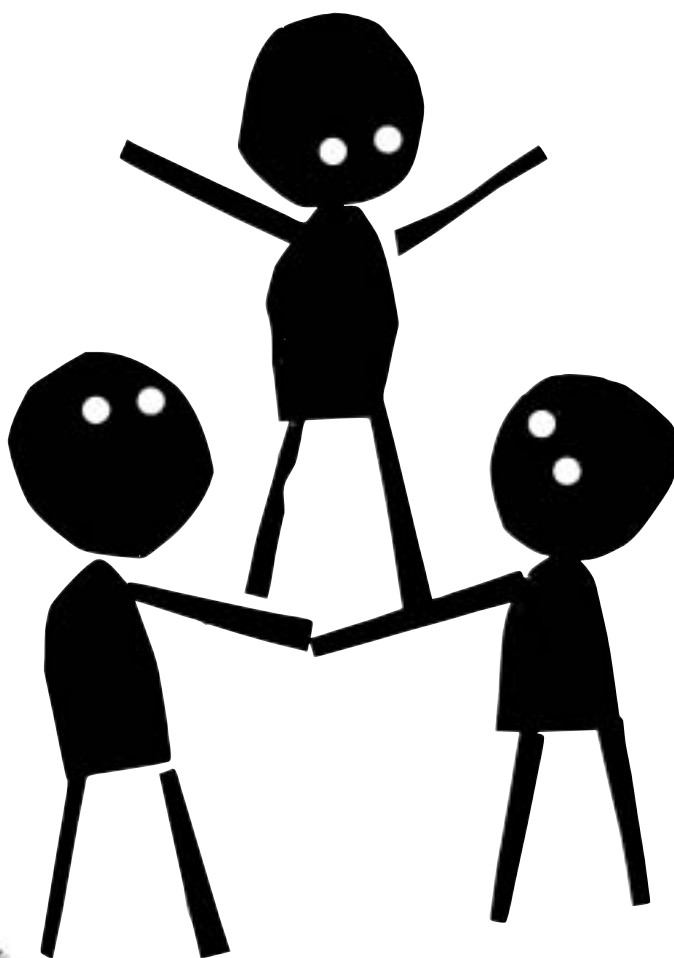


COUNT ME IN

A guide to Inclusive Physical Activity, Sport
and Leisure for Children with a Disability



EDUCATION AND CULTURE

Colofon

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Persons with Disabilities – Awareness, Understanding, Action"
2006

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I thank all the organisations that have shared their experiences on the implementation of inclusive physical activity with us. With their help, we have created a DVD with illustrations of examples of good practice, that will most certainly motivate our readers to give inclusion a go and set up inclusive physical activity in their personal setting.

Herman Van Coppenolle
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PREFACE

In "Count Me In" you will find valuable information on the inclusion of children and youngsters with a disability into mainstream physical activity, sports and leisure. Although there is a general tendency in Europe to include children with a disability in general education, they are often excluded from participation in physical education, sports and leisure. Especially for this group it is extremely important they get all opportunities for an equal start in all aspects of life.

With the project "Sports and Physical Activity for Persons with a Disability – Awareness, Understanding and Action", a network of universities from 17 European countries aims to endorse full inclusion of children and youngsters with a disability in all aspects of society through physical activity and sports.

With this guide, we want to give teachers, coaches, parents and volunteers the opportunity to find out more about inclusion of children with a disability into physical activity, sports and leisure.

"Count Me In" will introduce you to basic theories, useful suggestions and strategies relating to inclusive physical activity. This book is not a manual that will tell you exactly how to solve each problem or overcome one specific obstacle. Instead, you should use it as a practical guidebook, which may help you to find your own, tailor-made, solutions for problems you encounter.

In the first chapter, you will meet some people that have also been challenged by inclusive physical activity, like parents, teachers, volunteers and sports coaches. Next, you will be introduced to 8 children with disabilities. Throughout the book, you will come across these adults and children. They will illustrate theoretical concepts and adaptation strategies to you in a practical way.

The second chapter motivates you and other readers to question your personal situation, the obstacles and challenges. A detailed analysis of your questions and problems is a first step in finding appropriate solutions.

Chapter 3 introduces you to the theoretical concepts of Adapted Physical Activity (APA) and inclusion.

In chapter 4 you will find a list of practical adaptation strategies. First, the adaptation strategies are listed per type of adaptation. Further on in the chapter, these strategies are illustrated by giving the most common adaptations for a list of specific activities and sports. Finally the relevant adaptations per type of disability are listed.

In the fifth and last chapter, a series of examples of good practice are analysed and illustrated on DVD. Just have a look, you will see about anything is possible...

"Count Me In" is not a manual that has to be read front to back. You can pick in on each chapter. Curious to know which adaptations you can use during a football sessions? Go through to chapter 4. You want to learn more about APA in general? Have a look at the second chapter. You can use the book, whichever way fits your needs.

**Claire Boursier
Mieke Van Ient**



Introduction

1



At the beginning of this book, you will meet people who have been challenged, to include children with special needs in physical activity. The challenge of inclusion raises a lot of questions for parents, peers, PE teachers, sports instructors, educators etc.

If you recognise the problems or questions the people in this introduction have encountered, you will certainly find useful information in this book about providing physical activity in an inclusive setting for all children.

John and Sofia have 3 children. They live in the suburb and work down town, 30 km away. Their second child is 11 years old and has Down syndrome. He wants to take part in physical activities during his free time, with his peers. John and Sofia agree this is very important for him. However because of a busy work schedule they are unable to take their son to an appropriate club. Close to where they live, the clubs are not really accessible. They also had some negative comments from parents of other children, who don't want their son to be included in the activities.

Luize is raising her 2 children alone. She doesn't like physical activities and sport. Apart from PE lessons at school, which she always disliked, Luize never practised anything else. Her daughter has Cerebral Palsy and is 7 years old. She would like to participate in a sport club, but she has no idea which activity to choose. Luize would like to help but doesn't know which opportunities are available for her daughter, whom to contact or where to get information.

Karl has a younger brother with multiple disabilities. Karl likes to ride his bike in the countryside where he lives. He would like his brother to join; him to feel the wind, smell fresh air, and share a nice moment. However his brother doesn't have an adapted bicycle. Karl is afraid they are very expensive. Furthermore, he doesn't know which kind of bike would be most suitable or where he could get one.

Alexei is a primary school teacher. In his free time, he is volunteer in an association which enables children with disabilities to participate in cultural activities (going to the museums, visiting places, theatre, etc.). This year, there is a blind child integrated into his class. After discussions with parents and professionals, and thanks to his own experience, Alexei has developed some strategies to include this child fully into the class. He has adapted the pedagogy in all disciplines, except PE. He would like to get some advice and support.

Natalia is a Physical Education teacher. She would like to include 2 children (one with hearing impairment and one wheelchair-user) in weekly PE sessions, with a class of 30 pupils. However, she has no background in

disabilities and is afraid she will harm the children. Natalia doesn't know, if there are any risks associated with the children participating in PE. Furthermore, she has no clue on how to manage a PE session, with such a heterogeneous class group.

Lina is a volunteer at a community sports centre. She has accepted to help a child with autism to integrate in a judo club. However, she did not practice Judo before and does not know much about Autism. She is afraid she is not the right person for the job but doesn't want to let the parents down.

Christophe is a football coach. He is very competitive and his main aim is to have his team win the local championships this year. He demands high commitment of all his team-members. In his team, there is no place for children with special needs, as they would only lower the level of play. Besides, the other parents wouldn't allow him to put a child with special needs on the field.

Hana is an educator. She works in an institution for children and teenagers with learning difficulties and behavioural problems. She feels sport is a useful tool for integrating children into society. Hana would like to help children from the institution to participate in different sport clubs in the community. However, she does not know how to convince the sport coaches and parents to take on the challenge.

Tuukka is a physiotherapist. He was asked by parents to provide adapted physical activities for their young daughter with multiple disabilities. He thinks many kinds of therapies would be needed. Tuukka finds it difficult to decide on an appropriate sport, for this particular girl, and indeed where and with whom she would practice.



European Charter of Sports for All

*(adopted by the Committee of Ministers on 24 September 1992
revised in 2001)*

To enable every individual to participate in sport and notably:

- to ensure that all young people should have the opportunity to receive physical education instruction and the opportunity to acquire basic sports skills;
- to ensure that everyone should have the opportunity to take part in sport and physical recreation in a safe and healthy environment, and, in co-operation with the appropriate sports organisations;
- to ensure that everyone with the interest and ability should have the opportunity to improve their standard of performance in sport and reach levels of personal achievement and/or publicly recognised levels of excellence.



“Count me in” introduces you to Lisa, Michael, José, David, Sofia, Tom, Anna and Antonio. All these children are unique, they have different likes and dislikes, skills and abilities. Throughout this book, these children will illustrate to you how they can be involved in all kinds of physical activity, from family oriented or leisure time activities to PE and sports activities. They will all most likely encounter some difficulties, by wanting to participate or by actually participating. These difficulties may be due to lack of an appropriate environment or other adaptations, and may sometimes be combined with individual functional challenges.

Lisa is a 9 year-old outgoing little girl. She is very talkative and likes playing with other children. Lisa has a learning disability and she needs very clear instructions, before starting any activity. She can become very upset, if shouted at. Lisa has difficulty learning motor skills and her fitness level is not on a par with that of her typically developed peers. Her favourite activities are dancing and singing. For Lisa, it is very important that she feels part of the group, when she is playing.

Michael is 11 years old. He is a member of an athletics club. Running is his favourite event. Michael is blind since his birth. He started track and field, in the same team as his older brother, at the age of 7yrs. Although he had a difficult start at his team, he is now a very enthusiastic member. When running, he is often accompanied by his older brother or one of his “buddies” who guide him round the track. Michael is very keen on all kinds of physical activity and loves competing. He also likes swimming and tandem cycling.

You can often find 12-year old *José* playing alone. He doesn't like being disturbed in his games, by other children. José likes to do activities that are repetitive and predictable, like throwing his favourite ball against the wall. While listening to instructions, José has difficulties focussing on what's being said. It is often hard to know, if José is enjoying himself during games or activities, as he has difficulties showing his emotions. José has Autism .

David is a very active 10-year old. He goes to a regular school and has known his classmates since preschool. David cannot use his left arm and leg fully. They are almost permanently forced in the same awkward position. Therefore he has difficulty manipulating small objects with his left hand. When walking or running, he loses his balance easily and hence often has bruises. David is almost fully independent in his activities of daily life. David is willing to have a go at every activity but he can get very frustrated , if he fails when trying new activities. If he is excited or angry he will often have more difficulties with walking and other motor activities.

Nine-year-old *Sofia* was born with spina bifida. She can walk with a walker but often uses her wheelchair to move around. Sofia is not keen on doing PE and sports because she often feels left out. Sofia likes swimming, because in the pool, she can move around without any help. Her upper body strength is good but she tires very easy when walking with the walker. Sofia is regularly in and out of hospital.

Tom is 11. He says his favourite class is PE, although he often gets into trouble during this class. He cannot sit still when the teacher is giving instructions and is always very eager to start the activity. Tom has a hard time waiting his turn and often gets into fights with his classmates about that. Tom is a member of a football-club, he has very good ball skills but has some problems with teamplay. Tom is aware of the problems he has due to his diagnosis of ADHD and is working on how to manage this with his PE teacher.

Anna is 12 years old. After going to a school for deaf children for some time, she is now attending a mainstream school. Anna has a moderate hearing loss and communicates mainly through lip reading and some specialised hearing aids. She says she often misses teachers' instructions when the class is too chaotic. She then just imitates her classmates. Anna's favourite activities are ball games. She is also a member of a volleyball club in her free time.

Antonio is 18 years old. He has a severe physical and learning disability. Although he cannot talk, his facial expressions clearly show he enjoys watching his younger brother play and he too likes to be involved. Antonio is integrated in a mainstream school. Because the noise of regular PE classes confuses him, he is taken out of the group for separate PE sessions which are mostly concentrated on relaxation and physical well-being.

**Inge Morisbak
Claire Boursier
Aija Klavina**



Inclusion, getting started...

2



Every child has a right to practice sports or physical activity in a nearby sports club, in her/his own age-group and in the sport(s), and in an activity of his/her own choice

Like most people presented in the introduction, you may also think, or be convinced that all kids benefit from participating in physical activity (PA) with their peers.

You can find good illustrations of how all children –with or without disability- enjoy participating in an inclusive physical activity setting¹ on the DVD. The knowledge and creativity of the instructors allows all children in these films to take part in the activities.

But the question is, how can you go from this value – *the basic right of every child to participate in physical activities in a way that this enhances their inclusion in society* - to the implementation of this value in your personal situation? How can we achieve our common goal - to let children with disabilities be physically active and participate in inclusive settings in society.

In the following chapter, we will reflect on several key-issues linked to providing inclusive PA settings. We will offer you some input based on previous international experiences in Adapted Physical Activity (APA)². This input will serve as a starting point for a discussion with yourself or with a group of friends or colleagues and /or collaborators in a more formal “focus group”³.

In this book, you will not find ready-made solutions for each situation. We will present you with some useful suggestions and strategies for inclusion. By thinking actively about the key-issues in your personal situation with a focus group, you will come up with some strategies, adapted to your personal situation.

Why?

Why should all children take part in physical activity?

This is not really an issue here. There are many arguments for comprehensive PA as an important factor in general human development and more specific motor development. It is quite obvious that being physically active is important for all children – even more so for children with disabilities.

However, not everybody is convinced of the benefit of including children with a disability into mainstream physical activity.

¹ Inclusive physical Activity – physical activity including children with different abilities, for definition go to chapter 3.

² Adapted Physical Activity – for definition, go to chapter 3

³ “focus group” – a group of key “stake holders” with whom you can discuss or who you can interview with regards to their subjective experiences related to the questions or challenges you face. Some important recurrent questions are suggested in this chapter. We invite you to come up with additional issues you are faced with in your specific situation.



John and Sofia: We want our son to go to a sports club of his choice, he likes football, just like his brothers. We think this is very important for his personal development. Taking part in inclusive sports will help him to find his place into society.

Christophe: Well, I can understand physical activity is important for the child, but I don't see how he could participate in my football team. He just wouldn't reach the same level as other children, it wouldn't be fair to him ,or to the team.

