



Be Prepared!

Sport & Active Recreation Programs for People with a Disability

A Resource Kit for Volunteers and Staff

Pam Kappelides

Acknowledgements

This resource kit has been written for volunteers and staff who provide sport and active recreation programs for people with disabilities. It was developed with the support of Sport and Recreation Victoria, a division of the Department of Transport, Planning and Local Infrastructure.

A project editorial committee comprised of the following organisations and members contributed to the development of this resource kit: Gosia Barcikowska (People Outdoors), Ann Nicholson (La Trobe University), Abigail Elliott (YMCA Victoria), Mandy Roche (City of Knox), Kellie Lindsay (People Outdoors), Russell Hoyer (La Trobe University), Michael Walker (Department of Transport, Planning and Local Infrastructure), David Strickland (Department of Transport, Planning and Local Infrastructure) and Pam Kappelides (La Trobe University).

The resource kit is an extensively revised version of a document developed by the Camping Network in 2000, written by Russell Hoyer.

ISBN: 978-0-646-91270-7

Copyright 2014, La Trobe University, Pam Kappelides

Design and layout: DigdoDesign

Printing: Digital Print HQ, Hawthorn

This resource outlines what is considered good practice in volunteer management for sport and active recreation organisations at the time of printing. The contents of this kit are not intended to be prescriptive. Sport and active recreation organisations are dynamic in terms of size, structure, goals, programs and activities, and the environment in which they operate is under constant change. The kit has been designed, therefore, so that individual organisations can use or adapt whichever aspects of good practice best suit the organisation at a particular point in time.

For up to date information and resources in addition to what is printed in this kit please see the following website: **www.latrobe.edu.au/disability-resource**

Disclaimer

This publication has been prepared and published on the understanding that the officers and employees of the organisations involved in its compilation:

- Shall not be liable for any loss, damage, claims, costs, demands or expenses for any damage or injury of any kind whatsoever and howsoever arising in connection with activities undertaken in sport and recreation programs; and
- Shall not be liable to any person or organisation for any loss or damage caused by, or as a result of, the inclusion, dissemination or reliance on any information in the text supplied in this resource kit.

While every effort has been made to ensure the currency and accuracy of the information, it is a condition of the use of the information that the user agrees that the officers and employees of the organisations involved in its compilation and those of Sport and Recreation Victoria and the State of Victoria will not be liable for any loss or damage arising out of the use of the information contained in this text.

Foreword

The Victorian Government is committed to providing opportunities for Victorians of all abilities to be more active, more often.

That's why we are proud to support the sport and active recreation sector in the development of the *Be Prepared! Sport and Active Recreation Programs for People with a Disability, A Resource Kit for Volunteers and Staff*.

The kit and supporting website are essential resources for volunteers and staff assisting people with a disability who are keen to get involved in sport and active recreation.

From safety tips on how to provide inclusive and enjoyable experiences to strategies for people with a disability to reach their full potential in sport and recreation, this resource is a one-stop-shop.

Training is essential if our volunteers and staff are to be confident and competent in providing assistance to people with disabilities in sport and recreation environments. This resource kit will go a long way to helping develop essential skills that in turn will achieve great results.

I would like to congratulate the Project Editorial Committee, led by Latrobe University, People Outdoors, City of Knox, YMCA Victoria and Yooralla.

I would also like to thank these industry leaders for sharing their knowledge, skills and many years of experience in providing sport and active recreation opportunities for the diverse community of Victoria.

This resource is a must-read for volunteers and staff and I look forward to seeing a lot more people of all abilities discover their true potential through sport and active recreation.

Hugh Delahunty MP

Minister for Sport and Recreation





Sport and active recreation programs provide unique opportunities for people with disabilities to explore their potential and focus on their ability. This resource kit has been prepared for volunteers and staff who play an important role in the provision of quality sport and active recreation experiences for people with disabilities.

Contents

Acknowledgements	2
Foreword	3
Sport & Active Recreation Programs for People with Disabilities	10
1.1 Programming Options	12
1.2 Universal Design	12
1.3 Programming Environments	14
1.3.1 Sport and Active Recreation	14
1.3.2 Club or Facility Based Programs	14
1.3.3 Residential Camping	14
1.4 Terminology	15
Program Delivery	16
2.1 Attitudes to Disability	18
2.2 Being a Leader	20
2.3 Leadership Skills	22
2.4 Roles and Responsibilities of Volunteers	23
2.4.1 The Leader's Responsibilities	24
2.4.2 Being a Coordinator	25
Disability Information	26
3.1 Physical Disabilities	28
3.1.1 Cerebral Palsy	28
3.1.2 Spina Bifida	29
3.1.3 Spinal Cord Injury	29
3.2 Hearing Impairment	30
3.3 Vision Impairment	31
3.4 Amputations	32
3.5 Intellectual Disabilities	33
3.5.1 Prader-Willi Syndrome	35
3.5.2 Williams Syndrome	35
3.5.3 Angelman Syndrome	36
3.5.4 Fragile X Syndrome	36
3.6 Mental Illness	37
3.6.1 Schizophrenia	37

3.6.2	Bipolar	38
3.6.3	Obsessive Disorders	38
3.7	Autism Spectrum Disorders	39
3.7.1	Asperger's Syndrome	40
3.8	Multiple Disabilities	41
3.9	Medical Conditions	42
3.9.1	Asthma	42
3.9.2	Multiple Sclerosis	42
3.9.3	Arthritis	43
3.9.4	Diabetes	44
3.9.5	Heart Disease	45
3.9.6	Epilepsy	45
3.9.7	Acquired Brain Injury	47
3.9.8	Down Syndrome	48
3.9.9	Attention Deficit Hyperactivity Disorder	48
3.9.10	Tourette Syndrome	49
3.10	Strategies for Challenging Behaviours	51
3.10.1	Physical Behaviour Problems	52
3.10.2	Restrictive Interventions	53
3.11	Effective Communication	54
3.11.1	Makaton Signing Language	54
3.11.2	Communication Boards	55
3.11.3	Electronic Communicators	55
3.12	Personal Care	56
3.12.1	Mobility	56
3.12.2	Correct Lifting	58
3.12.3	Mealtime Assistance	58
3.12.4	Medication	60
3.12.5	Dressing, Bathing and Toileting	60
3.12.6	Protection from Varying Weather Conditions	62
3.13	Creating Opportunities for Greater Participation	62
Volunteer and Staff Management		64
4.1.	Leader's Legal Responsibility	65
4.1.1	Negligence	66
4.1.2	Duty of Care	66
4.1.3	Standard of Care	66

4.1.4 Breach of Duty of Care	66
4.1.5 Harm or Loss	66
4.1.6 Avoiding Injury	66
4.1.7 Avoiding the Risk of Breach of Duty of Care	67
4.1.8 Confidentiality	68
4.1.9 Volunteer Rights	69
4.2 Insurance	70
4.3 Risk Management	70
4.3.1 Preparation Required for Activities	71
4.3.2 Health and Safety	72
4.3.3 Sun Smart Policy	73
4.3.4 Water Activities	73
4.3.5 Beach Activities	73
4.3.6 Emergency Procedures	74
4.3.7 Fire Awareness	74
4.3.8 Floods	75
4.3.9 Missing Participant	75
4.4 First Aid	76
4.4.1 Spills of Body Fluids	76
4.5 Catering and Food Safety	77
4.6 Transportation	78
4.7 Behaviour Guidelines	78
4.7.1 Sexual Behaviour	80
4.7.2 Smoking	81
4.8 Incident Reports	81
4.9 Grievance Procedures for Volunteers	83
Creative Programming	84
5.1 Guidelines for Group Organisation and Programme Planning	85
5.2 Great Games and Activities	86
Ice-breakers	86
Tag Games	87
Trust Exercises	88
Initiatives	89
Environmental Activities	90
International Games	91
Old Time Favourites	92

Craft	93
Cooking	94
Additional Links	94
My Own Activities	95
Volunteer Management – Staff Section	98
What is Good Practice?	99
What Defines a Volunteer?	99
Why do People Volunteer?	99
What are the Benefits of Volunteering?	100
Volunteers Fill Many Roles	100
Phase 1: Human Resource Planning	101
Phase 2: Recruitment	101
Phase 3: Selection	102
Phase 4: Orientation	102
Phase 5: Training and Development	103
Phase 6: Performance Appraisal	104
Phase 7: Recognition and Rewards	104
Phase 8: Retention	105
Further Information	106
Appendix	108
Job Description Example	109
Volunteer Camp Leader Job Description	109
Makaton Signing Example	110
Communication Board Example	111
Types of Lifts	112
Types of Grips	113



1 Sport & Active Recreation Programs for People with Disabilities



Many men and women enrich their lives and the lives of young people with disabilities, through participating in and facilitating sport and active recreation experiences. People of all ages, from all walks of life volunteer their time or choose to work as program leaders and personal assistants to enable people with disabilities to fully participate in enriching sport and active recreation experiences.

This resource kit is designed for volunteers and staff who are involved in facilitating sport and active recreation experiences for people with disabilities. The kit can also be used for training programs, and would have the added benefit of being an ongoing resource and reference guide for volunteers and staff.

The kit is divided into six sections, the first of which provides an overview of the programming options and philosophies that drive the delivery of sport and active recreation programs for people with disabilities in Victoria. The second section explains the skills required to work and volunteer in this field and the various responsibilities leaders will experience in providing sport and active recreation programs for people with disabilities.

The third section provides a summary of the major disabilities that most leaders will encounter when working or volunteering in this area. For each disability there is a brief explanation of the causes and issues associated with having the disability and some information on programming constraints and other issues. The fourth section covers generic volunteer and staff management issues related to sport and active recreation programs. The fifth section provides a list of activities and resources available to volunteers to use. The final section outlines volunteer management for staff followed by further information sources and reference information.

This resource kit is an extensively revised version of a document developed by the Camping Network in 2000, written by Russell Hoyer. This version includes more detailed information on specific disabilities and has widened its scope to include information on the provision of general sport and active recreation programs rather than just camping environments.

The following members were involved in developing this resource – Pam Kappelides, Gosia Barcikowska, Ann Nicholson, Mandy Roche and Abigail Elliot. They are to be commended for their foresight and commitment to developing a resource kit for people working and volunteering to provide sport and active recreation programs for people with disabilities. The resource kit was developed with the support of Sport and Recreation Victoria.

Pam Kappelides

December 2013

This resource outlines what is considered good practice in volunteer management for sport and active recreation organisations at the time of printing. The contents of this kit are not intended to be prescriptive. Sport and active recreation organisations are dynamic in terms of size, structure, goals, programs and activities, and the environment in which they operate is under constant change. The kit has been designed, therefore, so that individual organisations can use or adapt whichever aspects of good practice best suit the organisation at a particular point in time. For up to date information and resources please see the following website: www.latrobe.edu.au/disability-resource

1.1 Programming Options

Through participation in sport and active recreational activities, people with a disability can be assisted in the development of a sense of self-worth, self-esteem and pride in accomplishment and overcome loneliness and isolation. They are able to develop a sense of belonging to the community and are linked to a range of cultural and social experiences common to all members of the community.

The promotion and development of community based sport and active recreation opportunities encourages members of a community to participate in experiences that enable them to become part of the group and to develop new skills and abilities. This is important in the development of a sense of community and overcomes isolation through the linking of people with common interests. Sport and active recreation activities provide opportunities for enrichment and enjoyment through participation and exposure to new experiences and challenges. They provide for growth and development of basic skills for safe self-management in a sport and active recreation environment. Sport and active recreation activities provide the motivation for people with disabilities to 'have a go' and explore their 'ability'.

In recent years, attitudes have changed and people with disabilities are encouraged to participate more fully in community activities and to take advantage of the resources available. Facilities have been upgraded to accommodate the specific needs of people with disabilities, providing for greater mobility and easier access to resources and programs.

1.2 Universal Design

For the purpose of this manual and to avoid confusion, the terms "inclusion" and "integration" are considered to be the same, and for the sake of consistency, inclusion has been used exclusively. We have the responsibility of providing an environment in which people with disabilities are able to develop social skills, feel part of the group as equal participants, be included in decision making, be challenged and be adventurous.

A number of areas need to be considered in achieving the successful inclusion of a person with a disability into a community sport or active recreation program. The concept of 'disability' is synonymous with 'ability' when it comes to sport and active recreation activities. We need to focus on the potential ability of the participants rather than the limitations caused by a disability. This encourages the recognition of the potential of individual group members and the activities can be structured to achieve this potential.

People with disabilities are encouraged to become and remain valuable members of the community. In achieving this we talk about the concept of "universal design (UD)". Sanford (1998) defines Universal Design principles as being an approach to creating everyday products and environments that are useable by all people to the greatest extent possible, regardless of age or ability. Universal Design principles steer away from the idea that barriers need to be removed or that people require extra help or skills to navigate their environment. It is important to note that Universal Design principles are there to assist everyone, not just those who have a disability. When providing Universal Design principles within sport and active recreation, it is important that an individual is not segregated or excluded. Seven principles of Universal Design exist that can be used as guidelines to measure the extent to which a program, building or product will be able to be used by the maximum range of people.

These principles are as follows:

1. **Equitable use** – The design or program is useful to people with diverse abilities.
2. **Flexibility in use** – The design or program accommodates a wide range of individual preferences and abilities.

3. **Simple and initiative in use** – Use of the design or program is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration levels.
4. **Perceptible information** – The design or program communicates necessary information effectively to the participant, regardless of ambient conditions or the participant's sensory abilities.
5. **Tolerance for error** – The design or program minimises hazards and the adverse consequences of accidental or unintended actions.
6. **Low physical effort** – The design or program can be used efficiently and comfortably and with a minimum of fatigue.
7. **Size and space for approach and use** – Appropriate size and space is provided for approach, reach, manipulation and use, regardless of a user's body size, posture or mobility. (Copyright©1997 NC State University, The Centre for Universal Design)

These seven principles of Universal Design can assist in the implementation of programs and services to ensure accessibility for all. Below are examples of how they may be implemented in sport and active recreation programs and activities:

1. Provide the same means of use for all users; identical whenever possible, equivalent where not.
2. Avoid segregating or stigmatising any users.
3. Make the design of the program appealing to all users.
4. Provide choice in method of use.
5. Facilitate the participants' accuracy and precision in an activity.
6. Provide adaptability to the participant's pace.
7. Eliminate unnecessary complexity.
8. Accommodate a wide range of literacy and language skills.
9. Provide effective prompting and feedback during and after an activity.
10. Use different modes for presentation of essential information such as rules or instructions.

11. Provide fail safe features for all participants to ensure they have fun.

It is important to remember that people with disabilities have the same aspirations as people everywhere.

We all want to:

- get the most from life by finding opportunities for friendship, social life, and to participate in a wide range of interesting activities;
- achieve independence and a sense of worth;
- have a job and contribute to the community we live in; and
- have access to public transport, buildings and the community.

Through the concept of Universal Design principles, we institute a process of valuing individuals, encouraging growth through relevant learning situations using appropriate materials and activities. Further, the process provides realistic environments in which appropriate behaviours and attitudes can be observed and imitated.

Through participation in sport and active recreation activities, people with disabilities are assisted to develop the skills to effectively participate in the community. Using Universal Design principles in the design of a program, individuals are encouraged to look at similarities rather than differences, and to appreciate the diversity within our community. This provides for accessibility of all to community resources and activities.

We need to focus on the potential ability of the participants rather than the limitations caused by a disability.

1.3 Programming Environments

1.3.1 SPORT AND ACTIVE RECREATION

Sport and recreation is as much a part of Australian culture as Vegemite and the koala. Participants are involved in sport and recreation from a very early age, playing backyard games, school sport and programs with local sporting/recreation clubs or organisations. The benefits of regular sport and recreation programs are essentially the same for people with a disability. People who are physically active:

- Are healthier and fitter
- Are more co-ordinated and physically competent
- Often develop good social and people skills
- Develop leadership, teamwork and sound co-operative skills
- Work well and enjoy people's company
- Learn better lifelong leisure skills
- Study and concentrate better
- Have increased confidence and self-esteem and
- Are more mobile and independent.

If people with a disability are denied these experiences, simply because of their physical and/or intellectual difference to some perceived norm, then they will miss out on an important part of life.

For the purpose of this resource manual:

'Sport' is defined as:

A human activity involving physical exertion and skill as the primary focus of the activity, with elements of completion where rules and patterns of behaviour governing the activity exist formally through organisations and is generally recognised as a sport.

'Active' recreation is defined as:

Activities which are engaged for the purpose of relaxation, health and wellbeing or enjoyment with the primary activity requiring physical exertion, and the primary focus on human activity.

(National Sport and Active Recreation Policy Framework, 2011)

1.3.2 CLUB OR FACILITY BASED PROGRAMS

Sport and recreation programs based in a club or facility provide a range of unique opportunities to develop new physical, social and intellectual skills and abilities. The involvement of people with disabilities in sport and recreation programs based in mainstream sport and recreation clubs and facilities enables them to participate in sports, games, physical activities, water based activities, and active recreation activities, and provides for increased self-confidence, increased levels of fitness and opportunities to extend social skills. Places like leisure centres, local sporting clubs and recreation organisations in the local community are all examples of club or facility based programs.

People with disabilities can access a range of clubs, programs and facilities that are equipped to accommodate people with disabilities, either as a group or as individuals. These experiences give them the opportunity to participate with other people and to develop a range of skills including an understanding of the motivations and abilities of their colleagues.

1.3.3 RESIDENTIAL CAMPING

Camping is recognised as a valuable way in which participants can experience new and natural environments in a small group, enabling the development of social and physical skills. Camping is an experience providing for creative, sporting, active recreational and educational opportunities for a group living in the outdoors. Trained leadership with resources from the natural environment contributes to each participant's mental, physical, and social growth.

The camping experience provides a range of unique opportunities to develop new physical, social and intellectual skills and abilities. These benefits have been recognised by many individuals and groups who have developed resources and opportunities for people to participate in camping experiences. Each camp has its own aims and purposes that are met through the organised camping program. The Australian Camps Association can provide a list of accredited camp sites accredited by the Australian Tourism Accredited Program (ATAP) within Australia at the following site:

<http://www.auscamps.asn.au/>

By being accredited the campsite and program has gained endorsement from the Department of Education and Early Childhood Development (DEECD), that recognises that the businesses have met industry standards within the sector.

The involvement of people with disabilities in camping programs enables them to participate in sports, games, physical activities, and arts and crafts activities, and provides for increased self-confidence, increased levels of fitness and opportunities to extend social skills.

For camping activities, people with disabilities may choose to operate as a common group, making use of programs and facilities that are equipped to accommodate people with disabilities. These camping experiences give them the opportunity to participate with other people with disabilities and to develop a range of skills including an understanding of the motivations and abilities of their colleagues.

The social aspects of these camps are very beneficial in the development of social and group interaction skills. Often people with disabilities are first introduced to camping through a segregated experience. Once confidence and a range of social skills and physical abilities have been developed, they go on to the integrated camping experience and participate in community camps.

Camping experiences for people with disabilities can be seen as a sequential process by which the participant is introduced to a range of camping options and through these options develop a range of independence skills and growth in confidence. The sequential process also enables the participant to integrate successfully into community camping programs that have the facilities to cater for people with disabilities.

The leaders play a significant role in all aspects of the camp and their knowledge and experience in camp activities and group facilitation is important. In preparation for the camp it is useful for leaders to have some knowledge about the camp location, facilities and resources. The type of environment in which a camp is located will have a significant bearing on the camp activities. To know the resources at the campsite and in the local environment will assist in preparing activities at the camp.

1.4 Terminology

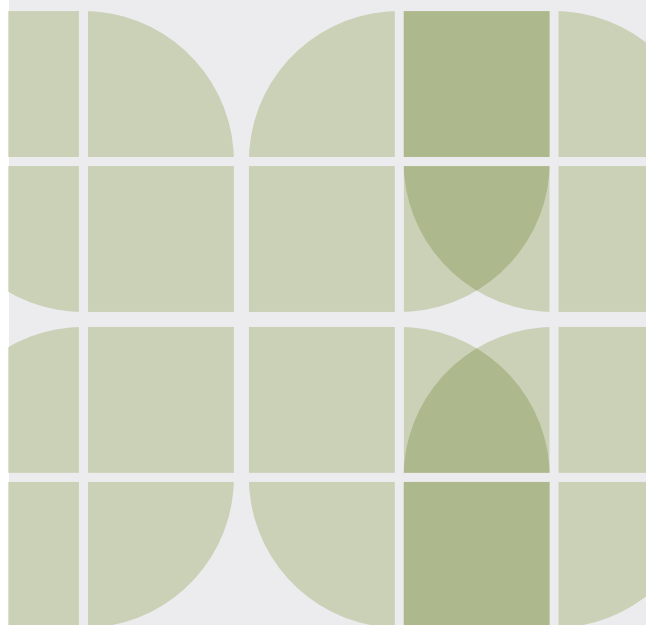
Throughout this resource kit the following terms will be used which are representative of the terms used by volunteers and staff in most camping and recreation programs.

Participant – a person participating in a sport, active recreation or camping program (a more accepting and inclusive term than client, customer, user, camper, etc.)

