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## What makes a successful, inclusive play/coaching session?

Finally for this chapter, now that we have established what the ideal play leader/coach should be like, here are a few practical tips on what the ideal inclusive play/coaching session should look like! These tips are divided into logical sections – before the play session, at the beginning of the session, during the session, and at the end of the session.

### Good preparation

Think before the play session – what activities (warm-ups, games, sports, etc) are you going to do? What equipment do you need for these? It's very easy to forget something! For example you are planning a carom tournament and you forget the disc, or you're planning a game of volleyball and there's no pump and the ball is flat. There should be enough equipment for the number of children you are expecting – it can be boring for children if there is inadequate equipment and children have to stand around waiting for their turn.

Have you thought about any adaptations you might need to introduce (special equipment, rule adaptation, peer support, etc) during the game?

How many children do you expect to come to the session? Consider your child/staff ratio – how many children per responsible adult (staff, volunteers, parents, etc). For younger children, or when there are children with more severe disabilities, it's important to have adequate adults present. This is to ensure adequate supervision and prevent accidents/injuries, as well as to ensure the quality of the session. Large groups of children need adequate numbers of adults, to divide into smaller groups, to give instructions, to lead the games, referee, keep scores, etc etc.

Are the facilities suitable? Is the playing ground accessible, are toilet and changing facilities as adequate and accessible as possible?

### Good opening

As the children arrive at the session, it's good if the play leader is already there, to welcome the children and to have some time for informal conversations with them before the session starts. This can help develop trust with them to encourage them to continually attend the session.

*An enjoyable warm-up,  
team-building activity*

Start the play/coaching session with some warm-up activities. Especially for young children, these should be play/fun-based and not just a series of formal stretching exercises. For children's clubs, you may want to also have an ice-breaker activity at the start of the session, especially if there are new children present. Your children's club may have an opening ceremony, eg. a song, raising a flag, a clapping game, or some other activity which builds the solidarity and sense of identity and belonging of the children.





## Good **implementation** of games/activities

Now the session has started and the games are underway. There are many things to remember, most of which have already been covered in this manual:

- Make sure your instructions are clear – children like to be given clear guidance on what to do, and they will feel confused and possibly unsafe if they get insufficient guidance from their leader. Be aware of the communication difficulties of children with disabilities as discussed earlier.

Make sure you are able to handle the number of children present – that you have enough equipment for the game and that you have enough adults to provide supervision. If there is insufficient equipment some children may not be able to fully participate and will be left standing on the sidelines. Having children with disabilities in the group will probably mean you will need extra assistance from adults, or seek peer assistance from other children.



*A well-organised play session with adequate adult supervision*

- Use of time – keep the children engaged. Some children have short attention spans, eg. children with learning difficulties, and others are easily distracted. If you are slow in organising and conducting the various activities in the session, children may get bored, resulting in their lower satisfaction and possible risks as they find other ways to entertain themselves outside of your supervision.
- Be flexible and responsive – when things don't go according to plan, have an alternative plan and use it!
- Think about the sequence of games and the energy expenditure of the children – if you have a very high-energy or high-excitement activity, it should be followed by a rest period or a slower game. Try to taper games so that you end with a low-energy game.
- Discipline – promote good behaviour among the children at all times. Watch out for any behavioural problems such as fighting, bullying, over-excitement, name-calling, misuse of sports equipment, etc, and take appropriate disciplinary action.
- Make sure that all games and activities are appropriate for children's age, gender and ability.

## Good **attitude** of the play leader

As discussed earlier, the attitude of the play leader sets the tone for the whole session. The play leader is like a mirror – if she is enthusiastic and full of energy, the children will follow suit – they will be happier and get much more enjoyment from the session.

## Good **participation** of all

Make sure that all the children are actively participating according to their ability. This participation should come about through your encouragement, not coercion. Be observant to see which children appear to be excluded. If a child appears to be excluded, find out the reasons why and try to address them. Accept also that a child with physical impairment may need more rest than other children. Use the appropriate adaptations (STEP) to make sure that the child is given every opportunity to participate.

## Good **safety**

Inclusive play is safe play! Chapter 6 discusses health and safety issues in more detail.

## Good **ending**

End your session with a cool-down activity or game, and perhaps a closing ceremony (a song, lowering of the flag, etc), to build solidarity and friendships between the children and to encourage them to come again. The end of the session is a good time to ask the children for their feedback about the session so that you can make improvements for next time.

## Good **fun!**

The most important is that the play/coaching session must be fun and rewarding for the child. A child will only get the benefits (health, social, psychological) from participation in sport and play if she associates the experience with enjoyment and fun.

*Don't be afraid to have some silly ideas when closing a play session!*



# Inclusive games and sports



*Dodge-ball, a perennial favourite game with children*

*This chapter presents a number of games and sports which have been field-tested during the Sports For All Project. The first section contains more informal, fun games, more suitable for play and leisure sessions such as children's clubs, or as warm-up activities in PE lessons. The second section presents more formalised sports and games (codified with standard rules), including some internationally recognised sports, which are suitable for competitions in schools or sports clubs.*

*Explanations are given for why each game/sport is suitable for children with disabilities, or suggestions are given on how to make it more disability-inclusive.*

## **Key Learning Points in this Chapter**

- **Examples, instruction and rules for:**
  - **informal games and play activities**
  - **more formal adapted sports and games**
- **Adaptations to these games and sports for inclusion of children with disabilities**

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## 1. Informal games and play activities

Games in this section have been roughly classified as:

- |                       |                                    |
|-----------------------|------------------------------------|
| 1.1 ball games        | 1.4 target games                   |
| 1.2 relay races       | 1.5 running, jumping and tag games |
| 1.3 cooperative games | 1.6 equipment-specific games       |

This is not a precise classification and there is some overlap between these categories.

For all games, assess whether the game is suitable for the age-range of the children in your group. Also, some games which require more physical contact may be suitable for single-gender groups.

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### 1.1. Ball games

**W**ith all ball games, make sure that the ball you're using is suitable for the children in your group. Standard footballs or volleyballs may be too heavy for smaller or weaker children, can cause injury on impact and can move too fast for some children with disabilities to track. Some children with disabilities may be afraid of a hard ball which is travelling fast. Experiment with smaller, softer, slower, lighter balls such as foam balls or beach balls, and balls of different colours or textures which may be more attractive to the child.

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#### 1.1.1. Balloon or Beach Ball Play

Easy, gentle exercises or activities to help build the confidence of children who have little experience with balls. They can also be used as a cool-down activity.

**Materials** : - Balloons or beach balls

**How to play** : - Introduce this as an individual activity, before moving on to working in pairs or small groups.

Issue the children with beach balls or balloons, and get them to practice various actions with it, eg.

-  Can you keep the balloon in the air by tapping it with your right hand? Your left?
-  Can you tap the balloon from one hand to the other?
-  Can you tap the balloon in the air while sitting, kneeling, or lying on your back?
-  Can you tap the balloon in the air, turn around in a circle and tap the balloon again, before it hits the ground?
-  Can you tap the balloon in the air by using different body parts (feet, head, elbows, or knees)?



- 🎈 Can you flick the balloon in the air using your thumbs and fingertips?
- 🎈 Can you bump the balloon in the air by using your forearms?
- 🎈 Can you bump the balloon to a partner?
- 🎈 Can you use your hand as a tennis racquet and serve the balloon to your partner?

Large gym (Swiss) balls can also be used for some of these activities, as well as for other activities, eg. kicking and pushing the ball.

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### 1.1.2. Circle ball

This game is suitable for children with lower limb impairment because it is played in a standing position.

**Materials :** - One or more balls, Whistle

**How to play :-**

- ⚽ Players stand in a circle, legs apart, outside of feet touching.
- ⚽ Players try to score by rolling or throwing the ball across the circle and through the legs of another player.
- ⚽ A point is scored if the ball goes through another player's legs.
- ⚽ Players use their hands to defend their 'goal'.
- ⚽ A goal is disallowed if it is through the legs of a player next to the child throwing the ball.

**Adaptations**

- ⚽ The more children who play the larger the circle becomes, so the slower and easier the game becomes.
- ⚽ Use more than one ball to make the game faster and more difficult.
- ⚽ Children who are more able are only allowed to use one hand to protect their 'goal'.
- ⚽ You can blindfold some children to make it more difficult for them
- ⚽ Wheelchair users can turn their chair 'side on' with the wheel facing into the circle representing their goal.



*(Game adapted from TOP Sportability, 2012)*

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### 1.1.3. Cross-fire

A similar game to dodgeball, but a little slower! Because players walk rather than run, it's suitable for children with mobility impairments, and can also be used as a warm-down activity.

#### Materials

- ① Marker saucers
- ① A large number of balls, preferably soft balls such as foam or beach balls
- ① Whistle

#### How to play

- ① Divide the players into two teams. Players from one team line up in two rows opposite a partner and roll a ball back and forth to each other.
- ① Meanwhile players from the other team, one by one, try to walk along the channel between the pairs without being hit by a ball.
- ① The moving player cannot step/jump over the balls but can pause to let them pass by.
- ① Balls must be rolled along the floor – no bouncing.
- ① A player who successfully reaches the end of the channel scores a point.
- ① When all players from one team have tried to walk through the channel, the two teams swap over.
- ① After every one has played, add up the points scored – the team with highest total wins!

#### Adaptations

To make the game easier or more difficult for children, change the rules, eg. some children are allowed to run or to step/jump over the balls, or some children are allowed to throw or kick the balls instead of rolling them.

*(Game adapted from TOP Sportability, 2012)*

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### 1.1.4. Time-out!

A game that can be played seated or standing, so is suitable for children with limited mobility.