Tuukka: Not only that, there is also the safety aspect, I think you should guide the child to a safe activity, if he gets hurt, it might influence his progress in therapy. Maybe it is better to get some specialised help, a regular coach might not know what he is doing.

Alexei: I think it should be possible to include him in the training sessions of a local team. He doesn't always have to do the exact same exercises. But this way, he could still feel part of the team.

John and Sofia: Yes, we want him to have fun, even if he gets some bruises while he is at it. His older brother could maybe join him the first few times, he knows very well what he can and cannot do.

Please, continue this discussion, which other arguments can you find?

Most people will agree that physical activity is very beneficial for a child, however, you might get some arguments against inclusive physical activity. Is it safe? Is it not better to provide physical activity at the level of the child, together with other children with a disability?

A positive argument for inclusive PA is that this will teach children in a natural way what it means "to be different".

For successful inclusion in physical activity it is important to find a group of people around the child(ren) that want to give it a go.

With this group, you can proceed to the most important question: How can we do it? – How can we facilitate the participation of children with disabilities in inclusive physical activity settings?

How?

How can we organise inclusive physical activity, this is the key question!

In the examples on the DVD, you see it is possible to organise inclusive sessions.

In the example you saw it is possible to organise inclusive sessions. But in your personal situation there may be some, or even a lot of obstacles.



Alexei: In our primary school, 2 children with a disability are integrated in all regular classes. But for the PE classes, there is no extra support teacher available. Furthermore, their PE teacher doesn't really know which activities are appropriate for them.

Lina: I have the same problem, I don't know enough about the child's disability. I don't know how to approach the child.

Hana: This is an argument I often get from sports clubs in our community. However, I think they are sometimes too preoccupied with the disability. Of course, our children have special needs, but you can get most important information by talking to their parents or physiotherapist. You don't need to be a medical expert to help them.

John and Sofia: This is true, around the house, our son plays with his brothers with some adaptations, they have invented themselves. You don't always need fancy equipment or a lot of additional support. Our experience is that our son can participate in a lot of activities if he is paired up with a buddy that can guide him during a game.

**Please continue this discussion, what other obstacles can you find?
And what solutions can you think of?**

There are some general obstacles that are often reported, but there also might be some obstacles specific to the actual environment you work in: your family, neighbourhood, kindergarten, school, sports club, institution, etc.

The most common obstacles may be related to:

- Time (lack of-)
- Equipment (availability, adjustment possibilities, costs,)
- Organisation, leadership
- Knowledge (lack of knowledge about available possibilities, about abilities of a child, about other matters of many kinds as commented in this booklet)
- Attitudes (what are the most annoying? Can you understand why they exist? That might give you some clues how to meet them)
- Practical help (persons, technical equipments.)
- Economy and other resources (lack of)
- Transportation

Whatever the obstacles are, they might be considered as challenges.

What are the key challenges towards participation in physical activities for your children as you see it?

There might be several at one time.

What are the easiest challenges to meet in your specific situation?

What are the most difficult?

Difficulties could easily be an excuse for not even trying! Don't let them be! It's easy to find a lot of challenges in this field. But you shouldn't be overwhelmed or use them as an excuse for not doing anything. You will not find that satisfying. To meet challenges and overcome them is usually quite rewarding.

Discuss the challenges you identified with friends and with the child(ren). Find someone with relevant responsibility, background and knowledge in the field, they might help you find a solution to meet these challenges.

Further in this book you will find important information (eg. levels of inclusion, strategies of adaptation) that can be used in the discussions you are conducting.

Communication with the child about these questions might be a challenge in itself, adequate communication is of course an important part of taking the challenge. You can't ignore the child's perception of the inclusion process. What, and how, to teach, must fit within the context of the child's and the family's preferences, priorities and visions for future. However the main focus should always be on the child. This is a person-centred, collaborative process involving the child, family members, teachers, coaches, specialists and volunteers. Looking at it together with the child(ren) and from their perspective, will help you overcome the obstacles. This might sound obvious, but when people and agencies are involved there might be competing motives disturbing the actual process, if the focus is not kept quite clear and open.

We guess you have examples on wrong focus? Learn from them!

**Where?**

Where could your children take part in physical activity?

This might be part of the *How?*-question. Where should participation in physical activities take place?

Sometimes you might have several options to choose from, in other situations the opportunities might be limited. (e.g. compulsory school, small community).



Luize: My daughter asked me to take part in sports activities, also outside of school. But we live in a small community, there are no disabled sports clubs. I don't know where to start.

John and Sofia: Even though we know some clubs in the city where our son could be enrolled, we would prefer him to go to a club in our local community. Not only would this save us time, but he might also make friends with the children he sees when playing outside.

Lina: Maybe you could just go and have a talk with the people running your community sports centre. They might be willing to give it a go. That's how I got involved.

Tuukka: Clubs focussing on recreational activities might be more accessible for beginners than clubs focussed on competition.

Please continue the discussion.

Where might you find other opportunities for practising physical activity?

Physical activity is not only organised in sports clubs that take part in organised competitions, there are also other settings:

- Family oriented physical activity
- Leisure time or recreational physical activity
- Regular or adapted sports clubs

Who? Who will be the main actors in the process of inclusion?
You might do it by yourself, or you might need or benefit from help and helpers.



Lina: I hope I will be able to assist this child through the Judo sessions. But first I need more information, about his abilities and needs. I will talk to his mom and maybe his teacher about that. Since I didn't practice Judo, the coach will have to give all instructions. I see it as my task to clarify these instructions for the child as needed.

Karl: My brother doesn't respond very well to new people. Therefore, I want to do some activities in his free time, together with him. With his physiotherapist, I discussed what he likes and what is good for him.

Natalia: As we have no support teacher available for PE classes, I will have to manage. After a discussion with all children, we designed a system where all children take turns in assisting the children with a disability, if needed. I am still looking for some information about appropriate activities for a heterogeneous class group. Who could I contact for that?

Who are the (best) helpers in your specific situation? Name them and think of their roles, related to the needs and wishes of the child.

You should consider taking advantage of important knowledge that is already available, suggestions from someone that might have more experience in this area, strategic measures that might be necessary to make things happen (referring to laws and regulations, economy, positions within bureaucracy, etc).

But we tell you right away, there is no perfect or complete recipe.

Every child is special, and so they should be. The process of inclusion is a permanent process, on which you have to work and reflect continuously. The process is an inevitable part of the work, towards our common goal.



What competencies are needed?

What are the competencies that you need if you want to do a job in this respect, and if you want to do it well?

Let's first have a look at competencies in a general way, before we try to answer this question.

All competencies that might be needed for any role you might have or purpose you want to achieve, can generally be divided into four main domains⁴:

- ✧ **Life values**, life philosophies you have as a foundation for your efforts
- ✧ **Attitude**, way you think or behave based on your life values
- ✧ **Knowledge**, things you need to know to be able to do a qualified job in your specific role
- ✧ **Skills**, the ability to really carry out the tasks related to your role



Lina: My parents have raised me with the belief that every person has equal rights, in all aspects of life. I strongly believe in this myself. This would be my life value. My attitude with regards to physical activity for children with disabilities, is based on this right. I think all children should have access to physical activity and I want to contribute to this, with my work at the community centre. Sports can be a great tool to help a child integrate into society. My knowledge about children with disabilities is limited, but through my work at the Judo club, I hope to develop new skills that help me support children with special needs, during physical activity. At first, I was afraid of taking on this challenge, because I don't want to harm the child. After some talks with his teacher and parents, who know the child best, I am motivated to learn more about autism.

All the components of this competency profile are interdependent. The “right” values are necessary for getting the “right” attitudes. Attitudes shape your knowledge areas. Knowledge could be valuable prerequisites for practice of new skills, but skills might also be a result of attitudes and values. Knowledge will also affect values.

Influence from one component to another might go in any direction. You might check the current good/best practice on each component, and see where you are, relevant to your task and role as a provider of services to a child, who wants to participate in physical activities. You should question yourself and your competencies and bring in someone with other competencies if needed.

⁴ Sherril, 2004

Negative attitudes are one of the most significant barriers for inclusive physical activity. They are very difficult to overcome. However, you can address negative attitudes of peers or instructors through exposure to information, or through experiences with children with disabilities. When promoting positive attitudes, it is very important to focus on the whole individual, not just on the negative stereotypes that are linked to a disability. In a group of peers, it is important to increase the children's awareness of similarities with the child with a disability. Possible strategies for promoting attitudes are presentations or guest speakers, reverse integration sessions, simulations and role plays etc.

Think of other ways to promote positive attitudes amongst peers.

A good starting point in changing attitudes is adjusting your language⁵.

People with disabilities are people first.

Some of the terms that are still used when addressing persons with disabilities are offensive and can evoke pity, fear or reluctance towards a particular person. By using inappropriate language, we are labelling people according to their disability.



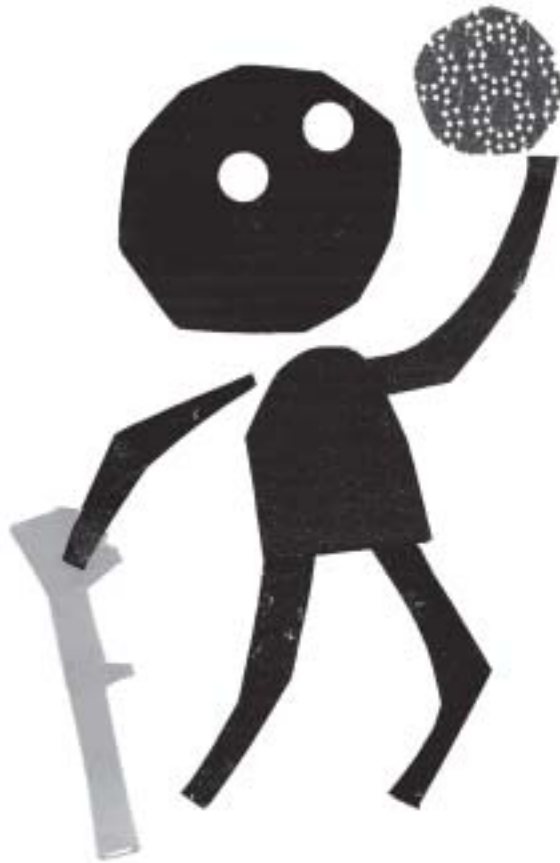
So adapt your language:

instead of these terms ...	... use
...handicapped, crippled	... person with disability
...he is confined to a wheelchair	... he uses a wheelchair
...victim of cerebral palsy	... has cerebral palsy
...he is retarded	... he has an intellectual disability
...she/he is quadriplegic	... she/he has physical disability
...he is nonverbal	... he uses sign language
...she is autistic	... she has autism

Overall, persons with disabilities are just like everyone else. They are people experiencing the same things as we do – dreams, desires, likes and dislikes. While the needs of people with disabilities might differ from ours, they have the same feelings as we do throughout particular periods of life.

⁵ People first language

**Hana Valkova
Inge Morisbak
Anna Bianco
Francesca Santarelli
Mieke Van Ient
Aija Klavina**



Understanding Adapted Physical Activity and Inclusion



What is Adapted Physical Activity (APA)?

Adapted Physical Activity (A.P.A) is an umbrella term for all services, that promote an active healthy lifestyle, for persons with special needs through physical activity and sports. APA aims to provide successful participation in physical activity, for all people, by modifying existing activities or inventing new activities.

APA is a cross disciplinary domain that has been defined in many different ways, but the central focus is the individual and the surrounding ecosystem¹. How can aspects of this ecosystem be adapted in order to provide successful participation in physical activity for every individual at any time during lifespan?

APA is an extensive domain that covers the theory and practice of physical activity related to the following factors²:

- Age: From early childhood up to senior age: lifespan
- Setting: recreation: school PE, competitive sports, physiotherapy etc.
Lisa likes to dance, she is happy in a non-competitive, recreational environment. Tom is very active during PE. Anna is a member of the local volleyball club, she is preparing for competition. Antonio feels most at ease in a separate PE session with physiotherapeutic stimulation concentrated on relaxation.
- Purpose: Practice (exercise), education, research
All the children want to play together or be part of the group, to be active in different ways. Alexei and Tuuka are looking for information on how to manage the best programmes and activities. John and Sofia are using APA as a means to socialise their son.
- Content: Type of activity / sports
Michael's favourite sports activity is running, Anna plays volleyball while Tom is keen on football. Lisa is an enthusiastic dancer. José prefers self invented games.
- Individual Differences and category of disability: fitting the programme to the individual
Lisa and Antonio both have a learning disability. However, they are very different: in age, in degree of learning disability and in personal interests. This explains why Lisa feels OK in the group of friends, while Antonio prefers to watch others and exercise separately in a quite place.

¹ The ecosystem is the total environment of an individual, including the attitudes and practices of everybody surrounding the individual (Sherril) (e.g. parents, siblings, school, job environment, technologies, urban environment, social care system, leisure time opportunities...)

² Claudine Sherril "Adapted Physical Activity, Recreation and Sports – Crossdisciplinary and Lifespan"

Adapt the activity to the needs of every individual, the individual should not have to adapt to the activity.

This is an important aspect of APA, it is not the individual, but the activity, that should be adapted.

The former has been common in the sport's world for a long time. Sports activities were perceived as somewhat standardised by rules and cultures. Participants just had to conform to these. But, you just don't adjust or change Cerebral Palsy, a spinal lesion, blindness, intellectual capacity or indeed any other disability.

Inclusion requires adaptation of the activity. You can do this in many ways, without changing the basic idea of the game, sport or any other activity.

To discover what you can adapt, you need to have a closer look at the Model for Adaptation:





The individual, the activity and the environment are all interrelated. Changing one aspect of this scheme will affect all other aspects. Which aspect would you adapt in your situation?

What can you change in an activity, within the framework of the activity idea? How can you change a tag-game and still retain the specific play-idea? You might change space, rules, number of participants, helping devices for locomotion, roles of participants and more and still have the same fun³. Think about what other activities you could analyse in this way.

The crucial competencies you need to organise an APA session are creativity, knowledge of possible adaptation strategies and knowledge of the activity you want to adapt.

There is no lack of activities. Activity analysis is a crucial step in the process of adaptation. As a result of such an analysis, some new possibilities might open up. And more importantly, your focus will change to the individuals' abilities, instead of the hindrances or disabilities.