Leader – a person involved in leading a sport, active recreation or camping experience – either as a volunteer or paid staff member.

Co-ordinator – a person in charge of a group of leaders and the one with ultimate responsibility for the entire group of leaders and participants. The Co-ordinator may be a volunteer or paid staff member.

Program Manager – a person in overall charge of a particular sport, active recreation or camping program, including volunteer and staff management responsibilities.



2 Program Delivery



Sport and active recreation experiences provide unique opportunities for people with disabilities to participate in enjoyable and developmental experiences. The volunteer or paid staff member facilitates these experiences and in turn derives much enjoyment and personal growth during the program. This comes about through communication and involvement in a range of activities. The bonding that occurs between the leader and the person with a disability enables the development of a trust relationship that provides an understanding of the person's potential ability.

Sport and active recreation experiences can contribute to the development of the person with a disability as well as the leader. Both may develop new skills and abilities as well as social and emotional growth, which contribute significantly to the development of self-esteem and self-worth. Through careful facilitation, participants are able to build on the development of independence skills that will contribute greatly to their integration and participation in the community.

Quality of life is much enhanced through well-planned and coordinated sport and active recreation activities. Preparation for the program is an important part of any experience and volunteers must ensure that they participate in training programs and information sessions that are arranged by the organisation prior to the program. Volunteers have the personal responsibility to communicate with the coordinator/manager about concerns or needs that the volunteers think are important for them in carrying out their role in a responsible and effective way.

The leader plays a vital role in providing access for people with disabilities to sport and active recreation experiences or activities. Leaders are important people, who through their involvement make it possible for people with disabilities to be involved in rewarding community experiences. Leaders recognise their motivation and ability to facilitate and contribute to valuable sport and active recreation programs, and to encourage full participation of people with and without disabilities. The organisations through which all leaders work have very high levels of expectation. Much trust and responsibility is placed in the leader.

Within each of these sport and active recreation settings, the leader plays a very important role in assisting the participant. A leader may have the responsibility for a participant on a one-to-one basis and is required to assist the participant to achieve the predetermined goals of the sport or active recreation program.

2.1 Attitudes to Disability

It is worthwhile to consider our attitudes and feelings about disability. If we are motivated to work with people with a disability, it is important to understand our motivations to work in this area and to be honest with ourselves deciding whether it is appropriate for us to do so. Our attitudes have been formed through a community that used to believe people with disabilities should live in a segregated community. In the past, people with disabilities were institutionalised or kept at home behind closed doors. Some parents were even ashamed of their children with disabilities and kept them away from community resources.

People have been over-protective of people with disabilities, concerned with their limitations, rather than their potential to learn and grow. It is worthwhile to consider our attitudes and feelings about disability, particularly if we are motivated to work with people with disabilities. By understanding our attitudes and how we feel, we can develop strategies that will enable us to work effectively and to provide the greatest support.

Our attitudes have been formed by our experiences and community perceptions. It is not surprising that we may have a range of apprehensions and misconceptions when it comes to working with people with disabilities. We can prepare ourselves by considering the simple things that can make a huge difference in assisting a person with a disability to feel accepted, encouraged and valued.

People may have a range of reasons for becoming involved as either a volunteer or paid staff leader in sport and active recreation programs. These reasons vary considerably and may include: wanting to do some good, wanting to help, being sympathetic, and feeling sorry for people with disabilities, enjoying sport and active recreation experiences, recognising the personal contribution that can be made and enjoying an inclusive sport or recreation experience. It is important to be aware of our motivation and evaluate its validity in regard to the concept of Universal Design principles.

When we first meet a person with a disability, it is understandable that we may feel awkward and unsure of what to do. Remember that the person may also be apprehensive and nervous about meeting you. We usually respond in a way of considering 'What can I do to help?' Often this may

be counter-productive to the goals of encouraging a person to develop skills of independence. We are usually very concerned about appearing to be seen to be doing the 'right' thing.

It is useful to talk to others about your feelings and concerns with regard to people with disabilities. It is often useful to hear yourself say things that you may be feeling. It is the expression of these feelings that will assist you to come to terms with your own attitudes and motivations.

Taking the time to read relevant sections of this resource kit is a good starting point. Talking to other staff and volunteers will help you to understand that you are not the only one who feels the way you do and will enable you to explore with them ways of confronting attitudes and dealing with new situations.

Additionally, sport and active recreation organisations can also engage with disabled volunteers who are able and willing to become leaders also. There are many ways that we can engage with disabled volunteers. The approach is likely to vary depending on the nature and size of the organisation along with its function and culture. Such approaches may include:

- A casual approach where volunteers are welcomed and included in the organisation where possible;
- Actively recruiting disabled volunteers to perform specific tasks;
- Incorporating disabled volunteers as they come forward within an organisation;
- Offering a structured programme incorporating disabled volunteers for a period of time;
- Offering disabled volunteers specific training in a volunteer role with the expectation that, once qualified, disabled individuals could then continue to undertake that role on their own.

LET'S LOOK AT SOME SIMPLE WAYS IN WHICH WE CAN RESPOND WHEN INTERACTING WITH PEOPLE WITH DISABILITIES.

It is important that you be yourself. This is the greatest attribute that you have to share with someone. Be a real person; do not put on a false facade.

Treat people according to their age. We often make the mistake of assuming that a person with a disability is at an immature intellectual level. It is important not to trivialise, to talk down or to play games. Your initial interaction with a person will give you a cue to the person's level of understanding.

Talk directly to the person in preference to talking through a third person. For example, even when the third person may assist with sign language, look directly at the person with a disability you are talking to.

If you do not understand what a person is saying ask the person to repeat what was said. Never pretend to understand. Some people may use communication boards or other aids that assist in communication.

Ask if you can be of assistance before jumping in and performing a task. The person may be developing independence in doing the task.

Encourage independence by not offering to help all the time. Allow mistakes to be made, as these are great learning tools.

If you are not sure of what to do when your assistance is requested, ask the person you are helping to tell you. Avoid making assumptions.

Only talk about a person's disability when it comes up naturally. Be guided by the person's wishes to do so.

Appreciate a person's ability and what they can do. A person's difficulties may stem more from society's attitudes than from their disability.

Be considerate of the extra time it may take for the person to say or do things. Let the person set the pace in walking or talking.

Be encouraging in your approach rather than correcting.

If necessary, ask questions that require short answers or a body gesture such as a nod.

When talking to a hearing impaired person, speak slowly and clearly and stand directly in front of the person. Use body gestures to aid communication.



2.2 Being a Leader

People volunteer or accept paid positions as leaders for a variety of reasons ranging from wanting to enable others to attend sport and active recreation programs, wanting to go away with other leaders or meeting the practical requirements of a course they are doing. Whatever the reason for becoming a leader, the most important consideration is that of having the right attitude - that of assisting a person with a disability to have a great experience that will enable them to grow and develop to their own potential. The leader is there to engage with the participants.

Effective leaders have a balance of respect, authority and healthy attitude to working with people with disabilities. This provides them with an integrity that is recognised by the participants. Participants will know that leaders are reliable and trustworthy and this helps them to feel comfortable, knowing they will be well cared for.

Leaders have a range of leadership skills and qualities that enable them to work effectively with people with disabilities in a sport and recreation situation. Many of the skills can be developed through training sessions and while being involved in sport and recreation programs.

Being a leader requires the following qualities:

- self-acceptance;
- unselfishness;
- a willingness to learn;
- a sense of cooperation;
- consistent behaviour;
- humility;
- definitely a sense of humour;
- loyalty;
- a willingness to accept responsibility;
- sensitivity;
- reliability; and
- initiative.

Self-acceptance

It is important for a leader to be comfortable with him/herself as a person, recognising strengths and limitations and the potential for growth and development.

Unselfishness

A leader is there for the participant's benefit. This means the leader forgoes a range of things they may personally enjoy, to be with the participant, assisting them with their needs and ensuring their maximum participation.

Willingness to learn

The experience provides an opportunity to learn new skills ranging from group facilitation to sport and recreation skills. A leader needs to be prepared to take on these new challenges.

Cooperation

Working with other leaders may not always be easy. The leader cooperates with peers and colleagues and supports group decisions. There is no place for leaders who will only support the decisions that personally suit them.

Sense of humour

The leader must have a good sense of humour and be able to see things in perspective from another's point of view. They need to be able to laugh when the going gets a little tough.

The volunteer as a friend but also leader

The interaction between the leader and participant can occur on a number of levels. They can become good friends but the friendship must not interfere with leadership responsibilities. The responsibility to the participant and the rest of the group is more important.

Participants can exert pressures on a leader they consider to be a friend. This does not sway the good leader if it is going to interfere with their judgement in carrying out their role and responsibilities. To be respected as a firm and consistent leader is more important than being seen as a friend.

Leaders interacting together

Leaders often meet new people and form new friendships that continue following their involvement in the sport and active recreation program. It is common for friends to want to spend time together

to share this friendship. It is important that this does not interfere with the responsibilities of a leader to the participant or to the group as a whole. It is great to be able to recognise this friendship and acknowledge it, but behaviours that may occur as a result of it should not interfere with our responsibilities. Life is long and friendships developed through sport and active recreation programs can be continued long after the experience is over.

Friendships should not stand in the way of interacting with all leaders or working as a team. A small group of leaders who are friends and share things to the exclusion of other leaders can fragment a team. It is important while on camp or during a sport and active recreation program that each leader makes every possible effort to interact with other leaders on an equal basis to ensure a cohesive team effort.

Recognising the need for time-out

Sport and active recreation programs, especially camps are busy, energetic places. There is a lot to do with people continually wanting to do exciting things and take the fullest advantage of the environment. This can be demanding and it is only natural that we may feel tired, sometimes exhausted, particularly when participating in activities that we are not used to. The responsibility we have for our one-to-one who has a disability can also be stressful, particularly with constant contact. The responsibility of working with other leaders constantly can also be emotionally demanding. It is important to recognise this and to take steps to deal effectively with fatigue and stress.

An understanding of how things affect you and accepting the fact that you have need of relaxation, rest and time to yourself is important. This enables you to communicate with others and arrange time-out.

Leaders who continue energetically to try to meet everyone's needs often get to a point of exhaustion that will require them to drop out with no warning. This is not constructive for the leader or for the group as a whole. It is important to pace yourself and take rest-time.

Fatigue can also affect our temperament. When we are at camp particularly we are with the same people twenty-four hours a day, and the pressures of constant contact can become intense. Be

prepared and make sure that you do things that will minimise any negative side effects of these pressures.

Get what rest you can. Camps again are great for sitting up late with fellow leaders and sharing experiences. They also provide a good opportunity to relax after the participants have gone to bed. It is an important time of the day when leaders often discuss the day's events and prepare for the next day, but be sensible about bedtime. Late nights, excessive food, drink and stimulation may distract you from the rest you need to function effectively.

Understand your physical needs and arrange for them to be met. Things can get a little heavy at times for anyone on programs. Know when you need a break and talk to the group coordinator to arrange this.

Talk to other leaders about your pressures and frustrations

Camps or sport and active recreation programs can be lonely places if you do not share with your colleagues. If you are concerned or feeling pressured about a situation, talk to a colleague: they may have experienced these feelings in the past and be able to offer useful suggestions for dealing with them.

Contribute to leaders' meetings

Discuss with leaders your reactions and concerns at the end of the day. You will be surprised how they will identify with what you are saying. Your contributions may alert the team to situations that they were not aware of and should know for the smooth conduct of the program.

Make sure that you eat well and drink sufficient fluids

When assisting participants we may overlook our needs for nourishment. Meals for a leader can be disruptive and sometimes taken while on the go. It is important that you assist to establish an environment in which participants and leaders alike have the opportunity for uninterrupted meal breaks and that sufficient food and drink is consumed. Leaders who constantly sacrifice their meal times for the good of participants often find that they are not able to meet their commitments as the program progresses.

Pace yourself, especially on sport and recreation

Programs often involve a whole range of physical activities and challenges: combine this with responsibilities and stresses and you can very quickly wear yourself down. Understand your limitations and work within what is reasonable for you. Strategies such as extra sleep, more food and personal exercise or relaxation activities may help you to cope effectively with the demands of a rigorous program.

Participate in a range of activities

Some leaders take their responsibilities very seriously – so seriously that they prevent themselves from participating in the full range of experiences that the program has to offer. At times some participants may choose not to participate in a certain activity, or it may be valid for them to watch others instead. This should not prevent the leader from participating in group activities themselves, as long as the participant is supervised.

It is important that the leader enjoys the range of activities and is seen to enjoy them by the participants. The leader who takes their responsibilities too seriously often detracts from the spirit of the program and often, without realising it, denies a participant the freedom to independently make decisions and learn through experience, whether it be positive or negative.



2.3 Leadership Skills

Three ingredients for any successful sport and recreation program are safety, enjoyment and achievement.

An over-emphasis on safety can make a sport or active recreation experience dull and participants will not experience a sense of achievement. An exciting program that has too little emphasis on safety may lead participants to feel there are too many risks. This may result in feeling a sense of danger, which may lead to fear, and little enjoyment. It is important to strike a balance between the two.

One of the most rewarding parts of sport and active recreation programs relates to the elements of adventure and risk. The challenge of coping, establishing personal limits and exploring the unknown, all have a strong appeal for participants. The leader must be able to assess how far the considerations of safety may be relaxed in providing for challenge, and when safety is paramount. Safety considerations should work 'for' rather than 'against' the sense of adventure, excitement, achievement, learning and enjoyment.

Sport and active recreation settings are rather unique programs. The leaders form the core of the program community. The way the leaders interact, cooperate and plan together will have a great bearing on the quality of the program. It is important for each leader to contribute to the formation of a cohesive team. This will involve input in planning, evaluating what is happening on the program, assisting others to remain informed on what is happening, and providing the light relief when others may be getting bogged down or taking things too seriously. As you might imagine, being a leader in a sport or active recreation program can be demanding, yet a highly enjoyable task.

The diverse backgrounds of leaders usually provide a balance of skills, talents and qualities. Usually one of the team is able to provide humour and light relief when required. Someone else may have fine-tuned rational thinking skills and be able to provide a solution to an unforeseen problem. Recognise your skills and qualities and contribute when required.

All leaders should be involved in the planning process. A leader is a facilitator, not just a helper who carries out certain required tasks. This involvement is essential to remaining informed,

feeling an ownership of the programs direction and being responsible for outcomes. People bring information to the group and some individuals have particular insights and notice things that others may miss.

The leader is concerned about the participant's health and monitors their feelings: are they well, homesick or tired? Have they had enough to eat? Are they sufficiently warm? How are they getting home? Do they have knowledge of rules and are they able to follow them? Do they interact well with others? Have they rewarded appropriate behaviour and been modelling appropriate behaviour?

Good leadership requires:

Experience – the sensitive leader will have an appreciation of how participants are feeling at any given time.

Attitude – a leader's positive attitude towards the participants and other leaders is essential. A leader who is preoccupied with their own needs will not achieve this.

Communication – good communication (both verbal and non-verbal) is a vital skill in leadership. The leader should recognise the sensitivity of all messages that are relayed.

Self-Control – practise controlling your own anger, anxiety or boredom – these can cloud the messages you receive from other people and also affect your decision making. Know your own strengths and weaknesses and the influence that these have on your decision making.

One of the most rewarding parts of sport and active recreation programs relates to the elements of adventure and risk. The challenge of coping, establishing personal limits and exploring the unknown, all have a strong appeal for participants.

2.4 Roles and Responsibilities of Volunteers

Volunteers play a crucial role in providing sport and active recreational experiences for people with disabilities. Without volunteer support, few people with disabilities are able to participate in sport and active recreation or camping experiences.

The volunteer is a person who believes in an organisation's mission and who freely and willingly gives service without compensation.

Organisations place specific trust and responsibility in the volunteer. It is important to be aware of these in understanding personal responsibilities and the expectations that are made of the volunteer.

Organisations often work on the basis of a 'one-to-one' supervision of a participant with a disability, for most sport and active recreation activities. This does not imply sole responsibility for just the one person and a lack of responsibility for other participants. The one-to-one role is that of encouraging participation of the person in activities as fully as possible, according to the participant's ability, being available to the person as required and ensuring that personal and safety needs are met at all times.

In addition to the one-to-one role, volunteers also participate in all program tasks and activities that will ensure safe and quality experiences for all participants and will share with other volunteers and personnel in providing for the welfare of the participants. The role of the volunteer is very diverse, ranging from assisting with the personal needs of a participant to facilitating activities and assisting meal preparation and facility maintenance.

The volunteer has the responsibility of caring for the participants respectfully and responsibly. They have a duty of care to those entrusted to them for the duration of the recreation experience. This means that they must take all reasonable care to avoid actions or omissions that they can reasonably foresee would be likely to injure, or cause harm to someone else.

A volunteer leader's role may not be at all different from that of a paid staff member and may involve the following duties:

- Being responsible for one nominated participant with a disability;

- Knowing where this participant is at all times, whilst on the program;
- Being responsible for delegating this responsibility to an appropriate alternative leader, in the event that the volunteer is not available, during time-out or in the case of an emergency;
- Having access to the participant's medical records at all times;
- Being responsible for ensuring that they have access to an accident and incident report form, in the event of an accident or incident and must complete it as soon possible;
- Being responsible for knowing where the nearest telephone is and local emergency numbers;
- Being familiar with the emergency procedures, including fire procedures;
- Being responsible for ensuring that all personal needs of the participant have been met, such as medication, meals, toilet and shower; and
- Being responsible for being aware of and implementing any restrictions necessary for the participant to avoid injury as a result of a physical disability, food allergy or other personal limitation.

2.4.1 THE LEADER'S RESPONSIBILITIES

The basic roles and responsibilities of a leader are divided into three broad areas – before, during and after the program.

Before the Program

- Attend the training program provided by the organisation you are volunteering with. The program is usually of at least one day or two evenings in duration.
- To be aware of and support the aims, policies and philosophies of the organisation's sport or active recreation program. These will be outlined in the initial training session, but to fully understand the principles, particularly as they relate to people with disabilities, a leader may need to do some further work. The following is a great resource for additional information: http://www.ausport.gov.au/_data/assets/pdf_file/0004/466870/Disability_Sport_Research_Report_FINAL.PDF

- To be reliable and realistic in their commitment in being a volunteer leader. Once a program has been arranged, it is important that the volunteer leader communicate with the Program Manager about any problems in attending a program not less than one week before the program. Once the program has been organised the program can be adversely affected and an individual participant disadvantaged if a volunteer is not reliable in notification and in meeting the agreed commitments.
- To be reliable in obtaining information about the details of the program and other organisational details.

During the Program

- To be responsible for the supervision of participants.
- To encourage and promote the independence of the participants, and their full participation in all activities to their maximum ability.
- To understand the participants' and fellow leaders' need for confidentiality, privacy and respect.
- To participate in meetings with the Coordinator and leaders and to contribute ideas and to give feedback that will enhance the facilitation of the program. This includes providing input to the positive and negative aspects of the program activities, planning of activities and meals, and helping provide strategies for increasing the participation of individuals.
- To participate as a team member in completing tasks such as cooking, cleaning, washing and assisting with individual's needs in the areas of showering, dressing and other tasks as required.
- To be aware of program rules, regulations and emergency procedures.
- To be familiar with and implement the Incident/Accident procedures when required.
- To be responsible for reporting all relevant information regarding activities, participant's health and behaviour and any other concerns to the Coordinator.
- To assist in the organisation of program equipment and resources and help with the packing and unpacking of buses and other forms of transport.

After the Program

- To complete an evaluation of the program.
- To ensure that individual participant's personal belongings are returned to parents/caregivers.
- To return any information or forms and complete any requirements as requested by the organisation.

2.4.2 BEING A COORDINATOR

The duties and responsibilities of being a Program Coordinator will vary from organisation to organisation. Depending on the organisation and sport or active recreation program setting, the Coordinator may be called a Camp Director, Program Coordinator or Team Leader. For the purpose of this resource kit, the term Coordinator will be used for all of these possible titles.

In some cases the Coordinator may be a volunteer leader, who has been asked by the organisation to become a Coordinator. This is as a result of their experience as a volunteer leader and their skills in facilitating a team to achieve the objectives of a sport and active recreation program. Most leaders value the opportunity, at some stage, of having the experience of being a Coordinator and therefore respect the need for cooperation and support.

The Coordinator has a very important role. As a leader they have the same responsibilities to participate and facilitate other's enjoyment of sport and active recreation experiences. They are also a peer of the other leaders and are respected by them for the extra responsibilities that they take on.

The Coordinator is responsible for formulating the program aims and objectives in cooperation with the team of leaders. In some organisations this occurs in conjunction with the overall Program Manager, but ultimately it is up to the Coordinator with the team of leaders to ensure that the objectives of the program are achieved.

The Coordinator is responsible for everything that happens on the program and therefore is very reliant on the other leaders to support them to ensure that everything goes well.

A key skill is for a Coordinator to effectively delegate tasks to leaders. A Coordinator cannot delegate their own responsibility. To delegate tasks a Coordinator must know their fellow leaders well

in order to best involve each according to their interests, skills and qualities.