#### Materials

- 🏀 Basketballs or other large, soft balls
- 🏈 Whistle

#### How to play

- 🏀 Players gather in a circle (seated or standing).
- 🏀 Players pass the ball to each other across and around the circle. The ball can be passed in any way; for example, chest, bounce or high pass.
- 🏀 The time-keeper (eg. the play leader) blows a whistle or calls 'Stop' after every 20 seconds; the person with the ball when the whistle goes drops out of the game.
- 🏀 The leader blows the whistle or calls 'Time' to end the game after 2 minutes.
- 🏀 The players remaining in the game score 1 point.
- 🏀 The clock is re-set and the next round starts. Agree a number of rounds before counting up individual scores.

*(Game adapted from TOP Sportability, 2012)*

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### 1.1.5. Pick up fruits

#### Materials

- 🍌 Small soft balls (about 6)
- 🍌 Marker saucers
- 🍌 Whistle

#### How to play

- 🍌 Arrange a playing area in the shape of a square, each side being about 5 metres long (depending on the age and size of the children). Place a marker saucer on each corner of the square. Place the small soft balls (the 'fruit') in the middle of the square.
- 🍌 Arrange the children into four teams of equal abilities, eg. 5 or 6 children per team. The game is played in several rounds. In each round, one child from each team stands at a different corner of the square, by a marker saucer. On the whistle, all the children run to the centre of the square, grab a ball, and run back to their corner and deposit it there. Each child can then run back to the centre to pick another 'fruit', or can 'steal' a fruit from one of the other corners of the square. But each child is only allowed to pick up one fruit at a time.
- 🍌 After an allotted amount of time the play leader blows the whistle again and the team with the most 'fruits' scores one point.

- ⌚ Repeat, for as many rounds as there are members of each team. The winning team is the team with the most points at the end.

### Adaptations

- ⌚ Modify the rules for a child with disability, eg. she can carry two balls at a time, or allow two children from the same team to play at the same time.



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## 1.2. Relay races

Relay races are suitable for mixed groups (children with and without disabilities) because they emphasize teamwork, with less importance to the individual performance of each child, and they encourage cooperation between children. To make the race fair, make sure that the teams are of similar abilities, ie. divide children with disabilities between different teams. Or a team which does not have a child with disability can have more team-members to compensate.

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### 1.2.1. Centipede Relay

#### Materials

- 🍷 Marker saucers or cones
- 🍷 Whistle

#### How to play

- 🍷 Split the children into teams, eg. 5 or 6 per team, and have them stand in single-file lines behind the starting line.
- 🍷 When the race starts, the first player on each team runs from the starting line, around the cone, and back to the starting line again.
- 🍷 On reaching the starting line, the second player joins hands with the first player. Both players then run around the cone and back to the





starting line as before. Children who are holding hands must not break hands – breaking the chain means the team is disqualified.

- ☹ This continues with the third child, the fourth child, etc. Whichever team gets back to the starting line with all the team-members holding hands together wins.

*(Game adapted from Mithu and Chellaiah, 2003)*

**Safety issue:** make sure that all children are aware of any child who is slower. The chain of children must move at the pace of the slowest child in the chain. In their excitement, children may have a tendency to 'drag' a less mobile child along which can result in a fall and injury.

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### 1.2.2. Hula Hoop Relay

This relay race is really a variation of the centipede relay, but using a hoop instead of holding hands, and children seem to enjoy it more!

#### Materials

- Hoops
- Markers or cones
- Whistle

#### How to play

- Split the children into teams of equal numbers or abilities, maximum 5 children per team. Have the children stand in single-file lines.
- Give the first child in each team a hoop, which they loop over their hips.
- On the whistle, the first child from each team runs with the hoop around the cone and back to the starting line. Then the second child joins the first child inside the first hoop and they run once more around the cone together.
- Repeat this, each time adding one more child inside the hoop. The winning team is the team which returns to the start-line with all the team inside the hoop.

**Safety issue:** as with the centipede relay, there can be a tendency for children to get over-excited and forget that some children are slower than others! There's a danger of children tripping and falling, especially when there are many children within the hoop. Therefore make sure that teams are not too large (this also depends on the size of the children).

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### 1.2.3. Balloon Relay

Another game which encourages cooperation between children, eg. more able and less able. To make progress and win the game, the team must be aware of the child with disability's difficulties and go at his pace.

#### Materials

- 🎈 Balloons
- 🎈 Marker saucers/cones
- 🎈 Whistle

#### How to play

- 🎈 Split the children into teams of even numbers, eg. 6, 8, or 10 children per team. Have the children stand in a single-file line of pairs behind the starting line.
- 🎈 Give the leader of each line one balloon. The first pair of children from each team holds the balloon between their heads. On the whistle each team's first pairs run or walk together around the cone then return to the start line.
- 🎈 The first pair then passes the balloon to the second pair, who repeat this pattern until the balloon gets to the end of last partners. The first team to finish wins the game.
- 🎈 Children are not allowed to use their hands at all during the game, except when passing the balloon from one pair to the next. If the balloon falls to the ground at any point, the children must return to the start-line.
- 🎈 The balloon must be held head-to-head, without using the neck or shoulder.

**Safety issues:** very young children, or children with learning difficulties, may be scared by popping balloons. Fragments of popped balloons can also be a choking hazard.



*(Game adapted from Mithu and Chellaiah, 2003)*

### 1.2.4. Ball passing

Limited movement is required in this game, which makes it suitable for children with difficulty walking.

#### Materials

- 🕒 Balls
- 🕒 Whistle

#### How to play

- 🕒 Split the children into teams of equal numbers or abilities. Have the children stand in single-file lines.
- 🕒 Give a ball to the child at the front of each line. On the whistle, each child at the front passes the ball backwards over her head to the child behind, who passes it to the child behind her, and so forth, until it reaches the end of the line.
- 🕒 When the child at the back of the line receives the ball, he runs to the front of the line and starts the process again. The first team to complete the race (ie. all children have had a turn at the front of the line) is the winner.
- 🕒 When passing the ball over their heads, the children are not allowed to turn and look at the child behind them.
- 🕒 A variation of the game is that children pass the ball through their legs rather than over their heads.

#### Adaptations

A child with limited arm movement is allowed to turn the body to pass the ball, rather than using only her arms.



Can you think of other ideas for relay races which involve cooperation of children together?

## 1.3. Co-operative games

These are games where there is not necessarily a winner – the essence of the game is cooperation (having the children work together to reach a common goal), rather than competition. Parachutes games (described later in the chapter, section 1.6.3) are also excellent examples of cooperative games.

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### 1.3.1. Hands and feet

This is a fun, gentle activity, with no winners and losers, which tests children's creativity as well as their gymnastic skills! It's suitable as a cool-down game.

#### Materials

 Whistle

#### How to play

 Divide children into groups of three. The aim of the game is for children to arrange themselves in a position according to the instruction of the play leader. The play leader calls out instructions about how many feet and hands must be touching the ground. Start with an easy instruction, eg. 'six feet and no hands' (ie the children stand normally). Make it progressively more difficult, eg. 'four feet and two hands,' or 'three feet and five hands.' Children have to creatively find ways of positioning themselves, eg. by carrying each other, resting their feet on the backs of another child, etc. The lower the number of feet, the harder the position! Give children a fixed amount of time to arrange themselves in each position.

#### Adaptations

This game can be quite complicated, so for younger children or children with learning difficulties, the children should work in pairs rather than groups of 3. Whereas older children could be in larger groups of 4 or 5.

---



*How many feet? How many hands?!!*



### 1.3.2. Blanketball

This game is related to volleyball, but with greater cooperation between the players and less mobility required. It can be conducted just as a fun activity or it can be made competitive.

#### Materials

- Blankets, sheets, or large towels
- Volleyball net, rope or chunnam powder (to mark playing area)

#### How to play

- Organise children into teams, 4 per team is best. If there are few children they can play in pairs
- Give each team a blanket or bed-sheet for each team. One child holds each corner of the blanket. A large towel would work if children are playing in pairs.
- Teams begin by playing with a ball each. Working together, they toss the ball in the air and catch it in the blanket. Have a competition to see who can toss and catch the highest!
- Each team then gets together with another team. Using one ball, they cooperate to toss and catch the ball between teams.
- Finally, using a barrier (for example, net, rope or just a line on the floor) and basic court, the teams play a competitive game. Teams toss the ball over the barrier and score if their opponents fail to catch the ball or throw the ball 'out'.



Blanketball

*(Game adapted from TOP Sportability, 2012)*



## 1.4. Target games

Target games are non-contact sports which require limited physical movement, so they are suited to many children with disabilities. They can be played individually or in teams. More formalised target games (eg. darts, boccia) are described in section 2.

---

### 1.4.1. Beach ball blast

#### Materials

- 🎯 Marker saucers
- 🎯 Smaller balls
- 🎯 Hoops
- 🎯 Whistle
- 🎯 Beach balls
- 🎯 Stop-watch

#### How to play

- 🎯 Divide children into teams, eg. around 10 per team.
- 🎯 Children from the first team form a circle, which is marked with marker saucers. Children are not allowed to step inside the circle. A hoop is placed in the centre of the circle
- 🎯 Place a beach ball (or similar lightweight ball) in the hoop/circle.
- 🎯 Players take turns to propel (eg. throwing, rolling) smaller balls in order to knock the beach ball out of the hoop
- 🎯 Time how long it takes for the team to knock the beach-ball out of the circle.
- 🎯 Repeat with the other teams – the team with the fastest team is the winner!



#### Adaptations

Little mobility is needed in this game as children throw from a standing position. However a child with disability may need assistance in fetching thrown balls, so that she doesn't have to keep on running after balls. You can also vary the distance children have to throw from.

---

### 1.4.2. Beanbag target game

Bean bags (see section 1.6.1 in this chapter) can be used in various ways including in target games.

#### Materials

- Beanbags (or small balls), Marker saucers, Target (eg. floor target, buckets, skittles, etc)

#### How to play

Playing this game depends on what target you are using. For example you can use:

- a ready-made target with scores marked on it
- a basket, or series of baskets
- skittles, which can be bought or can be made, eg. out of empty drinks bottles. Normally the game is played with ten skittles.