There are numerous textbooks with a lot of good activity ideas⁴. Often, there is a lack of knowledge about "How to adapt". Often too, there is a lack of creativity in adapting strategies to the individual and the uniqueness of each situation.

The challenge in APA, is to provide opportunities for movement, to all children. Free and independent movement should be prioritised for each child with special needs. However, for children with greater limitations, the priority may need to be further adapted into different levels of movement: assisted or compensated movement (by adapted tools or equipment), passive movement, movement around the child with special needs and movement through communication (verbal, non-verbal, eye contact, holding hands, etc).

APA as a tool in the different stages of personal development 5

APA is a fundamental tool for personal development, that is relevant for all children with disabilities, regardless of type or degree. In the 3 successive developmental phases, 3 levels of activity can be determined: each phase is the prerequisite for the subsequent phase. The ultimate goal of the implementation of APA in each phase, is to gradually improve the ability-level of children with disabilities, so that they can reach the highest possible level of personal development.

³ You can find more information on adaptation strategies in Chapter 4

⁴ See reference list and list of activities presented in chapter 4.

⁵ As adopted from the Italian Inclusive School approach

The 3 phases of development present a sequence of experiences that everybody goes through, before reaching the stage that is appropriate for his or her ability *"from motor awakening to practising sports, in a continuum of experiences centred around personal development"*⁶.

Three stages

1

sensory/perceptive/motor activities (Children with severe disabilities)

At this stage, children are not able to participate fully in activities with classmates and require the presence of a support teacher.

Goal: Encourage the awakening of all senses of the child, stimulating him or her to act or to react, to halt or evolve the proposed activity, and above all stimulating the child's active participation.

Through active exploration of the environment and through functional adaptation of movements, increased independence with activities of daily life may be anticipated. Perception, recognition and acquisition of the sensory-perceptive data involved in movements and motor behaviours are put in place (space/time data and bodily scheme).

An important goal at this stage is the "Mobility of the individual in the environment" i.e. the ability to move from one point to another, in a specific environment. This is fundamental to increasing partial participation or becoming fully independent in all aspects of daily life.

Adaptations: The teacher must adapt his/her behaviour, language, gestures or contacts. Body language is an important aspect of the communication. By offering a wide variety of stimuli and using objects with different characteristics, (i.e. size, weight, texture), teachers may enhance the attractiveness of sensory or motor activities. It is important to reflect and continuously work on positive relations/communication between the teacher and the child, or between the child and his peers.

It is essential to enable all children to enjoy movement in order to stimulate further motor actions. This can be done by:

- stimulating pleasure in activity (thus stimulating participation)
- awakening attention and memory
- helping the subject to select information
- stimulating perception of elements in the environment
- achieving control over increasingly difficult movements
- stimulating personal initiative and the desire to do things, to act and move

⁶ Brunnet, 1991



2

pre-sport motor education (children with moderate disabilities)

These children might need a support teacher for specifically planned activities and groups, at different levels.

Goal: APA is a tool for these children to express themselves, their emotions and freedom of choice. APA allows them to acquire or demonstrate personal skills and to develop a sense of social belonging.

Frequently these children's' potential does not yet enable them to work towards practising sport. The priority is rather to work towards integration in the sense of "being together with others", sharing activities.

Children must be offered the opportunity to learn or improve motor skills and to know how to utilise them correctly in school life, home life and in preparatory sport activities. The organisation of a PE class must allow all children to participate, make choices, express him/herself and evolve as individuals.

Adaptations: The goal of APA is to give all children a sense of belonging and to reduce "disabling" situations. In this stage, APA is a means of coming together and forming a group, for reinacting and expressing day-to-day life and social rules, a means of increasing physical and mental well-being and a means of self-regulation.

Thus adaptations at this level include:

- organisation of free time
- setting up and structuring the environment and space
- simplifying techniques, rules, the teaching of various sports and other activities (respecting the internal logic of the activity).

3

Practice of sports activities, children have acquired more complex motor skills (children with mild disabilities)

The children participate with their classmates independently.

Goals: Integration into sport, with minor adaptations that allow pupils to participate together with their typically developed peers, respecting similar rules, training, preparation, results, participation in the same competitions or similar competitions.

Practising various sports at different levels: school, free time, amateur, competitive. To encourage growth, improve self image, affirm self-confidence and self-reliance.

All sports can be practiced, with appropriate adaptations, depending on age, potential and personal desires. When introducing children with different functional abilities into competitions, rules should be adapted to ensure fair competition.

Adaptations: these are oriented towards full participation, and relate to:

- environment and equipment
- tasks and motor behaviour
- rules that allow fair competition

What is Inclusion?

In the dictionary, “to include” is explained as “to have as part of, to contain, to be incorporated in” ⁷.



Inclusion is enabling all individuals regardless of their abilities to participate in PA in the same environment as their peers with individualised support and attention.

Simply placing a person with special needs in a group is not inclusion. Inclusion requires psychological as well as social acceptance ⁸. Inclusion is not a goal but the complete process, going step-by-step from the most restrictive environment to the least restrictive environment, from separate to parallel, to inclusive activities.

In the field of APA, inclusion can be considered as a two-way process: Inclusion through sports in society and inclusion via society into PA and sports. ⁹

You can implement inclusion in different ways and on different levels going from separate activities to adapted activities. The different levels of inclusion are defined in the “Inclusion Spectrum” (Youth Sports Trust, UK). The “Inclusion spectrum” consists of 5 different approaches to the organisation of physical activity, arranged in a continuum of participation.

For every situation, the most appropriate level of inclusion can be selected according to the existing conditions, like composition of the group, nature of the activity, environment, equipment and number of support staff.

⁷ Reader's Digest: World power dictionary. Eds. Wevell and Powell, 1998

⁸ Van Coppenolle et al. (2004). Inclusion and Integration through Adapted Physical Activity. Leuven: THENAPA

⁹ Shepard R.J. et al. (1990) Fitness in Special Populations. Champaign, IL: Human Kinetics.

**Adapted activities:**

All children play the same game or perform the same activity, but the rules, equipment or area of activity are adapted to promote the inclusion of all individuals with different abilities e.g. playing basketball with a lowered basket.

Parallel activities:

All children are doing a similar activity, but at their own pace and level. Children can all do the activity together, but with adaptations to meet their level, or the children can be divided into groups based on their abilities e.g. catching a ball that was passed by rolling, bouncing or throwing.

Open activity:

Every child is doing the same activity; with minimal or no adaptations to the environment or equipment, the activity suits every child e. g. warm-up or cooling down using a running game.

Reverse integration:

Able-bodied children are included in disability sports activities together with peers with a disability e.g. goalball, boccia or wheelchair basketball. Reverse integration sessions improve childrens' attitudes towards disability sports. They also raise the self-esteem of children with a disability who are often very proud to show off their skills in their favourite sports.

Separate activities:

Children with and without disabilities practice sports in the same sports club, but in different groups. Facilities, equipment, coaches and social activities can be shared. Disability sports are an example of separate activities, some of them can be easily included in the parallel mainstream sports clubs, but training sessions and competitions may be held separately e.g. wheelchair-basketball group included in a local wheelchair-basketball club.



Michael is an enthusiastic member of his track and field team. When his parents first enrolled him, his coach was anxious that Michael would take time for extra coaching, from other team members. Therefore, Michael started in the team with his brother as a buddy and guide. With the adaptation of a guide, Michael is able to participate in all track events (adapted activities). Michael competes in able-bodied track events with a guide. When competing with blind children (separate activities), he is classified as B1 athlete. Teaching Michael field events proved more challenging. He often works on field events as a parallel activity to his team members, with additional guidance and at a slower pace.

In school, Michael often felt left out when the other children were playing ballgames. This was discussed with the PE teachers and they decided to introduce goalball to his class. The rules and techniques were introduced to all pupils, as a part of the PE curriculum. As all children are blindfolded during the game, Michael no longer feels disadvantaged by his disability. (reverse integration)

Planning inclusion

Defining Appropriate Physical Activity

If you want to provide inclusive physical activity for a child with a disability, a good starting point is to define meaningful, age appropriate and successful participation in physical activity, for that particular child. This might include activities in general physical education, as well as in recreational activities in community.

Meaningful physical activity should be related to the child's physical education programme, needs and interests of a child and his/her family, and (adapted) sport activities available in community.

For example, it might be appropriate to define a long-term plan that includes teaching volleyball for a child in a wheelchair if there is sitting volleyball club in the student's community. Inclusion of children with disabilities in mainstream physical activities, means that applied adaptations and modifications should ensure age appropriate, successful and safe participation with their peers.

However, including children with more severe disabilities such as severe autism, learning disabilities, behavior disorders, and physical disabilities can be extremely challenging, for general PA instructors. These children require extensive adaptations of the curriculum, instructions and equipment, and most general PA providers do not feel they have the skills needed, to make such accommodations.



There are multiple factors that help to define what activities are appropriate to teach from a long term perspective, to individual students:

1. motor, cognitive, communication and social skills: strengths and weaknesses
2. physical activities appropriate to student's age
3. child's as well as his/her family interests
4. PA opportunities in local community on recreational or competitive level
5. support personnel or services available

By assessing the present level of performance of a child, you can determine this child's strengths and weaknesses regarding general physical activity and involvement in life time sports in the future.

By comparing the current abilities of the child, with the underlying components of skills that you wish to practice in a PA session, you might get some ideas on how to modify the activities.

Also for children with intellectual disability, you should consider activities appropriate for chronological age rather than cognitive age. This will allow children to interact with their peers in activities outside of school.



Example: Sofia mostly uses a gait trainer, however, she has good upper body strength and arm movement to learn to manipulate a wheelchair. To plan physical activity participation for Sofia, the following information should be considered:

1. Strengths - good upper body control and arm strength to manipulate gait trainer as well as wheelchair, motivated to learn skills to play wheelchair basketball; Weaknesses- is not very confident in using wheelchair for sports purposes, does not have ball skills (e.g., dribbling, catching, shooting);
2. Sofia's age is appropriate to learn how to use wheelchair in sports as well as acquire basketball skills;
3. Sofia's and her family interests – Sofia wants to try wheelchair basketball. Her older brother plays basketball in a local school-team, and her family watches him playing in competition, almost every weekend. They would be happy if their youngest daughter would have a chance to play basketball, too;
4. Availability of sports for people with disabilities in community – the local sport club for people with disabilities provides different adapted sport programmes for adults as well as for children, including wheelchair basketball,
5. Support services – transportation to school and to the sport club is provided by Sofia's family; PE teacher is willing to address the skills needed in wheelchair basketball in his General Physical Education class, senior students from local general schools come to help children with disabilities in adapted sport practices.

Analyzing these aspects will help you develop a long term plan for a particular child. As soon as long term goals are defined, the step by step plan is developed according to time/years, the child will spend doing the activity, amount of physical education / physical activity hours per year and your expectations with regards to the child's skill acquisition. For example, the long term goal for Sofia would be to play wheelchair basketball in a local team, or even in national wheelchair basketball team after ten years. The first year's objectives would be to learn to manipulate a wheelchair, dribble ball in place or the length of basketball field and finally to shoot a ball (distance, size of balls and height of basket of varies).

Assessment of functional abilities

Before you start an assessment, it is important to clarify for which purpose the assessment results, will be used.

There are a wide range of test batteries available, to define developmental delay in detail (e.g. norm-referenced tests to provide comparison with age appropriate typically developed children). While standardized, norm-referenced developmental evaluation tools have been frequently used to determine measures relevant in APA (e.g., goals and objectives in APA, student's progress), the test outcomes might be misinterpreted regarding their relevance for developing functional independence of a child in school, home, and community.

During an informal assessment, also referred to as an alternative assessment, (observations, checklists, etc.) you may get more information on the performance of the child in his natural situation than by using formal assessment methods (e.g. standardized test batteries). An appropriate assessment should include multiple measures in a natural environment with the emphasis on functional skills, that facilitate independent lifetime participation in community sports programmes.

A complete evaluation of a child requires a multidisciplinary team approach, where each professional observes the child in particular settings (e.g., gym, physical therapy hall, speech therapist's room, classroom setting) as well as in a variety of environments (e.g., cafeteria, hallway, and recess time).

By observing the child in several situations, you can determine:

- 1 positions that allow the child to be most functional, whether it is moving his/her head, legs, or arms (e.g., sitting, standing with or without support, lying on back or stomach)
- 2 motor skills in each of functional positions (e.g., whether throwing and catching movement is performed more successfully from sitting, or standing position)
- 3 functional mobility (e.g., moving around using gait trainer or wheelchair)
- 4 physical fitness skills (e.g., strength is measured by distance a student is able to throw a ball, or lift and hold objects, endurance is assessed by



period of time the student is able to participate in continuous physical activities before he/she gets tired)

- 5 object control skills (e.g., grasping, releasing objects, or ability to play with various size and shapes of objects)
- 6 sensory process (e.g., student's ability to perceive visual or auditive information)
- 7 communication skills (e.g., receptive and expressive language skills)
- 8 behavior towards others (e.g., prefers to play by him/herself, observes others but does not engage them, or likes interaction and play with others)

For additional information, or a more complete assessment, you can and should also consult other care-givers of the child, for their observations and experience.

After a child has been evaluated and the goals and objectives have been defined, it is important to determine how a general PA programme can be individualized for this child. The necessary modifications can be defined e.g. adapted equipment and personnel assistance (e.g. adapted PE teacher, peer tutor).

As children with severe or multiple disabilities might take longer time to learn few skills, focussing on learning and mastering skills needed in one or two lifetime sports activities should be considered, while their peers practice a variety of activities. Therefore, the content of the individual PA programme might include only the most beneficial activities, according to their individual goals and objectives. At the same time, PA instructors should reflect on how the same skills can be introduced in different settings (e.g., gym, physical therapy hall, speech therapist's room, classroom setting) as well as in variety of environments (e.g., cafeteria, hallway, and recess).

Lifelong participation in physical activity

The ultimate goal of APA and inclusive physical activity is ensuring a lifelong participation in physical activity.