A Coordinator needs to continually evaluate the success of leaders to ensure that tasks are accomplished and that the leaders are coping with their responsibilities. The sensitive Coordinator allows leaders the initiative and freedom to carry out their responsibilities and to learn through their mistakes.

The Coordinator usually sets the tone of a program and draws on the qualities of the leaders to achieve a good tone and morale. The Coordinator encourages leaders to apply their wit and humour, their relaxed but efficient way of going about things, their enthusiasm and high motivation, their interest in music or sensitivity to the environment.

The good Coordinator

- Maintains morale through strength and peacefulness, confronting difficulties and coping with them.
- Is perceptive in detecting conflicts, resentment, unhappiness and tensions that may develop between leaders and carefully brings them into the open and assists in resolving them.
- Is clear-sighted and able to maintain a good perspective of the total picture.
- Does not waste time on peripheral issues.
- Maintains a good overview of the total situation and assists leaders to do this as well.

The Coordinator ensures that high standards are maintained in the areas of:

- safety;
- hygiene;
- preparation of activities;
- facilitation of activities;
- care of personal property and program property;
- conduct of leaders;
- participant's learning experiences.

3 **Disability Information**



No two people with a disability are the same. The same disability can affect people in different ways. This can make it difficult and confusing for the leader to prepare him or her self to work with participants. Developing a broad understanding of a disability and how it may affect an individual will assist leaders. Learning how an individual is affected by their disability will provide a broader understanding of what their needs may be. This learning can be obtained by meeting with the participant and their parents/caregivers, before the program. This information will be invaluable but must be treated as confidential.

Disabilities can be grouped into three areas:

- *Physical disability* including sensory disability;
- *Intellectual disability*; or
- *Mental Illness*.

It is important to also note that people may have more than one disability and there is a section in this resource kit devoted to multiple disabilities.

Individuals may also experience limitations while participating in sport and active recreation programs due to a *medical condition*, and a number of the more common ones are discussed in this resource kit.

Physical disabilities vary greatly and can affect people differently. Some participants are very accepting of their disability. They acknowledge their limitations and participate to their fullest ability. Others are more self-conscious of their disability and may be reluctant to participate in some activities. These participants may need a lot of encouragement from leaders and other participants and also the opportunity to explore their potential ability in contrast to their limitations.

Sport and active recreation provides a great opportunity for them to do this in a safe and reinforcing environment. Be aware of participants who may have a reduced insight into their limitations, because they will need to be assisted to become aware of these limitations for their own safety.

The following sections outline the more common types of disabilities and conditions. These have been grouped according to:

1. Physical disabilities;
2. Intellectual disabilities;
3. Mental illness;
4. Autism spectrum disorders;
5. Multiple disabilities;
6. Medical conditions;
7. Challenging behaviours;
8. Communication issues; and
9. Personal care.

For each disability type, a brief description of the disability, issues to consider when programming sport and active recreation activities, strategies for inclusion and a discussion of behaviour management issues is provided.

3.1 Physical Disabilities

3.1.1 CEREBRAL PALSY

Cerebral palsy is a physical disability that affects movement and posture. It is a life long condition that does not generally get worse. It is due to damage to the developing brain either during pregnancy or after birth.

Cerebral palsy affects people in different ways and can affect body movement, muscle control, muscle coordination, muscle tone, reflex, posture and balance.

The symptoms vary from person to person, depending on the area of the brain that is damaged. It is important to consider each person on an individual basis. People with cerebral palsy may experience uncontrolled or unpredictable movements, muscles can be stiff, weak or tight and in some cases people have shaky movements or tremors. People with severe cerebral palsy may also have: difficulty swallowing & breathing, poor head and neck control, poor bladder and bowel control, difficulty eating and have dental and digestive problems.

People with cerebral palsy may also have a range of associated physical and cognitive issues. These may include:

- Inability to walk
- Inability to talk
- Vision impairment
- Intellectual disability
- Epilepsy
- Experiencing pain

There are four types of cerebral palsy:

1. **Spasticity** – 70-80% of people with cerebral palsy have spasticity, which means that muscles appear stiff and tight so as they try to move, certain muscles contract. This usually affects posture and hand function.
2. **Dyskinetic** – This condition affects body movements through unintentional, uncontrollable extra movements. This is increased with excitement or nervousness.
3. **Ataxia** – is characterised by shaky movements. It affects balance and sense of positioning in space. People with ataxia usually have difficulty in walking and making controlled movements with hands and feet and hence they appear clumsy and uncoordinated.
4. **Plegia - Quadriplegia** – movement of both arms and legs are affected, and usually the muscles of the trunk, mouth and face; Diplegia: movement of legs are affected, and to a lesser extent the arms; Hemiplegia: the arm and leg on one side of the body are affected.

1 in 2 people with cerebral palsy have an intellectual disability. Generally, the more severe the physical disability, the more likely it is that they will have an intellectual disability. This is not always the case though, and each person has to be treated individually.

Programming Considerations

- Many people with cerebral palsy may need assistance with lifting, toileting, showering, dressing and at meal times.
- They may tire easily and poor circulation means that they will get cold quickly and require appropriate clothing.
- Activities or equipment may need to be modified to enable a person with cerebral palsy to participate as independently and successfully as possible. Some people may be in a wheelchair so games may be altered (e.g. for volleyball, everyone is seated).
- Use equipment with links to tactile options such as porcupine balls with added sensory appeal.
- Make allowances for two staff where activities need to be tried (e.g. surfing, head out of the water and two staff to help maintain the person on the board).
- The individual may need 1:1 support, so make allowances for this in staffing numbers if necessary.
- Activities may take longer than usual to complete so always allow adequate time.

Strategies for Inclusion

- Encourage a participant to do as much as they can by themselves and allow adequate time for tasks to be completed.

- Participation, independence, and choice making are the important factors when participating.
- Be aware of movements that the person may use to communicate (e.g. kick left leg if saying no, smile for yes).

Behaviour Management Issues

- Intellectually no modification is required.
- Watch for frustration and modify activities accordingly to make them accessible for the whole group.

(Source: Cerebral Palsy Alliance)

Further information

Cerebral Palsy Alliance –
www.cerebralpalsy.org.au

3.1.2 SPINA BIFIDA

Spina bifida is the incomplete formation of the spine and spinal cord that occurs during the first month of a baby's development in the womb. It is a common form of neural tube defect (NTD). The defect affects people differently, some have minimal effects, others have severe multiple effects.

People with spina bifida have varying degrees of permanent disability including paralysis or weakness in the legs, bowel and bladder incontinence, hydrocephalus and specific learning difficulties. However, many are able to lead full, active and independent lives.

Hydrocephalus is a build-up of cerebrospinal fluid around the brain. About 80-90% of people with spina bifida have hydrocephalus and therefore have a 'shunt'. This is a plastic tube that drains the excess fluid from their brain to their heart or abdomen. It is important to identify the position of the shunt and take care not to displace it when lifting or transferring the person. Shunts can become clogged or malfunction and must be replaced if this happens. Look for symptoms of headaches, vomiting, lethargy, irritability, swelling, redness along the shunt tract, or changes in personality or behaviour. Clogging or malfunction can also result in seizures.

Programming Considerations

- Loss of sensation can result in the inability to notice changes in pressure, temperature or

friction that can lead to accidental bruises or burns (i.e. water temperature, hot concrete).

- Generally the individual will have some type of urinary appliance such as a catheter so proper care needs to be taken.
- Often a colostomy bag is worn, and this should be emptied every three to four hours and before physical activity.
- As individuals may be in a wheelchair or have mobility issues, extra time may be required to complete activities and daily living tasks.
- The individual may need 1:1 support, so make allowances for this in staffing numbers if necessary.

Strategies for Inclusion

- Do not assume what a person can and cannot do – ask the individual if they need assistance and help only with those things they request.
- The amount of assistance will vary with each individual.
- Individuals may be in a wheelchair so physical activities may need to be modified to include them in the group.

Behaviour Management Issues

The malfunction of a shunt may result in drowsiness, irritability, vomiting, and dizziness and will require medical attention.

(Source: Spina Bifida Victoria)

Further information

www.sbfv.org.au

3.1.3 SPINAL CORD INJURY

These conditions are characterised by: a paralysis to the lower limbs and part or whole of the trunk of the body; or paralysis of all four limbs and the trunk of the body respectively. It is caused by injury to the spinal cord, usually as the result of an accident. The impairment to the body can range from weak hand, arm and leg muscles to non-functioning of hip, knee and ankle muscles. Incontinence and loss of sensation are also features. Most people with spinal cord injuries use a wheelchair or rely on walking aids for mobility. Some will require assistance with lifting and personal care.

Programming Considerations

- Be aware of each individual's capabilities.
- Ask what support is required – do not assume without asking.
- Think about what other tasks individuals could also assist with in an activity, if they cannot actively participate.
- Be aware of what type of modified or supportive equipment is available.
- Ensure there is adequate chair access for program areas.
- Check provisions to carry and/or fold chair if required.
- Check if the person likes to be transferred or is happier remaining in their chair.
- Allow extra time to complete activities.
- 1:1 support may be required, so make allowance for this when developing staff rosters.

Strategies for Inclusion

- Get other participants to provide assistance if appropriate.
- Design activities that cater for limited movement.

Further Information

Independence Australia

www.independenceaustralia.com

3.2 Hearing Impairment

People with hearing impairment will in most circumstances have participated in or are currently participating in education programs that have enabled them to develop skills and to understand their capabilities. A young person with a hearing impairment may not consider deafness to be a disability. Appropriate support is important to enable a person with hearing impairment to participate fully.

There are four types of hearing loss:

1. **Conductive hearing loss** can be acquired or congenital and is caused by blockage or damage in the outer or middle ear. This will result in loss of loudness and can usually be helped by medical or surgical treatment.
2. **Sensorineural hearing loss** can be acquired or congenital and is caused by damage to, or malfunction of, the cochlea (sensory part) or the hearing nerve (neural part). This leads to a loss of loudness as well as a lack of clarity. The quantity and the quality of sound are affected and sometimes may limit the benefit of a hearing aid.
3. **Mixed hearing loss** results when there is a problem in both the conductive pathway (in the outer or middle ear) and in the nerve pathway (the inner ear). An example of a mixed hearing loss is a conductive loss due to a middle-ear infection combined with a sensorineural loss due to damage associated with ageing.
4. **Hearing impairments** can occur in only one ear or both and can range from slight to profound, depending on how well a person can hear the intensities or frequencies most usually associated with speech.

The communication skills of people with hearing impairments vary greatly. Many use sign language but the level of ability can vary greatly and it also depends on the ability of the receiver to understand the communication. Find out from the participant and the parents/caregivers the most preferred means of communication.

Programming Considerations

- Be sure the participant has understood all rules, instructions, safety procedures when participating in activities.
- Buddy up with another participant if necessary.
- One leader may have to be trained in sign language if required.
- The parents or caregivers may have a communication book that leaders could use.
- Ensure full eye contact when giving instructions.

Strategies for Inclusion

- Be aware of how a person communicates so you can plan their involvement to maximise their ability to participate and contribute.
- Depending on the communication methods of the individual involved, you may consider including a leader who can use sign language as part of your leadership team.

Behaviour Management Issues

- Individuals may become frustrated if they are unable to communicate effectively.

Further information

Australian Hearing
www.hearing.com.au

In assisting a participant who is visually impaired it is important to be articulate and to give the fullest description of instructions; this may involve moving parts of their body to indicate a required movement for an activity.

3.3 Vision Impairment

Vision loss is any reduction in the ability to see, including blurred vision, cloudy vision, double vision, blind spots, poor night vision, and loss of peripheral vision (tunnel vision). Vision loss may affect one or both eyes, it may occur gradually or suddenly, and it may be partial or complete. Vision changes may originate in the eyes themselves or may be caused by many different conditions that affect the brain or even the whole body.

Participant leaders need to be constantly aware of the degree of vision impairment of a participant and consider this when developing a program and involving them in activities. Be aware that the length of time of sight impairment will often determine the comfort factor with trying new or challenging sport and active recreation activities.

In communicating with a participant who has vision impairment:

- speak directly to them, not through a third person;
- address them by name;
- identify yourself and introduce them to other people;
- tell them when you're leaving so that they are not left talking to themselves;
- speak in the normal speaking volume: people with vision impairment usually have normal hearing;
- where possible, eliminate any background noise so that instructions can be heard.

In assisting a participant who is visually impaired it is important to be articulate and to give the fullest description of instructions; this may involve moving parts of their body to indicate a required movement for an activity.

It is important that you discuss with the participant the need to assist through touch before actually touching them. Familiarise them with an area and obstacles that may exist let them feel the area and give them time to explore.

Give the participant constant verbal feedback so that they know whether or not an action is being done correctly.

Programming Considerations


- Be aware of each individual's capabilities.
- Ask what support is required – do not assume without asking.
- Think about what other tasks individuals could also assist with in an activity, if they cannot actively participate.
- Be aware of what type of modified or supportive equipment is available.
- Programming areas will need to be cleared of obstacles.

Strategies for Inclusion

- Get other participants to provide assistance if appropriate.
- Make sure to provide an orientation to the program area.
- Verbal cues and guiding will be required but ask first.
- Provide 1:1 support if necessary.

Further information

www.betterhealth.vic.gov.au



Think about what other tasks individuals could also assist with in an activity, if they cannot actively participate.

3.4 Amputations

An amputation is the removal of any protruding part of the body but usually refers to an arm or leg. The limb may be removed for a number of reasons including an injury, chronic infection, trauma or vascular disease. The person may also be born with one or more limbs missing. The position of the amputation is important; people with an amputation above the knee or elbow may have more limited use of the limb, than those with an amputation below the joint.

A person with an amputation may:

- experience feelings of depression, hostility, denial and helplessness;
- have a problem with accepting their own body image;
- require the use of an artificial limb; or
- have a persistent awareness of the amputated limb, or a burning or throbbing sensation at the site of the amputation.

A person with an amputation may have an artificial limb and it is important that the stump of the limb is cared for through massage and the application of moisturising cream.

Heat and humidity can cause irritations to the amputated area through perspiration and rubbing against the socket of the artificial limb. The amputation can alter body shape and density. This can have implications for maintenance of body balance. People with recent amputations may need to re-learn past skills.

Programming Considerations

- Use of equipment during an activity may need to be adapted to accommodate the person.
- Be aware of each individual's capabilities.
- Ask what support is required – do not assume without asking.
- Think about what other tasks individuals could also assist with in an activity, if they cannot actively participate.
- Be aware of what type of modified or supportive equipment is available.

Strategies for Inclusion

- Get other participants to provide assistance if appropriate.
- Modify activities where necessary and possible, so that all of the group can participate.
- Make goals achievable.

Behaviour Management Issues

- Provide constant encouragement and lots of positive feedback.



3.5 Intellectual Disabilities

People with intellectual disabilities usually have a lower level of intellectual function, and are generally limited in personal skills, self-care skills and communication skills. These characteristics must show up in the first eighteen years of a person's life to be called 'intellectual disability'.

A person with an intellectual disability may also have one or more accompanying impairments such as hearing, visual or other physical disability. Respiratory, heart/cardiac impairment and epilepsy are also common.

Intellectual disability can be attributed to a range of known causes but in most cases the cause is unknown. Some known causes include:

- Brain injury or infection before, during or after birth
- Growth or nutrition problems
- Faulty chromosomes and genes
- Babies born long before the expected birth date – also called extreme prematurity
- Health problems during childhood
- Drug misuse during pregnancy, including excessive alcohol intake and smoking
- Environmental deprivation
- Exposure to toxins
- A range of medical disorders.

Special education and training, and adequate support and medical treatment can help to lessen the affects of the disability but it is not curable.

A wide range of abilities is covered by the term intellectual ability and include:

Mild Intellectual Disability – is defined as an IQ between 50 & 70. People may be studying or working in integrated or open settings. They may live independently, travel independently and mix in social settings. They may need assistance with money and organising their daily lives, and may not understand social etiquette. They may learn to read and write, although this may be at a basic level, and therefore may have difficulties filling in forms. It is important to be sensitive to this.

Moderate Intellectual Disability – is defined as an IQ between 35 & 50. People can develop

communication skills and talk and interact socially. May develop some independence, although will always need assistance in planning and organising their daily lives. People may learn to recognise some common, often used words, and will learn through a task being broken down into small components and through repetition.

Severe Intellectual Disability – is defined as an IQ between 25 & 35. People will usually recognise familiar people, and those who they have strong relationships with. They are likely to have little or no verbal communication skills and will rely on gestures, facial expression and body movements. People will require lifelong assistance with personal care, communication and participating in community activities.

Though no two people with an intellectual disability are affected in the same way, there are some common characteristics that may be experienced to varying degrees.

A person with an intellectual disability may display one or more of the following:

(The range and severity will differ from person to person)

- Inability to think in abstract terms;
- Lack of decision making ability;
- Poor short term memory;
- Learning difficulties and generally few literacy or numeracy skills;
- Inconsistent concentration span;
- Communication difficulties; or
- Limited ability to function independently, i.e. may not be able to perform daily living tasks without assistance.

Recognise that people with an intellectual disability:

- Are not all alike, they can all be affected in a different way;
- May also have physical disabilities;
- Can learn and develop new skills;
- Have feelings and emotions like other people;
- Can have control over their behaviour; and
- Can integrate and participate in general community activities.

A person with an intellectual disability may also have one or more of the following related difficulties:

- Sensory disability (hearing, sight);
- Physical disability;
- Communication difficulties;
- Medical difficulties;
- Behavioural difficulties;
- Attention difficulties;
- Social difficulties; or
- Hyperactivity.

Be aware of the following when working with a person with an intellectual disability on a sport and active recreation program:

Make all activities fun and enjoyable, where possible.

The level of expectation is very important, do not make allowances, change rules or lower standards. Encourage full and equal participation. Plan activities to allow for success, not failure due to the difficulty of the task.

Understand how the participant communicates. Communication may be difficult; therefore you will need to keep verbal communication basic and brief. Be clear, concise, deliberate and sequential, and reinforce your message.

Provide clear demonstration of an activity and participate yourself so that your involvement can be modelled.

Do not assume that a head shake or nod means that the person has understood, seek further clarification of understanding from the person by checking that they have understood correctly.

Much learning occurs through looking and listening. When teaching new skills illustrate well and assist the person to move through the processes.

Be specific in praise and encouragement, 'good girl' can be patronising while 'good hit' focuses on the action being encouraged.

Break down learning of new skills into discrete components, ensuring a good understanding of the first component before moving on. Reinforce good performance spontaneously. Practise new skills in short bursts to avoid concentration loss and boredom.

Etiquette within an activity should be taught and practised regularly.

Observe and talk to the person to become familiar with their intellectual and physical abilities. Activities can be developed to provide challenges to meet individual needs.

The appropriateness of expressing emotions through touch may need to be taught. Social etiquette may need to be reinforced.

Encourage competition with others but more importantly encourage each to be concerned with their own performance.

Further information

Victorian Government
www.betterhealth.vic.gov.au

A description of some intellectual disabilities you may see on a program follows:

3.5.1 PRADER-WILLI SYNDROME

Prader-Willi Syndrome (PWS) is a medical condition that affects both males and females, and will affect them all their lives. People with PWS have an obsession with food and eating, low muscle tone and balance, learning difficulties, lack of normal sexual development, emotional instability and lack of maturity. PWS is a genetic disorder and in 99% of cases is not inherited.

Every person with PWS is an individual and not every person affected will have all characteristics.

Some common characteristics are:

- The compulsion to eat and an obsession for food, leading to serious weight gain, if the diet is not managed.
- Changes in behaviour as the child gets older, including, tantrums, stubbornness and mood swings.
- Poor social and emotional skills.
- Skin scratching and picking.

Programming Considerations

- Be aware of each individual's capabilities.
- Ask what support is required – do not assume without asking.
- Remain aware of the planning and delivery of activities that include food.

Behaviour Management Issues

- Be aware of what stresses and triggers can bring on a tantrum, aggression, skin scratching or picking and self-injury.
- Where possible, maintain an individual's routine.
- Never leave the person alone with food.
- Follow parents/carers guidelines for controlling food intake and punishment for taking food is not appropriate.

Further information

Prader-Willi Syndrome Association of Australia
www.pws.org.au

3.5.2 WILLIAMS SYNDROME

Williams Syndrome (WS) is a genetic condition that is present at birth, and can affect anyone. Characteristics include: cardiovascular disease, developmental delay and learning disabilities. These occur side by side with exceptional verbal abilities, highly social personalities and an affinity for music.

People with WS tend to be social, friendly and endearing. Challenges include: life threatening cardiovascular problems, problems with spatial relations, numbers, and abstract reasoning.

Common features include:

- Characteristic facial appearance including a small upturned nose, long upper lip, wide mouth, full lips, small chin and puffiness around the eyes.
- Heart and blood vessel problems.
- Slow-weight gain – adult stature is slightly smaller than average.
- Low muscle tone and joint laxity, stiff joints in adults.
- Excessively social personality – expressive language skills, and very polite.
- Mild to severe learning disabilities and cognitive challenges.

Refer 3.5 Intellectual Disabilities, for programming and inclusion tips.