Players take it in turn to throw beanbags towards the target and get scores accordingly. For the ready-made target, the scores are indicated on the target itself. For baskets, you can give different scores according to the size of the basket or the distance from the player. For skittles, the score is the number of skittles knocked down with one throw.

#### Adaptations

Vary the distance of the player from the target, according to her ability.

Change the rules, eg. give the player more chances to throw, or a less able thrower's scores are doubled, etc.



*A couple of examples of targets are shown in the pictures*

### 1.4.3. Dodge ball

A very popular game with children, which can get quite fast and physical. So children with disabilities may need extra support or adaptations!

#### Materials

- Marker saucers
- One or more balls (eg. a volleyball, but preferably a softer, foam ball)
- Whistle

#### How to play

- Divide the group into two teams. One team forms a circle which is marked with marker saucers. Children are not allowed to step inside the circle.



- The other team stands inside the circle. The outside team get the ball and throw it at the team in the circle.
- When a player inside the circle is hit below the waist they are out. If a player inside the circle catches the ball, the thrower is out.
- The game continues until all the children inside the circle are out, then the two teams change places and the game starts again.
- The game can be played with one ball or more, depending on the number of children and the size of the circle.

### Adaptations

A child with disability within the circle can be given several 'lives' before being out.

When throwing, children with disabilities can be allowed to step inside the circle. A 'helper' could also help them to fetch thrown balls to enable them to actively participate in the game.

---

## 1.5. Tagging, running and jumping games

These games involve more physical movement, so be particularly aware of adaptations so that children with mobility impairments can take part and have an equal chance.

---

### 1.5.1. Good Morning Good Morning

#### Materials

🗺️ Markers, Whistle

#### How to play

All the children except one form a circle about 10 metres in diameter. The one child who is 'it' runs outside the circle and taps on the back of one child and continues running.

The tapped child runs in the opposite direction, and when the two children meet on the other side of the circle, they stop and shake hands saying "Good Morning" three times. They then dash to the gap in the circle; whichever child is slowest to get back to the gap becomes 'it' and the game continues. Make sure that all children get a chance to be 'it'.





## Adaptations

If there is a child with a mobility impairment in the group, ensure that she can compete equally with the other children; eg. when returning to the gap in the circle, the other child must walk, or count to three after saying 'Good Morning', or allow the child with disability to take a short cut across the circle instead of around it, etc.

---

### 1.5.2. Golden Fish

#### Materials:

 Marker saucers, Whistle




#### How to play

One of the children is selected as 'it' and the others spread out in a play area (the size depends on the number of children). On the whistle, the child who is 'it' chases and tries to tag other children. A child who is tagged joins hands with the 'it' child. The two children run and try to tag others, and each tagged child joins the chain. The last child to be tagged is the winner.

A variation of this game is Chain Nindi Tag (Hopping Tag). The child who is 'it' chases and tries to tag the other children by hopping on one foot. A child who are tagged join the 'it' child by putting her hand on the shoulder of the 'it' child, and both children hop and tag others together. All children who are tagged must join the chain and tag others.

#### Adaptations

Adaptations to 'level' the game for mixed abilities include:

-  Giving a child with disability several 'lives' after being tagged.
  -  When the child with disability is 'it' the game is played walking rather than running
  -  A child with disability tags other children by throwing a ball at them rather than actually touching them.
- 



### 1.5.3. Dragon's tail

#### Materials

- ⊙ None

#### How to play

- ⊙ All children except one stand in a single file line facing one direction with their hands on the waist of the child in front. They form the dragon's body.
- ⊙ The single student stands facing the others – they are the dragon's head.
- ⊙ On a command from the play leader, the dragon's head tries to tag the dragon's tail. The body of the dragon tries to stop this from happening by moving back and forwards between the head and the tail. They must remain joined at all times. The first person in the line may not grab the dragon's head to stop them reaching the tail, nor use their arms to obstruct the head.
- ⊙ When the head tags the tail, the head joins the beginning of the line and the tail becomes the head. Then the game starts again. If a group is having difficulty tagging they may just swap after a designated time.



A variation of this game is 'Head and tail', where there is no independently-moving 'dragon's head'. Instead the child at the front of the line of children has to catch the child at the back of the tail.

### 1.5.4. The blanket game




Similar to 'musical chairs' but with a difference!

#### Materials

- 📄 A large sheet or blanket (or a large sheet of paper may also work)
- 📄 Marker saucers, cones or chairs
- 📄 Whistle



#### How to play

- 📄 Mark out a circle, using cones, marker saucers or chairs. The size depends on the number of children playing.
- 📄 In the centre of the circle place a large blanket or sheet
- 📄 Children move around the outside of the circle, eg. walking, running, jumping, dancing, etc)

-  When the whistle blows all the children have to run and stand on the blanket. Any children who are unable to are 'out.'
-  Fold the blanket in half so that the area is half the size, and repeat the game. This time many children will be unable to fit on the blanket and will be 'out.'
-  Repeat as many times as you are able to fold the blanket, reducing the standing area each time. The winning children are those who are standing on the blanket the final time.

**Safety issue:** there can be a lot pushing and shoving as the blanket gets smaller, so make sure that younger or less able children don't get hurt.

### **Adaptations**

-  Allow children who are slower or less mobile to move within the circle, closer to the blanket.
  -  Play the game with all children hopping or jumping, while the child with mobility impairment can run.
- 

## **1.5.5. Elbow Tag**

### **Materials**

- ⦿ None

### **How to play**

- ⦿ Divide the children into pairs. The pairs hook elbows with each other, except for one pair, one of whom is "it", and the other is the runner.
- ⦿ The runner must hook elbows with any pair before being tagged by the 'it' child. The child on the other end of the pair which the runner hooked on to is now the runner.
- ⦿ If the runner is tagged, he exchanges roles with the 'it' child. The new 'it' child tries to tag the runner before he hooks onto a pair.


### **Adaptations**

If a child with mobility impairment is 'it', restrict the area in which the runner can run, to make it easier for 'it' to catch him. Or allow the 'it' child to tag the runner by throwing a ball at him rather than physically touching him.




---

### 1.5.6. Cups and saucers



#### Materials:-

 Marker saucers, Whistle

#### How to play

-  Scatter marker saucers over a defined area, making sure that half of them are the right way up (saucers) and half of them are upside-down (cups). The number of marker saucers you use depends on the size of the playing area and the number of children.
-  Divide the children into two equal teams, a 'cup' team and a 'saucer' team.
-  On the whistle, the 'cup' team have to turn all the saucers into cups and the 'saucer' team has to turn all of the cups into saucers. After a set amount of time (eg. one minute), the whistle is blown again. The winning team is the one with the most cups or saucers.

#### Adaptations



-  Introduce 'zoning' in the playing area, where marker saucers are closer together in one area to make it easier for children with disabilities.
-  Modify the rules, so that, for example, children without disabilities can only touch certain coloured marker saucers, while children with disabilities can touch any marker saucer.



### 1.5.7. The friendly ghost


#### Materials None

#### How to play

-  Select one child as the 'Ghost'. The other children gather behind her.
-  The 'Ghost' walks and the others follow. After leading them for some distance, the 'Ghost' suddenly shouts 'eeeeeeh' and turns and chases the children, who have to make it back to the starting line without being tagged. The first child who is tagged becomes the new 'Ghost'.



#### Adaptations

-  Vary the distance of the starting line to make it easier/ more difficult for children according to their abilities.

*(Game adapted from Mithu and Chellaiah, 2003)*





### 1.5.8. Meo Maya

#### Materials

- ☞ Marker saucers

#### How to play

- ☞ A game for ten children. Divide the children into two teams – one is the Meo team and the other is the Maya team.
- ☞ Line up the two teams along two parallel lines about 3 metres apart. Behind each of these lines, mark two other parallel lines 5 metres away.
- ☞ The play leader calls out at random either 'Meo' or 'Maya.' If the play leader calls out 'Meo', the Meo players chase the Maya players up to the Maya's back-line and try to tag them. If Meo players manage to tag 3 players they score 3 and Maya scores 2. If Meo players tag 4 players they score 4 and Maya scores 1, etc.

#### Adaptations

- ☞ Decrease/increase the distance that children have to run, according to their ability.
- ☞ Simplify the game for younger children by waiving the scoring system. Children who are tagged are simply 'out', and continue playing until there is only one child left.



---

### 1.5.9. In the pond on the bank

A very gentle, easy game which can be used as an ice-breaker or a warm-up activity.

#### Materials

- ☞ Marker saucers

#### How to play

- ☞ The children form a circle which is marked by marker saucers. When the play leader calls out 'in the pond', all the children take a jump into the circle. If the play leader then calls 'on the bank', all the children jump back out of the circle again. If the play leader calls out 'in the pond' when they are already in the pond, the children stay where they are and don't move. If anyone moves by mistake, they are 'out.'

#### Adaptation

- ☞ Children using wheelchairs push themselves into the pond or onto the bank, depending on the play leader's call.

### 1.5.10. Scavenger hunt

This game can be used as an ice-breaker and a team-building exercise, helping the children to get to know each other.

#### Materials

- None

#### How to play

- The play leader forms the children into small groups, eg. of five.
- The play leader requests the groups to go and fetch some items. The first team to bring back each item scores a point. The play leader should make sure that the items can be easily (and safely!) found by the children quite quickly, in the immediate locality, eg. a leaf from the aalamaram tree, a jasmine flower, a pencil, a plastic bag, etc.

#### Adaptation

To make sure that the child with disability is central to the game, the play leader could cleverly call out something that she knows the child has, eg. if she notices the child is wearing red flip-flops, calling out 'a red flipflop.'

---

## 1.6. Equipment-specific games and activities

Here are some game activities using specific pieces of play equipment which you may not be familiar with.