This road to lifelong participation can be divided into 4 different phases:

- 1 Introductory phase**
- 2 Learning and mastery phase**
- 3 Follow-up phase**
- 4 Lifelong activity**

1 Introductory phase

First time participation is often facilitated by *external motivation* (e.g. parents want the child to try for some reason). "We ought to do it", based on the arguments discussed earlier, might also be an external motivation for first time participation.

However, kids should not participate because they “ought to do it”. Curiosity, desire to socialise with other children and/or to participate in culturally valued activities could be desirable motivation to make the first try.

A goal for the first try should be to show that the activity is, or might be, possible to execute, by adaptation if necessary. One objective of the first try, should be some degree of success/skill for the participant, or lighting a hope for future possible success/skill.

There are different stages to introduce a child to an activity. Children could first go and watch, they could talk to peers/teachers/coaches. Next the child could try to do the activity with some additional support and finally the child could give it a go with together with his friends.

Sometimes there might be occasional happenings in life, or certain opportunities that occur that might lead to an experience with some activities e.g. open days of sports clubs, municipalities, schools/ institutions or recreational activities.

Important questions for successful first try outs are:

Who are key persons for stimulation to first time participations?

What is the best environment for first time participations in a certain activity?

2 Learning and mastery phase

What we learn, and to some degree succeed in, we would like to continue participating in, and eventually make a part of our life. A certain level of mastery of a skill is a prerequisite for establishing an *inner motivation* for participation, which is the ultimate goal. For different reasons, it usually takes a longer time to reach a mastery level for someone with disability. That's in the actual nature of a disability.

Enough time to learn a skill is therefore critical.

Intensive efforts in this phase are absolutely necessary. Skill learning theories show us that, frequent repetitions over a period of time, give much better results than the same number of repetitions, over a longer time.

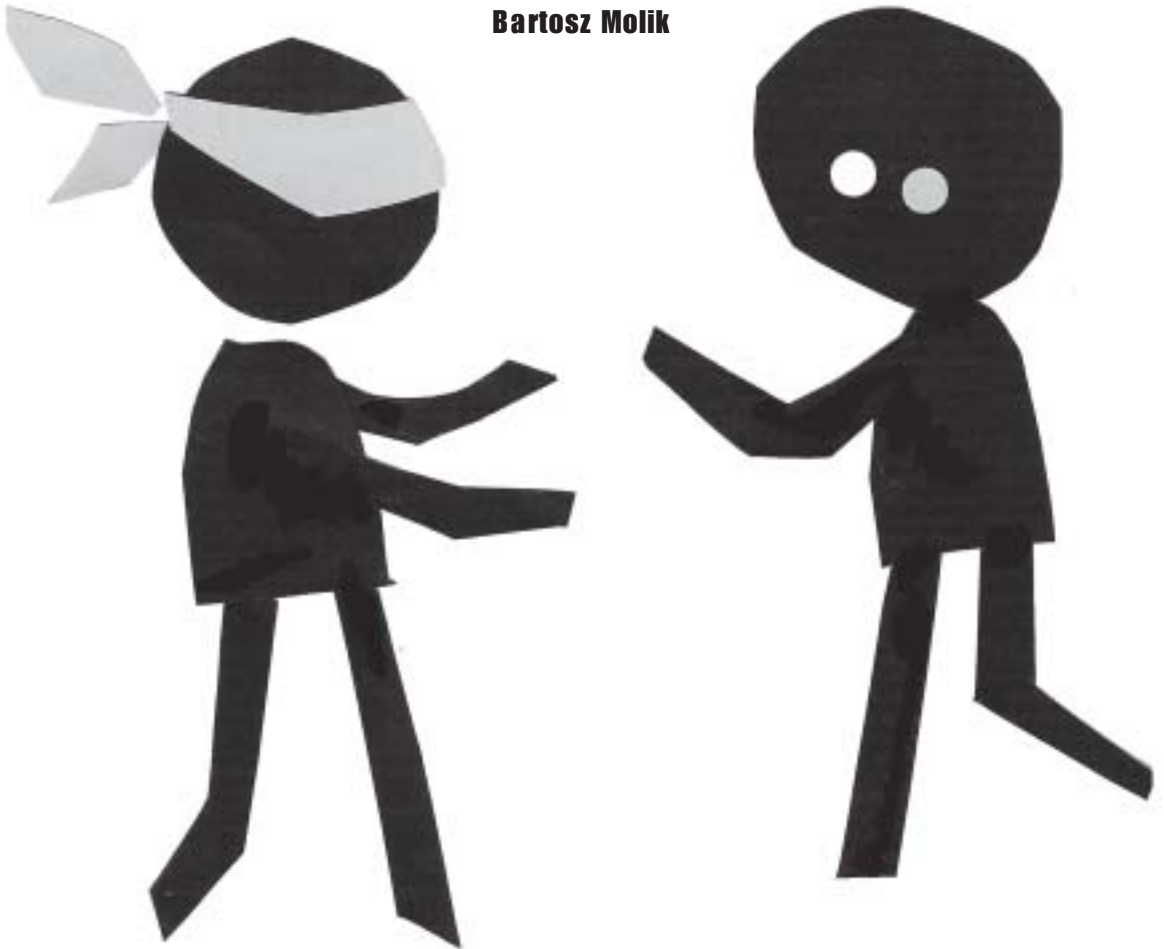
When things take time, you might find it difficult to keep the child motivated. Therefore, motivation strategies are crucial. A feeling of learning and mastery of skills, will in itself create a greater inner motivation.

3 & 4 Follow up phase and lifelong participation.

When an inner motivation to participate and to do the actual activity is present, it's often the environment and the social circumstances, that decide if it's possible to continue to be active.

Feeling good about the suitability of the activity and the environment it's carried out in, are prerequisites for continuous lifelong participation.

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Adaptation strategies

4



Many children with disabilities experience restrictions, when participating in games their peers enjoy, during physical activity sessions. PA instructors should therefore modify their traditional activity methods and consequently teaching style, equipment, support and environment, to accommodate the needs of children with disabilities.

In this chapter, we will present a series of adaptation strategies based on the “Model of Adaptation”¹. Next, some general advices and guidelines are presented, per type of activity and per type of disability.

You should consider all these strategies and guidelines as possible ingredients that can be used in the recipe for creating a successful inclusive PA session. Which ingredients you will use, will depend on the specificities of your setting, like the ability level of the children, the age group, the size of the group, accessibility of facilities, availability of equipment, and availability of human resources (e.g. support teachers, peer tutors, coaches).

Adaptation strategies related to the Model of Adaptation

All these adaptations are tools, to individualise a physical activity session for participants, with all different ability levels. In each group, you will find children that are less or more skilled, regardless of the fact that they have a disability. These adaptation strategies should not be used exclusively for children with a disability. In fact, inclusive physical activity should not be considered different to any good, appropriate, individualised physical activity session.

It is important to include children in the decision-making process if possible. The child might know very well, what his or her abilities are and how to accommodate them. Some children might prefer to be successful in an adapted activity, while others might refuse adaptations, because they do not want to be different.

By motivating all children to think actively, about possible adaptations of rules and equipment, they are less likely to feel disadvantaged and will experience the child with a disability as an equal team mate.

¹ Model of Adaptation: See chapter 3

Equipment modifications



By modifying the game-specific equipment, you can make important changes to a game, so it can be played at the same time by a group of children with diverse abilities. Changing equipment in an activity can make it easier or more difficult to perform; it can change the pace and dynamics of the activity. A change in equipment can also change the skills, that are of main importance for successful execution of the activity.

For ball games, you can use a balloon to slow down the pace of a game, you can use a smaller or bigger ball, a colourful ball or ball with bells inside, a light or heavy ball, a soft ball or a ball that bounces back.



During a lead-up game for volleyball, *David* has difficulties passing the ball straight back to his team mate because of the limited function with his left-arm. David started this exercise with a balloon, as the balloon moves more slowly and gives him more time to prepare. Afterwards, the progression was made to a suspended ball, which allowed him to have repeated practice over a short period of time

There are several other types of adapted equipment that will maximize successful participation of children with disabilities.

- Assisted devices for object manipulation e.g. glove with Velcro straps to hold racket
- Technological equipment like battery operated objects or switch mechanisms, that enhance ability to manipulate objects e.g. hit ball off tee using spring mechanism
- Wheelchairs or orthopaedic devices like braces, gait trainers: some children require these devices during daily life activities and they may have to be used, instead of or in addition to, other moveable equipments (e.g. scooters, skates)
- Adapted Devices: some children have adapted devices specifically designed for sports like sports wheelchairs, sit-skis, tricycles



Rule or Task modifications



A second strategy for adapting games in an inclusive physical activity session, is to adapt the rules of the game. Rules can be adapted in a way that the children are encouraged to get all their team mates involved in the game e.g. number of passes that have to be made before scoring a point. Rules can increase chances to succeed, for an individual child e.g. create a rule where nobody is allowed to interfere with a student's pass, during a game of soccer. Next to the rules, you can also adapt the tasks or skills, to be carried out in a game. As mentioned above, inclusion does not mean that all children have to do the same activity at the same time. One method of accommodating the needs of students with disabilities, is by extending the regular activities. Each task can be performed in different ways and at different levels of difficulty. In this way, each child has a task level that is challenging and also affords him or her success. For example, the general task is to teach students to dribble a football. The modified goal for a child with cerebral palsy might be to kick a light beach ball with preferred leg while moving in his/her gait trainer.

There are different progressions you can use when teaching new motor skills: going from closed to open skill activities, from individual to partner or small group activities, from single skill activities to combined skill activities or from cooperative to competitive activities.



Lisa has problems with basic ball skills such as kicking a football. When this skill is addressed during PE, *Lisa* is paired up with one of her peers and gets tasks adapted to her ability level such kicking a stationary ball, stopping a rolling ball before kicking it. At the same time, her classmates get more difficult tasks such as kicking a ball while running or kicking a bounced ball. When playing a passing game with an interceptor, the interceptor is not allowed to intercept the ball from *Lisa*, so *Lisa* can take the time to stop the ball before kicking it back.

123 Instructional modifications

Clear instructions are the cornerstone of a successful physical activity session. The first step is to determine the teaching method (e.g., how to plan the session and how to present instructions). The next step is to determine which modifications may increase understanding and successful involvement of students with disabilities (e.g. using verbal cues, in addition to physical demonstration). If children do not understand what they are supposed to do, they may be discouraged from further participation.

Instructional modifications include both modifications to the teaching style and the style of communication. Some children respond better to direct instructions or commands, where you tell them exactly what to do, while others might be challenged by solving a set task by themselves. You can also adapt the class format to the needs of the students, by switching from one-to-one instruction to small or large group instructions, using peer tutoring or activity stations.

For children with perceptual (e.g., visual, hearing) impairments, it is very important to adapt your communication style. You can use a combination of verbal instructions, demonstrations and physical guidance to clarify instructions to the children.

Verbal instructions:

Verbal instructions should be in clear language, appropriate to the childrens' needs. After explaining a task, check for understanding and repeat if necessary. Make sure all children can hear you. If there are children with hearing impairment in the group, check beforehand what are the best means of communication and make sure all children can see your lips, or use basic sign language. Verbal instructions should be accompanied by demonstrations.

Demonstrations:

Make sure all children can see you. Show the task completely and if possible, break it down into different parts. Repeat demonstrations regularly if necessary.

Physical guidance:

If you are guiding a child through a certain movement, inform him/her beforehand, when and how you will assist. Decrease physical guidance to touch cues when possible. Additionally, you can allow a child to feel a peer or instructor while performing a movement or skill. This should be accompanied by verbal instructions of where and when to feel. This can be of help with blind children or children that did not understand the task by other means of instructions.



A tag game can be very confusing for *Antonio*. Therefore Antonio needs to get very clear instructions. It is explained that somebody is tagged at the moment he/she is touched by the chaser, who has to say the word "tag". At this moment, the game stops until the instructor says "start" again. Two peers demonstrate this to Antonio. The instructor accompanies Antonio during the first games. To make the game less confusing, the group size is restricted and the area of play is marked clearly.

Modifications in Human Resources - Peer Interactions

Children with disabilities might need additional support, individualised instructions or assistance. Traditionally assistance has been provided by APA specialists, paraprofessionals or adult volunteers. However, the presence of an adult may restrict the social interactions between children with disabilities and their peers. A good alternative and moreover, a cost efficient accommodation is the use of peer tutors.

Peer Interactions

The buddy system or peer tutoring system can be used as a method complementary to the approach of instructional modifications. In this system, a child with a disability is paired up with a child without a disability. This system raises the awareness of individual differences. At the same time, the children with a disability become less dependent on teachers or adults and are provided with additional opportunities for socialization. Depending on the group, you might opt to have a rotating schedule of buddies, or select one or two buddies that assist the same child at all time.

Environment modifications

A good strategy for adapting physical activity, is to modify the environment. The environment can be modified in order to make it more accessible e.g. putting ramps for wheelchair users, removing disturbing objects to provide safe mobility for children with visual impairments, and providing enough space for children using gait trainer or wheelchair. Adaptations to the environment can also affect the game itself, you can make the field smaller or bigger, the net or basket higher or lower. Tactile cues can help, when you have a child with visual impairment in the group.



At the track and field events, some minor modifications might ensure Sara’s safe and successful involvement. During throwing events, Sara’s chair must be secured. A buddy holds the chair tightly at the back while crouching down. During track events, Sara gets 2 lanes and a head start to avoid bumping into other children.

Which of the above mentioned adaptation strategies would be of primary importance in your setting? In the table below, you can find an illustration of which adaptations are the priorities for our children.

Adaptation Strategy		Lisa	Anna	Michael	José	Sofia	David	Tom	Antonio
Instructional modification	Teaching Style	++			++			++	+
	Communication Style	++	++	++	++			++	++
Peer Interactions		+	+	+	+	+	+	+	+
Activity Content	Rule modification	+			+	++	++		
	Task modification	+			+	++	++		++
Environmental modification	Access			++		++	+		++
	Room / Venue			+		++	+		++
Equipment Modification				++		++	+		++

++ : Priority in the adaptation process
+ : Domain that should also be considered during adaptation process



Keeping these adaptation strategies in mind, you can adapt almost every game for children with all ability levels.



Example: Passing game with interceptor:

A group of children tries to pass a ball to each other, while one child tries to intercept the ball. If the interceptor catches the ball or the ball falls to the floor, the interceptor is switched with a group member.