Further information

Williams Syndrome Association
www.williams-syndrome.org

3.5.3 ANGELMAN SYNDROME

Angelman Syndrome (AS) is a rare Neuro-genetic disorder that occurs in about one in 20,000 births.

Characteristics consistent with AS are:

- severe intellectual disability and developmental delay;
- profound speech impairment – no speech or minimal use of words, receptive and non-verbal communication skills greater than verbal ones;
- lack of muscular coordination when walking (unstable, jerky gait) and stiffness in limbs;
- seizures; and
- usually a happy demeanour.

Other less common characteristics include: protruding tongue, swallowing disorders, wide mouth, frequent drooling, scoliosis (curvature of the spine), cross-eyes, increased sensitivity to heat, fascination with/attraction to water.

Not all features may be present, but an individual may live with a combination of these characteristics.

Refer to 3.5 Intellectual Disabilities for programming and inclusion tips. Do be aware of any water based activities should the individual involved possess this particular characteristic.

Further information

Angelman Syndrome Association
www.angelmansyndrome.org

3.5.4 FRAGILE X SYNDROME

Fragile X Syndrome (FXS) is a genetic condition that causes intellectual disability, behaviour and learning challenges and various physical characteristics. It is more common in males than females, and it is estimated that 5% of people diagnosed with an Autism Spectrum disorder also have Fragile X.

Not every person with FXS is affected in the same way, and males are generally more affected than females. Some of the common characteristics are:

Behavioural & Emotional features

- Anxiety & shyness
- Attention Deficit Hyperactivity Disorder
- Autistic like behaviours
- Aggression

- Repetitive speech
- Difficulty with eye contact
- Tactile defensiveness.

Developmental features

- Learning difficulties
- Developmental delay
- Intellectual disability
- Speech and communication problems
- Coordination difficulties
- Difficulties with fine and gross motor skills.

Physical features

- Low muscle tone and loose joints
- Long, narrow face
- High palate
- Heart murmur.

(Source: Fragile X Syndrome Association of Australia website)

Refer to 3.5 Intellectual Disabilities for programming and inclusion tips.

Further information

Fragile X Syndrome Association of Australia
www.fragilex.org.au

Please also refer to 3.7 – Autism Spectrum Disorders, and 3.9.8 – Down Syndrome for further examples of conditions leading to intellectual disability.

3.6 Mental Illness

A mental illness is characterised by a significant disturbance of thought, mood, perception and memory. It is a health problem that affects how a person thinks, feels, behaves and interacts with others. About 1 in 5 people will suffer from a mental illness, however many people will suffer from a mental health problem at some stage in their lives. A mental health problem can also affect how a person thinks and behaves, but it is generally much less severe, and is in reaction to a stressful situation occurring in a person's life. A mental health problem is usually temporary, however if it is not dealt with, it can become a mental illness.

Mental illnesses are of different types and severity. Some major types are: depression, anxiety, schizophrenia, bipolar mood disorders, personality disorders and eating disorders. The most common is anxiety or depression, where people feel such strong feelings of sadness, fear or tension; they have difficulty coping with day-to-day activities such as work, leisure activities and relationships.

Less common are mental illnesses that involve psychosis. These include schizophrenia and bipolar; and acute episodes of psychosis result in the person losing touch with reality and perceiving their world differently to normal.

Most mental illnesses can be effectively treated, and recognising the early signs and symptoms, and accessing treatment, can lead to better outcomes.

The stigma associated with mental illness, plus the discrimination and the sense of isolation can have a negative impact on the person, plus their family.

People who live with mental illness may show some of the following characteristics:

- Become upset or confused when routine is changed;
- Acute, excessive and seemingly illogical anxiety – being angry or crying when there is seemingly little or no reason;
- Poor communication skills;
- May suffer auditory or visual hallucinations – hearing voices and seeing people that don't exist;
- Paranoia – being suspicious and delusions of persecution;

- Poor concentration;
- Short-term memory loss – affecting ability to retrieve information from their memory; or
- May be at risk of alcohol and other harmful drug misuse.

Treatment for people with a mental illness includes medication, cognitive and behavioural psychological therapies, psychosocial therapies and avoidance of alcohol and drugs. The medication may cause some side effects, including:

- Lethargy
- Obesity
- Tremor of hands and body
- A slowing down of movement
- Repetitive, involuntary movements.

It is very important for leaders to gather some history on the person and information about behaviour and condition. It is ideal to meet with the person before any program starts, so as to develop a rapport and gain some understanding of the impact the illness is having on the lifestyle of the individual involved.

Experiences gained from some sport and recreation programs indicate that it is more beneficial for volunteers to be calm and not 'too full on' with their energy and enthusiasm when working with people with mental illness. Staff who are more relaxed tend to help these individuals maintain lower levels of anxiety and stress.

3.6.1 SCHIZOPHRENIA

Schizophrenia is a mental illness that affects the normal functioning of the brain, interfering with a person's ability to think, feel and act. The brain is made up of nerve cells, called neurons, and chemicals, called neurotransmitters. An imbalance of one neurotransmitter, dopamine, is thought to cause the symptoms of schizophrenia.

Some do recover completely, and with time, most find that their symptoms improve. However, for many, it is a prolonged illness that can involve years of distressing symptoms and disability. Schizophrenia is treated with medication, therapy or a combination of the two. In severe cases, a hospital stay may be necessary.

Hallucinations

Hallucinations occur when a person senses things that aren't really there; however, they seem very real to the person experiencing them. The most commonly experienced hallucination is hearing voices, which no one else can hear. Often a person hears more than one voice at a time. Many times, the voices tell him/her what to do or comment on what s/he is doing. People also have hallucinations where they see, feel, smell or taste something that is not there.

Delusions

Delusions are untrue beliefs that are believed by the person experiencing them to be very real. Some people who experience delusions believe that they are being controlled by something besides themselves or believe that people are inserting or removing ideas, or listening to their thoughts.

Confused thinking

When acutely ill, people with psychotic symptoms experience disordered thinking. The everyday thoughts that let us live our daily lives become confused and don't join up properly.

Programming Considerations

- Beware of situations that cause stress and prevent the situation occurring if possible.
- Be realistic about what people can achieve.
- Give clear concise instructions and you may need to repeat them.
- Gain eye contact for directions.

Strategies for Inclusion

- Allow them to withdraw from situations that cause stress or tension.

3.6.2 BIPOLAR

Bipolar disorder, also known as manic depression, is a mental illness characterised by wide mood swings from mania to depression. The person may be affected so much that he or she experiences the symptoms of psychosis, and is unable to distinguish what is real.

People with bipolar can become over excited and reckless. They can also experience feeling extremely low, helpless and depressed. Some people experience mainly one or the other, whilst other people experience both moods. The mood

swings may be followed by irrational or risky behaviour.

Despite extensive investigation, the exact cause of bipolar disorder is still not known. Scientists have discovered a genetic predisposition to the disease, so hereditary and other factors are likely to be part of the cause.

Programming Considerations

- Encourage participation but do not push.
- Break tasks up into small, manageable pieces.

Strategies for Inclusion

- May need to start activity individually and work towards a group situation.

Behaviour Management Issues

- Be reassuring and keep the motivation in short bursts to build concentration.
- Treat any threats of self injurious behaviour as serious.

3.6.3 OBSESSIVE DISORDERS

Obsessive Compulsive Disorder (OCD) is a mental illness characterised by the presence of recurrent, unwanted ideas or impulses (obsessions) and an urge or compulsion to do something to relieve the discomfort caused by the obsession.

Obsessions and compulsions are distressing, exhausting, take up a lot of time, and can significantly interfere with a person's relationships, daily routines and working life. Common obsessions include: fear of contamination from germs, dirt, etc.; fear of harm to self or others; intrusive sexual thoughts or images; concerns with symmetry, illness or religious issues; an intense fear of everyday objects and situations (phobia). Common compulsions include: washing, cleaning, touching, checking and repeating routine activities.

The causes are not completely understood.

Research indicates that the disorder may be related to chemical, structural and functional abnormalities in the brain. Genetic factors may also play a role. Each person's OCD is likely to be the result of several interacting factors, including stressful life events, hormonal changes and personality traits.

The three basic types of treatment for obsessive-compulsive disorder are medications, cognitive behaviour therapy and community support programs.

Programming Considerations

- Provide clear concise instructions.
- Design short bursts of activity to keep concentration levels up.

Behaviour Management Issues

May need to negotiate a certain amount of time free from obsessions, such as 10 minutes of an activity and then 10 minutes of free time.

(Source: Sane Australia fact sheet)

Further information

Sane Australia www.sane.org.au

Victorian Government www.health.gov.au



3.7 Autism Spectrum Disorders

An Autism Spectrum Disorder (ASD) is a developmental condition that affects the ability of the individual to:

- communicate;
- socialise; and
- think flexibly.

It affects the way that individuals are able to interact with others and they often find the world to be a confusing place.

The term Autism Spectrum Disorder reflects the fact that no two people with the condition are the same, and even though they may all live with difficulties associated with communication, socialisation and flexibility of thought, each person may be at a different point on the spectrum and therefore no two people are alike.

Autism is usually evident at age 3 and is characterised by repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Some people with ASD have other conditions as well, including speech and language difficulties, intellectual disability, epilepsy, sleep problems, attention problems, anxiety and depression and problems with fine and gross motor skills. Many have difficulties interpreting sensory information, and may therefore be over or under sensitive to touch, sound, taste, smell, and vision. This can be very distressing.

ASDs occur in 1 in 100-110 people, and are 4 times more likely to occur in boys than girls. It is a lifelong disorder and there are no known cures. The causes of ASDs are unknown but at this point it is believed to be changes in brain development, which may be caused by a range of factors including environment and genetics. These disorders are not caused by parenting or social factors, or vaccination or medical treatment.

Autism Spectrum Disorders include: Autism, Asperger's Syndrome and Pervasive Development Disorder, not otherwise specified.

Children with ASDs vary widely in abilities, intelligence and behaviours. Some children do

not speak; others have limited language that often includes repeated phrases or conversations.

People with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well.

Programming Considerations

- Explanations of program or activity rules and skills should be structured, consistent and predictable.
- Less confusion will occur if information is presented visually as well as verbally, in short clear instructions.
- Prepare people well in advance for change of routines.
- Individuals with ASDs may not understand imaginative play or make believe games.
- They may not learn through imitation.
- They will have trouble forming friendships, playing cooperatively, understanding other's feelings, therefore may not be interested in participating.
- Select an environment with reduced distractions.
- Be aware that often explanations will be ignored; many non-verbal participants with autism will elect to watch first and then join in when they feel comfortable, but they may not be able to communicate this to leaders.
- Be aware that due to issue of over sensitivity to sound, touch, smell, etc., the reaction may appear extreme and tantrum like.

Strategies for Inclusion

- Encourage the participant to see others in the group as useful in their play.
- They may appear to tune out so you will need to consciously draw them into the group.

Behaviour Management Issues

- Be aware of what is stimulating the child and whether that is appropriate.
- They may resist change in routine and be aware of ritualistic behaviour such as smelling food before eating.

- Respect the child's need for solitary play.
- "Compic" cards can be used to visually give the person a timetable of the activities.
- There may be resistance to putting badges, hats or sunscreen on so you may need to seek agreement first.
- Meet with the child and his/her parents or carers prior to the program. Clarify triggers for reactions and discuss appropriate behaviour management strategies.

Further information

Amaze www.amaze.org.au

3.7.1 ASPERGER'S SYNDROME

Asperger's Syndrome is an Autism Spectrum Disorder and is 4 times more common in males than females. It is characterised by an inability to fit into peer groups due to a lack of social skills and language skills. It is sometimes considered that higher functioning Autism is equivalent to Asperger's Syndrome.

People with Asperger's Syndrome generally do not make friends easily. They have little imagination and cannot perceive how others may feel in particular situations. They have difficulty initiating and maintaining conversations.

They rarely use facial expressions, gestures, and intonation and will not necessarily understand other's use of non-verbal communication and body language. They may develop odd, repetitive movements (e.g. finger twisting), and may develop rituals that they refuse to alter (e.g. getting dressed in a particular order). Some people with Asperger's Syndrome have extraordinary memory and may develop intense interests in a few areas, e.g. weather patterns. Many find it difficult to generalize learned skills and therefore need to relearn procedures. They need to be prepared for any changes in routine and rely on structure and predictability. They also do not necessarily understand the concept of cooperative play.

Programming Considerations

- Sport and active recreation games and social skills need to be taught.
- Written instructions may assist comprehension.
- Speech is taken very literally so metaphors need to be explained clearly.

- A person may focus on specific objects and may not want to part with them, so be understanding of wanting to keep items.

Strategies for Inclusion

- Structured activities and small groups will work best.

Behaviour Management Issues

- Repetition and familiarity makes the participant feel safe so when distressed the individual may relax when allowed to indulge in repetitive interests.

(Source: Amaze Fact Sheets)

Further information

Amaze www.amaze.org.au

People with Asperger's Syndrome generally do not make friends easily. They have little imagination and cannot perceive how others may feel in particular situations. They have difficulty initiating and maintaining conversations.



3.8 Multiple Disabilities

People with severe or multiple disabilities may exhibit a wide range of characteristics, depending on the combination and severity of disabilities and the person's age. Some of these characteristics may include:

- Limited speech or communication;
- Difficulty in basic physical mobility;
- Tendency to forget skills through disuse;
- Trouble generalizing skills from one situation to another; or
- A need for support in daily living and major life activities.

A variety of medical problems may accompany multiple disabilities.

Programming Considerations

- Need to be aware of participant's abilities and disability and what level of support they would require to successfully participate in activities.
- The focus should be on providing a sense of achievement and full participation.
- Have alternatives in mind.
- Ensure the necessary support is available and that adaptive equipment is prepared.
- Individuals who are non-verbal will need their name and phone number placed somewhere such as on a bracelet or chain.
- Careful consideration should be given to programming as to some individuals will be unable or afraid to try activities. It will be necessary to develop a rapport and provide encouragement to build confidence.

Strategies for Inclusion

- Have extra support staff and equipment available.

Behaviour Management Issues

- Be aware of physical dangers both to leaders and other participants due to potential for biting, kicking or punching.

3.9 Medical Conditions

3.9.1 ASTHMA

Asthma is a treatable health condition. It is caused by the narrowing of the small breathing tubes in the lungs due to the tightening of the muscles in the tube wall, the swelling of tube lining and an increase in mucus production, creating a difficulty in breathing.

Asthma attacks can be brought on by many factors and these will vary for each individual affected. These factors include:

- allergens (e.g. grass, pollens, house dust mites, pet fur, etc.);
- sudden changes in temperature;
- dry hot winds;
- nervous tension;
- cold air;
- stress and anxiety;
- exercise;
- smoking; and
- sensitivity to certain types of food or food additives such as preservatives.

Exercise is a medically recognised trigger factor for asthma and may place limitations on participation in a range of activities. Most asthmatics can be fully involved in physical activities if they are aware of how they can control their wheezing.

Some forms of medication have been found to be effective in preventing the symptoms of asthma and enable participants to participate in activities.

Early signs of an asthma attack:

- breathing becomes more difficult and a wheezing sound develops;
- breathing is rapid and sometimes with a rasp; and
- the person becomes distressed, pale and sweaty and has a rapid pulse.

During an asthma attack the participant requires a quiet environment with clean air and access to treatment. The person's medication should always be available. The instructions will prescribe dosage and the procedure for taking medication.

Medication involving inhalants usually work quickest. If no medication is available, it is important to seek medical attention immediately.

Programming Considerations

- Participants with asthma should be able to participate fully in sport and active recreation activities if the condition is under control.
- This will involve knowledge of the activity that brings on an asthma attack and taking account of these in program planning.
- The leader should be aware of a person's medication requirements and the procedure to follow during an attack.

Further information

Asthma Foundation Victoria
www.asthma.org.au

3.9.2 MULTIPLE SCLEROSIS

Multiple Sclerosis (MS) is a disease of the central nervous system – the brain and spinal cord. The material surrounding nerve fibres is destroyed causing interruption to messages from the brain to other parts of the body hence affecting motor and sensory functions. The course of the disease is often unpredictable and the progression varies greatly from individual to individual.

It is a progressive disease that will affect individuals differently at different stages of the progression.

Some of the symptoms include:

- Initially the participant may experience vague feelings of tingling or numbness in an area of the body;
- As the disease progresses more severe symptoms develop including general weakness, muscle spasm, poor coordination and loss of sensation in parts of the body;
- Slurred speech, blurred or double vision, dizziness, numbness, loss of balance, incontinence and changes in mood may also develop;
- Memory, attention span and judgement may be affected; and
- Periods of stability are usually followed by a series of attacks.

Symptoms vary greatly from individual to individual and therefore it is difficult to recommend interventions. Safety approaches should be adopted as with all people with disabilities. It is best to ask the participant concerned the best way of approaching the situation.

Programming Considerations

- Fatigue can be brought on by routine daily activities; therefore individuals with MS are likely to be more fatigued in the afternoon.
- Schedule rest periods during the day.
- Heat will tend to bring on fatigue more quickly so do not plan too much activity in hot weather.

Strategies for Inclusion

- Not everyone is affected in the same way so always ask what a participant needs and what he or she feels they are able to participate in.
- Activities may need to be modified to include them in a group activity.
- 1:1 support may be required for some activities, so this needs to be taken into account when developing staffing rosters.

Behaviour Management Issues

- Fatigue can induce depression.

Further information

MS Australia

www.msaustralia.org.au

3.9.3 ARTHRITIS

Arthritis means inflammation of the joint. However, arthritis is not a single condition. There are well over 100 kinds of arthritis, all of which affect one or more joints in the body, and some forms of arthritis do not involve any inflammation.

Dr James Fries has developed eight categories of arthritis, which help explain how arthritis affects different structures in the body. Pain, stiffness and inflammation are hallmarks of arthritis with the two common forms being osteoarthritis and rheumatoid arthritis.

Osteoarthritis (OA), the most common form of arthritis, is a progressive degenerative joint disease characterized by the breakdown of joint cartilage associated with risk factors, such as overweight/obesity, history of joint injury and age. Symptoms

include pain, stiffness, muscle weakness and cramps or muscle spasm around the infected joint.

Rheumatoid Arthritis (RA), a systemic disease characterized by the inflammation of the membranes lining the joint, which causes pain, stiffness, warmth, swelling and sometimes severe joint damage. Rheumatoid arthritis is a complex, frequently progressive disease.

The types of medication used to treat arthritis range from analgesics such as paracetamol and aspirin (also an anti-inflammatory) to prescription medications such as the non-steroidal anti-inflammatory drugs. Physical activity and weight management are important and can help manage the pain and stiffness from many forms of arthritis.

Programming Considerations

- When joints are inflamed, rest is needed but if joints are stiff, they need more activity and movement to relieve the stiffness.
- Altering activities or ensuring adequate rest breaks should be considered when participants suffering from arthritis are involved in active recreation activities.
- Mobility may be an issue with some people so too much walking is not desirable.
- Swimming in warm water is an excellent activity to relieve the symptoms.
- Bike riding encourages muscle development without straining inflamed joints.
- Arthritis in the hands may affect the ability to grip everyday items and sport and recreation equipment.
- It may be necessary to spend some time learning how much modification is required for a person with equipment, etc.

Strategies for Inclusion

- Be aware of the limitations and what assistance is needed to participate successfully.
- Avoid activities requiring fine motor skills.

Behaviour Management Issues

- Provide continuous encouragement.

Further information

Arthritis Victoria

www.arthritisvic.org.au

3.9.4 DIABETES

Diabetes is a disorder of the body's system that regulates the amount of sugar in the blood. For our bodies to work properly we need to convert the glucose (sugar) from food we eat, into energy. A hormone called insulin is required to convert the sugar to energy. People with diabetes do not produce enough, or any insulin, to make this conversion happen, and therefore the glucose travels around their body in their blood, and causes the blood sugar level to rise above normal.

There are two types of diabetes:

1. **Type 1 diabetes** – occurs in 10-15% of people with diabetes and is more common in children and young adults. People with Type 1 diabetes do not produce insulin and treatment involves daily injections of insulin, diet control and exercise.
2. **Type 2 diabetes** – 80-90% of people living with diabetes have Type 2 diabetes. It is more common in middle aged or elderly people, and occurs when insulin production occurs, but not at a rate high enough to do what is required. Type 2 diabetes is increasingly occurring in younger people, and is very much a lifestyle related disease. People, who are overweight, do not exercise, have high blood pressure, have poor diets, and carry weight around their stomach are at risk of developing Type 2 diabetes. It can be controlled with diet and exercise, and medication for some.

Diabetics can possibly suffer three reactions:

Hypoglycaemia – the most common complication of diabetes is due to a drop in blood sugar levels and can be caused by:

- not eating enough, missing meals or delaying meals;
- missing or delaying morning or afternoon tea;
- too high a dose of insulin injected;
- unusual strenuous exercise, emotional shock, impact of alcohol;
- change in injection procedure; or
- drinking alcohol.

An insulin reaction may involve the following symptoms: sweatiness, light-headedness, headache and dizziness, lack of concentration,

irritability, intense hunger, numbness around lips and fingers.