### 1.6.1 Beanbags



Beanbags are a very useful piece of sport/play equipment; they are easier to catch than balls because they don't bounce or roll. Plus as well as being used in throwing and catching activities they can also be used in balancing activities. Unfortunately beanbags are not commercially available in Sri Lanka although they can easily be made locally using cloth and beans or seeds (although care must be taken to keep them dry).

Here are some activities you can do with beanbags:

#### Balance beanbag

- Balance the beanbag on as many different parts of the body as possible; for example, on an out-stretched arm or leg, back, head or elbow;
- Balance it on their head while seated on the floor, then try to stand up without it falling off - no hands allowed!
- Move while balancing the bag on part of their body.

*Beanbag balancing and  
Beanbag relay race*



- ☉ Give the children two beanbags each. Call out two parts of the body, eg, 'left hand and right shoulder,' or 'right ankle and head', and all the children have to balance their beanbags on these two parts of the body.
- ☉ Have a beanbag relay race – in teams, children walk a leg of the relay balancing a beanbag on their heads, or their shoulders, for example.

### Score an 'own goal'

- ☉ Children toss the bean bag in the air, and make a 'hoop' with their arms and hands; 'catch' the bean bag in their hoop as it falls.

### Body catch

- ☉ Children toss the beanbag in the air and catch it on part of their body (for example, bending forward and catching it on their back); players who have mobility impairments can try catching the beanbag on the back of an out-stretched arm or leg or on their lap.

### Toss and catch

- ☉ Start by passing the bean bag from hand to hand;
  - ☉ Progress to tossing and catching the bean bag; low catches with both hands and then higher and one hand if possible;
  - ☉ Toss clap and catch (how many claps can the child do?);
  - ☉ Toss the bean bag in the air with one or two hands, turn around and catch it;
  - ☉ Toss and catch it with one hand under the leg;
- etc.

*(adapted from TOP Sportability, 2012)*

## 1.6.2. Frisbees

Frisbees are a fairly novel piece of sports equipment which are available in Sri Lanka but not commonly used in the North. Children are attracted to them because of their bright colour and smooth motion through the air. They are relatively easy for children to track because of their colour and slow motion. They can be used in various inclusive games involving catching, throwing and aiming, as follows:

### Frisbee passing

Any **even** number of players can play. Players form pairs and have one frisbee per pair. Each pair of players is competing against the other pairs.

Players line up facing each other, standing 5 metres apart, behind two lines (eg. marked by marker saucers). On the sound of a whistle all the people with frisbees throw them to their partners. Each partner tries to catch the frisbee without it touching the ground. When a pair completes 10 passes successfully (ie. throws and catches the



*Frisbee passing*

frisbee without it touching the ground), the two partners sit on the ground. They are declared the winners, and the game ends.

Players are not allowed to cross the 5 metre line, or to catch the frisbee of another pair, or interfere with other players.

You can also play against the clock, eg. pairs have to complete as many passes as possible in one minute.

Adaptations to help include children with disabilities might be to change the rules for more able players to make it more difficult for them, eg:

- 🌀 players must not move their feet when making passes
- 🌀 players must throw backhand
- 🌀 only one-handed catching allowed
- 🌀 players throw from 10 metres instead of 5 metres.

### Frisbee race

A team race, where children from each team (eg. 6 children from each team) from a long line, each child 5 metres apart. Each child stands in a hoop and is not allowed to step outside of it. On the blow of a whistle, the child at one end of the line throws the frisbee to the next child in the line, who passes to the next, etc. The winning team is the team which passes the frisbee to the end of the line first.

### Frisbee golf

A target game similar to real golf, although instead of balls and holes, it uses frisbees and hoops!

Set up a 'golf course', consisting of any number of holes, eg. 6, 12, 18. Each 'hole' is at least 5 metres away from the previous one, and can be as much as 100 metres from the previous one if you want a long game! If the holes are very far apart, use a cone to indicate their position. It's interesting to use a wide, open space in the countryside for this game (as long as it's safe). The idea is to give the children exercise from hole to hole, as well as in actually throwing the frisbee.



*Frisbee race*

*Frisbee golf – can you score a 'hole in one'?!*



Players start at the starting line and aim for the first hole, counting how many shots it takes to get the frisbee into the hoop. You can give a score-card to each child to record her score for each hole. The child repeats the process for each of the holes and then totals up her score for the whole course. Remind children to be honest in keeping their own scores! The winner is the child who has completed the course in the lowest number of shots!

Remind the children that the game is not a race – the winner is not the child who finishes first. Often it's the child who is slowest, who has spent more time perfecting his aim, who wins!



### 1.6.3. Play parachutes

A play parachute is not a common piece of play equipment in Sri Lanka, although they are increasing in popularity. They are extremely attractive to children (both with and without disabilities), because of their large size, bright colours and movement (although because they are so novel, some children may initially feel somewhat reluctant to use them). They are versatile pieces of equipment which can be used to play a number of games which are described below, both cooperative and competitive. A large number of children can play at the same time, depending on the size of the parachute – they come in different sizes, with an average size play parachute accommodating 30 children.

Games you can play with a play parachute include:

**Parachute crossing** - Give the children a number or name (eg. of an animal, a fruit, etc), so that there are two of each. Have all the children shake the parachute while standing, and then call out two names/numbers. Those two children have to duck under the parachute and swap places with one another.

**Round and round** - A simple cooperative ball game. Place one large ball on the



*Round and round*

parachute, one for each team. Each team has to manoeuvre the parachute so that their ball drops down the centre hole.

**Popcorn** – place a large number of small balls on the parachute. On blowing the whistle, the children have to wave the parachute up and down, shaking off all the small balls as quickly as possible. The result resembles popcorn being popped in a frying pan and children find it very exciting!

*Popcorn*



## 2. Formal sports and games

### 2.1. Boccia

The sport of boccia was specifically developed for people with disabilities, in particular wheelchair-users. It is played in over 50 countries worldwide and since 1984 it has featured in the Paralympic Games. In the Paralympic Games, there are different classes of boccia for different degrees of disability. In some classes players are able to propel the balls by themselves by throwing or kicking, but people with more severe disabilities use a ramp or an adapted device strapped to their head.



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*Paralympic boccia*



Boccia can be an individual game or can be played in pairs or teams of four. People with and without disabilities can easily play together, either directly against each other or in mixed teams.

Equipment needed is a set of boccia balls which consists of 12 balls (6 red and 6 blue), and a small white ball, the 'jack', which is the target. Special boccia balls can be purchased, or you can improvise using locally available balls of two different colours.

Internationally, boccia is played on a smooth-surfaced court measuring 12.5 m x 6 m. However the size and the type of surface can be adapted – it can equally well be played on grass or on earth surfaces.

The aim is to score as many points as possible by placing your set of coloured balls closest to the white 'jack' ball.

- There are 2 teams (red and blue).
  - In singles each player has 6 balls. In doubles each player has 3 balls.
- The player can propel the ball by rolling, throwing or kicking the balls.
- Singles and doubles games consist of 4 'ends'. One 'end' consists of all 13 balls (6 red, 6 blue and 1 jack) being thrown onto the court.
  - Following the toss of a coin, the winning player/captain chooses to be red or blue.
  - A player from the red team starts the game by throwing the jack to start the first 'end', and also plays the first coloured ball. The jack must be thrown a minimum of 3 metres.
  - A player from the blue team then throws his ball.
  - The side to throw next will be the side which does not have the closest ball to the jack. A game official will assess which team will play next and will call out to the players, or show them using an indicator.
  - Play continues in this way until both sides have thrown all of their balls.
  - If two or more balls of different colours are the same distance from the jack and there are no other balls closer, it is the side that threw last that must throw again.
  - Once all the balls are played then that is the end of 1 'end'.
  - The team whose ball is closest to the jack wins that 'end'. The team whose ball is closest to the jack scores points. The side with the ball closest to the jack will

score one point for each ball closer to the jack than the opponent's closest ball to the jack.

- If two or more balls of different colours are the same distance from the jack, each side will receive one point per jack.
- Starting new 'ends' alternates between the red and the blue teams.
- When 'four ends' are completed, the points scored on each end are added together and the side with higher total score is declared the winner.



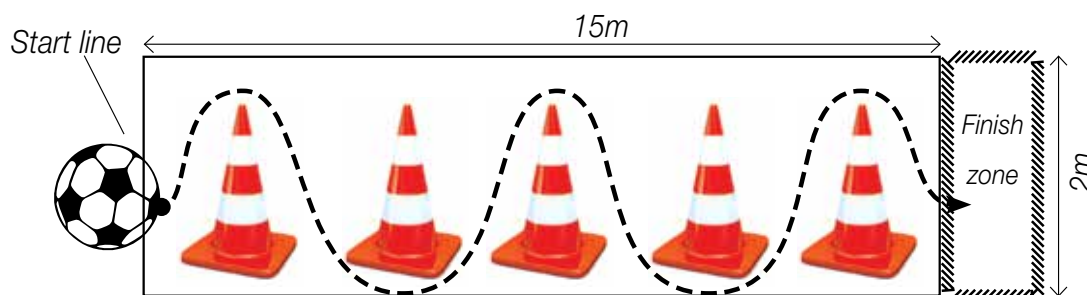
Boccia in Vavuniya

## 2.2. Football Skills

Football Skills, and (related to this) Cricket Skills (2.3 below) are adapted versions of football and cricket which were developed by Special Olympics as an appropriate alternative for people with a fairly severe degree of learning difficulties who are unable to play in full versions of the sport. The two adapted versions employ standard football and cricket skills, but the games are shorter, more individualised and have less physical contact than the standard versions of the sport.

### Materials

- Cones
- Footballs
- Stop-watch
- Chunnun powder or polythene



### How to play

Children will compete in two different football skills – **dribbling** and **run and kick**. Their scores from both skills will be added together to give the child's final score. The final scores of all the children in one team will be added together to give a final team score. The team with the most points wins.