Lisa: Use clear language to explain the game and demonstrate. Create a rule, that the ball cannot be intercepted at the moment Lisa passes or catches the ball. Lisa's name is called before a ball is passed on to her. The ball can be bounce-passed or passed regularly to Lisa. Assign a buddy to Lisa if needed.

Anna: Make sure Anna understood your explanation. Briefly demonstrate the game and use basic sign language throughout the game.

Michael: Use a ball with bells inside. Start by orienting Michael. All children can say their name, so Michael can locate them in the group. All children should call a name, before passing the ball. When the ball is passed to Michael, it can be rolled.

At the time Michael is interceptor, the ball should be rolled at all times. You could experiment with blindfolding other participants.

José: Explain the game and demonstrate. Use basic commands during the game, to instruct José what to do at the start of the game. Use a name-calling system for every pass. Assign a buddy to José if needed.

Sofia: Sofia will participate in a wheelchair. As this is a no-contact game, this will not pose any problems. When she is intercepting, allow her to block a pass without catching.

Tom: Assign a space to Tom so he will not go around and try to catch all passes. Praise Tom for good behaviour during the game, like waiting his turn.

Antonio: Play this game in a small group so Antonio feels comfortable. Assign a buddy to Antonio who catches the ball for him and assist him to push the ball off a ramp or off his table.

Physical activities, Games and Sports with Adaptations

To illustrate the above-mentioned adaptation strategies, you can find a list of popular activities and guidelines for adaptations in this chapter. Keep in mind that this is only a small selection of the innumerable activities that are available nowadays. If you are looking for more inspiration, there are plenty of books and websites available describing a variety of activities (with adaptation).

Athletics

Athletics is a well-known sport, popular for people with and without disabilities. The sport is mostly based on natural movements like running, jumping or throwing. There are numerous adaptations that can be implemented to make the sport accessible. Children with visual impairment might use different modifications during athletics, going from brightly coloured or clearly marked lanes and environments, using sound signals or using a buddy. For instance, for the long jump, a coach can direct a blind child to run in the right direction and jump at the proper moment by shouting or whistling. During sprints, using sound signals might be the preferred option while in long distance running, a buddy can be used.

As well as in the Olympics, athletics is also a very popular discipline in Paralympics, Deaflympics and Special Olympics. In Paralympics, there are a lot of different start classes, based on level of functional abilities, to generate equal chances for all participants. During competitions, the inclusive participation of sportspeople with different disabilities is limited. But without the aspect of competition, it is possible to organise inclusive athletics sessions for people with different abilities.

Equipment modifications:

- softer or lighter equipment in throwing events
- ropes and tethers to guide blind students
- bright cones or lines
- auditory signals
- tactile cues (e.g. rubber tiles at the start or end of lane)

Rule or Task modification:

- vary speed or distance
- cooperation instead of competition
- adapt number of trials
- guide runner
- focus on improvement instead of performance

Environment Modification:

- tactile cues or lines
- hard surface
- cones or visual cues
- limit distractions
- auditory signals to direct runner to

Instructional modifications:

- demonstrations and repetition
- slower pace / progression
- basic signs, eye contact
- visual cues
- peer tutoring or assistance
- repeated feedback



Aquatics and swimming

Activities in the water present good opportunities for inclusive sports participation. Water minimises the force of gravity on the body, therefore children can move with greater ease in the pool.

When introducing children to the pool, their confidence in the water should be of main concern. By playing games like blowing bells, splashing, using floating devices, holding on to the pool wall, children will get accustomed to a new environment. You can slowly make the progression from exploration to floating and later from propulsion to independent swimming.

Take the fear of water seriously and reduce fear by slow progressions, firm holding positions and clear communication. The first objective should be to feel safe and enjoy the water, whichever activity the child prefers.

Children with special needs might require greater care in the water, to ensure their safety, therefore, provide extra assistants and instructors and additional equipment like adapted floating devices. In the pool, you might set different goals for different children, ranging from enjoying and relaxing while being in the water to mastering complex swimming strokes.

Swimming is also a popular event in Paralympics, in which nearly all disability groups participate in about 13 classes on most distances. These competitions do not differ from regular swimming competitions. Swimmers with hearing impairment only need the adaptation of added visual signals e.g. for the start. Visually impaired swimmers are informed about the end of their lane, with tactile cues. Some groups are allowed to start the race in a different way (eg. Water start for people with spinal cord injury), there are small differences in technique of particular swimming styles. This difference in technique is connected with the deficiency of a muscular force, with the limitation of the range of movements in joints or with the amputation of a limb or limbs.

Equipment modifications:

- different floating devices
- visual cues (e.g. pingpong ball to blow forward to illustrate breathing patterns)
- tactile cues (e.g. tap children with visual impairment on shoulder when they reach the end of the lane)
- auditory cues if understandable over pool noise

Environment Modification:

- shallow or deep end of pool
- lifts, ramps or mats at side of pool to improve accessibility
- non-slippery surfaces around pool
- water temperature: higher temperature for passive exercises
- auditory cues at either end of the pool
- floating devices that separate shallow from deep end of pool

Rule or Task modification:

- allow alternative ways of propulsion
- focus on independence in water instead of correct swimming strokes
- allow use of floating devices where needed
- differentiate in tasks during games

Instructional modifications:

- enter the water with children
- ensure individual support where needed
- clear instructions with demonstrations
- move child's limbs in the desired pattern
- basic sign language, eye contact
- peer tutoring or assistance
- smaller group size for introduction

Ball games (low-organised)

With a ball as basic equipment you can play many different games, which can be played just for fun, to practice motor skills or as lead-up games to popular sports activities such as basketball, tennis, volleyball, etc.

Ball games are very versatile. By changing rules, equipments or goals, each game can be adapted to the participants. The children can practice catching, throwing, kicking, aiming, rolling, batting at their own level. Some basic rules for successful games and activities are to make sure everybody is involved and active at all times; to ensure all participants can be successful; to avoid games with elimination or to provide a way for eliminated players to get back in the game; to be creative in forming teams.

Equipment modifications:

- lighter or heavier ball
- suspended ball
- auditory balls
- other material instead of ball: balloon, frisbee, scarfs, beanbags, etc.

Rule or Task modification:

- allow multiple bounces
- allow rolling instead of throwing
- work with individual game space so other children cannot take the ball
- change distance or pace
- include rules that enhance cooperation instead of competition
- limit number of tasks during one game

Environment Modification:

- smaller or bigger field
- lower basket or net
- tactile cues or bright visual cues for orientation
- limit distractions
- indoors or outdoors

Instructional modifications:

- clear instructions with demonstrations
- basic sign language, eye contact
- visual cues
- peer tutoring or assistance
- adapt group size

Basketball and Wheelchair basketball

Basketball is a well-known team sport that combines the skills of dribbling, passing, running, jumping and shooting. Wheelchair basketball was originally created as an adapted game, but has since developed into a separate and popular adapted sports discipline. By adapting the rules, the size of the field, lowering the basket and using lighter balls, the game can be tailored to the level of children, with and without disabilities.

In wheelchair basketball, the rules are similar to regular basketball. There are some differences with regards to moving with the ball. While holding the ball, players are allowed to do a maximum of 2 propelling movements. After one bounce or pass, the player may again touch his hand rims.

When using (wheelchair) basketball in an inclusive setting, it is important to consider safety, by eliminating the chances for collisions or direct contact between children with and without wheelchairs e.g. slalom races with and without the ball, passing exercises. Like in other adapted sports, you can



organise reverse integration sessions, where the children with disabilities, could take the task of the instructor, teaching basic elements like driving a wheelchair or overcoming obstacles.

In some national leagues of wheelchair basketball, and during a few international friendly tournaments, people without disabilities are allowed to take part in the competition. The main purpose of this rule, is to make the game attractive and to improve the sport level of wheelchair basketball teams. Additionally it is a perfect integration example.

Equipment modifications:

- size or weight of ball
- big hoop instead of ring
- auditory balls
- target that makes noise
- players wear bright vests
- cones or visual cues to mark game

Rule or Task modification:

- play lead-up games like relays or bouncing games
- include rule to prevent ball is stolen during dribbling or passing
- allow additional break for students that tire easy
- change number of team members
- allow extra free shots

Environment Modification:

- half court or full court
- lower basket
- visual cues to illustrate game tasks
- indoors or outdoors

Instructional modifications:

- practice basic skills in lead-up games
- clear instructions with demonstrations
- sign language, eye contact
- peer tutoring or assistance
- adapt group size
- verbal cues during game to guide children what to do

Boccia and Bowling

Boccia and Bowling are both target games. The participants score points by aiming a ball, as close to the target as possible. This game idea can be adapted in different ways, to develop new activities.

Boccia is a game specifically developed for people with severe disabilities, but can be played and enjoyed by people with all different levels of abilities. The aim of the game is to get your balls as close to the “jack” (target ball) as possible. The balls can be thrown or rolled, in which ever way the player feels most comfortable (underhand throw, rolling, play with foot). For children with severe disabilities, a ramp can be used to help them launch their balls. The children may instruct an assistant to position this ramp. The assistant is not allowed to look at the field and has to follow the instructions of the player carefully.

Bowling is one of the most dynamically developing disciplines, played within Special Olympic Games. It is a popular sport, that can be played for leisure,

recreational and social or competitive activities. Because of its adaptability, this is an interesting game for inclusive activities. By giving players with a learning disability a proper handicap (before starting a game, less-skilled participants can be given a point advantage), a fair competition is possible.

Equipment modifications:

- size, weight or texture of ball
- target e.g. bright circle instead of small ball, number of pins
- ramp to launch bowls
- lighter, less stable pins

Rule or Task modification:

- change number of trials
- allow different ways of launching the balls
- create balanced teams
- use different ways of scoring points
- introduce "handicap" to keep scores

Environment Modification:

- change distance and size of field
- block gutters in bowling
- introduce barriers at side of field to allow rebounds
- hard or soft surface
- indoors or outdoors
- limit distractions

Instructional modifications:

- clear instructions with demonstrations
- peer tutoring or assistance
- adapt group size
- immediate feedback on performance

Body Awareness Activities

With some very easy games, children can discover their own body and basic body movements in a fun way.

Mirror: Children could discover and name different parts of their bodies, by looking at them in the mirror. Two kids can also mirror each others movements. You can use a mirror for the children to look into, children can also play each others mirrors.

Freeze game: dance to music and freeze the moment the music stops.

Beanbag: Try to walk and do different activities with a beanbag on your head

Balloon: hit a balloon with different body parts (toe, finger, head) or place the balloon on different places related to the body

The body image of children with a disability can be distorted. In these activities you shouldn't ignore the body parts that are affected by the disability. Give precise instructions to blind children during these games e.g. instead of using a mirror, ask peers to describe body positions for other children to imitate. Ask other children to do these games also, with eyes closed.

Cooperation games

More traditional, competitive games can be good fun and motivational for skilled children, while the less-skilled participants might not have an opportunity to win, which could result in withdrawal. Cooperative games offer an alternative to competitive games. Cooperation games will teach children to play together, by overcoming challenges together, the team spirit



of a group will increase. Cooperation games can also be used in inclusive settings, to increase the children's awareness of individual similarities and differences.

You can use the aspect of cooperation in different levels. Cooperation can be the sole focus of the game e.g. in a game of musical chairs, replace the chairs by hoops. Each time the music stops, the children should cooperate so they can all stand inside the hoops that are on the floor. Each time they succeed, the number of hoops is reduced. The children will have to try to get in a smaller number of hoops as the game progresses.

By challenging a group, they will need to cooperate during problem-solving and they will automatically discover strengths and weaknesses of each child. During these challenges, there are no set solutions but solutions will depend on the characteristics of a group.

You can also play competitive games with the focus on cooperation e.g. instead of scoring points by getting the ball over the net, count how many passes a group can make between them. On another level, you can ask all children to do individual tasks at their own pace, related to the same game idea, without keeping scores.

Cycling

Cycling is a popular way to discover the outdoors. With proper adaptations to the bikes, all people should be able to enjoy a bicycle ride on their own level. In the DVD chapter on equipment, you will discover some good examples of adaptations that can be made to bikes. People can use either their arms or legs to propel themselves, they can join a ride passively or use a tandem or tricycle.

In Paralympics, Special Olympics as well as Deaflympics, track or road races are held. Sportspeople with vision impairment ride tandems, wheelchair users ride handbikes, sportspeople with balance problems use tricycles.

Equipment modifications:

- adapted bikes: tricycles, tandems, go-carts, handbikes, pushbikes, petra-bikes etc.

Environment Modification:

- indoors or outdoors
- hard or soft surface
- wind
- downhill / uphill

Rule or Task modification:

- find the right solution for each child to use bike in family oriented recreational activity
- adapt distance or speed
- introduce regular breaks
- as a mean of transport or during games and free-time

Instructional modifications:

- look for best adaptation together with child and family
- instruction and demonstration

Floor hockey

Floor hockey is a game played by 2 teams of 6 players. The aim of the game is to score points by placing the puck into the opponent's goal. This discipline does not require a lot of equipment: 12 hockey sticks and a puck. The game is played on a hard floor instead of ice, but is similar to ice-hockey. Skills such as stick handling, shooting and passing are important.

Floor hockey is a popular game at the Special Olympics. This a Special Olympics discipline that is played in unified² as well as separate settings. The participants play with adapted sticks, they use wooden poles (without blades) to move the large felt pucks with a hole in the centre. This game can be used in the same way during inclusive classes, as in the unified sports system, where people with and without disabilities compete together. Similarly, the practice of the separate skills during lead-up games can be used as a starting point, for attractive physical activities for children with and without disabilities.

Wheelchair hockey is a game developed for players, using electrical wheelchairs. The participants use lightweight plastic sticks which can be taped to their wheelchair if needed. The puck is replaced by a plastic ball. The game is played on an area the size of a basketball field, surrounded by a barrier, to rebound the ball.

Equipment modifications:

- size and weight of ball or puck
- different sticks
- special systems to attach stick to hand for limited hand function
- size of target
- brightly coloured jackets

Rule or Task modification:

- play lead-up games e.g. relays to practice stick handling
- use special zones where only some children are allowed to play the ball
- give additional free shots
- introduce extra breaks for children that tire easy
- include rule that prevents ball is "stolen" from a child

Environment Modification:

- size of field and goal
- barriers at side of field to allow rebounds
- indoors or outdoors
- hard surface for wheelchair hockey

Instructional modifications:

- clear instructions with demonstrations
- limit number of skills or tasks in a game
- verbal cues or visual cues to instruct child what to do during game
- peer tutoring or assistance

² Players with and without disabilities compete together on the same team.