A diabetic usually knows the warning symptoms and how to avoid a reaction – usually by eating sweet things – sugar, orange juice, soft drinks or chocolate will increase the blood sugar. If there is no improvement in 10-15 minutes, give more sweet food and seek urgent medical help.

Hyperglycaemia – occurs when the blood sugar level is too high. This can take several days to happen, and can only be confirmed with a finger prick blood test. It can be caused by sickness, infection, too little insulin, too much carbohydrate food at once, and stress.

Symptoms include:

- Excessive thirst;
- Passing high amounts of urine;
- Blurred vision;
- Feeling tired;
- Weight loss;
- Infections.

Ketoacidosis – a serious complication in people with Type 1 diabetes, due to insufficient insulin. This may have been caused by:

- omission of insulin dose or insufficient insulin in dose;
- infections such as flu, gastric upset, not maintaining diet; or
- injury or excessive alcohol.

Ketoacidosis may involve the following symptoms: thirst, flushed cheeks, abdominal pain, deep rapid breathing, vomiting and may result in coma if not treated. It is very important to seek urgent medical treatment.

It is important to find out from parents/caregivers, the symptoms associated with a participant's diabetes and what treatment is most appropriate.

Programming Considerations

- Some diabetics have to adhere to very strict meal times and this needs to be taken into account when programming activities.

- Important to have constant breaks for fluid and fuel replacement during exercise and eating quality carbohydrates at each break.
- Be aware of triggers and monitor the participants, as they will not be able to explain what they need once a reaction starts.

Strategies for Inclusion

- Educate all participants about diabetes and tell them what to do if the participant with diabetes has an insulin reaction.

Further information

Diabetes Australia

www.diabetesaustralia.com.au

3.9.5 HEART DISEASE

There are many different forms of heart disease. The most common cause of heart disease is narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. This is called coronary artery disease. It happens slowly over time, and is the major reason people have heart attacks.

Other kinds of heart disease may be due to the heart not pumping properly and causing heart failure, or the heart valves not working properly or some people are born with heart disease.

In general, participants with heart conditions should be able to participate in many activities, as being physically fit should reduce the risk of heart disease. It is the work intensity and the ability of the person to cope with the physical stress that will limit their involvement.

A participant with heart disease becomes tired quickly and requires regular rest periods, but taking this into account the person should be encouraged to participate at a level that they can manage.

If a participant with heart disease displays one or more of the following conditions seek medical help immediately:

- Severe pain in the centre of the chest that may radiate to neck, jaw, one or both arms;
- Pale complexion, sweating, nausea, vomiting or shortness of breath; or
- Sudden collapse and unconsciousness.

Programming Considerations

- Be aware of triggers, monitor the participants and know the first aid procedures.

3.9.6 EPILEPSY

Epilepsy is a disorder that takes the form of recurring seizures caused by sudden excessive discharge of electrical energy in the brain. Under certain circumstances, anyone can have a seizure. A diagnosis of epilepsy occurs after recurrent seizures. It can affect any person at any age, and many factors can contribute to the development of epilepsy including: brain infections; head injuries; cerebral tumours; and strokes.

The effects of epilepsy are characterised by a seizure. Though you cannot stop a seizure you can assist a person to make a quick and safe recovery.

There are many different types of seizures. Seizures can be divided into three major groups: focal (previously called partial), generalised and unknown. Focal seizures start in one part of the brain, and may move to other parts. Generalised seizures are due to abnormal activity in both sides of the brain. Because of this, consciousness is lost at the onset of the seizure. Unknown seizures are a grouping of seizures that cannot be diagnosed as focal or generalised.

Most people with epilepsy will only experience one or two types of seizures, although a person with severe epilepsy or significant brain damage may experience multiple types.

The effect that a seizure has on a person depends on which part of the brain is involved. The effects may involve:

- A change in a person's conscious state;
- Uncontrolled body movements;
- Alterations in sensation, perception, emotion;
- Changes in autonomic functions such as pulse rate; or
- All of the above in various combinations.

Focal seizures

Focal seizures were previously called simple partial seizures. Lasting less than a minute, they are often described as 'auras' or warnings of the focal dyscognitive or tonic-clonic seizure that may follow. There is no loss of awareness or consciousness.

The seizure may involve: movements like stiffness or shaking; an abnormal feeling in one part of the body such as numbness or an unpleasant smell or taste; feelings of *deja-vu*; or increased heart rate, nausea, or blushing.

Usually a person with a focal seizure does not require any particular help, although you should make sure that they do not hurt themselves.

FOCAL DYSCOGNITIVE SEIZURES

These seizures were previously called complex partial seizures. These seizures result in an altered state of awareness or responsiveness. People often appear confused and dazed and may do strange things like fiddle with their clothes, make chewing movements with their lips or make unusual sounds. The seizure only lasts for one to two minutes but the person may be confused and drowsy for some minutes to several hours afterwards.

Following this seizure a person should be guided gently to a place of safety. They should not be restrained, as this is not necessary. Stay with them until they have fully recovered.

Generalised seizures

Tonic-clonic are the most recognised seizures. They usually begin with:

- A sudden cry, and some people may experience an 'aura' as a warning to the onset of the seizure.
- The body becomes stiff and the person suddenly falls to the ground.
- This is shortly followed by a jerking of muscles.
- Saliva may be bubbling from the mouth, and teeth may tighten on tongue or lips, causing bleeding.
- There may be a loss of bladder control.

The seizure usually lasts for 2 minutes, followed by a state of confusion, anxiety and extreme tiredness. The person usually sleeps following this type of seizure.

For a seizure such as a *tonic-clonic* seizure adopt the following procedures:

- Keep calm;
- Roll person on front side with head turned to one side;

- Only move the participant if they are in physical danger, it is better to move the objects around them;
- Let the seizure run its course, you can't stop it;
- Watch the participant for signs of breathing;
- Offer support when the participant regains consciousness, often they are confused or embarrassed;
- A change of clothing may be needed; and
- Assist the participant to a place where they can rest or sleep.

If the seizure lasts longer than ten minutes or another seizure begins, get medical help immediately.

ABSENCE SEIZURES

These seizures almost always begin in childhood, and are often mistaken for daydreaming or inattentiveness. They are characterised by unresponsiveness, loss of facial expression, staring, eyes rolling back and eyelids fluttering. The seizure starts suddenly, lasts for 2-10 seconds and then stops suddenly. There is usually no memory of the event. They may occur many times each day.

The participant who experiences an absence seizure usually does not require any help, though it will be useful to repeat any information the person may have missed during the seizure.

MYOCLONIC SEIZURES

These are brief but significant muscle jerks, which generally involve the upper body, but can also involve the lower body. There is no loss of consciousness, but the person may fall off a chair or drop their cup. If multiple seizures occur over a short period, the person may feel confused. They often occur just after waking.

TONIC SEIZURES

These are brief sudden stiffening of the muscles, whereby, if standing, the person will fall to the ground. Recovery is swift, although injuries may be sustained from the fall. They often occur in sleep.

ATONIC SEIZURES

These are brief losses of muscle tone, which causes the person to fall to the ground. The fall is often head first, which results in facial and head injuries. No loss of consciousness takes place and recovery from the seizure is quick, although injuries from the fall may be quite serious.

UNKNOWN SEIZURES

These seizures comprise of sudden forward movement of the upper body, followed by stiffening. Often the arms are flung out and the knees bend up as the body bends. Less often, the head will be thrown back as the body and legs stiffen out. Each seizure only lasts 1-2 seconds, although they can occur in clusters.

A participant with epilepsy will have medication prescribed, and it is important to know the dosage and frequency of dosage. Most people with epilepsy achieve good control through their medication and can become seizure free, and live full and active lives.

Programming Considerations

- A participant with epilepsy should be supervised during all activities and should not participate in activities where a sudden seizure will jeopardise their safety;
- Never let them swim alone or undertake any high risk activity unsupervised;
- Ensure all safety precautions and equipment is provided such as helmets, appropriate harness, etc. to minimise the risk but not limit the challenge; and
- In hot weather keep people hydrated.

Strategies for Inclusion

- Although additional supervision may sometimes be required, it is important for leaders to be as unobtrusive as possible, so that the person with epilepsy does not appear singled out.

Behaviour Management Issues

- It is important to know what may trigger a seizure and if possible avoid these situations.
- Be sure leaders have basic information on the kind of seizures, how long they last, what first aid is required, what triggers seizures, medication requirements and when their last seizure occurred.
- Encourage fluid replacement with water and not sweet fluids and juices.

(Source: Epilepsy Action Australia fact sheet)

Further information

Epilepsy Action Australia
www.epilepsy.org.au

3.9.7 ACQUIRED BRAIN INJURY

An acquired brain injury is an injury to the brain tissue or nerve fibres that is permanent in nature and results in some impairment to an individual's physical, behavioural or emotional function. It may be acquired through an accident; infection or disease; poisoning through alcohol, drug or household chemicals; or other causes such as stroke, coma, epilepsy, aneurism, or depleted oxygen supply.

The onset of the brain injury can be sudden (due to trauma, infection, stroke, lack of oxygen or drug use episodes) or insidious (due to prolonged alcohol or substance abuse, tumours or degenerative neurological conditions).

The effects of the injury can be mild to profound, and each individual can be affected in the varying ways, including:

- Physical – paralysis, poor balance, coordination or limb weakness;
- Sensory – impaired sight, touch, smell, taste or body temperature control;
- Thinking – concentration, planning ability, or problem solving and memory;
- Communication – ability to speak clearly or quickly; and
- Behaviour – readily fatigued, lack of control over behaviour, poor initiative, motivation and mood changes.

Programming Considerations

- Step by step instructions and be patient.
- Write down the sequence of an activity.
- Plan for breaks in activities.
- Balance may often be affected therefore the participant cannot or will not think they can ride, skateboard, surf or get involved in activities requiring balance.
- Plan and program for the levels of fatigue that participant may experience.
- Plan for lack of motivation that may sometimes be evident.
- Make sure you get to know a bit about the participant prior to the start of the program.

Behaviour Management Issues

- For memory problems use photos to recall and write down events.
- To counteract fatigue ask individuals what time of day is best for activities.
- Be aware how medication affects individuals.
- Discuss why some behaviour is inappropriate, provide clear consequences of misbehaviour and be consistent and clear.
- Do not pretend to understand if you do not and establish how the participant communicates.
- Time out is an effective strategy that allows them to think about their behaviour.
- Encourage participation, spend time to develop rapport and get to know what they like or dislike.

Further information

www.betterhealth.vic.gov.au

3.9.8 DOWN SYNDROME

Down Syndrome is a genetic condition. People living with Down Syndrome are born with an extra copy of chromosome 21. This leads to altered physical characteristics, some level of developmental delay and intellectual disability.

Some common characteristics include:

- **Physical** – nearly all people with Down Syndrome have an upward slant of the eyes, and a rounded, flatter profile. Individuals with Down Syndrome are usually smaller in size than their peers.
- **Delayed development** – everyone with Down Syndrome will experience some degree of delay in learning, but the extent and specific areas of delay vary from person to person.

Programming Considerations

- Explanations of program or activity rules and skills should be structured, consistent and predictable.
- Less confusion will occur if information is presented visually as well as verbally.
- Frequent reinforcement and consistent feedback will help in providing a sense of achievement in activities.

- Make activities fun and keep them moving to keep their attention.
- Some people are non-verbal but will use sign language, Makaton or Compic.
- They are usually very athletic and flexible if encouraged to participate fully and if they are doing something they find exciting.
- Participants with Down Syndrome have varying abilities to achieve and respond well to stimulation.

Strategies for Inclusion

- Do not assume what a participant can or cannot do.
- Ask if they need assistance and help them with those things.
- Maintain encouragement and keep goals achievable.

Behaviour Management Issues

- May be very stubborn so distractions work well to modify behaviour.

Further information

Down Syndrome Victoria

www.downsyndromevictoria.org.au

www.betterhealth.vic.gov.au

3.9.9 ATTENTION DEFICIT HYPERACTIVITY DISORDER

Attention Deficit Hyperactivity Disorder (ADHD) is a behavioural disorder that affects a young child's behaviour or development. It is not an illness or a sign of low intelligence. The 3 main characteristics are:

1. **Inattention** – difficulty concentrating, forgetting instructions, moving from one activity to another without completing anything.
2. **Impulsivity** – talking over the top of others, having a short fuse, being accident prone.
3. **Overactivity** – constant restlessness and fidgeting.

The cause of ADHD is not known, although researchers suspect it is due to a combination of factors, rather than only 1 factor. As many as 5 out of every 100 children in school may have ADHD, and boys are 3 times more likely than girls to have ADHD.

These symptoms give rise to three types of ADHD:

1. **Inattentive type** – where the person can't seem to get focussed or stay focussed on a task or activity,
2. **Hyperactive impulsive type** – where the person is very active and often acts without thinking, they have difficulty playing or taking part in leisure activities quietly, and
3. **Combined type** – where the person is inattentive, impulsive and too active.

Of course all participants, from time to time, are inattentive, impulsive, and too active. With participants who have ADHD, these behaviours are the rule, not the exception.

These behaviours can cause a child to have real problems at home, at school, and with friends. As a result, many children with ADHD will feel anxious, unsure of themselves, and depressed.

Programming Considerations

- Keep to a routine and timetable where possible.
- Keep rules clear and simple.
- Give only one or two instructions at a time.
- Make sure you have the participant's full attention when you talk to them.
- Encourage responsibilities, offer options and be flexible and negotiate what the limits are and how far you are prepared to tolerate behaviour.
- Do not continually accelerate the excitement level of the program, especially before meal times.

Strategies for Inclusion

- Focus on what the participant is good at and encourage them to develop their abilities.
- Enlist their help for a task or errand as this provides an opportunity for positive feedback and self-esteem enhancement.

Behaviour Management Issues

- Be clear, consistent and positive. Set clear rules for behaviour and tell them what they should do rather than what they cannot.
- Be clear about what happens if they do not follow behaviour and have a reward system in place for good behaviour.
- Try to ignore minor irritating behaviour.

- Timeout by themselves is often a good coping strategy and assists them to focus on an activity when they re-join the group.
- Breaking activities into specific steps or smaller tasks helps them to stay focussed on the task at hand.
- If punishment cannot be avoided, make it immediate; relate the punishment to the offence.
- Instructions and explanations may need to be repeated daily.
- Recognise that dignified retreat is preferable to a bloody victory, be prepared to walk away rather than lose self-control.

Further information

www.betterhealth.vic.gov.au

3.9.10 TOURETTE SYNDROME

Tourette Syndrome (TS) is a neurological disorder, which most often begins between the ages of 2 and 21 years and lasts for life. TS is characterised by rapid, repetitive, involuntary muscle movements and vocalisations, called 'tics'. TS often involves behaviour difficulties.

People with TS do have some control over the 'tics', but the period of control only delays more severe outbursts of the symptoms. Their struggle to control their tics leads to poor concentration and can result in a build-up of tension – a vicious cycle of wanting to control their tics but simply being unable to do so. Consequently people may suffer from bouts of anxiety, depression or social withdrawal. Typically, an increase in tension or stress increases the 'tics' and periods of relaxation or concentration on a task, decreases them.

Behaviour problems that may be associated with TS include:

Obsessive Compulsive Disorder – people feel a need to do something over and over again (e.g. check a door is closed).

Attention Deficit Hyperactivity Disorder – may include difficulty in concentrating, being easily distracted, failing to finish tasks, acting on impulse, not seeming to listen, shifting constantly from one activity to another, needing a great deal of supervision, being unable to sit still, calling out and lack of self-control.

Each person with TS is unique and most are able to lead normal lives.

Programming Considerations

- Keep to a routine and timetable where possible.
- Encourage responsibilities, offer options, be flexible and negotiate the limits to how far you are prepared to tolerate certain behaviour.
- Do not continually accelerate the excitement level of a program, especially before meal times.

Strategies for Inclusion

- Focus on what the participant is good at and encourage them to develop their abilities.
- Enlist their help for a task or errand as this provides an opportunity for positive feedback and self-esteem enhancement.

Behaviour Management Issues

- Be clear, consistent and positive. Set clear rules for behaviour and tell them what they should do rather than what they cannot.
- Be clear about what happens if they do not follow acceptable behaviour and have a reward system in place for good behaviour.
- Timeout by themselves is often a good coping strategy and assists them to focus on an activity when they re-join the group.
- Breaking activities into specific steps or smaller tasks helps them to stay focussed on the task at hand.
- If punishment cannot be avoided, make it immediate, and relate the punishment to the offence.
- Instructions and explanations may need to be repeated daily.
- Recognise that dignified retreat is preferable to a bloody victory – be prepared to walk away rather than lose self-control.

At times leaders may be confronted with challenging behaviours of participants that interfere with the program's aims and objectives or other participant's right to enjoyment of the programme experience.

Under these circumstances there is a need to deal with these behaviours in the best interests of the participant concerned and also to maintain the rights and safety of the other participants.



3.10 Strategies for Challenging Behaviours

At times leaders may be confronted with challenging behaviours of participants that interfere with the program's aims and objectives or other participant's right to enjoyment of the programme experience. Under these circumstances there is a need to deal with these behaviours in the best interests of the participant concerned and also to maintain the rights and safety of the other participants.

This action usually will involve placing some restriction on the rights or opportunities of the participant. The measures chosen should be those that are the least restrictive of available alternatives.

Some of the questions we may ask in deciding whether or not we should intervene with some behaviour problems are: Will the behaviour:

- be life or health threatening?;
- become serious in the future if not modified?;
- be dangerous to others?;
- damage property or materials?; or
- interfere with community access and acceptance?

Firstly it is important to understand what may cause a participant to behave inappropriately:

THE ENVIRONMENT

- the level of stimulation – sight and sound;
- space both environmental and personal, reaction to open spaces and density of people;
- change in, or predictability of routines;
- relating to the leader's communication style; and
- relating to peers.

PERSONAL AND MEDICAL

- neurological factors – brain function;
- menstruation;
- dental factor;
- sensory factor;
- infections;
- pain;

- level of personal self-help skills or social skills; and
- ability to communicate.

EMOTIONAL

- fear of people or places;
- not wanting to be in that situation or environment; and
- emotional or psychiatric disturbances.

Attention to the following will reduce the participant's need to exhibit difficult behaviour, by ensuring that the participants have:

- access to appropriate activities that motivate, challenge and are achievable;
- an opportunity to participate in program planning if appropriate;
- the opportunity to use their current skills and to participate in preferred activities;
- some involvement in activities that build on current skills;
- predictable routines and an explanation for the need to change when necessary;
- adequate privacy and personal space, where close contact and the need for jostling is minimised;
- an opportunity to assist the leaders; and
- an environment that does not provide over stimulation, where noise level is monitored and have access to quiet places and places where an appropriate level of activity is available.

Varying the consequences of behaviour can modify a participant's behaviour.

For example, if a participant seeking attention continually bangs the spoon on the meal table and is rewarded with attention each time, the behaviour is likely to be repeated. If the behaviour is ignored and receives no attention it is likely to stop.

Behaviours that are followed by pleasant consequences are likely to occur again, while those that receive no reward by not being responded to are less likely to occur again.

In aiming to modify challenging behaviour, the following steps may help:

- Clearly identify behaviour – what is it that makes that behaviour challenging and hence needing modification?
- Identify the reinforcement the participant receives by behaving in that manner.
- Identify why the participant is behaving in that way and whether needs are met through demonstrating the behaviour.
- Identify an alternative behaviour that will meet the participant's needs.
- Introduce them to the alternative behaviour.
- Ensure the appropriate number of leaders are utilised. Too many people trying to manage the behaviour can be counterproductive.

For example – the participant tapping the table with a spoon does it to attract attention. Ignoring the behaviour will mean that the need is not fulfilled. By coming over and attending the participant when the spoon is not being tapped on the table will reinforce the behaviour of not tapping a spoon.

In ignoring the behaviour remember:

- ignore means not to acknowledge the behaviour at all, no talking, touching or looking at the participant;
- the behaviour will often get worse before it gets better;
- ignoring has to be consistent; even looking over once will reinforce the behaviour;
- it works best when reinforcement is available for an alternative acceptable behaviour;
- it is not effective if the behaviour is receiving attention or recognition from others; and
- it is not appropriate if the behaviour poses a threat to others.

When reinforcing an alternative behaviour remember:

- reinforce the behaviour immediately it occurs;
- overdoing reinforcement will lead to boredom with it and it will no longer be rewarding;
- use a variety of reinforcers; and
- reinforce every alternative behaviour initially and once the behaviour has been established, gradually fade out the reinforcer.

Note: It is important to source the reason for excessive behaviour. Not all inappropriate behaviour is the result of attention seeking. Sometimes inappropriate behaviours may occur because of a genuine problem or grievance that should be addressed. This may often be the situation where a participant has limited communication skills.

3.10.1 PHYSICAL BEHAVIOUR PROBLEMS

On occasion it may be necessary to deal with behaviours that are physically aggressive. These behaviours may harm the participant, other participants, property or yourself.

Threatening situations like these will give rise to a number of emotions including anger and fear. It is important to acknowledge these emotions and recognise that acting on them may result in unnecessary injury to yourself or you may run the unnecessary risk of an injury to the participant.