**Skill 1: Dribbling** - five cones are arranged in a lane 2m wide and 15m long (see diagram). On the whistle, the player dribbles the ball around the cones from the starting line to the finish zone (marked with cones or chunnun powder), staying inside the marked lane. The clock is stopped when both the player and the ball are stopped inside the finish zone. If the player overshoots the finish zone, he must dribble it back in to finish.

Scoring: the time (in seconds) elapsed while the player is dribbling is converted into points using a table developed by the judge. An example is given below, but this can be adapted according to the ability of the players. Five points are deducted each time the ball runs over the sidelines of the lane or if a player touches the ball with his hands.

| Time               | Points    |
|--------------------|-----------|
| 5–10 seconds       | 50 points |
| 11–15 seconds      | 45 points |
| 16–20 seconds      | 40 points |
| 21–25 seconds      | 35 points |
| 26–30 seconds      | 30 points |
| 31–35 seconds      | 25 points |
| 36–40 seconds      | 20 points |
| 41 seconds or more | 15 points |

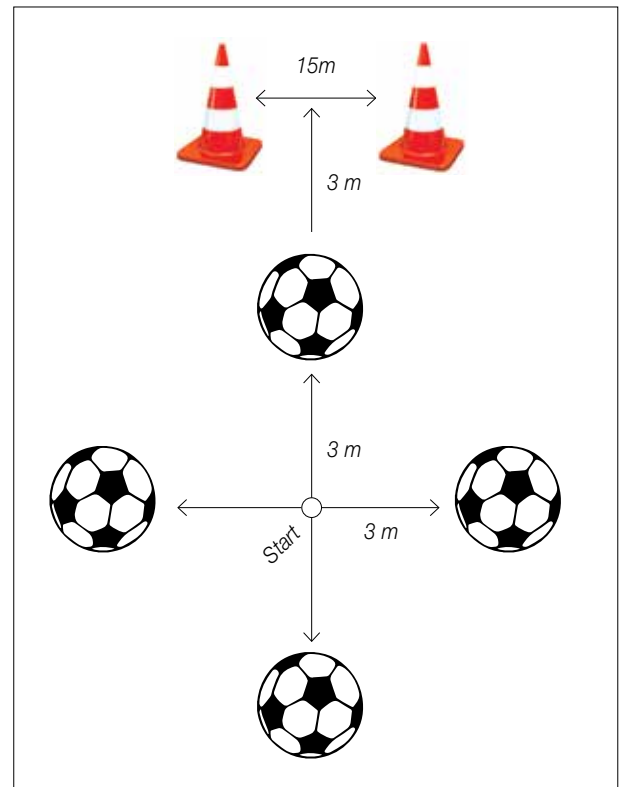


**Skill 2: Run and Kick** - a 1.5 metre goal is set up with two flags/cones. Four balls are placed as shown in the diagram:

The child begins at the starting marker. She runs to any ball and kicks it through the goal. The child is only allowed to kick the ball once. The player then runs and kicks another ball through the goal. When the player kicks the last ball, the clock is stopped.

Scoring - the total time (in seconds) elapsed from when the player starts to when she kicks the last ball is recorded and converted into points using a chart (eg. the same as the one above, or adapted from this). A bonus of five points is added for each ball kicked successfully through the goal. Five points are deducted if the child uses her hands.

*(Adapted from Special Olympics, 2011)*



*Dribbling*



*Run and kick*



## 2.3. Cricket Skills

Similar to Football Skills above, Cricket Skills extracts the basic skills of the game to create an adapted, simplified, individualised version. Cricket Skills includes tests in the five basic skills of cricket:

1. Batting
2. Bowling
3. Fielding – throwing
4. Fielding – catching
5. Fielding – stopping the ball.

The tests for two of these (batting and catching) and their scoring systems are explained below. A description of all five is given in the Special Olympics manual (see references). Players would be tested and scored for all five skills, and given a sum total score. The winning player is the player with the highest score. Alternatively, Cricket Skills can be a team game, with the winning team being the one with the highest cumulative total of individual scores.

**1. Batting Skill Test** - before the test begins, the players should be told what three skills you are looking for:

- a. Lifting the bat and moving it towards the ball
- b. Moving the feet
- c. Hitting the ball.

- The bowler, standing at the bowling crease, throws down 6 balls towards the batter standing in their crease. Ensure that the balls are bowled at a medium pace.
- Before each ball, the tester will check that the batter is ready by asking 'are you ready?'
- Each ball should be thrown so that the ball lands at the most, 3 metres in front of the batter. Any ball not landing in the designated area will not count as one of the batters' 6 balls.

**Scoring** – the batter scores points as follows:

- 3 points – the batter lifts bat on delivery, moves feet, swings bat towards the ball, and hits the ball
- 2 points – the batter lifts bat on delivery, moves feet, swings bat but misses the ball
- 1 point – the batter swings bat and hits or misses the ball
- 0 points – the batter does not move bat or feet or swing at the ball.

Note: A batter cannot score 3 or 2 points if they do not move their feet, but just swing the bat. Foot movement in this skill test is essential.

**Fielding – catching** - There are two basic types of catches that are taken in Cricket:

- a. Catch taken around waist height by the slips, the wicket keeper and close in fielders.
  - b. Catch taken in the outfield from a lofted shot.
- Each player will be asked to demonstrate their ability to catch six balls in total:
    - three balls at their waist height, with the ball thrown underarm to them from 5 metres.
    - three balls tossed up in the air towards them with an underarm action, to a height of 10 to 15 metres off the ground.
    - Before throwing each ball, the tester will check that the fielder is ready to catch the ball by asking 'Are you ready?'

Scoring – the player scores points as follows:

- 3 points – the player catches ball, moves body behind ball, hands ready to catch and catches the ball
  - 2 points – the player watches ball, moves body behind ball, but drops the catch
  - 1 point – the player attempts to catch ball, but drops ball
  - 0 points – the player does not move, watch or catch ball.
- 

## 2.4. Sport stacking

Sport stacking was developed in the USA in the 1990s and is now played in several countries in Europe and Asia. World championships are held annually in the USA. The sport has been mainly promoted among children.



The essence of sport stacking is to stack and unstack cups in various pre-determined configurations of pyramids, against the clock. For example a 3-3-3 sequence uses 9 cups arranged in 3 pyramids of 3 cups; a 3-6-3 sequence uses 12 cups arranged in 2 pyramids of 3 and one pyramid of 6. A standard sport stacking set consists of 12 cups, a timer and a textured 'stacking mat' on which the cups are stacked, to give greater grip and enable the player to stack faster. International-standard stacking sets are available commercially in Sri Lanka, but sets can also be improvised, eg. using plastic cups available in the local market, or using wooden blocks.



The game requires little lower limb mobility and can easily be adapted to be played from a seated position, eg. by wheelchair-users. The game is useful for developing concentration skills and hand-eye coordination. The fast nature of the game, and the bright colours of the equipment, are attractive to children.

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## 2.5. Tennikoit

Like many sports, the origins of tennikoit are obscure but it seems likely that it originated in India, which is one of the countries of the world where the sport is the most popular today. It is played in around twenty countries worldwide, including Nepal, Bangladesh and Pakistan, as well as India. The sport is governed by the World Tennikoit Federation, which is based in Germany.

Tennikoit bears some resemblance to badminton, in that it is played on a court and uses a net. However the tennikoit court is slightly smaller than a badminton court (measuring 4.6 m x 12.2 m, for singles) and the net slightly higher (1.65 m rather than 1.55 m). The main difference is that tennikoit is not a racquet sport – it uses a solid rubber ring instead of a shuttlecock, and the ring is thrown and caught (one-handed) rather than hit by a racquet. Tennikoit has one major advantage over badminton, in that it can easily be played outdoors since the tennikoit ring, unlike a shuttlecock, is not affected by the wind. This is particularly important in rural areas where indoor sports facilities are non-existent.

Tennikoit is played by two players (or four, in doubles), throwing the tennikoit ring backwards and forwards over the net, and catching it **with one hand only**. A point is scored by a player when her opponent either drops or misses the tennikoit ring when it is thrown to her. There are various kinds of fouls which result in points being conceded, ie. serving, throwing and catching faults. Examples are;

- the ring touching the net during service (service fault)
- throwing the fault with excessive wobbling, making a catch difficult (throwing fault)
- taking steps with the ring after catching it and before throwing it (throwing fault).



A match consists of two periods of ten minutes – a total of 20 minutes.

Full tennikoit rules can be found on the World Tennikoit Federation website.

As an individual, non-contact sport, tennikoit is quite suitable for

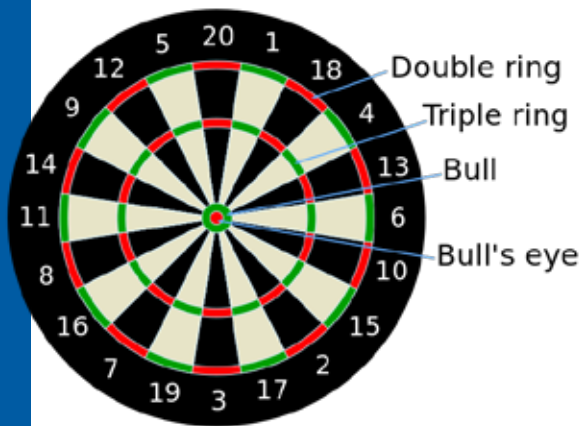
many people with disabilities. The size of the court can also be made smaller for people with mobility impairments, and other rules simplified or modified. It can be played one-handed by people with arm impairment. The equipment is cheap and available in Sri Lanka.





## 2.6. Darts

Darts is a traditional game, originating in England in the 19<sup>th</sup> century, and also a professional sport, with an international governing body (the World Darts Federation) and regular professional world championships. As a target game, involving little lower limb movement, the game is suitable for many people with physical impairments, including wheelchair-users. It can be played one-handed by people with one-arm impairments. Darts can be used educationally, helping children to develop maths skills in adding and subtracting their scores.