Football

Football is a very popular sport in Europe, which attracts a lot of children. The most essential skills used in the game are kicking, heading and goalkeeping. Again, by changing the size of the field, number of team members, type of ball, size of the goal or the rules, the game can be adapted to the level of children with and without disabilities.

Unified football is an inclusive game, in which 3 players with a learning disability and 2 players without a disability play together on the same team. During unified games, there is no rivalry between the children with and without disabilities, but they learn to play together as a team. During Special Olympics, teams can participate in either 7-a-side or 11-a-side football.

During the Paralympics, football competitions for people with vision impairment (5-a-side) and for people with cerebral palsy (7-a-side) are organised. The rules are similar to general rules. The only differences are the dimensions of the field, time of play and number of players. Additionally, footballers with vision impairment use a special ball, which is less elastic and with bells inside. This prevents the ball from bouncing and helps the players to locate the ball, using their hearing. It is not easy to include children with vision impairment during football games. Using simulation games, where children are blindfolded, may increase mutual understanding and can be a good motivation for integration.



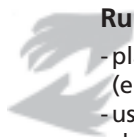
Equipment modifications:

- size and weight of ball
- deflated ball
- wear brightly coloured jackets
- auditory ball
- auditory cues behind goals



Environment Modification:

- size of field and goal
- hard or soft surface (e.g. grass is slower than hard surface)
- indoors or outdoors



Rule or Task modification:

- play lead-up games to practice skills (e.g. passing game in circle)
- use special zones where only some children are allowed to play the ball
- give additional free shots
- introduce extra breaks for children that tire easy
- allow children on crutches or wheelchairs to hit the ball with the crutches or foot plates



Instructional modifications:

- clear instructions with demonstrations
- limit number of skills or tasks in a game
- verbal cues or visual cues to instruct child what to do during game
- peer tutoring or assistance

Goalball

Goalball is a sports discipline developed specifically for people with visual impairments. Two 3-people teams play on a field with dimensions similar to a volleyball field. There is a goal at each end of the playground (9 meters width). The players use a bell ball, which rings when the ball is rolled across the field. The goal of this team sport, is to score points by rolling the ball across the opponent's goal line. The members of the team position themselves by using tactile cues e.g. mats or tape at each end of the field. They prevent the other team scoring points, by listening carefully and trying to catch the approaching ball.

During the game, all participants wear a blindfold to ensure equal chances. Because of this rule, this game is a good activity for reverse integration. Children without a disability will experience how difficult this can be and will develop understanding of the skills of the children with visual disabilities.

Equipment modifications:

- lighter or heavier ball
- deflated ball
- tactile cues for orientation (e.g. mats on the floor to mark start position)

Rule or Task modification:

- play lead-up games e.g. rolling ball towards team mate
- give additional free shots
- blindfold everybody to use as reverse integration game

Environment Modification:

- size of field and goal
- silent environment to reduce distractions
- barriers to allow rebound

Instructional modifications:

- focus on orientation on the field
- use manual guiding and repeated demonstrations
- brailling (allowing child to feel someone's position)

Obstacle Course

Obstacle courses are fun tracks, on which children of all ages and abilities, can play to their own level. Find obstacles to crawl under, jump over, roll on, hop, skip or run. One obstacle can be challenged in a different way by a different child, you can make a course indoors or outdoors. During an obstacle course, children can practice a wide range of motor skills. Obstacle courses can also be used for cooperation games: guide your blindfolded buddy through the course, get at the other side of the room with the whole group without touching the floor.

Some children may need clear instructions on how to conquer the obstacle course, while others might find their way around themselves. Make sure there are some alternative routes, so a course can be challenged by children in a wheelchair. For safety, start with some slow practice runs if needed. For children with visual impairment, try to use brightly coloured equipment.



Outdoor sports

Outdoor sports such as hiking, cycling, canoeing, horseriding or camping are good opportunities for family-oriented or recreational physical activity settings. Everybody will enjoy a trip outside with nature. All children with disabilities, can join social and leisure activities, like exploring the outdoors, on their own level.

Water is a very attractive environment for children to spend their free time. Canoeing, kayaking, sailing and surfing are fun leisure time activities. With adapted equipment, children with different disabilities will be able to participate. A canoe is more stable than a kayak, more severely disabled children can be positioned in the canoe to enjoy floating on the water, with their peers. With adapted paddles, children can assist in the movement. Also in sailing and waterskiing, different adaptations to the equipment have been developed to improve accessibility.

Perceptual Activities

Children learn a lot by using their senses. Therefore, we should provide them with opportunities to touch, feel, hear, see, smell and taste so they can develop their senses further. This can be done in a lot of play situations or games, using different materials. “Snoezelen” has become a popular activity that was originally developed for children with multiple disabilities. In specially designed rooms, the children are stimulated by music, light, waterbeds, mirrors, aromas etc. By selecting different stimuli, the children can discover the world around them in a relaxing atmosphere. Ball pools, airtracks or swimming pools also present a pleasant environment for discovery.

Perceptual activities can also be organised in less complicated environments, with less expensive materials. Children can discover the different textures of sand, water, beans or feathers by touching them, crawling in them, guessing what they feel or making an artwork with the different materials.

Using your creativity, you will think of many ways you can stimulate the different senses of children with different abilities, with materials that are available in each household.

Rhythm and Dance

Rhythm and music have the power to motivate children to move. With the help of some nice tunes, you can increase the attractiveness of a wide range of activities.

In dance, there is no right or wrong movement. Dance is an excellent activity for inclusive PA settings, respecting everybody for what they bring to the moment. Dance does not discriminate between age or ability level. Rhythmic activities can improve the children’s body and spatial awareness, coordination and balance.

Dance can be a good tool for self-expression, since no words are needed, children with limited verbal capacity can use the creative movements to express themselves.

With basic games, children can learn to feel the beat of the music, to move on the beat going from simple movements (like clapping hands, tapping foot) to

full body movements (jumping to the beat). Gradually, more complicated movements such as dance steps or movements in groups, can be introduced. In expressive dance, the creativity in the movement is emphasized.

Dance games can be easily adapted to the level of the participants by reflecting upon the movements: symmetrical movements are easier than asymmetrical, single repetitive movements are easier than movement sequences, individual movements are easier than movements in groups, most non-locomotor movements are easier than locomotor movements.

Children with hearing impairments can also enjoy dancing activities. Choose music with a heavy bass and put speakers face down to a wooden floor if possible. This will allow hearing impaired participants to feel the beat. Visualise the instructions.

Equipment modifications:

- attractive materials like scarves, balls, umbrella's, ribbons
- type of music: relaxing, classic, sing-along, beat

Environment Modification:

- directing speakers to wooden floor
- change lighting
- mirror room, gymnasium, outdoor
- volume of music e.g. lower volume at time of instructions for children with visual impairment

Rule or Task modification:

- different movements on same music
- different movements that from one bigger figure
- time for self-expression and improvising
- replace leg movement by arm movement or locomotor movement non locomotor movement (e.g. walking by swaying)

Instructional modifications:

- self-discovery
- use tactile cues and guiding
- demonstration and mirroring
- break down sequences
- repetitive movements
- use visual cues
- peer tutoring and assistance

Running and tag games

Tag games are universal games with little organisation that can be easily adapted to children with all ability levels. These games are often started up, in free play situations. Tag games are good games for inclusion, because children may spontaneously adapt the game to their own situation. Use different types of equipment to outline "safe" areas. Vary the rules on how to tag or how to free someone, allow tagged children to joint the game again. One player can be the chaser, or a group of children can be chasing other groups.

**Equipment modifications:**

- introduce objects into the game to tag or to "free" someone like balls, scarves, hula hoops, whistles
- equipment that can serve as places where you can't be tagged like chairs, hula hoops, mats

**Rule or Task modification:**

- allow children to invent new rules to make the game fair for everybody
- one or more chasers
- introduce tasks to free tagged children
- allow different rules for different children

**Environment Modification:**

- surface, stable or unstable, soft or hard
- indoors / outdoors
- size of field of play and visual cues for borders

**Instructional modifications:**

- clear instructions and demonstrations
- use visual cues, basic signs
- peer tutoring or assistance
- instruction feedback
- orientation of children

Skiing, downhill and Cross-country

Leisure activities in the snow have become more and more accessible. People with all ability levels can enjoy winter sport, with the appropriate adaptations.

Downhill skiing is a very attractive sport to do, with family and friends. For people with motor disabilities, a wide range of adapted equipment has been developed like mono-skis, ski-bobs and special ski-poles with little skis attached to increase stability (called outriggers). Special sledges allow wheelchair users to take part in downhill or cross-country skiing. These sledges can also be used by people without disabilities as a recreational device, to get new sensations during a downhill run.

Children with vision impairment can take part in winter sports, with the help of an assistant or guide. The assistants' task is to verbally guide the child through the track. He can secure the child and physically lead him through the run or follow closely while verbally guiding the child. If the tracks are good enough, skiers can experience independence without guides. People with vision impairment and their guides should wear clearly visible vests, to allow other skiers to distinguish them. Inclusion in cross-country skiing is easier, because cross-country skiers move at a lower speed. It is more difficult to get accustomed to the complex situation of a downhill run, master the skills of downhill skiing, and react to the guides' sound signals.

In competitions, the participant and his guide may use electronic systems enabling them to communicate. Athletes with vision impairment also take part in biathlons. During the shooting event, the athletes use changes of sound frequency to position the target. In the Paralympics, technology has significantly improved the competitors' performance over the last number of years.

 Equipment modifications:

- adapted equipment like sledges, adapted ski poles, sit-skis etc.
- tethers between learner and instructors
- wear brightly coloured vest
- visual cues on the slopes

 Environment Modification:

- downhill or cross-country
- difficulty of slope
- adapted ski-lifts
- exercise slopes

 Rule or Task modification:

- adapt to ability level
- use of guide skier
- different ways of going down a slope: slalom, through gates, skis parallel or in plough, backwards, ...

 Instructional modifications:

- clear instructions and demonstrations
- use visual cues, basic signs
- repeated trials
- instruction feedback
- individual assistance

Table tennis, polybat, showdown

Table tennis is a very common form of recreation and a popular sports discipline. Similar to tennis, the game can be easily used for inclusive activities, wheelchair users or less mobile children can play against children without disabilities.

In an attempt to adapt the game of table tennis for children with severe impairment, the game “polybat” was designed. On a tennis table without a net, children have to roll a ball towards the opponent using a flat, rectangular bat. On the left and right side of the table, barriers are attached to allow rebounds. Points are scored when the ball is rolled off the table at the opponent's side.

Showdown is another table game developed for people with vision impairment. Points are scored by hitting the sound ball, via the side-border, in the opponents goal pocket.

On Paralympic level, people with all types of disabilities, except people with vision impairment, may compete in the table tennis event. The same rules, as in regular table tennis, apply. Seated, as well as standing events, are organized. Special straps have been developed to attach the racket to a player's hand, for players with limited hand function.

 Equipment modifications:

- bats with Velcro straps for children with reduced hand functions
- size and weight of ball
- auditory ball
- put borders on the table
- no net

 Environment Modification:

- size of table
- net or no net

 Rule or Task modification:

- allow more bounces
- roll instead of bounce ball
- cooperation instead of competition (e.g. as many passes as possible)
- different serve

 Instructional modifications:

- lead-up games
- clear instructions and demonstration
- repeated trials and feedback



Tennis

As tennis is a non-invasive court game, it offers several possibilities for inclusive activities. You can apply different rules or adaptations for the players on either end of the court e.g. a player in a wheelchair can play an able-bodied player without many problems. If a player is very limited in his mobility his court could be divided into several scoring areas, with the highest scores next to the player. As a lead-up game, you could keep score by counting the number of consecutive hits, which turns the game into a cooperative game.

Wheelchair tennis is a Paralympics sports discipline, similar to regular tennis. There is only one different rule: wheelchair-users are allowed two bounces before hitting the ball back. This rule was added, because wheelchair users take slightly more time to position themselves on the field.

Equipment modifications:

- adapt rackets: lightweight, strapped to hand
- adapt ball

Rule or Task modification:

- multiple players on one side
- allow more bounces
- cooperation instead of competition (e.g. as many passes as possible)
- allow different serve

Environment Modification:

- size of the court
- height of the net
- gravel, hard court, grass

Instructional modifications:

- lead-up games
- clear instructions and demonstration
- repeated trials and feedback

Volleyball and Sitting Volleyball

Volleyball is a popular sport that can be played by children with disabilities, with some adaptations. The main skills are serving, passing and hitting the ball. By lowering the net, using a smaller field or allowing children to catch and throw or to let the ball bounce before striking it back, less-skilled participants can practice. You can use different balls or invent new rules to adapt the game.

Sitting volleyball is a Paralympic discipline, with similar rules to standing volleyball. However, because the players are seated, the size of the playground is reduced and the height of the net is lowered. A basic rule of sitting volleyball is that the participants are not allowed to lift their buttocks from the floor, during ball contact. The other rules are mainly the same as in a standing volleyball. Sitting volleyball is a good game for reverse integration, as able-bodied people can play the game just by sitting down. In many sparring tournaments, able-bodied players compete together with players with a disability. This discipline can be played by all people with disabilities. However adaptations will be necessary to wheelchair seats, for

people with spinal cord lesion or spina bifida, because of a higher risk of pressure sores.



Equipment modifications:

- size and weight of ball
- brightly coloured ball
- other equipment like balloon or scarfs
- wheelchair
- cones or bright lines at the borders



Environment Modification:

- size of the court
- height of the net
- indoor-outdoor
- volleyball against a wall
- hard or soft floor



Rule or Task modification:

- allow catching and throwing
- cooperation instead of competition (e.g. as many passes as possible)
- allow throw in instead of serve
- serve from shorter distance
- allow ball to bounce
- allow walking with ball
- adapt number of passes



Instructional modifications:

- lead-up games
- clear instructions and demonstration
- repeated trials and feedback
- peer tutoring or assistance
- slow down pace of game

Paralympics, Special Olympics, Deaflympics

In parallel to the Olympic games, Paralympics, Special Olympics and Deaflympics are organised for people with motor disabilities, learning disabilities and hearing impairment. In this book, you will not find all sports that are organised during these competitions, however, looking at these disciplines might give you some ideas on how to adapt. Moreover, the role models from these games, might motivate children to take up an activity.