In responding to this type of challenging behaviour the first priority is the safety of the participants (though you are not expected to jeopardise your own safety in doing this):

- Move other participants to a safe area if this is appropriate;
- Do not risk personal safety if damage to property is involved;
- Be aware of the legal consequences of using physical force;
- Physical intervention is only justified in self-defence or in the defence of other participants;
- Use only the physical force necessary to control the situation;
- Be aware of individual behaviour program plans that may have been developed for the participant; and
- Develop a behaviour modification program.

Types of incidents and how to respond to them

1. A participant, who threatens to kick, hit, punch, pull hair or scratch should be controlled through verbal communication strategies.
2. Participants, who actually punch, pull hair or scratch should be controlled through evasive self-defence action that minimises the impact of

the assault and does not physically control the participant.

3. Where a participant purposefully attempts to injure someone who as a result would require medical attention, such as repeated blows and attacks with heavy objects, the leader should use reasonable force in restraining the participant.

Note: There is a fine line between behavioural issues and criminal issues. Behaviour modification is preventative and not punitive. Where assault is occurring it is the police and not the program leader who should be called in to take appropriate action.

3.10.2 RESTRICTIVE INTERVENTIONS

A small number of people with a disability are subject to restrictive interventions (such as restraint or seclusion). The Disability Act 2006 provides strong requirements that the rights of these people are protected.

Restraint involves the use of any chemical substance or mechanical means to restrict a person's freedom of movement.

Seclusion involves the sole confinement of a person at any hour of the day or at night in a room of which the doors and windows are locked from the outside.

The appointment of a Senior Practitioner is a key part of the Disability Act, to ensure that people's rights are protected when these practices are used. The Senior Practitioner will also ensure that appropriate standards are met in relation to these practices.

The Senior Practitioner has extensive powers and can investigate and direct service providers to either stop or undertake a practice.

The Act has specific requirement for the use of restraint and seclusion. They cannot be used unless the following criteria are met:

- The program provider is approved to use restrictive interventions;
- The use of restrictive interventions is included in a behaviour management plan;
- A person who is independent of the service provider has explained the use of restraint or seclusion to the person with a disability and

that person has the right to seek a review of the decision by VCAT; and

- The behaviour management plan has been given to the Senior Practitioner.

The Senior Practitioner is responsible for monitoring the use of restraint and seclusion. The Senior Practitioner may also monitor or set guidelines about the use of other restrictive interventions.

The whole area of restrictive interventions is fraught with difficulty. Leaders should only apply it in extreme circumstances involving an emergency situation, and only within the guidelines as set out above.

(Source: Disability Act 2006 summary document)

It is important to source the reason for excessive behaviour. Not all inappropriate behaviour is the result of attention seeking. Sometimes inappropriate behaviours may occur because of a genuine problem or grievance that should be addressed. This may often be the situation where a participant has limited communication skills.

3.11 Effective Communication

The ability to communicate with others is something many of us take for granted. We have the skills and abilities to speak, and use body movements to communicate what we feel and want, when we want. Auditory skills enable us to hear what others are saying to us and visual abilities help us to see what others may be communicating to us and give us feedback on our communication with them.

Some people with disabilities may have varying degrees of difficulty in communication. A participant with a hearing impairment relies on visual signs for communication while someone who is visually impaired relies on their auditory skills.

It is important to understand that a participant with communication impairment may not have other impairments. For example, a person with speech impairment does not necessarily have a hearing impairment or an intellectual disability. However, some people with multiple disabilities may have impairments in many areas: communication, hearing, sight, physical or intellectual.

A participant with limited communication skills often requires patience on the part of the listener and clarification of what they are saying. In this way they can make themselves understood and can usually interpret what people are saying to them. They should be encouraged to communicate using the skills that they have and, reinforcement of their ability to do so, provides the encouragement to further develop these.

When a participant is not able to communicate verbally, some other form of communication will be needed. There are a number of communication methods that may assist. Sign language may be used for people with a hearing or speech impairment. Communication aids such as a *communication board* or an *electronic communication device* may also be used.

There are basic communication strategies that should be developed during the early stages of working with a person with communication difficulties:

Find out how the participant indicates 'yes' and 'no'. This is best done by asking the participant. Usually the physical movements of nodding or shaking the head, or pointing to words on a communication board or on a wheel chair, indicate 'yes' and 'no'.

Other methods include eye movements – up for 'yes', down for 'no' and hand action – open for 'yes', closed for 'no'.

If you cannot work out what the participant is trying to communicate to you, ask someone to assist you, or you may leave the person frustrated. Usually a friend or someone who knows the participant will be able to help you.

Do not be embarrassed to say that you do not understand. Sometimes speech is slurred or a participant may only have a few clear words or phrases. Usually it becomes easier to understand the participant as you get to know them.

Listen carefully as communication is a two-way process. The ability to understand a participant with a disability relies on you listening and interpreting as well as their ability to convey messages. Check with the participant and make sure that you have interpreted correctly.

Take account of the following:

- Allow time and be patient. The participant will need time to respond.
- Clarify and confirm what a participant is saying. Repeat what you think is being said.
- Be clear and honest. Say if you do not understand.
- Be respectful. The participant is intelligent and aware.
- Avoid being patronising or speaking as though they have limited understanding.

3.11.1 MAKATON SIGNING LANGUAGE

This form of sign language originated in England and has been adapted for use by people with disabilities. It provides a basic means of communication and is accompanied by normal speech, appropriate facial expressions and general body language. The signing vocabulary is taught in stages and it is useful for leaders to know the basic signs for things such as toilet, drink, food, etc.

A participant may be skilled in the use of another form of sign language. The Coordinator and parents/caregivers will assist you to become familiar with the basic signs used by the participant. In the Appendix of this resource guide is a Makaton signing dictionary, covering often used words.

3.11.2 COMMUNICATION BOARDS

This communication aid is usually in the form of a card that has been tailor made for the participant by a speech pathologist. They may list just a few words or may have a combination of letters, numbers and commonly used words and phrases.

The instructions for the positioning and the use of the communication board are usually somewhere on the board. A participant may point to a letter or word using a finger, toe or head pointer. Where a participant has very limited physical skills, some assistance may be required to position the board where it can be seen by the person and you may need to point to parts of the board until the participant indicates a 'yes'. This process can take some time but it is important to be patient to allow the participant the right to communicate. In the Appendix of this resource guide you can find an example of a communication board.

3.11.3 ELECTRONIC COMMUNICATORS

This communication aid comes in many shapes and sizes. Most need to be custom made to match the physical, social and intellectual needs of the participant. This includes personalising the vocabulary and content and considering issues such as how the participant will carry it, how they will use it, and how they will maintain and update it.

There are 3 types of communication aids.

1. **Quality of life aid:** these are used by people with no speech or very difficult to understand speech. They are designed to improve the quality of life, and are designed for use by the communication partner. They include: personal history books; communication profile; communication diary, Book About Me.
2. **Aids to help understanding:** these are designed to help a participant make sense of their day and include diaries; activity schedules; shopping lists; chore charts, etc.
3. **Aids to help communication:** these assist a person to communicate and include: communication boards; chat books; alphabet boards; talking mats, etc. The parents/ caregivers will assist you to become familiar with the communication methods and anything you have to do, such as recharging batteries.

Scope Victoria has some excellent resources and information relating to communication devices.

Further information

Scope Victoria
www.scopevic.org.au



3.12 Personal Care

3.12.1 MOBILITY

On any given program, the participants will usually have a range of disabilities; some of these will affect the ability to be mobile and to independently move from place to place. Some may have aids that assist them to move about independently, others may require the assistance of the leader. This assistance may range from providing a steady arm for support to pushing a wheelchair.

Be aware of the support that individual participants may require before the program and prepare yourself accordingly. In some instances the participant may be developing the skills to walk independently and should only be helped when assistance is asked for. In other situations you may need to think ahead and be prepared to push a person in a wheelchair. This participant may not ask, but may require assistance to move around. If you are not prepared for this participant's needs, the person may be left behind. Some participants may have poor spatial skills and may need supervision when using the wheelchair near path edges. Participants may not be aware that uneven terrain will affect their balance, the efficiency of crutch tips or the effectiveness of wheelchair brakes.

Find out about any equipment that the participant may use and how it works. Know about the brakes, removable parts and the safety aspects. Be aware of batteries that may need charging on electric wheelchairs.

Whatever the mobility needs of a participant, it is valuable to be prepared to assist in the most effective and appropriate way. The coordinator, parents/caregivers and the participants themselves will provide information about the type of assistance required, and some handy hints on meeting these needs. The participants will often tell you or show you what assistance is most effective. Be aware of the types of environment in which it is OK for a participant to operate independently or needs assistance.

Assistance with walking

Where the participant requires assistance with walking, ask the participant how they would like to be helped and provide no more assistance than is necessary. Encourage the participant to place

weight on any aid that they may be using rather than on you, the helper. Be aware that uneven ground can be difficult for a participant maintaining their balance. Check to see that the aid is safe; for example, a walking stick has a fitted handgrip and stopper. Walk at the pace of the participant.

Using public transport

Before going anywhere it is important to plan ahead. During a program aim to involve participants in as many experiences as the environment has to offer. On occasions this could include the use of public transport.

Planning will help you to determine what the conditions will be and what facilities are available. Take into account the ability of the participant to use steps and ramps and to move down the aisles of vehicles. Also be aware of the slow mobility of the participant; this will affect the time taken to get to appropriate transport and will determine the assistance that you may need to give if the person cannot manage alone.

Assisting someone in a wheelchair

The abilities of someone who uses a wheelchair can vary greatly depending on the disability – physical, intellectual or cognitive. Previous experience in the use of a wheelchair has to be considered.

Some participants may have disabilities that prevent them from using their legs. They may have good coordination and body strength that will enable them to manoeuvre their wheelchairs to most positions they wish to reach. These participants may need only a little assistance in environments that are designed for wheelchair use. Often the chairs used by these participants are manual and are propelled by the user.

A participant may also have multiple disabilities that affect coordination and provide very limited voluntary body movement. The participant may not be able to move a manual wheelchair independently and may require assistance to push the wheelchair. Some people are able to operate the mechanical controls of an electric wheelchair. This can enable them to be reasonably independent and only require assistance at certain times. Some people with spatial difficulties need 'steering' assistance, especially outdoors and in potentially dangerous situations, e.g. on a wharf or pier.

Questions to ask for assisting a person in a wheelchair:

- Firstly, find out about the needs of the participant in the wheelchair.
- Is continual assistance needed to move from place to place?
- Is there the ability to manoeuvre the wheelchair?
- Is assistance required at certain times?
- Are skills to become independently mobile being developed?
- Should assistance be given when asked for?
- Is it necessary to supervise?
- Do skills vary depending on the environment? (e.g. a quiet area or a crowded area?, uneven ground – roots of trees, stone, slippery surface – wet, muddy).

The coordinator, parents/caregivers and the participant are usually able to provide this information. It is also common practice to include this information on the participant's information form.

When pushing a wheelchair you are more than just the person pushing. You are also a companion, leader or friend. Often you may also be an interpreter and you will need to be sensitive to the participant's needs.

Points to remember:

It is important to communicate to the participant you are pushing. Before moving, let the participant know that you are going to move the chair and indicate where you will be pushing them.

When talking to a participant in a wheelchair, it is important to consider that the participant may find it difficult to hear you from behind, particularly if they cannot move their head. If you are having a conversation with a participant in a wheelchair it is best to stop pushing, face each other and sit down or bob down so your faces are at the same level.

In a group conversation, make sure that you move the chair so that the participant is part of the conversation.

Check that the participant's arms and legs are safely and comfortably placed and that they as well as blankets and clothing are clear of the wheels.

Make the movements of the wheelchair slowly and consistently. Sudden movements may distress the participant. It is important that you help the participant to feel safe at all times.

The best path to follow is the smoothest one available, even if it means a longer route. A bump or jar may be painful to the person in the chair.

Where provided, ensure that the participant is securely belted into the chair.

Never leave the chair without putting on the brakes and ensure that the brakes are working effectively.

Allow participants to be as independent as they wish within safety limits. Do not be offended if your offer of help is not accepted.

To help a participant into a car from a wheelchair, stand the person up if possible, sit them on the edge of the car seat, then lift the legs and shift the person into a comfortable position. Be careful of the participant's head and the low doorframe.

The section on lifting techniques will provide information about moving a person in a wheelchair to another chair or a bed.

Off road wheelchairs

Wheelchairs are now available that will enable the participant to travel over rough terrain. One of these chairs is available from People Outdoors. A participant will require the assistance of a leader to manoeuvre the chair and to use it safely within the terrain.

Securing wheelchairs in vehicles

When a participant is travelling in a vehicle, seated in their wheelchair, you need to ensure that the wheelchair is correctly secured. There should be anchor points in the vehicle, and there are anchor points on all chairs. These must be used, along with the correct tie-down straps. Also ensure the participant is strapped into the vehicle's seat belt if possible.

If you are unsure about the securing procedures seek advice or clarification from the parent/caregivers, the participant themselves, or from another person experienced with securing wheelchairs in vehicles. In the case of an accident, an improperly secured wheelchair places the individual in the chair and the other occupants of the vehicle at high risk.

3.12.2 CORRECT LIFTING

In working with people with disabilities, a great emphasis is placed on lifting techniques. There are three reasons for this. Firstly, in the interest of the safety of everyone involved, secondly, the comfort and dignity of the participant who is being lifted and thirdly the physical welfare of the person doing the lifting.

It is important to be aware of appropriate lifting techniques to avoid injury to yourself and also to the participants to whom you are providing assistance.

Incorrect lifting can lead to pain and injury to the back, neck and arms. Once you have injured your back there is the possibility that it will always present you with problems and reduce your own physical abilities.

Be aware of the strategies that will firstly, reduce your need to lift, and secondly provide for a safe and effective way of lifting, minimising the opportunity for back injury to occur.

The following information will assist you to lift effectively, although the best way to familiarise yourself with lifting techniques is to observe effective lifting situations and talk to people experienced in good lifting practices.

- Know your own limitations and stay within these.
- **NEVER** lift a person who can support their own weight.
- If you do need to lift a person, firstly think do I need some assistance and is there enough space for a safe lift?
- Do not lift a person if you can use a transfer method of moving the person.

Plan the lift carefully:

- Arrange the area before you lift – move furniture if required, etc.
- Decide on the best way to lift.
- Communicate with others to assist in an organised way.

Consider the participant you are lifting at all times. Talk to them about the lift; let them know what you are doing and where you will be positioning them. Initially place yourself so that the participant can see that you are about to lift them. Look for signs of discomfort on the face of the participant you are lifting.

When lifting a participant with a disability, you need to get physically close to the participant. This does not mean that a person with a disability will feel comfortable about getting physically close to you at other times. It is important for you to remember to take care not to invade a participant's personal space.

After completing the lift always make sure that the participant is secure in their new position, whether it be a wheelchair, casual chair or bed.

Diagrams that help to explain correct lifting techniques are in the Appendix of this manual.

View the following clips also:

<http://www.youtube.com/watch?v=jMNOFCuiqLI>

<http://www.youtube.com/watch?v=fXXXUnpM-Ss>

3.12.3 MEALTIME ASSISTANCE

The mealtime is an important experience within some sport and active recreation programs. It is a great time for participants to share their new endeavours. The mealtime provides the opportunity for development in a number of areas; it is not just the time for consuming food.

The mealtime is a social activity for all people; it is an opportunity for the development of skills and also a time to nourish the body. The leader enables the participant to share in these experiences.

Check with the person before a meal how they would like to be assisted during mealtime. As a social occasion it includes conversation and interactions with other participants. Talk to the participant during the meal and encourage participation in conversation.

Points to consider:

Give the participant the choice of the amount and type of food and drink they will consume and also the order in which they will consume it.

Ask the person how they want to be assisted. Where possible sit with the person so that you are at the same eye level with them and avoid straining your back by bending over repeatedly. Avoid getting up between mouthfuls of food. Be there for the duration of the meal.

Relax with the participant you are assisting, be part of the conversation and share – enjoy the social situation.

Encourage independence in self-feeding while being aware of acceptable eating behaviour. A consistent approach to offering assistance during mealtime will be valuable in encouraging the development of cooperative skills.

The movements involved in feeding oneself are routine and exact. It provides a good situation for participants with a physical disability (for example a participant with cerebral palsy) to learn to coordinate movements and to sit in a posture that will enable them to control their movements. Check the posture of participants before a meal to ensure that they are sitting in way that is comfortable and is conducive to effective eating.

For the participant who has limited control over head movements, it is advisable for the leader to support the head of the participant. The leader can support the head from either the back, side or under the chin and leave the area in front of the participant free for the passage of food. Encourage the participant to keep their neck straight and the head tucked in a little. This will enable the swallowing of food without it going down the airway. It is very hard to swallow with your head tipped back. (Try it yourself!)

Remember:

- To gather information about how the participant needs/wants to be assisted with meals, prior to the program commencing.
- To treat the participant as a maturing individual person, not as child who needs assistance.
- Watch out for the amount of food placed in the mouth. Too much or too little can cause coughing and spluttering.
- Some disabilities cause a clamping of the teeth when something enters the mouth. This bite reflex can make it difficult to place food in the mouth. Put the food between the gum and cheek. It is advisable not to use a metal spoon but rather a flexible plastic one to avoid injury.
- Some participants can feed themselves for a short while and then become tired and need assistance. Encourage participant to eat at their own pace.
- The way food has been prepared may determine the degree to which the participant is able to help himself or herself. Solid food will stay on a fork, soft foods will not. Diced meat is easier to

eat than a larger piece. Prepare food so that the participant can eat independently.

If a participant should start to choke:

- Encourage the participant to relax and cough;
- Check the mouth and remove the food; and
- Call for the person trained in first aid.

Drinking

Some participants are able to drink from a conventional cup by themselves; others may require assistance. Some use a cup with a spout and others prefer to use a straw. There are a number of ways of assisting a participant to drink. This can be from either behind the participant or from the side of the participant. Check with the participant, which is the preferred way. Some prefer to drink a sip at a time, others continuously: check with the participant. Wipe the participant's mouth and face with a serviette after the drink.

Crockery and cutlery

Where a participant has difficulty in using conventional crockery and cutlery, aids may be used to help them eat independently. Often conventional cutlery is too heavy to hold or the handles are too narrow to enable an easy grip.

The devices and modifications that can be used include:

- a plate with a raised edge or a food guard that fits around the plate and catches food spills to make it easier to get food onto the fork or spoon and avoids spills;
- non-slip mats that prevent the plate from moving around;
- sponge rubber tubing or bicycle handle bar grips placed over cutlery handles; and
- cutlery may be bent into a shape that is easier to use.

Ensure you gather as much information as possible, prior to the start of the program, to ensure mealtimes are a positive experience for both the participant and staff.

3.12.4 MEDICATION

Many participants with a disability require some form of medication. The Coordinator or an appointed leader usually has the responsibility for administering required medication. The person administering medication should have a first aid qualification.

Although each organisation will have its own policy on medications, a minimum requirement should include:

- A medication sign off sheet that is signed by two staff each time medication is administered. This indicates that two people have monitored the correct administration of medication.
- All medication should be in a dosette box/ Webster pack that has been prepared by a Pharmacist. This should include the name of the participant, plus a photo. This form of packaging ensures there is no discrepancy as to the quantity of medication and the timing of administration. It also ensures there is enough medication for the duration of the program.

The leader in charge of medication is also responsible for ensuring that medication is kept in a secure place that is accessible when required.

3.12.5 DRESSING, BATHING AND TOILETING

The level of assistance required with personal care, will vary greatly from individual to individual. As a starting point it is advisable to gather as much information as possible from the participant you are assisting, or their parents/carers, as to how much and what type of support they require. This is best done prior to the start of the program.

Dressing

Patience is a key consideration in helping a participant get dressed and the participant should be encouraged to do as much for his or herself as they can. This may take some time and encouragement. In helping a participant to dress, consider what they may feel or what they cannot feel. Tight clothing or clothing that is not smoothed over their body may result in unnecessary pressure, causing pressure sores and chafing of skin.

Helping a participant dress may simply involve helping them to maintain balance or it may require

that you remove and put on garments for them.

Recognise which parts of the body are less able and place clothing on these parts first. For example, when helping a participant put on a jumper, put the arm that has least movement into the jumper first, then the other arm, place the arm in the air and pull the jumper over the head. To take it off, take out the “better” arm first, pull the jumper over the head and pull out the other arm.

Some participants may be more sensitive to temperature changes, so consider any extra clothing that may be needed as temperatures change.

Bathing and showering

Provide as much privacy as possible during bathing and showering. Only be present with the participant when absolutely required. A shower chair is good for participants who are not able to support their own weight and will assist them to wash themselves.

Where participants can independently wash themselves or at least parts of their bodies, encourage them to do so. It is a good idea to stay on the other side of the shower curtain while the participant washes to provide for privacy, but so you are available to assist as needed. Talking to the participant means you can remain aware, by their responses, of their safety.

It is important to ensure that the participant remains warm. Do not arrange for undressing until you are organised, for example, with the shower water on and temperature adjusted. Fresh clothing should be organised beforehand and put on as quickly after the shower as possible. Be aware of slippery surfaces. Assist and provide protection where you can. Be careful when transferring a person in the bathroom.