A standard darts set consists of a numbered dart board and a set of six darts (three each of two colours). The standard darts board, divided into sections numbered 1 to 20, is shown in this diagram; however there are also other variations of the board. Scorers score points according to where their darts hit the board – double and triple scores are gained when the dart hits the double and triple sections. An outer bull scores 25 and a bull's eye scores 50.

The darts board is hung on a wall so that the 'bull's-eye' is 5 feet 8 inches from the floor. The 'oche' (the line behind which throwing players stand) is 7 feet 9 $\frac{1}{4}$  inches from the face of the dartboard measured horizontally. These are international, competition standards – they can of course be adapted for children or for people of different levels of ability.

In international matches, players typically start with 501 points. Players take it in turns to throw 3 darts. Their cumulative total score is subtracted from 501. The aim of the game is to reach zero before your opponent. A player must reach zero by scoring a double. If a player's turn means that his score goes below zero, or to one, that turn is forfeited. The winner is the first player to reach zero by finishing on a double.

These rules can be modifying considerably to make calculations easier and the game simpler for children – eg. starting from zero and trying to reach 100; waiving rules such as double and triple-scoring, the 'end on a double' rule, etc.

As well as 'standard' darts, many other, simpler games can be played with a darts board which can be more fun for children. You can create your own games and rules, eg:

- ⊙ children throw three darts and add up their score (with or without the double/triple rules) – the highest score wins. Children can play individually or in teams.
- ⊙ children have to hit all numbers in order from 1 to 20. The first child to get to 20 wins.
- ⊙ select a random number between 1 and 20, and the children have to hit it.





- ⊙ divide the children into two teams. One team has to hit all the odd numbers, the other team has to hit all the even numbers. The first team to complete all of its 10 numbers wins.

Most darts boards are double-sided. The reverse side has a bull's-eye with circular fields numbered from 1 to 10. This allows target games with simpler scoring to be played.

**Safety issue:** darts can be a dangerous game because of the sharp points on the darts. Depending on the age/ability of children, ensure that there is adequate adult supervision. Make children aware of the potential danger. Allow children to throw one by one, and ensure that while one child is throwing, all the other children are standing outside of the throwing area.

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## 2.7. Throwball/sitting throwball

Throwball is particularly popular in India, but has also taken root in Sri Lanka. A national federation exists (the Sri Lanka Throwball Federation), and some throwball development activities have taken place in Northern Sri Lanka.

Throwball is a variant of volleyball, requiring less speed, strength and mobility, and is therefore suitable for many children with mobility impairments. Children with and without disabilities can play together.

Throwball is played between two teams of 7. The court is larger than a volleyball court (12.2 m x 18.3 m), and the net is 2.2. m high (slightly higher than a volleyball net). Instead of hitting the ball across the net, as in volleyball, in throwball the ball is thrown over the net and a member from the other team has to catch the ball and quickly throw it back across the net. The winning team is the first team to score 15 points. A match is three sets.

The full rules of throwball can be found on the website of the World Throwball Federation, [worldthrowball.com](http://worldthrowball.com).

A variant of throwball is **sitting throwball**, which follows the same rules but players play in the seated position. This is therefore suitable for children with more severe mobility impairments, eg. wheelchair-users. Children with and without disabilities can play together. Rules of this can vary – children can be free to move around the playing area (suitable on hard, smooth surfaces, eg. indoor sports halls), or each child is limited to a small playing area, eg. a mat (see photo). This is more suitable for outdoor play. In this case the court will need to be reduced in size.



*Sitting throwball*

## 2.8. Circuit training

Circuit training is a formalised approach to physical training aimed at developing strength and endurance. It can be used as part of physical training for many sports. It consists of a number of different 'work stations' which together make the circuit. Each person does the required exercise at each station for a prescribed duration (eg. 30 seconds or one minute), before moving on to the next one. Children and youth often find circuit training fun, as it is such a varied, flexible approach to training – there are dozens of possible stations, using a wide range of different, interesting sports equipment (cones, hula hoops, skipping ropes, dumb-bells, gym balls, medicine balls, etc). Also, circuit training can involve children and youth keeping their own scores, eg. 'how many sit-ups can I do in 30 seconds?', and they enjoy measuring themselves and monitoring their progress.

The flexibility and adaptability of circuit training also makes it suitable for mixed ability groups. Different work stations focus on different parts of the body or different components of fitness. Therefore the instructor can tailor the work stations to the particular needs or limitations of certain children, eg. if the child has a particular need to improve arm strength, or hand-eye coordination, particular work-stations could be incorporated in the circuit to address this. If a child is completely unable to manage the exercise at one work station, she can simply sit it out and resume at the next one. Circuit training is an individual activity – there is no competition or cooperation between the children, which means that children with disabilities can go at their own pace.

It can be fun designing circuits with different work stations. You may have your own favourite exercises, and you will find what exercises the children/youth in your group enjoy. Examples of circuit-training stations are given below.

### 1. Upper body - press-ups, dumb-bell exercises, throwing and catching a medicine ball in pairs, etc



*Dumb-bell exercises*



*Press-ups  
(using push-up handles)*

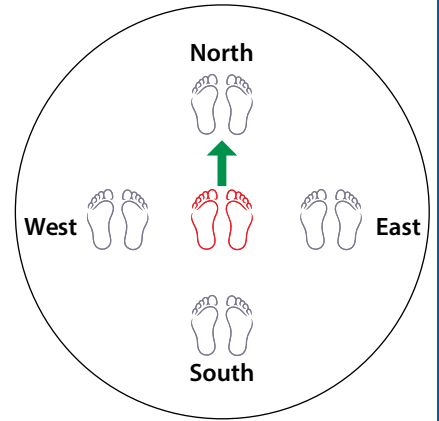
**2. Lower body** – eg. lunges, step-ups on a bench, compass jumps (jumping forward, backward, left and right in sequence).



Step-ups



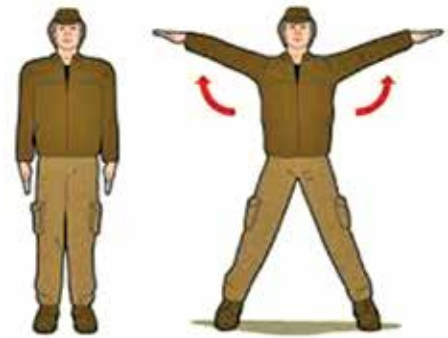
Forward lunge



Compass jumping

**3. Total Body** – eg. skipping, star jumps, shuttle runs (running backwards and forwards between two lines for a set amount of time).

Star jumping



**4. Core and trunk exercises** – gym ball exercises on floor, medicine ball exercises...

These three pictures show different types of exercises with gym balls, all of which are aimed at strengthening core and stomach muscles. Note that the bottom photo uses tactile gym balls, which give added grip.







Passing a medicine ball (or a gym ball) between two partners standing back-to-back strengthens your abdominal muscles:

**5. Coordination exercises** – throwing a tennis ball against a wall and catching it with the other hand, throwing balls into a bucket, catching exercises...

*Hand-wall tennis-ball throw*



**6. Balance exercises** – standing on one leg, walking along a rope on the floor...

*Standing on one leg*

If you have audio equipment available, circuit training can be accompanied by music which makes it even more fun!

**Safety issues:** Modify the type, duration and intensity of activity according to the age and ability of the participants. Ensure that the equipment is of a suitable size/weight for the participants. Be particularly aware of safety when using heavy equipment such as dumb-bells. Children and youth can get carried away and push themselves beyond their own limits. Circuit training is supposed to be an individual activity – make sure that children do not get too competitive and compare themselves with each other, as this can lead to injuries.



# Health and Safety



Wheelchair basketball – fast, physical and safe: Vavuniya Para Sports Club v. Gajaba Sports Club in the National Championships, 2013

## Key Learning Points in this Chapter

- General health and safety considerations in play
- Specific health and safety issues related to children with disabilities
- Child protection

*There are risks of accident and injury in sport and play for all children, not just those with disabilities. It's vital to ensure a safe playing experience to reduce these risks to a minimum. It should be remembered that sport and play, as well as helping to increase the physical ability of children with disabilities, can also create new disabilities through sports-related injuries!*

*While accidents and injuries can occur to any child during sport and play, for some children and youth with disabilities there are specific health and safety considerations which should be taken into account. This chapter will highlight 'watch-points' you should be aware of when you have a child with a disability in your play or sport session. Note that there is a potential risk not only to the child with disability herself, but to the other children involved in the play session, eg. from accidents involving wheelchairs and crutches.*

*It's also important to note that many children with disabilities can participate in play and games with the same (or very slightly different) health and safety considerations as those without disabilities. There can be a tendency to over-protect children with disabilities and exclude them from physical activity because of excessive fear of accident or injury. We must have a realistic and accurate understanding and assessment of the potential health and safety issues for each particular child. As long as these issues are properly addressed, and as long as an appropriate physical activity is selected with the child or is appropriately adapted, these risks can be eliminated.*

*Worry about injury or accident is not a reason to exclude a child or youth from play!*

**WARNING:** This is not a first-aid manual! This chapter gives basic guidelines on health and safety, but the play leader will still need to consult with and refer to qualified first-aid personnel in the event of an accident

Also, this chapter covers only the commonest types of disability. For complex or uncommon disabilities, please seek advice from a doctor or physiotherapist.

Another potential risk in sport and leisure programmes is child protection. While participating in sport and play activities, children have a right to be protected from abuse (eg. physical, sexual or verbal), when they are playing in their own community or school, and also when taken away from home, eg. for tournaments or away fixtures. Such abuse can come from staff, volunteers, visitors, or even from other children. Children with disabilities may be particularly vulnerable to some forms of child abuse such as sexual abuse. For example children with communication difficulties (eg. children who are deaf or who have intellectual impairment) may be targeted by abusers who think that their victims are less likely to report them. Therefore this chapter of the manual will also give a brief introduction to the topic of child protection and what considerations you should be aware of, in particular the need to develop a Child Protection Policy for your school, sports club or NGO.