Disability Groups and Adaptation Strategies

When you include children with disabilities in physical activity, it is necessary to gather information about the child, e.g. the functional abilities and necessary safety precautions. You can get most of this information from the people in the child's immediate environment: parents, teachers, physiotherapists or medical doctors.

You do **not have to be an expert in disability** to provide inclusive physical activity, instead you should **focus on the child's functional abilities**.

In the following list, you will find some general guidelines on how to adapt PA for specific disability groups. However, it is important to keep in mind that the information in this chapter contains only generalities. Every child is different. You might recognize some of the described characteristics, while others do not apply to your situation.

Children with vision impairment

Children with vision impairment can be divided into 2 categories: blind children and children with vision impairment. Children can learn to compensate their vision impairment by other senses: sense of touch, heat sensibility, sense of equilibrium, sense of smell, sense of hearing and "sense of obstacles". Blind children may be able to localize the place in which they are, by listening to the sounds of their footsteps. But even if all senses cooperate together, they do not have the cognitive perception of full vision. Depending on the level of vision impairment, children might need less or more assistance.

Children with visual impairment often experience a reduced opportunity to move, which may result in low fitness levels, postural deviations, unsettled walk technique, balance problems etc. One way to counteract these changes is to participate in sports activities.

Guidelines for physical activity

- Ask the children what they can or cannot see, to tailor your session to them, discuss strategies beforehand with child, parents, teachers or assistants
- Acquaint participants with the place of exercise. Explore facilities together, identify landmarks which may enable children to orient themselves
- Let the child know when you are entering or leaving a room, describe where everybody is
- Secure dangerous obstacles and do not change the environment without warning
- Try to avoid excessive noise, it disturbs the children's hearing

- Adapt instructions: combine verbal explanations and demonstrations with physical guidance or braille (allow child to feel another child or instructor while doing the activity)
- Use sound devices (like balls with bells) or enhance the visibility of visual cues by using bright colours
- Let peers assist as guides, explain this does not mean pushing the child with vision impairment around, but allowing this child to take their elbow for guidance

Children with hearing impairment

When children with hearing impairment are given the same opportunities as their peers, they should have similar functional abilities as their peers. Usually, children with hearing impairment do not have any motor deficits. Instructional adaptations are of major importance, when including children with hearing impairment.

Guidelines for physical activity

- Check with the child what the preferred means of communication is: lip-reading, sign language, hearing devices which help them understand spoken language
- Minimize background noise and face the child when talking
- Use demonstrations
- Check for understanding
- Use clear visual signs for stopping and starting an activity, get yourself acquainted with basic sign language

Children with Cerebral Palsy (CP)

Children with CP may present with many different functional ability levels. Ability levels range from children that are able to walk without or with minimal help of walking aids, to children that need assistance to move using an electrical wheelchair. Children's functional abilities mostly depend on the extent of the central nerve system damage.

There are 3 types of CP: spastic cerebral palsy (increased muscle tone, tight and rigid muscles), athetosis (variable muscle tone: sometimes tight other times unable to control posture and stability, involuntary movements), and ataxic CP (low muscle tone, poor coordination and balance). These types often overlap or occur mixed. Within spastic CP, you can distinguish children with hemiplegia (affected limbs are in the same site of a body e.g. left-sided paralysis or left arm and leg paresis), paraplegia (e.g. damage of both, lower extremities) and tetraplegia (both arms and legs paresis).



Children with mild to moderate forms of cerebral palsy will be able to walk or run, with the help of walking aids if needed. Their main problem is lack of coordination and voluntary muscle control, which will affect the execution of more complicated movements e.g. catching and returning the ball. Children with paraplegia often use manual wheelchairs independently and participate in wheelchair activities with minor adaptations. Children with tetraplegia mostly use electric wheelchairs. These children are limited additionally, by coordination disorders and uncontrolled muscular contractions.

Cerebral Palsy is a disability that does not only affect independent mobility. Communication may be also hampered by speech disorders. Children may have additional disabilities such as vision impairment, epilepsy or learning disabilities.

Children with CP are mostly following extensive rehabilitation to prevent further limitations of range of movement, reduction of muscle power or intensification of uncontrolled reactions of the muscles.

Guidelines for physical activity

- Children with CP might tire easily, which will affect their motor control. Allow time for recovery
- Consult the child for the preferred mobility (wheelchair, walker)
- Children will be more successful in activities using large muscle groups (e.g. running, throwing, jumping) than in activities involving fine motor control
- Allow children to find their own way of getting things done
- Consider different positions when starting an activity, some children might perform better in prone, supine or sitting posture
- Provide peer assistance when needed
- Avoid distractions, sudden noises, fear, or tiredness might worsen spasticity
- For coordination problems: use larger, lighter and softer balls for catching activities and smaller balls for throwing activities, use a stationary ball for kicking and striking

Children with Spinal Cord Disabilities

The functional ability level of children with spinal cord disabilities depends on the level and type of damage. The higher the lesion is, the smaller range of functional abilities. The lesion can be complete or incomplete (some nerves are not affected).

The most common type amongst children is spina bifida, less common is traumatic spinal cord injury.

Spina bifida is a congenital disability, caused by a damaged spine. The lesion is most commonly at the lower back, and affects the lower limbs. The majority

of children with Spina Bifida are wheelchair users. As opposed to children with Cerebral Palsy, these children do not suffer from any coordination disorders. That is why, these children can have great wheelchair-technique. Children with spinal cord disabilities often have stronger upper limb muscles, than their peers without disabilities.

Guidelines for physical activity

- Children with spinal cord injuries mostly have lower physical fitness level, they might tire faster than other children, so it will take longer to build up similar fitness levels
- Depending on the level of disability, there might be problems with regulating body temperature and changes of blood pressure or heart rate during exercise. Consult parents or therapists to prevent discomfort to the child
- Children might have problems with voluntary bladder control, inform yourself about the precautions that are taken with regards to this matter. This problem may cause discomfort for an exercising child, so it is important to gain the child's trust and be aware that temporary breaks might be necessary
- When exercising, be careful not to overload the affected limbs. Usually, injuries heal slowly and can cause pressure sores. It is important to make the child aware of this and teach them how to take care of their own body during exercise. E.g. children with trophic problems of the gluteus should only take part in sitting volleyball from their wheelchair or a soft surface
- Draw peers' attention to safety when wheelchairs are introduced in a group, provide more space for children in wheelchairs

Children with Intellectual Disabilities

Children with intellectual disabilities may present with different levels of functional abilities. There are different degrees of intellectual disability; in general, the higher the degree of impairment, the lower the level of a physical fitness.

Children with intellectual disabilities often have associated problems like sensory problems, speech disorders, obesity or epilepsy. Down syndrome is a common cause of intellectual disability, the most common associated impairments are obesity, laxity of the joints (e.g. neck), heart problems and vision or hearing problems.

Guidelines for physical Activity

- Don't overexert children during PA if there are associated problems
- Balance and strength activities can be very useful to counteract the laxity of the joints



- Adapt your instructions, limit verbal directions and provide repeated demonstrations, break down skills into smaller sub-parts
- Use visual and auditory cues throughout the session
- Repetition is very important in acquiring new skills. Repeat demonstrations, explanations and practice in a structured environment
- Adapt the rules of the games in a way all children can be successful. Success-experience is very important for further participation
- Provide peer assistance
- Choose activities appropriate to chronological age, this will facilitate inclusion in activities in later life

Children with Autism

Autism is a developmental disability that affects children's ability to relate to the outside world. This can be seen in difficult communication, inappropriate behaviour or problems with social skills. Some characteristics you may recognise in children with autism are: little eye contact, resisting changes in routine, odd play, prefers being alone, under or over activity, repeats words instead of talking. A child may behave as there is no one else but him, reacting dramatically when somebody encroaches on his territory. The hampered contact with children with autism might result in limited motor abilities. The functional abilities of the child will depend on the degree of adaptation to society.

Guidelines for physical activity

- Create a structured environment when offering physical activity
- Use visual cues (e.g. pictures describing what to do) to structure the session in time and space
- Provide repeated simple demonstrations and instructions. Manually guide the student the first time if needed
- Children with autism might find it hard to participate in group-games and to understand rules and conventions. Be patient with them when including them in physical activities
- Use the child's likes or interests to keep it focussed on the activity

Children with Attention Deficit Hyperactivity Disorder (ADHD)

Children with ADHD will display behaviour that is characterized by limited attention span, hyperactivity and impulsiveness. These children might have difficulties focussing on a task and are easily distracted. They find it hard to

sit still and might be talking all the time. Their impulsiveness results in difficulties waiting their turn, or interrupting other children in an inappropriate way.

Guidelines for Physical Activity

- Praise good behaviour, even if it would be normal behaviour for other kids. This is important in behaviour management. If possible ignore inappropriate behaviour
- Provide clear structure during PE session
- Minimise possible distractions e.g. empty playing area of objects that are not used during the game
- Use visual cues to outline the playing or personal area clearly
- Try not to compare the children with others, but compare them with themselves, praise improvement

Others

Because of the multitude of disabilities, and a wide spectrum of functional abilities among children with special needs, we are not able to present all groups in detail.

However, keeping the strategies of adaptations and guidelines for adapting for specific activities and disability groups in mind, you will be able to find solutions for other situations. You can always get the disability specific information from parents, doctors or teachers. There is a wide range of books available focussing on specific disability groups. The disability specific information will enable you to provide a safe session, while focussing on the abilities will ensure you can organise challenging and fun physical activity for everybody.

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Examples of Good Practice





In this chapter, you will find some examples of good practice from across Europe, with visual illustrations on the DVD. Have a look at how inclusive physical activity can be an enriching experience for children with a disability as well as their peers, their parents, teachers and coaches.

You can find more information on:

1. Scholastic Integration in Italy
2. Inclusive diving and discovery of National Parks
3. Inclusive Skiing
4. Wheelchair Dance Free style
5. Outdoor recreational activities – winter and summer
6. Inclusive Apparatus Gymnastics

1. Scholastic Integration in Italy

Population

The population are students with learning disabilities in a mainstream secondary school. In Italy, all children with disabilities are included in the general education system, with the support of specialised teachers. There are no special schools.

More specific in this example:

Roberta, a 20-year-old student, attends the fourth year of secondary school. She is an extremely sociable person, extrovert and communicative with her school friends and she actively and enthusiastically participates in all physical and sports activities, both at school and outside of school hours. In the gymnasium, she presents notable problems at the level of orientation, distinguishing space and time, lateralisation, co-ordination, and finger movement.

Setting

Roberta attends an Italian mainstream secondary arts school. She has repeated the first and third grade and is now in fourth class. She participates in general physical education classes with her peers. During extra curricular sports activities, she participates in athletics, swimming and horse riding.

Activities

In physical education at school, Roberta has obtained good results particularly in ball skills. (different types of propellant activities in sports situations). However, she hasn't yet sufficiently grasped the fundamentals to

participate in a team. She also likes to do activities involving small sports equipment aids such as circles, skittles, etc.

In her extra curricular sports activities, on the athletic track, Roberta particularly enjoys running, where she has performed well. She has not run competitively in a race yet, but has begun to train for such a race this year. She doesn't like the high jump or long jump. Even jumping with both legs together is difficult for her. Roberta is fully conscious of the difficulty of performing these activities and often finds an excuse not to do them.

Roberta is also very motivated in the swimming pool where she swims freestyle and backstroke. Diving from the diving board is a future goal for her.

Last year, she participated in a course of horse riding for people with learning disabilities, where she was very motivated and interested. At the end of the course, she enrolled in a private horse riding school. Roberta's relationship with the horse has improved her self confidence.

Strategies for Adaptation

At the start of each academic year, a team of special needs teachers and regular teachers, prepare a Personal Education Programme (PEP) for each child with special needs. During an "orientation" session, the abilities, maturation and interests of each child are evaluated, to set individualised goals.

In the first year, Roberta's PEP focussed on practical activities of a sensory/perceptive nature, utilizing small objects and equipment to stimulate her active and conscious participation.

In the third year, these initial issues significantly improved. Thanks to her extrovert character, she overcame her previous difficulties and acquired a more complex motor capacity. Her "PEP" was adjusted, introducing her to participation in sports activities in the fourth year. Roberta is aware of her improvements and she's much more involved in the numerous activities proposed.

By using the proper adaptation strategies, Roberta is fully participating in classes, even though she does not yet have the skills to fully participate in all activities.

To illustrate, the motor skills needed to play volleyball were taught in different stages with slow progression:¹

1st Stage: Using balloons, light and of different colours, a first aim is to have Roberta enjoy the motor activities and to initiate the desire to participate further in gym activities

¹ See chapter 3 "APA as a tool in different stages of personal development"



2nd Stage: Progression to using foam rubber balls to facilitate the throwing movement

3rd Stage: Throwing / catching exercises with tennis balls, to practice finger and hand dexterity

4th Stage: Progress to using volleyball

5th Stage: Progress to throwing the ball over the net with her peers. Roberta does not play in a team yet.

When volleyball is taught during the PE class, moments of practice with the full group are alternated with exercises in smaller groups. The group facilitates Roberta to practice basic (preparatory) or warm-up exercises, to allow her to develop her fundamental techniques. Roberta changes team regularly. Roberta is often paired up with one or more students who assist her throughout the class. Her peers provide her with additional demonstrations and explanations. The classmates are a fundamental part of the process of inclusion.

These strategies have been implemented since the first year class, in a very natural way and have enabled Roberta to integrate well in physical education activities. As a result, she has improved her motor capacity and raised her self confidence. The inclusion has also expanded to after-school activities. On the athletic track, Roberta trains for a running event. All students, including Roberta are preparing for an interscholastic display organized by the teachers of various secondary schools as well as by physical education teachers.

At school, on the initiative of physical education teachers, school competitions have been organised with increasing frequency, in general at the municipal or provincial level, rather than at the national level. Subsequently some public authorities, municipal and regional governments, have joined this trend and have increasingly financed and organised local competitions for pupils with disabilities. Their typically developed classmates are present, providing support for the competitors.