Ensure that water temperature is carefully adjusted before the participant enters a bath or shower. Their sensation to hot and cold may be limited and the participant may not be able to communicate discomfort.

A participant may use special aids or equipment to make bathing easier such as a mitt to hold soap, a non-slip bath mat or shower chair. Find out about these and make sure that they are available for use. Familiarise yourself with their operation.

Where a participant needs considerable assistance it may be difficult to provide this without getting wet yourself. It may be useful to put on your swimmers and get in the shower with them. Allow the participant to wash areas they can and assist with the more difficult areas to wash. Talk to the participant and find out what they feel comfortable with and how you can best assist them. When assisting a participant with a bath or shower, ensure that another leader is nearby to avoid potential suggestions of improper conduct.

Oral Hygiene

All areas of personal hygiene may need to be considered, especially when on camp. Oral hygiene can easily be overlooked. Some participants may need assistance, as they may not have the fine motor skills to maintain their teeth and gums. Participants with disabilities due to cerebral palsy may have tactile hypersensitivity that can cause difficulty in having a toothbrush in the mouth. Discuss the regular oral hygiene practices used with the individual and their parents/carers and ensure that these practices are maintained whilst on camp.

Toileting

Some participants may need little to no assistance in going to the toilet, but may have difficulty in communicating their need to go to the toilet. Establish early in your communications with the participant, their way of letting you know that they need to go to the toilet. Some participants have poor bladder and bowel control and may have a program to be followed ensuring regular toilet attendance. Be aware of the program and make sure that it is followed as closely as possible. This type of information needs to be included on a program registration form.

The amount of assistance that a participant may require to go to the toilet can vary from holding the door open or helping them on or off the toilet. Try not to respond in an embarrassed manner but rather treat the situation in a matter-of-fact way, providing assistance as with any other activity. Either the parents/caregivers will let you know what methods to use or the participant will let you know how best to offer assistance.

A participant may have poor balance while sitting; be sure to support the participant on the toilet if necessary and do not leave them unattended.

Cleanliness and hygiene are very important. Everyone likes to feel and smell good. Make sure that the participant is completely dry and clean. Use sanitary gloves to clean up after bowel or bladder accidents and ensure that you wash your hands thoroughly.

It is also important to be prepared should a female participant have her period, especially during a residential camp. Make sure you get information on this prior to the camp and provide assistance as needed to ensure the participant is comfortable at all times.

In some cases a participant may have their own bedpan, urinal or commode. They are often more convenient to use at night. You will usually be well briefed about these requirements by parents/caregivers, so do not feel awkward, just find out what to do and assist.

Ensure that all participants go to the toilet before bed. The same applies before going on a bus trip. This will help prevent accidental soiling. If the participant has a history of a lack of control over the bladder and bowels, take clean clothing when going on a trip or hike.

It is important that the participant's dignity is retained all times. Privacy must be respected and the participant should be provided with as much privacy as possible. It is advisable not to be in a situation where you are alone with a participant when you are providing assistance with dressing, showering or toileting. Always have another leader present to avoid potential suggestions of improper conduct. Leaders need to be aware of the different interpretations that may be placed on physical contact. What may be considered as a sign of support or show of affection to one may have overtones of physical or sexual intrusion to another.

If it is not possible to have another leader present, think of ways in which you can assist so that other leaders know that you are providing assistance. It may be possible to leave a door open so that others can hear you talking with the participant, and at the same time ensure privacy. It is important that you do not put yourself in a position where a participant may interpret your assistance as inappropriate and as an intrusion of privacy. Limit the amount of time you are alone with a participant and encourage the participant to do as much for themselves as possible, within their abilities, to decrease the amount of physical contact required.

3.12.6 PROTECTION FROM VARYING WEATHER CONDITIONS

People with disabilities are often more susceptible to changes in body temperature and the effect of different weather conditions. Participants with physical disabilities are usually less mobile than other participants and their body metabolism responds differently to changing conditions.

Some participants are more active due to involuntary movement.

Ensure suitable clothing that will enable participants to add to or reduce body covering, is worn. Variable conditions may require a constant taking off and putting on of a jumper. Windy conditions will have a greater effect on someone who is less mobile than someone who is able to move freely to keep warm.

Although most of us can readily adjust to the wetness of a light rain shower, a participant who has limited mobility can be very uncomfortable with moist hair and clothing. It is important to be sensitive to the comfort level of participants under these different conditions. Exposure to direct sunlight and wind can cause sunburn to all participants.

The 'slip, slop, slap, seek, slide' approach should be observed, providing adequate skin coverage with clothing, hat, sunglasses and sunscreen. Any summer outdoor activities need to be held in the shade, between 10.00am - 4.00pm. A participant in a wheelchair with limited communication skills may not be able to alert the leader to their discomfort, therefore regular monitoring of participants is particularly important in extreme weather conditions.

Due to the medication some participants take, they are more susceptible to sunburn and need added protection.

3.13 Creating Opportunities for Greater Participation

Sport and active recreation is a key medium for creating new relationships among disparate social groups.

People from Culturally and Linguistically Diverse (CALD) backgrounds and indigenous Australians can be vulnerable to social and structural disconnection. Research shows participation in sport and recreation provides increased opportunities for them to connect with the wider community.

Participation rates by people who have emigrated are relatively lower than people born in Australia. Opportunities exist for sporting and recreation associations and clubs to expand their services by encouraging people of diverse cultures to participate in these programs.

Definitions to consider include:

Culturally and Linguistically Diverse (CALD) groups

Culturally and Linguistically Diverse refers to the wide range of cultural groups and individuals that make up the Australian population. It includes groups and individuals who differ according to religion, race, language and ethnicity, except those whose ancestry is Anglo-Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander.

New and emerging communities

A term used to describe ethnic communities that are small in number, have recently settled in Australia and often lack established family networks, support systems, community structures and resources, relative to more established communities.

Refugee

Any person who has left their own country of nationality due to an established fear of being persecuted on the basis of ethnicity, religion, nationality, membership of a particular social group or political opinion; and is unable to, or is unwilling to return to it.

Migrant and immigrant

In Australia, the terms "migrant" and "immigrant" are used interchangeably and refer to a person

who moves to another country with the intention of settling permanently.

Handy tips when working with CALD groups:

- Make it interesting and fun!
- Provide safe, friendly and accessible environments.
- Mix physical and social activities in your program.
- Allow participants to help plan programs.
- Include some female-only programs.
- Build confidence by including some non-competitive activities or programs.
- Use simple and clear language, or translate information into participant's native language.
- Incorporate diversity in your committee/board by encouraging people from a mix of backgrounds, ages and gender to become involved.
- Provide inclusive training and support for volunteers and staff to ensure all members feel welcome.
- Consider CALD participant's needs when planning and delivering programs, particularly cultural elements.
- Display posters/images on your website/social media pages that reflect the diversity of your program.
- Display posters and images that promote respect, integrity and/or leadership.
- Serve food and/or play music at social events that reflect participant's cultural backgrounds, (e.g. halal food).
- Offer welcoming messages in different languages reflecting membership of the organisation.
- Build good links with local community organisations that are connected with the groups you are aiming to work with (e.g. youth organisations, multicultural agencies and disability service providers).
- Keep up-to-date with changes in your local community, such as changes to local population and demographics, barriers to participation and what programs/initiatives exist in your area.

The following website can provide additional information: <http://www.ceh.org.au/>

People from Culturally and Linguistically Diverse (CALD) backgrounds and indigenous Australians can be vulnerable to social and structural disconnection.

Research shows participation in sport and recreation provides increased opportunities for them to connect with the wider community.



4 Volunteer and Staff Management



4.1. Leader's Legal Responsibility

Services that provide for people with disabilities have a clear responsibility to work in ways that genuinely empower, enable and support participants to experience all the rights that belong to all citizens. Although we have the responsibility to support people with disabilities to take control over their own lives, we also have the responsibility to ensure that people are not unreasonably exposed to risks of physical injury or other harm. On the one hand we assist people to develop independence and autonomy, and on the other we must ensure that a person's disability does not leave them unreasonably vulnerable to abuse or danger.

There are two key areas in which a person with a disability may be at risk of harm:

- The first relates to physical injury; and
- The second relates to limiting maximum personal development, self-determination and decision making.

For people with disabilities, harm in these areas may be difficult to assess, therefore it is important that we are well aware of how harm can occur. Leaders carry a higher burden of responsibility compared with working with people without disabilities.

The *Disability Act 2006* and the *Disability Regulations 2007* (the Act) commenced on 1 July 2007. The Act replaced the *Intellectually Disabled Persons' Services Act 1986* and *Disability Services Act 1991*. The following website will give information regarding the Act: <http://www.dhs.vic.gov.au/for-individuals/disability/your-rights/disability-act-2006>

Additionally the *Disability Discrimination Act (1992)* in Australia and the *Human Rights Act of Victoria* are also important to understand. The following website will give you further information on both of these Acts: <http://www.humanrightscommission.vic.gov.au/index.php/types-of-discrimination/disability/federal-disability-discrimination-law>

Both the principles of the *Disability Act 2006* and the *Disability Regulations 2007*, require an approach which not only takes into account an organisation's responsibility to ensure physical well-being, but also to assist a person with a disability to maximise their personal development,

self-determination, independence and quality of life. This has implications for what is considered reasonable practice in providing services and what could be considered as damage. When we consider the rights of people with disabilities to grow and develop we also need to consider the range of risks that they can be exposed to in achieving this.

This has implications for:

- Leaders in encouraging participants to confront dangers and risks and to support them to do so safely; and
- Imposing restrictions because of what we perceive will cause injury that restricts the individual's independence and freedom.

As leaders we will come to realise that there is a fine line between being helpful and constructive and being overprotective and custodial. Though we encourage independence, challenge and some risk taking, we are aware that we have a legal responsibility to protect the participants entrusted to us from harm – physical, emotional and psychological.

It is extremely important that we understand the legal responsibilities that we have to the participants entrusted to us and to ensure that these are observed. Initially, this may sound daunting and difficult to comprehend, but if we look at it in simple terms we can understand the basics and come to understand how we should respond, what precautions we should take and what pitfalls to avoid.

There are number of principles we need to be aware of in understanding the legal responsibilities we have to the participants entrusted to us in the sport or active recreation program situation.

These include:

- Negligence;
- Duty of care;
- Standard of care;
- Breach of duty of care; and
- Harm and loss.

In a sport and active recreation environment, the relationship that the leader has with a participant is one of 'in loco parentis'. This is a legal term meaning 'in place of parent or parents/caregivers'. The leader is expected to take on all the responsibilities of the parents/caregivers and possibly even more. This is a general responsibility but a leader does not have all the responsibilities of a parent or guardian. It is a responsibility of care but not one that includes the power to make the same decisions that parents/caregivers can make.

4.1.1 NEGLIGENCE

Negligence is doing or failing to do something that a reasonable person would, or would not, do in a certain situation and which causes another person damage, injury or loss as a result.

4.1.2 DUTY OF CARE

Duty of care basically means that you must be careful to protect others around you from any foreseeable danger – you have a legal obligation to avoid causing harm to this participant. There must be sufficient relationship of closeness between two people for duty of care to exist. For example, the leader to participant relationship.

4.1.3 STANDARD OF CARE

In providing our *duty of care* we need to be aware of the *standard of care*, i.e. what a reasonable person would have done, or not done, in the same circumstance. *Duty of care* involves the responsibility to be careful; *standard of care* involves the consideration of how far one is expected to go in being careful. This *standard of care* may be determined by an organisation's guidelines, a leader's resource manual, volunteer training program or by what can be reasonably expected of a person in a given role. *Standard of care* can be breached through a failure to adhere to the documented requirements, through ignoring a reasonably foreseeable danger or not taking steps to safeguard those in your care. Not speaking up when you know that you are participating in an activity where, in your opinion, someone else does not apply a duty of care can also be interpreted as a breach of *standard of care*.

4.1.4 BREACH OF DUTY OF CARE

Failure to meet a reasonable *standard of care* constitutes a breach of *duty of care*. Where harm or injury occurs as result of this failure, legal action for compensation can be made. In sport and active recreation activities for people with disabilities, the expected standard of care tends to be higher than in other situations.

4.1.5 HARM OR LOSS

A claim for compensation can be made if harm or loss to a participant has occurred, as result of the other person's negligence; this is usually known as a claim for damages. Harm or loss has traditionally included terms such as bodily injury, economic loss or nervous shock, but more recently a broader concept of injury has emerged. For example, it may be considered possible to damage a person with a disability by unnecessarily restricting their freedom and autonomy. Though this is not recognised by courts as grounds for a negligence action, it is part of legal responsibility and is therefore relevant in determining if negligence has occurred.

4.1.6 AVOIDING INJURY

It is very obvious to all concerned, organisations and the leaders who work with them, that it is imperative to avoid situations that may lead to the injury of a participant as a result of *negligence* in the *duty of care*. Initially a leader is inclined to be very cautious in their work with a participant with a disability, not being quite sure of what constitutes a *breach of duty of care*. As their confidence in working in this area develops, they will also become more aware of potentially risky situations and therefore develop strategies for assessing potential risks and working in such a way that their impact can be minimised.

When in doubt about a situation it can be useful to talk to other leaders about it and seek some feedback. This action in itself can be seen as taking steps to avoid a breach of duty of care. The following preparation will help to avoid situations where harm or injury may occur.

Come to know:

- a participant's capacity to carry out activities, and how to carry out similar activities safely;
- a participant's awareness of the risks that might be involved and how they can be avoided;

- the dangers involved in an activity and how well the participant is equipped to deal with them;
- what you can learn from relevant assessments or reports regarding the participant, their vulnerability and their skills; and
- be careful to avoid rumour or hearsay.

Rely on your common sense in making assessments about the degree to which injury to a particular participant in a particular situation is foreseeable.

Considering what is reasonable in avoiding injury

A leader is not expected to provide absolute protection against all possible injuries of the participant who are owed the *duty of care*, but rather to do whatever would be considered reasonable in the circumstances.

Therefore, with most activities it is matter of working out what is reasonable. The following will assist in doing this:

Look for the course of action that involves the least possible restriction of the participant's rights. It is never reasonable in protecting participants from injury or harm to restrict participants or violate their rights or freedoms any more than are necessary.

Do not shelter participants from all risks. We have a responsibility to empower people with disabilities to take a greater control over, and responsibility for, the situations in which they are confronted. This includes risks. Risks are part of life and provide the means by which participants grow and develop. Help them to confront risks safely by providing support in ways that are likely to assist the person to deal with risky situations in ways that do not result in injury. This is called 'dignity of risk' and is a feature of sport and active recreation programs.

Ask the following questions when deciding about a potentially harmful situation:

- What are the reasons for thinking that someone might experience some harm or injury?
- What am I basing my assessment on? Can I check this with someone else?
- How great are the risks involved?
- Are the risks indisputable or are they just risks from my own personal perspective in an attempt to be protective?
- Are the things that I plan to do to avoid risk of injury reasonable?

- Can I find ways to support the person to learn from the risks and confront them safely?

4.1.7 AVOIDING THE RISK OF BREACH OF DUTY OF CARE

Be familiar with the guidelines and regulations of the organisation with regard to sport and active recreation programs. Carry out responsibilities and tasks as recommended by the organisation, program manager or coordinator and understand the principles of individual rights and freedoms and recognise the importance of applying them when working with people with disabilities. Talk to others about areas in which you are uncertain.

Come to know the abilities of the participants. Talk to the coordinator and parents/caregivers of the participant, prior to the program, and find out as much as you can about the abilities and confidence level of the participant. Develop a process of carefully considering all alternatives and their consequences.

Find out about the insurance coverage provided by the organisation, be clear in which ways the insurance covers you. Take out personal liability insurance if you feel the organisation's insurance is inadequate.

The following may assist in meeting duty of care requirements as leaders:

Plan all activities thoroughly:

- Consult experts for advice on activities when not sure;
- Conduct activities in safe areas having regard to the capabilities and experience of the participants;
- Use appropriately qualified and/or experienced staff;
- Use appropriate and approved equipment;
- Know the health status of the participants;
- Inspect all equipment before use;
- Arrange medical and first aid treatment in anticipation of injury;
- Make arrangements for emergency situations; and
- Keep accurate records on all aspects of an activity, where accidents have occurred.

4.1.8 CONFIDENTIALITY

The participant has a right to privacy and leaders must respect the participant's right to privacy.

Leaders are entrusted with a significant amount of information about the participant with a disability they assist on a sport or active recreation program. This information may be passed to them by:

- the program manager;
- the coordinator;
- parents/caregivers;
- other leaders ; and
- the person with the disability.

This information is made available to the leader specifically for the purposes of assisting in the provision of the highest standard of care possible. We have access to information to use it for the participant's benefit. There must be a good reason to give out any of this information to anyone else.

This information is confidential and must not be shared with others without the prior consent of the participant/caregiver concerned.

The person who has permission to give out confidential information is charged with the responsibility to carefully choose which information it is necessary to share.

An example of this:

You may be involved in a group activity where it is advisable for other leaders to be aware that your one-to-one has a tendency to wander off and pick wildflowers and hence heads for the bush at every opportunity.

It is not necessary for the leaders to be informed, for example, of the participant's deprived childhood, or that he/she was abused and put in an institution and now has happy memories of Sunday walks in the bush.

The participant has a right to privacy and a right to expect that confidential information will not be discussed in casual conversation. We must ensure that our actions do not threaten a participant's right to privacy or their control over information about themselves.

The law of torts that relates to the wrongs done in 'trespass, nuisance or defamation' can protect a participant's privacy.

Confidential information is information entrusted to another as a matter to be kept secret. Situations can occur where the leader's duty of confidentiality conflicts with the responsibilities to others whose wellbeing or welfare can be at risk if they remain ignorant, but in the sport and active recreation this is rare.

Breaches of confidentiality most often occur when the leader discusses their experiences with peers, family and others, and in so doing refers to a participant and provides information about the participant that is confidential. Often this is done without intention, but this information can be potentially harmful to the participant. It can also occur when the leader's discussions with another leader or coordinator is overheard by another who should not have access to the information.

Harm to a participant as a result of breach of confidentiality can be in the areas of:

- embarrassment to the participant;
- adversely influencing a leader's assessment of the participant with disability to make use of a service; and
- influencing the attitudes of another who may respond differently to the participant, for example – be over protective and not interact with, or ridicule the participant.

We are often tempted to tell a colleague or leader more about a participant so they will 'understand the client' or be 'nicer to' or 'try harder to help'. Resist this temptation, not only is it a breach of privacy, it is unfair to the participant, it is unethical and it can embarrass the participant.

The following will assist us to maintain confidentiality:

- Respect the dignity of the participant.
- Respect the participant's right to control the spread of information about self.
- Remember that you are in position of trust.

We can do this by:

- Never gossiping about a participant.
- Never discussing a participant where a passer-by can overhear.

- Questioning someone who asks for specific information – Why do they need to know?
- Keeping papers about a participant in a safe place.
- Being clear and strong in our desire to maintain confidentiality – relate it to your own life.
- Being convinced that it is important to maintain confidentiality.
- Remembering that service providers and staff of an agency do not have the automatic right to access all kinds of personal information.

4.1.9 VOLUNTEER RIGHTS

The volunteer who freely and willingly provides their service to an organisation without receiving compensation has a number of rights and the organisation has a number of responsibilities to the volunteer.

The first and most basic right is for the volunteer to be respected and to be treated as a professional colleague by the organisation, program directors, coordinators and fellow leaders at all times.

The volunteer has the right to confidentiality of information about themselves such as phone numbers and personal details.

The volunteer also has the right to be fully informed by the organisation and to attend a training program conducted by the organisation. Training is for the purposes of briefing the volunteer on the specific organisation details of a program, the role and responsibilities of the volunteer in the program and strategies for facilitation of an effective program.

The volunteer has the right to be insured for accidental injury and death and personal liability, while on the program. This insurance is to be taken out by the organisation. In the interests of personal awareness, the volunteer should know the conditions and benefits of this insurance and in some cases may be encouraged to also take personal liability insurance.

The volunteer has the right to be supported by the organisation at all times against all actions that may be taken against him or her. This may not be the case if the volunteer is found to be negligent in their duty of care.

The volunteer has the right of access to the coordinator, program director, or organisation manager should a major concern arise.

The volunteer has the right to time on their own (time-out), when negotiated with the program director and taken at a time mutually agreed upon if on an overnight program.



4.2 Insurance

Organisations take out insurance to protect them from liabilities that may occur, including the actions and personal accidents of volunteers.

The insurance may cover areas such as:

- public liability;
- product liability;
- professional liability;
- director's and officer's liability;
- malpractice; and
- personal and accident liability for volunteers.

This insurance does not cover normal household, motor vehicle or personal effects insurance.

Insurance taken out by the organisation only provides coverage while the volunteer is acting on behalf of the organisation.

The organisation's insurance may cover a volunteer against:

Public liability – protects against bodily injury caused to a participant as a result of an accident that has occurred in connection with a volunteer's service.