*Adapted warm-up session for youth with disabilities*



## General health and safety considerations

The following considerations of health and safety apply to all children and youth, including those with disabilities.

✦ Make sure there is a warm-up and cool-down activity, to prevent injuries such as muscle strains and cramps. Especially with younger children, make this fun and part of the play session, using games rather than formal exercises. As for other play and games activities, warm-up and cool-down exercises need to be adapted for children with disabilities.

✦ **BE OBSERVANT AT ALL TIMES** – an accident can only take a few seconds! Watch out for:

✦ signs of excessive fatigue among the children (eg. excessive sweating, over-fast or irregular breathing, change in skin colour), and take action immediately (tell the child to stop and rest in a shady place, fetch water, etc). Don't rely on children knowing their own physical limits – while many do, some may try to push themselves beyond their limits and risk injury.



*Swiss balls are fun to play with, but sitting/rolling on them needs adult supervision to avoid accidents*

✦ Dangerous behaviour/practice among the children – many items of sports equipment (bats, balls, shot puts, dumb-bells, javelins, etc) can be dangerous if used in the wrong

way, eg. throwing a ball or frisbee at someone's face. Be vigilant about dangerous behaviour and bullying among the children which can lead to an accident, and take appropriate disciplinary action if it occurs. Excesses of excitement among the children can also inadvertently lead to accidents.

- ✦ Have an adequate child-to-staff ratio, to ensure that staff (and volunteers) can provide adequate supervision and observation during the play/sport session (as well as ensuring the quality of the session – see chapter 4).
- ✦ Be aware of the weather conditions – if the weather is very hot:
- ✦ ensure that drinking water is available
- ✦ increase the frequency and duration of rest sessions
- ✦ ensure that a shady place is available for rest sessions.
- ✦ Check that the playing ground is safe. It should be regularly checked for hazards such as rubbish (metal, bottles, etc), cow pats, thorns, etc.
- ✦ Ensure that children are appropriately dressed for physical activity. For example there is an increased risk for girls of tripping and falling if they are wearing a shalvar.
- ✦ Ensure that the task you give to each child is suitable for his level and ability.
- ✦ Store sports equipment safely. If equipment is strewn across the sports field there is more chance of someone tripping or falling over it.
- ✦ Have a first aid kit available in case of an accident. Check it from time to time to make sure it is stocked and well maintained. Know who to contact in case of an emergency (a qualified first-aider or local medical services).

## Specific health and safety issues related to impairment

In order to know about any specific health and safety considerations relevant to a particular child, you first need to have a good understanding of the child's impairment. Ask the child and his/her parents about the child's impairment and medical history. In a few cases (those with the most severe impairments), you may need to seek additional advice from a doctor/physiotherapist. For such children, it is of the greatest importance to plan appropriate and adapted physical activities, and to reassure the child and the parents of this and that you are managing any potential risks. As noted earlier, parents (and children themselves) may worry unnecessarily about accident and injury, leading to over-protection and exclusion. The play leader needs to demonstrate to the child and to the parents that you understand the risks and have taken all necessary steps to mitigate them.

This chapter covers specific health and safety considerations for five main categories of impairment.

### 1. Physical Impairment

Note that many of these points apply also to children with intellectual impairment, who also often have associated physical impairments.

**Adaptation of activity** – make sure that the activity is carefully matched to the child's movement ability, strength and fitness level, eg. weight/size of equipment, distances run, duration of physical activity, etc.



*Adapting to an unsuitable playing surface – using socks/gloves to protect hands in a 'wheelbarrow' race*



**The playing environment** - where possible, ensure that playing grounds are level, to avoid tripping and falls, and soft (eg. well covered with grass or sand) to reduce injury in case of falls. Children with difficulty walking/running can benefit from wearing supportive shoes to give more stability and additional ankle support. Special orthopaedic shoes may be available, or otherwise any high-sided shoes such as basketball shoes.

**Avoid fast movements** - Children using prostheses, orthoses or crutches are more likely to trip and fall than other children. Therefore select sports and games where fast movement is not required, or adapt games to allow for players of different speeds to play together equally and fairly.

**Physical contact** - depending on the degree/type of disability, children with physical impairments may need to be protected from physical contact, eg. by choosing non-contact sports and games (badminton, boccia, etc), or by changing the rules of a contact game such as football and basketball (zoning, changing rules on tackling, etc).

**Mobility aids.** Be aware of the risk of accidents and injuries caused by mobility aids. For example children who wear orthoses (braces) can develop pressure sores/wounds on the ankle or knee caused by friction with the orthosis. Similarly children wearing a prosthesis (artificial limb) can develop swelling or pressure wounds/sores on the stump. Children with such injuries require medical treatment and need to rest and reduce physical activity until the injury has healed. Parents need to ensure that the child is taken to a rehabilitation centre periodically to ensure that the orthosis/prosthesis still fits correctly, to avoid such injuries, especially for children who are still growing.

Children who use wheelchairs can develop pressure sores at the base of their spine on the skin over the seating bone caused by sitting for too long. In this case the children need to rest and reduce physical activity, as well as getting medical treatment and advice. Other risks to wheelchair-users in sport are:

✦ risk of falling from a wheelchair. To avoid this, ensure a level playing area, reduce physical contact and advise the wheelchair-user to reduce speed. Adapted sports wheelchairs with angled wheels give greater stability and are harder to tip over, and also have straps to secure the person's trunk. But remember also that depending on the type of disability, some wheelchair-users are able to take a considerable amount of physical 'rough and tumble' - there is even a Paralympic sport of wheelchair rugby in which physical contact is the norm!



*Wheelchair rugby - every bit as physical as normal rugby!*

- ✦ risk of injury to hands, eg. hands can get caught in the wheels. Protective gloves can help in this case
- ✦ risk of injury to feet, eg. from dragging on the ground and under the wheelchair. The wheelchair-user should always wear covered shoes. A strap to secure the child's legs and feet may also help.
- ✦ risk of clothing getting caught in the wheel. It is important for wheelchair users to wear suitable clothing during play, preferably shorts and T-shirt.

Mobility aids can cause injury to other children as well as the child with disability, eg. if crutches and prostheses are left lying around in the playing area someone can trip over them. Children without disabilities can be curious and play with wheelchairs, and risk injuring themselves as well as damaging the wheelchair.

**Issues related to specific physical impairments:**



- ✦ Children with joint problems such as arthritis should avoid activities which cause twisting or jarring to the knees and ankles, eg. jumping.
- ✦ Children with bone disorders such as brittle bones should avoid all contact sports.

## 2. Visual impairment

**The playing environment** – This is of particular importance to children with visual impairment. Make sure that the playing area is free of any potential risks, or that any hazards are made visible. For example, have a brightly coloured fence around a pond. Orient the child about the playground and the surrounding environment, ie. by taking the child for a guided walk across the play area while giving a verbal description, eg. *‘from here to the end of the playground is about 200 metres, it’s quite flat and grassy but at the far end there are some bumps, and on the right side there’s a wire fence you need to be aware of.’*

**Clothing** - it’s advisable for visually impaired players to wear shoes because of potential injury to feet, and to give more stability when running/walking.

**Choice of game** – it may be better to avoid high-speed ball games, which can potentially cause injury to the child as they will have difficulty in seeing the ball and reacting to it quickly. Although cricket, for example, is played by several teams of people with visual impairment in Sri Lanka!

## 3. Hearing impairment

**Safety instructions** – make sure you give visual as well as audible signs when giving safety instructions. This is to prevent injury, for example in cricket a player with hearing impairment could be hit by a cricket ball if unprepared.

## 4. Epilepsy

**Understanding the condition** – Make sure you know if any child in your group has epilepsy and takes anti-epileptic medication. This medication can reduce or complete control the seizures. Ask the child/parents about how often the fits

occur and how they affect the child – fits range in severity and in effect on the child. Sometimes the child feels ‘signs’ before having a fit. Ask the child about this and to give a warning if he/she feels a fit is imminent.

### **Avoid excessive stress during the play session**

– extreme excitement or stress can initiate a fit. However fits may occur less often when the child is kept moderately active and occupied, so moderate participation in sport for some children can help to control their epilepsy.

**Activities to be avoided** – play activities involving climbing (eg. on climbing frames) should be avoided because of the risk of falling. Children with epilepsy are sometimes excluded from swimming because of fear of drowning. However as long as precautions are taken there is no risk to children with epilepsy while swimming, eg. ensuring that the child is well supervised at all times (minimum one-to-one support), ensuring that the child keeps in shallow water, and using a floating aid.

When a child is experiencing a seizure...

- ✦ Help the child to the floor, and move away any furniture or objects they could injure themselves against.
- ✦ Place the child in the recovery position, to ensure their airway is free, as there is a risk the tongue can obstruct the throat
- ✦ After the fit, allow the child to rest in a quiet place alone, and give her a drink of water.
- ✦ Explain to other children about the child’s condition, so that the child will not be ostracised. Witnessing a child having a fit can be a frightening experience, especially for young children.



## 5. Circulatory/respiratory conditions (heart, breathing problems)

- ✦ Seek medical advice on what physical activity is permissible for the child and select appropriate physical activities accordingly. Choose activities/roles for the child which are less physically demanding (eg. goal-keeper, time-keeper, target games...)
- ✦ Be especially aware of the child becoming over-fatigued (breathing, skin colour...). Do not rely on the child knowing his/her own limits. Short spells of activity interspersed with rest periods are advisable.
- ✦ Ensure the child does not get over-excited by the game.