2. Inclusive diving and discovery of National Parks

From School Integration to Social Integration (Italy)

Population

All people with disabilities, more specifically people with visual and physical impairments

Settings

Social integration as a consequence of scholastic integration in Italy. Since 1975, all children are fully integrated in Italian schools. This has gradually reflected on the rest of the society, resulting in social integration during leisure activities. School integration has become the starting point for a new awareness and collaboration among schools, public authorities and sports federations.

Activities

Inclusive Diving in Plemmirio Marine Protected Area. Free to Fly!

The diving centres of Siracusa have trained instructors and guides to welcome, train and lead all people with a disability in the exploration of the wonderful Siracusa sea bed. Everyone can enjoy it. With this project, all prejudices are destroyed, as you see people with a disability under water revelling in the experience and availing of each opportunity.

For example, after going underwater with Mario, who is blind, he later described his experiences; "I have seen the colours of your sea, skimmed Posidonia fluctuating green bushes, caressed the "purple" arms of starfishes, felt the dazzling reflections of the rays of the "underwater sun" , and he added: "but, the next time, we will go deeper, maybe we can see some big fish!".

Pina, a girl with vision impairment, often bumps into various obstacles when walking in her native city of Naples. However, she says; "This is not a reason to give up. On the contrary, I also go skiing. Here I am helped by a friendly voice and by choosing a route without obstacles (especially trees) in advance. When I'm underwater I feel completely calm, free to move and go around safely and without the risk of bumping against some poles. When I dive, I feel as if I was in a fairy tale, succeeding in being completely free from every prejudice." On the deck, you can frequently see the cheerful and foamy plunges of the little divers, always helped by trainers to move their first "flippers", towards the deep blue sea.

Adaptation Strategies

The inclusive diving project, has boats with the necessary equipment for safety and standard medical supplies. The instructors have been trained specifically to guide persons with a disability under water.



“Sea watching” was born to allow everybody to experience the underwater fauna. It can be experienced at different levels; through a simple “Snorkeling” activity, with flippers and mask, or through diving, for those who want to give it a try. With the help of adequate material, everybody can experience the extraordinary feeling of breathing underwater. See the video clip enclosed.

A second marine park, the park *Ente Parco delle Cinque Terre* has also made a special effort to make the protected area accessible for everyone. As a part of this project, the park authorities have taken on the challenge to provide accessible diving and open up the beauty of the sea to people with a disability. The park is developing an underwater itinerary.

A fully equipped itinerary will be active from summer 2006. It is situated near Monterosso. The itinerary offers a reference point to disabled or visually impaired visitors, consisting of a rope supported by 60 cm high stakes. The diver can hold onto this rope without impacting on the seabed with his/her equipment. Because of the absence of gravity in the water, people with motor disabilities will move with greater ease in water, while persons with visual impairment have no fear of falling by stumbling over an obstacle. Visitors are also able to discover the seabed of Cinque Terre Marine Protected Area. As a matter of fact, from a biological point of view, the site is representative of the environments you can find at low depths: the rocky seabed, the sandy seabed, and the Posidonia bed.

Activities

Accessible National Parks - Hiking

This is an initiative taken by some of Italy's natural parks (more than 30). These parks enable people with disabilities to enjoy new experiences at the perceptive, motor and sports levels, in contact with the beauty of nature. It is one of many contributions that have helped to improve the quality of life for persons with disabilities. They can participate freely *like and with* all other people. The itineraries can easily be found on the Internet and the site is translated into English, French and German: www.parks.it. Some examples of sports activities in the parks are hiking, mountainbiking, canoeing, diving, birdwatching, skiing, parapent, climbing, horsebackriding etc.

Adaptation Strategies

Parco delle Alpi Apuane has created its first "accessible hiking trail". It has been prepared within a project, including other interventions of environmental requalification and trail recovery, with the precise aim of placing the "first brick" for the exploration of the protected area also by people with disabilities. The route is accessible for disabled persons both with motor and sight difficulties. The route has a length of about 500 m with a maximum difference in height, for short stretches, around 5%. The trail has been equipped with wooden kerbs on both sides. These kerbs have a double aim, to make walking safer for people with motor difficulties and to work as

a tactile cue for blind people. Most of the trail is marked by a wooden fence, useful as a support and handrail to protect and facilitate walking, on stretches with a greater slope.

In order to cover uneven stretches by stream beds in the valley, two wooden crossings, with relative support and protection fences have been built.

To give the visitors the possibility to move autonomously, particular building techniques and specific materials have been used. The paving has mainly been made with a product called "Sacatrasparent" which favours and differentiates the tactile perception of people stepping on it.

Along the route, two separate rest areas have been created, with tables and benches. For people with vision impairment, two perception areas were created, to enable them to recognize by touch some features of Apuane e.g. rock and branch samples, with relief-labels, also in Braille, identifying their typology.

In the parking area at the beginning of the trail, some places are reserved for disabled people, the information panels are placed at an adequate height. Information will be placed along the trail and containing information - also in Braille - on the area and on the naturalistic, historical, and landscape features of the territory, with some information on the issues linked to the project.

People with a disability have been actively involved in the improvement of the accessibility of the national parks by helping with maintaining the park and tracks.

For the future, a longer trail, additional rest areas and a special scent area as well as more tactile information panels, will be developed. Additionally, the mountain cabins of Val Serenaia and Orto di Donna will create accessible facilities in the near future.

This movement to increase the accessibility of the National Parks in Italy, is a good illustration of how people with a disability, can be integrated into all aspects of society.

For information, please contact the Info Point of the Services Marine Protected Area of Plemmirio at Foro Italico in Siracusa,
Tel. +39 339 4699409
E-mail: plemmirio@plemmirio.it - in www.plemmirio.it



3. Inclusive Skiing

Population

Children with all disabilities. In the movie, you will see children with visual impairment, Cerebral Palsy, intellectual disabilities, amputation, multiple disability etc. The children have different ability levels and receive assistance tailored to their needs.

Setting

Accessible and inclusive ski-classes on outdoor ski-slopes organised by a Finnish organisation.

Activities

All children are included in movement activities using ski equipment like skis, sledges, snowboards, skis with frames to ensure upright position, mono-skis, tethers, out-triggers (=adapted ski pole with a small ski in the end of the pole) etc. For each child, personal goals are set, together with parents and instructors. The individual goals might range from enjoying the skiing atmosphere by being pushed down a slope in a sledge, over assisted skiing to skiing with a guide or fully independent skiing.

The children are taught all the basics of skiing like standing on skis or sitting upright in sledges or monoskis, moving around on flat surfaces, stopping, falling and safety on skis, progressively taking bigger slopes.

Adaptation Strategies

The most obvious adaptations that can be seen in this video are equipment adaptations. Development of new technologies has contributed greatly to the accessibility of skiing in general. However, some less sophisticated materials are used to guide the children through their first steps in skiing: tethers attached to the skis or snowboards, frames build on the skis for support. These aids will enable you to control the child's movements better and create a safe learning environment. The child is able to slowly progress towards more independent forms of skiing.

The activities are adapted to the ability level of the child. Different tasks are set, depending of the stage of the learning process e.g. A child with amputations, starts with close control from an instructor, then uses a skiing frame and slowly progresses to skiing with out-triggers.

The instructions are adapted, for children with intellectual disability. Repeated demonstrations and practice, clear explanations with 1 or 2 points of attention and physical guidance are important strategies for instruction.

Children with visual impairment and their guides wear clearly visible vests, so other skiers can recognise them. At first, guides mostly physically assist

the children connected by ropes, poles or tethers. Later, a guide can ski behind the blind child and orally assist him to find his way on the slopes; visually impaired children may prefer to follow a guide in a brightly coloured vest.

The complete DVD can be purchased (20 € + delivery costs) from:
Finnish Association of Sports for the Disabled,
Kumpulantie 1, 00520 Helsinki, Finland.
www.siu.fi



4. Wheelchair Dance Free Style

Population

Children with different disabilities in special schools, peers and/or their family

Setting

In this project, wheelchair dance free style is used as an inclusive activity in special schools but also during after school and family oriented activities. In the family oriented activities, children with a disability dance together with their parents, sisters or brothers.

Activities

Music is a very popular medium amongst children, listening to the music and watching somebody dance makes you want to dance. Because there is no right or wrong way to dance, it is an excellent activity for inclusion.

This movie illustrates how free style dance can be used for educational purposes, as a means of communication, to express your feelings, as an exercise for body awareness and body expression and most importantly to have fun.

Adaptation Strategies

Several accessories are used to enhance the attractiveness of the activity, like parachutes, gloves and hat, scarves, etc. Using scarf, ribbons or balls during the dance will allow you to accentuate movements for children with a limited range of motion.

Wheelchair users can replace lower body movements with upper body movements. Walking can be replaced by pushing the wheelchair or being pushed by peers.

When pairing up a wheelchair-user with a standing partner, new dancing techniques can be taught. Both partners will develop specific new skills of wheelchair dancing.

Play with the music, switch between happy tunes, fast or slow music, classical music or folk, sing along songs or rock music, depending on your population or the type of dance.

In a bigger choreography, different children can have different tasks to create a larger figure or use the strengths of each child.

Find an audience and work towards a performance, this will motivate the dancers even more.

For more information:

José Melgar

Chaise-Art-Danse@hotmail.com

5. Outdoor activities — winter and summer

Population

Children and youngsters with special needs and their families and friends. You will see children with intellectual disabilities often associated with visual impairment, cerebral palsy, multiple disability etc. The children have different ability levels and lots of equipment is fitted for their abilities. The film mostly focuses on the young boy Lauri and his family with mother, father and brother Leevi. Lauri needs special equipment and other adaptations during most of the activities.

Setting

Inclusive outdoor recreational activities, family oriented and together with peers in winter and summer, special focus on adapted equipment that enables these activities.

Activities

Outdoor recreational activities like canoeing, hiking, cycling, horse back riding, riding a snow mobile, skating and skiing. Many kinds of leisure-time outdoor activities are accessible for the wider public, through the development of a series of functional devices suitable for each individual.

Adaptation Strategies

Outdoor recreational activities are very attractive and should be accessible to everyone. They are great to enjoy in a context with family and friends.

For the families with a child or children, who need special support, it is extremely important to share common experiences. One possibility for this is to engage in outdoor activities together. The Finnish association MALIKE (from Finnish words **mat**kalle, **liik**keelle, **kes**kelle elämää) specifically supports these kind of activities. The name of this organization illustrates their objectives: (in English): TRAMOMI (**tr**avelling, **mo**ving, into the **mi**ddle of life). The aim is to encourage families to enjoy and live full lives.

An essential adaptation is to develop and use equipment, which is suitable for the activity and the person. Safe, reliable and accessible equipment will enable more children to enjoy the outdoors.

Sometimes the special equipment is developed and manufactured by the family and is simple and inexpensive. E.g. you can see a trolley made by a father of a family. This trolley has a big wheel and a wide tyre, so it is easy to push in sand and grass, too. On the other hand, there is a wide range of more sophisticated equipment available, manufactured in specialised companies, like special bicycles. This equipment is often more expensive.

All children take part in the activities at their own level, with adaptation to the activity they carry out. While some skate around holding a frame or holding hands with a parent; others might be pushed around. The most



important thing is that each and every one of these kids, can enjoy the outdoors together with their family, with activities tailored to their abilities.

This product can be purchased (20 € + delivery costs) from MALIKE, Kalevantie 7 C, 33100 Tampere, Finland. (www.malike.fi)

6. Inclusive Gymnastics

Population

Children with a disability, in the movie you will see children with learning disabilities, a boy with vision and hearing impairment, and children with a motor disabilities wearing prosthesis.

Setting

A school gym hall. The school and a local gym club, work together to provide the accessible apparatus (artistic) gymnastics for everyone including children and adults with and without disabilities. In this Kivelä school (Keuruu, Finland) there are about 150 - 170 pupils. More than 1500 people do gymnastics there each year. The equipment is also easy to move to other halls. The video is filmed in three different halls; one of those is normally without equipment.

Activities

Apparatus gymnastics for children and youngsters with a disability, promotion activities as well as training and competing for example in special Olympics.

Adaptation Strategies

The school gym can be an attractive operational environment for gymnastics, where everyone, with or without disability, can develop his/her physical abilities. In order to facilitate this, both equipment and movements should be modified so that they are suitable for the physical capacity of the individual child.

The main consideration when designing equipment is ergonomics rather than focusing on the traditional equipment designs. The gymnast is like a worker who uses gymnastics equipment as tools and gymnastics movements as work movements. After a thorough planning process the school gym can be full of activities.

Gymnastics can be easily adapted to the ability level of each child, by using colourful boxes to start movements. Gymnastics equipment like a trampoline, mats, bars, or air track can make a regular sports hall a very attractive environment for children to explore their body movements and have a go at artistic gymnastics.

In the first movie, you see a group of children going through an “obstacle course” of gymnastics equipment. Some of them need individual support while other children go through the track by themselves after a first guided try.



Visual cues are used to guide the children through the activities e.g. yellow hands are put on the floor on the place the children should put their hands before they make a head roll. At each stage, pictograms illustrate which activity to do at that point of the route.

Some children need individualised support. You can see a child with a visual and hearing impairment that is assisted both by his mother, a person from the association of children with vision impairment and the gymnastics instructor. While the gymnastics instructor is in charge of the activity, his mother or the third person helps out with the communication. For example, while it might be difficult for an instructor that does not know the child to tell him to jump from one cube to the other, his mother can communicate this very easily to her son. This cooperation is a learning process for the child, his mother as well as the instructor.

In the second movie, you can see a group of youngsters with a mental disability during a gymnastics session.

In the training of youngsters with a mental disability, it is important to break down complex movements into little parts, start with basic lead-up activities for each movement, give clear and short clues and use demonstrations and repetition.

In the third movie, you will find an example of how a regular gym can be transformed into an attractive environment for gymnastics. All the equipment is stored in a small space. The lightweight equipment used in this gym is very versatile, it is easy to move and can be used for a wide range of different exercises and settings by adapting the combinations.

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See also:

www.keurusjumppa.com,

<http://moniviestin.jyu.fi/sisalto/liikunta>

**READ MORE**

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