### Child protection

The goal of child protection is to protect children from abuse while participating in your sport or play activities. The main types of child abuse are as follows<sup>1</sup>:

- ✦ Physical abuse: physical injury to a child, or failure to prevent physical injury, or suffering, to a child, eg. by hitting, shaking, throwing, etc.
- ✦ Mental/emotional abuse: severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection, eg. causing the child to feel frightened, worthless or inadequate; for example bullying among children (especially adolescents) is a common form of mental/emotional abuse.
- ✦ Neglect: failure to protect a child from exposure to any kind of danger, or failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development.

- ✦ Sexual abuse: involving a child in sexual activities they do not truly understand, to which they are unable to give informed consent or that violate social taboos or family rules, such as touching a child's genitals, forcing a child to watch or take part in pornography or coercing the child to have sex. It is considered abuse whether or not the child consents.

Additional to these categories the area of sexual exploitation is also important to highlight;

- ✦ any actual or attempted abuse of a position of vulnerability differential power or trust, for sexual purposes, including but not limited to profiting monetarily, socially, politically from the sexual exploitation of another<sup>2</sup>

To safeguard against child abuse in your sport/play programme, it is important to develop a Child Protection Policy. Such a policy covers areas such as behavioural protocols for staff (eg. when working with children, travelling with children or disciplining children), staff recruitment and screening, and responding to allegations (ie. reporting and investigating allegations of abuse). A Child Protection Policy should ideally be developed in consultation with your staff, and when finalised, it needs to be disseminated and staff trained in it. Periodic reviews and updates of the policy are also recommended.

Sport/play programme leaders should seek more professional advice on developing a Child Protection Policy, eg. from government Child Rights Promotion Officers or the National Child Protection Authority in Sri Lanka.

**Inclusive play  
is  
safe play!**

<sup>1</sup> Abridged from Child Protection Policy of Chap Dai NGO, Cambodia

<sup>2</sup> Handicap International 2011, Protection of Beneficiaries from Sexual Exploitation and Abuse Federal Executive Division.

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- Winnick, J. P. (ed) (2005). *Adapted physical education and sport* (Fourth edition). Champaign, IL: Human Kinetics
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- Youth Sports Trust (2012). *TOP Sportability*. Visit <http://topsportsability.org/>

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## Further reading

- These manuals can give you further ideas about making inclusion in sport and play happen:
- Handicap International (2006) *Sport and Fun For All: A way for persons with disabilities to be included in community life*
- Handicap International/Tunisian Federation of Sport for Persons with Disabilities (2011). *Manual for the professional in adapted physical activity* (also available in French)
- Ikkelberg, J. et al (undated). *Fun Inclusive: Sports and games as means of rehabilitation, interaction and integration for children and young people with disabilities*. Handicap International, GTZ and Medico International
- Jebali, H. (June 2011). *Football et Handicap: les pratiques adaptées*. Handicap International/FTSH

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## APPENDIX 1: NATIONAL AND INTERNATIONAL LAW AND POLICY ON DISABILITY AND SPORT

### 1. United Nations Convention on the Rights of Persons with Disabilities

#### Article 30 - Participation in cultural life, recreation, leisure and sport

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

1. To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
2. To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
3. To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
4. To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
5. To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

### 2. UN Convention on the Rights of the Child

#### Article 31

1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

### 3. National Policy on Disability for Sri Lanka

#### Article 8. Sports:

Sports will encompass people who have disability, (boys and girls, men and women). People who have disability will participate in sports activities of their choice like their peers for both recreational and competitive purposes.

(1) State and private organizations responsible for sports, starting at school level and continuing through all levels of administration will, in particular,

- recognizing their abilities, include events for categories of people who have particular disabilities in all public sports activities (such as events for wheelchair users, events for those who cannot see, etc).



- adapt existing sports rules and methodologies where necessary so that the participation of people who have disability and the inclusion of special events for them in public sports is made possible and is recognized (such as in athletics for people who cannot hear and cricket for those who cannot see).
  - make accessible to people who have disability all the facilities they provide including those for training so that they will have opportunities to develop their special aptitudes in sports
  - encourage and facilitate the participation of people with disability who have reached required standards to participate in international events
  - include disability as a module in the training of sports personnel including coaches, referees and trainers
  - promote the employment of suitable qualified individuals who have disability as coaches, referees and trainers and as staff cadres in Sports Academies
  - consider the special needs of people who have disability in relevant sports research.
- (2) Implementation of the policy and strategies listed above will extend to Sports Bodies such as National Federations of the various sports.

## APPENDIX 2: EXAMPLES OF ASSESSMENT FORMS

### Physical assessment

#### Child/Youth Physical Assessment Form

|  |                             |                                      |                  |
|--|-----------------------------|--------------------------------------|------------------|
| Date of assessment:  |                             | Physiotherapist Name:                |                  |
| <b>Child/Youth information</b>   |                             |                                      |                  |
| Name:  |                             | Age: \ yrs.                          | Sex: M ( ) F ( ) |
| Address:   |                             | Tel number:                          |                  |
| <b>Disability information (history and type)</b>                           |                             |                                      |                  |
| Physical Impairment ( )  | Intellectual Disability ( ) | Mental Illness ( )                   |                  |
| Specify the type of disability (diagnose):                                 |                             |                                      |                  |
| Visual Impairment : Low vision ( ) / No vision ( )                         |                             | Hearing Impairment ( )               |                  |
| Speech Impairment: Understanding ( ) / Speaking ( )                        |                             |                                      |                  |
| Disability: since birth ( ) / acquired ( )                                 |                             |                                      |                  |
| If the disability is acquired when: / how:                                 |                             |                                      |                  |
| Did he/she receive other services before? Yes ( ) / No ( )                 |                             |                                      |                  |
| If Yes, specify: Surgery ( ) / Physiotherapy ( ) / Others ( ) .....; when? |                             |                                      |                  |
| <b>Assistive/ Mobility device</b>  |                             |                                      |                  |
| Does he/she use assistive/ mobility devices?: Yes ( ) / No ( )             |                             |                                      |                  |
| If Yes, specify:   |                             |                                      |                  |
| Device condition: Good ( ) / Should be changed ( )                         |                             | Is it appropriate?: Yes ( ) / No ( ) |                  |
| Suggestion in case the device should be changed or is not appropriate:     |                             |                                      |                  |


| <b>Physical Examination</b>                                 |
|---|
| <b>Description of posture/ physical appearance</b>          |
| Head/Trunk alignment:                                       |
| Upper limbs:  |
| Lower limbs:  |
| Part of the body most affected:                             |
| Deformity: Yes ( ) / No ( ) ; If Yes specify the district:  |
| <b>Range of motion evaluation</b>                           |
| Fill the attached form if some joints have ROM restrictions |
| General comment:  |
| <b>Muscle strength evaluation</b>                           |
| Fill the attached form if some limbs are weak               |
| General comment:  |

|  |
|--|
| <b>Retraction/Shortening/Spasticity</b>  |
| Groups of muscles involved and problem:  |
| (Specify if retraction/shortening/spasticity)  |
| <b>Pain evaluation</b>   |
| Pain: Yes ( ) / No ( )   |
| If Yes, specify which district:  |
| Pain pattern: Rest pain ( ) / During activity ( ) in this case specify the activity: |

|  |
|--|
| <b>Functional Examination</b>          |
| <b>Mobility and balance evaluation</b> |
|  |

Upper limbs function evaluation

| Difficulty moving or moves differently? | Yes | No | Poor balance | If he/she needs assistance(describe) |
|---|-----|----|--------------|--------------------------------------|
| Sitting                                 |     |    |              |                                      |
| Standing                                |     |    |              |                                      |
| Walking                                 |     |    |              |                                      |
| Running                                 |     |    |              |                                      |
| Jumping                                 |     |    |              |                                      |

|  |   |
|--|---|
| <p>Grasp and manipulation difficulties:<br/>                 Yes ( ) / No ( )<br/>                 If Yes, indicate in the pictures below the side affected (ex. LT)</p> <p>Comment:</p> | <p>Others upper limb function difficulty</p> <p>d</p>               |
|   | <p>Reaching:</p> <p>Catching:</p> <p>Carrying:</p> <p>Throwing:</p> |





| Treatment Plan  |
|---|
| Main functional problems identified                                   |
| <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul> |
| Treatment proposals   |
| <ul style="list-style-type: none"><li>•</li><li>•</li></ul>           |

## Social Assessment

### Questions for children, youth and parents

|                      |               |     |
|----------------------|---------------|-----|
| Child's/youth's name | Date of birth | Sex |
|                      |               |     |

#### Part 1: Questions for child/youth

|   |   |
|---|---|
| Do you usually play sport:                                      | Do you usually play games:                                      |
| Every day <input type="checkbox"/>                              | Every day <input type="checkbox"/>                              |
| Once a week <input type="checkbox"/>                            | Once a week <input type="checkbox"/>                            |
| Once a month <input type="checkbox"/>                           | Once a month <input type="checkbox"/>                           |
| Rarely <input type="checkbox"/>                                 | Rarely <input type="checkbox"/>                                 |
| Never <input type="checkbox"/>                                  | Never <input type="checkbox"/>                                  |
| Which sport(s)? (List all)                                      | Which games? (List all)   |
|   |   |
| The child/youth usually plays these sports with:                | The child/youth usually plays these games with:                 |
| Other children/youth with disabilities <input type="checkbox"/> | Other children/youth with disabilities <input type="checkbox"/> |
| Children/youth without disabilities <input type="checkbox"/>    | Children/youth without disabilities <input type="checkbox"/>    |
| Both with and without disabilities <input type="checkbox"/>     | Both with and without disabilities <input type="checkbox"/>     |

What goals and ambitions do you have in sport?

What social activities do you participate in apart from sport? (eg. youth clubs, school societies, etc)

Do you face any difficulties in life because of your disability? Yes No

If yes, please explain

Do you think people treat you different to other children/young people because of your disability/impairment? Yes No

If Yes, please explain







# YES

# WE CAN PLAY



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