Personal accident – provides for income protection and death benefits in the event of an accident while performing voluntary labour, authorised by the organisation, at a program or when travelling to and from the program location.

Professional indemnity – protects against a participant's claims resulting from any act, error or omission by the organisation or volunteer for which the organisation or volunteer may be legally liable. This includes libel, slander, loss of documents, fraud and dishonesty of the organisation's employees.

4.3 Risk Management

Programmed experiences providing a range of sport and active recreation activities for people with disabilities are great for personal development and the development of skills, they may also involve an element of risk.

If participants are hurt where the risk of injury is *unreasonably* high, or reasonable precautions have not been taken, a leader may be found negligent in their duty of care to a participant. The law of negligence requires leaders to act *reasonably*.

How does a leader decide what is reasonable? Common sense and experience in working with people with disabilities is the best guide in deciding what is reasonable.

In segregated experiences, leaders usually determine the program and organise activities, taking into account the abilities of participants. At integrated programs the activity program is usually organised and the leader assists participants with a disability to participate as fully as possible. In both situations, before assisting your participant to take part, first consider the level of risk for the participant involved. The following guide will help you to determine the level of risk. Any activity that is more than of a low-risk, should be discussed with the Program Manager, who will weigh up the risks against the advantages, and the precautions to be taken.

It is important to prepare an activity plan outlining proposed activities, the people involved and any special precautions you consider necessary. This plan should be discussed with the Program Manager who will advise as to the appropriateness of participating in certain activities.

The activity plan should include:

- Day to day timetable of activities;
- The participant's limitations, including maturity, previous experience and skill level;
- Emergency procedures that are to be followed in the event of an emergency;
- Special precautions that will be taken;
- List of equipment to be used; and
- Medical information.

4.3.1 PREPARATION REQUIRED FOR ACTIVITIES

No one is expected to foresee the unforeseeable, only to take reasonable precautions considering both the activity and the particular participants involved. What is safe for one participant may not be safe for another and their physical, intellectual or psychiatric condition should be taken into account.

The Department of Human Services (Vic) provide the following guide to assessing the risk level of activities. These are to be used as a guide but not to restrict individual's participation if they have the skill and ability to participate.

Preparation required for low risk activities:

- Check medical information form;
- Check and have on hand emergency medical information form;
- Check participant's medical records with them and their parents/caregivers;
- Check that the first aid, safety and activity equipment is in satisfactory condition;
- Brief, instruct and prepare participant for the activity; and
- List and have available the necessary emergency contacts (Police, State Emergency Service, Park Manager/Ranger).

Preparation required for moderate to high risk activities:

- Check medical information form;
- Check and have on hand emergency medical information form;
- Check participant's medical records with them and their parents/caregivers;
- Check that the first aid, safety and activity equipment is in satisfactory condition;
- Ensure staff delivering program hold appropriate qualifications and/or experience for each activity;
- Brief, instruct and prepare participant for the activity;
- List and have available the necessary emergency contacts (Police, State Emergency Services); and

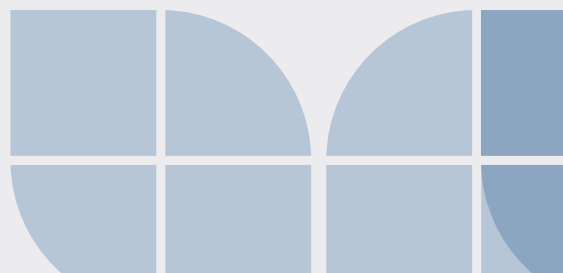
- Obtain parent's/caregiver's consent on form, or at least make sure that parents/caregivers are fully informed of the range of activities that the participant will be involved in during the program.

Careful consideration should be given to including these activities as part of a sport or active recreation program.

It is almost impossible for any leader to be aware of all the characteristics and implications present in working with individuals with disabilities. The abilities of people with a similar disability may vary greatly from one person to another. It is not possible and also not appropriate to have a set of clear guidelines that outline the precautions, procedures and liabilities that relate to participants with a particular impairment. These will need to be determined for each individual and will be dependent on the participant's previous experiences, abilities and limitations due to impairment and their life experiences.

However there are broad general principles that apply in determining what precautions and procedures should be observed and the legal liabilities that may apply.

What is safe for one participant may not be safe for another and their physical, intellectual or psychiatric condition should be taken into account.



Low risk activities:

- Ball games
- General games
- Swimming (in a pool)
- Volleyball
- Bowling
- Basketball
- Football
- Tennis
- Cooking
- Athletics
- Aerobics
- Team sports
- Cricket
- Fishing (except rock fishing)
- Golf

Moderate to high risk activities:

- Bushwalking
- Canoeing
- Carnival rides/ Luna Park
- Horse riding
- Camp fires
- Ice skating/ Roller skating
- Orienteering
- Rope course
- Snow activities
- Cycling tours (if overnight)
- Hayrides
- Swimming (in natural water)
- Trampolining
- Rock climbing/ abseiling
- Archery
- Dinky sailing
- Scuba diving
- Water skiing
- Board sailing
- Bushwalking (if overnight)
- Snorkelling

Unacceptable activities:

- Shooting
- Boxing
- Kick boxing
- Martial arts

General principles that apply for preparation for a group to participate in special activities:

1. KNOW THE GROUP

Find out as much as possible about the group participating in the program as you can. Coordinators and parents or caregivers are a great source of information in understanding how the specific disability affects the individuals. Know the participant's previous experience in the activity or similar activity. Talk to the participant to determine their motivations for participation in the activity.

2. KNOW THE ACTIVITY

Be well briefed on the skills of the activity and be competent in the use of these skills. Understand the components of the activity so that you can teach them to someone else. Refer to the Adventure Activity Standards for further information relating to the delivery of outdoor recreation activities – www.outdoorsvictoria.org.au/activity_standards.php

3. KNOW THE EQUIPMENT

Understand the equipment required for an activity and how the equipment works. This includes the equipment required for protection and safety. Protection and safety equipment may include helmets, personal flotation devices, or knee and arm guards.

4. CLOTHING

Know about the appropriate clothing required for an activity, for example:

- Warm and water proof clothing for activities in the snow.
- Wet suits or life jackets for a range of aquatic activities.
- Protective clothing for a range of contact activities.

4.3.2 HEALTH AND SAFETY

The physical and emotional health and safety of all participants should be the key consideration with everything that we do during sport and active recreation programs. It is important that we understand the health and safety needs of a participant and that we ensure that facilities and activities at the program do not jeopardise these. The best way to avoid this is to be prepared and know the participants.

The main sources of danger that may threaten the health and safety of participants can be minimised by careful planning, preparation and by establishing simple rules. Using common sense usually enables us to work rationally through a difficult situation.

While each organisation will have their own set of specific health and safety guidelines, some general principles include:

Anticipation – Implementing simple procedures and rules can reduce certain risks. For example, only one person at a time is to use the trampoline, and they are to be supervised by a leader at all times.

Preparation – Carefully set up or check equipment and resources before participants use them and remove any hazards. For example, check the depth and current of water and scale the bottom of a river for debris and snags before participants swim there.

Clear, simple rules – Some rules are required for safety and provide the boundaries in which leaders and participants operate. The fewer and simpler they are, the easier they are to adhere to.

Demonstration – Leaders should demonstrate at all times the behaviour expected of participants. For example, if participants are advised not to run in the indoor facilities, then the leaders must make sure that they do not run.

Supervision – Participants should never be left on their own and should be supervised at all times. Some activities will require greater supervision and it is important to ensure that this supervision is available before attempting such an activity.

4.3.3 SUN SMART POLICY

Some useful sun smart tips:

- Watch the clock – try to limit time in direct sun between 10am and 4pm.
- Make a statement with shades, hat and a long sleeve t-shirt.
- Block the sun year round – it is possible to burn all year, even in the snow so don't forget to block the sun, to have fun all year round.
- Use a sunscreen with an SPF (sun protection factor) of at least 30+. Apply sunscreen 15 minutes before going out in the sun and after swimming, sweating or towelling off.

- Remember your ears, nose, neck, tops of your feet and hands – they may seem small but they can really burn.
- Waterproof your skin while swimming – use waterproof sunscreen.

To check the daily UV levels go to www.sunsmart.com.au or www.bom.gov.au/weather/uv

4.3.4 WATER ACTIVITIES

Any activities that take place in or near water require thorough supervision. The ratio of leaders to participants will vary according to the situation, activity, participant skill and safety concerns.

Information about individual participant's requirements with regard to water activities will be included on the participant information form. Be aware of these and ensure that they are adhered to. Life jackets must be worn on all watercraft.

For further information on staff:student ratios and more about education programs around water safety see the following links:

<http://www.lifesavingvictoria.com.au/www/html/1693-open-water-learning-experience.asp?intSiteID=1>

<http://www.education.vic.gov.au/Pages/default.aspx>

4.3.5 BEACH ACTIVITIES

Wherever possible, go to a beach area where lifesaving club members are on duty and let them know of the groups' presence. Only swim in designated areas, supervised by the lifesaving club.

Leaders should discuss their supervisory role and decide who will be keeping an eye on each participant. Participants will tend to want to go in all directions, which could make supervision difficult. Consider the participant's medication requirements and the impact that water activities may have.

For further information on beach safety and patrolled beaches see the following links:

<http://sls.com.au/>

<http://www.lifesavingvictoria.com.au/www/html/7-home-page.asp>

4.3.6 EMERGENCY PROCEDURES

Know the procedures for the following incidents should they occur. Prior to the program establish meeting and assembly areas in case of emergencies.

In all emergencies it is important to:

- ensure that all participants are supervised and accounted for;
- ensure that everyone – coordinator, director and leaders – are aware of the situation;
- contact the organisation manager;
- contact appropriate local emergency services; and
- ensure that the incident is recorded in the *Incident Report Form/Book* and that all actions are documented.

For injuries such as severe cuts and wounds, broken bones, head and back injuries, refer to the first aid coordinator on the program who will instruct you on appropriate procedures to be implemented.



4.3.7 FIRE AWARENESS

All leaders should be aware of fire risk, particularly during the summer period and understand the procedures to be adopted in the case of a fire, at the facility, campsite or in the surrounding bush area. A fire may be avoided by following simple precautions.

Ensure that matches and lighters are kept well away from participants who may pocket them and experiment with them at a later stage.

Listen to media announcements to be aware of expected weather conditions and proclamation of days of 'Total Fire Ban'. Make sure that no fires are lit on these days.

Gas and liquid fuel appliances commonly used on programs can be a hazard. Ensure that they are maintained and correctly used.

Ensure that fire extinguishers and hoses are maintained and not tampered with.

When lighting a fire for cooking or camp sing-along, make sure that the fire is always attended and put out after use.

If camping or participating in an activity in a bush area, contact the local fire authority. Alert them to the intended program and provide them with information about the size of the group and duration of the program.

Leaders should discuss and be familiar with:

- Fire fighting equipment on site, the position of fire hoses, types of extinguishers and their uses and knapsacks.
- Procedures in case of fire: fire alarms; checking buildings; accounting for each participant.
- Responsibilities of director, leaders, camp supervisors.
- Shelter and evacuation procedures.
- Emergency procedures at the venue/campsite they are attending.

For further information on fire safety see the following links:

<http://www.cfa.vic.gov.au/>

<http://www.mfb.vic.gov.au/index.html>

4.3.8 FLOODS

Listen to media announcements to be aware of expected weather conditions and proclamation of days of heavy rainfall.

Follow the following procedures if caught in a flood:

- Remain in the building (if it is safe and secure) and keep clear of building access points.
- Be aware of the danger of ceiling collapse if roof spaces become flooded.
- If camping or participating in an activity in a bush area, contact the local SES authority and your line management staff member. Alert them to the intended program and provide them with information about the size of the group and duration of the program.
- Follow the instructions of relevant emergency services personnel at the venue.
- Evacuate the building only if instructed to do so by emergency services personnel and assist with the evacuation of those with a disability.
- If evacuation is ordered, move to the nominated evacuation assembly area, and do not leave the evacuation assembly area until advised to do so.

4.3.9 MISSING PARTICIPANT

The provision of an appropriate ratio of leaders for participants would make it difficult for a participant to be left behind at a program. Unfortunately there have been a number of cases where this has occurred and it has not been realised until the participants are returned to their caregiver/parent. This situation creates a great amount of stress for everyone concerned, particularly the participant.

It is important for the leaders to check and double check that their group is on the bus both when travelling to a camp or activity site or from a site. The Coordinator also has the responsibility to check that all participants are accounted for during the activity, e.g. after a lunch break. There is no excuse for participants being left unattended.

Where a participant is left behind and is harmed in any way, physically or emotionally, during this time of being unattended, the organisation is liable and a claim for damages can be made against the organisation.

Although it sounds difficult to do, experience shows that it is easy to leave a participant behind. Leaders need to be extremely diligent in this area of their responsibility.

Some participants have the propensity to wander away from groups and leaders. This can be in an isolated bush setting, in a busy shopping mall or even in the middle of the night. Coordinators and parents/caregivers will usually alert the leader if their person is inclined to wander off.

If a participant is not accounted for and assumed to have wandered off, communicate with other leaders and the coordinator immediately and develop a strategy for searching for the participant. Ensure that all participants are adequately supervised before leaders are allocated to assist in the search. Often the participant is not far away and is readily located.

In cases where a participant is not located within five minutes of a search it is important to implement an emergency action and secure assistance from appropriate services to assist and notify relevant authorities. It is important to be particularly diligent in areas with hazards such as water or heavy traffic.

In allowing for the need for independence of the participant, a leader may arrange for the participant to participate in activities at which the leader may not be present. It is important not to assume that the participant is going to be safe. Arrangements need to be made with other leaders to ensure that the participant is supervised at all times. A leader must be aware of this participant's whereabouts and activities at all time. Do not assume that another leader will automatically be providing supervision, it is important to request for this supervision to occur.

4.4 First Aid

Volunteers should know what first aid resources are available at the program. The coordinator will have arranged for a well-stocked first aid kit to be present. Know where it is and what is available. Each program will have someone trained in first aid procedures. Know who this person is and refer to them when necessary.

When rendering first aid yourself you are required to act with reasonable care and common sense and to render the first aid to the best of your ability. Where further medical treatment is required, the decision as to when, where and by whom further treatment is to be given should be left to the parents/caregivers.

Have a list of emergency telephone numbers. This will be provided by the coordinator but if not make sure that you have the following information and telephone numbers.

- Nearest telephone;
- Nearest doctor's name and telephone number;
- Ambulance;
- Hospital;
- Fire station;
- Police;
- Emergency Rescue Service;
- Participant's parents/caregivers contact information; and
- Participant's medical history and medication information.

4.4.1 SPILLS OF BODY FLUIDS

It is important to assume that all body fluids are potentially infectious for a range of micro-organisms including hepatitis A, B and C and HIV and that appropriate infection control procedures are adopted. If the spill is likely to come into contact with parts of the human body it is important to treat the spill with bleach followed by detergent.

Body fluid spills may include:

- Blood;
- Semen/vaginal fluids;
- Urine/faeces;
- Saliva/mucous; and
- Vomit.

Bleaching procedure

- Wear protective gloves (2 pairs on each hand), in some situations a gown and mask may also be appropriate;
- Apply absorbent paper towels to soak up spill and place in a sealable plastic bag for disposal;
- Cover area with freshly prepared bleach solution for ten minutes, wipe up with paper towel and place in plastic bag;
- Wipe area with detergent and warm water after ten minutes;
- Dry the area with paper towel;
- Place gloves and paper towels in plastic bag, seal bag and place in designated yellow infectious materials bag; and
- Wash hands thoroughly.

Standard precautions must be adhered to when maintaining infection control. Standard precautions are the minimum level of infection control required in the treatment and care of any participant or staff requiring first aid or assistance with personal care. These precautions are used to prevent the transmission of blood borne infections including HIV. Standard precautions should be implemented universally, regardless of information or assumptions about the person's infection status.

Standard precautions are:

- Hand washing – before and after eating or feeding, before and after toilet use, immediately following contact with bodily fluids, before and after wearing of gloves.
- Use of protective equipment, such as gloves, eye protection, mask and gown.
- Safe disposal of sharps and contaminated matter.
- Adequate sterilisation of re-useable equipment.

Further information

www.ashm.org.au

4.5 Catering and Food Safety

A great part of any sport or active recreation experience involves the sharing of mealtimes. Sometimes we may be fortunate in having all the meals cooked by professionals, but this does take away the opportunity of all taking turns in sharing in the preparation of meals.

Self-catering does enable the organisation of a menu to suit weather conditions and food preferences and sharing the communal experience of preparing your own meals. This can provide the opportunity to develop skills and to participate in preparation activities, not otherwise experienced.

Adequate food and drink at regular intervals is vital to the maintenance of healthy and happy participants. A change in weather conditions may require an adjustment to the amount of food and drink provided. More drinks should be made available in warm weather, remember the participant may not be able to express their need for a drink or some food.

Keep the following in mind when self-catering:

At least one person involved in the food preparation and cooking needs to hold a current certificate in food safety and handling.

Ensure that meals are well balanced and be aware of how food additives may affect some participants. Salt, sugar and some preservatives may react with medication. Participant information forms will alert you if there are special needs for a participant.

Involve participants as much as possible in the planning and preparation of meals. Be prepared to spend the time required to allow participants to assist. This may mean starting meal preparation well in advance. Often the role of the leader will be to instruct and demonstrate new skills rather than taking on the cooking role themselves.

Share the task of food preparation. Enable all participants the opportunity to participate and make sure that it is not left to the same few.

Emphasise the need for hygienic procedures during food preparation. Washing of hands and the use of surgical gloves will reduce the possibility of food contamination.

The Victorian Government has created a set of food safety guidelines for groups involved in sport and recreation activities. For more information contact Food Safety Victoria at <http://www.health.vic.gov.au/foodsafety/bus/keeping.htm>



4.6 Transportation

The most common way used by organisations for transporting participants to and from a program is by bus or through parents/caregivers taking the participant to the site. Most organisations have access to small buses on loan from schools or community groups that are driven by leaders with an appropriately endorsed licence.

Ensure that:

- If you are a driver, the program manager has a copy of your driver's licence. For drivers of buses in excess of twelve seats, they must have an endorsed licence and for smaller buses the driver must have had a full licence for at least twelve months.
- All participants are properly and comfortably seated with seat belts secured.
- No more than the licensed number of passengers are on the bus.
- Buses are maintained in good, clean condition.
- Wherever possible, the bus is parked on level ground and is securely locked.
- Wheelchairs are correctly and safely secured in the appropriate holds in the vehicle.

Private transport is discouraged when buses are available. Organisation insurance does not cover the participant who travels by private car. (Note: General coverage through the Transport Accident Commission may apply.)

Leaders do not transport participants in their own cars, except in cases where the organisation has authorised this and the parents/caregivers have completed transport authority forms. The legal implications of transporting a participant in a private car can be severe in the case of an accident or complaint of impropriety of the leader.

4.7 Behaviour Guidelines

There is great diversity amongst program participants; they come from different environments, where parents/caregivers have varying expectations of behaviour. Parents/caregivers will have expectations of the program and how leaders will fulfil these expectations. Participants can be confused about what is expected of them unless we put things in place so that everyone knows what the expectations are.

Firstly, it is important to be clear about the objectives of the program and the kinds of experiences that the program will aim to provide. Leaders, parents/caregivers and participants should be aware of these.

The development of a few rules is important for all programs and provides guidelines within which leaders and participants behave. Within these guidelines the participant has the freedom to operate.

The development of fair rules and standards, concern for people, good programs and a high standard of discipline will encourage participants to respond with the spirit of cooperation. The development of good discipline, personal and group, is an important aspect of program learning. Participants require self-discipline in order to cope with changing conditions. For people with disabilities a change of environment and ways of doing things can be very exciting but also challenging and may require them to demonstrate self-discipline. The leader will recognise this and assist the participants to set personal goals and to look at strategies of how to operate under the changed conditions.

Group discipline is important for individuals to work cooperatively in a group situation. By creating the right conditions, the level of discipline will be high without adversely limiting the freedom of participants. If we do not pay close attention to the small details we may have greater problems in maintaining a level of discipline and find ourselves correcting behaviour rather than reinforcing behaviour.

Discipline problems can occur when:

- Participants are bored. Often this occurs through poor planning of activities or the leaders not attending to the activity needs of the participants.

- Participants develop the attitude that leaders will not notice. Often this occurs because the participants are not adequately supervised.
- Insufficient attention is given to the participants' physical needs: for example, meal times are not consistent and participants are hungry or thirsty or they do not have sufficient sleep and they will become tired and restless.
- Activities are not sufficiently challenging or stimulating or if there are long waits before a participant can have a turn at an activity.

We can create the right conditions through:

Social Environment – ensure the social environment of the program promotes positive social relationships. This can be achieved by staff and volunteers: developing positive relationships with the participants; assisting participants to develop positive relationships amongst themselves; providing clear boundaries and limits; promoting independence and encouraging decision making; modelling appropriate behaviours; providing positive feedback; and helping participants to understand the impact their actions have on others.

Physical environment – ensure the program is developmentally appropriate and active, challenging and busy enough to ensure the participants do not get bored or frustrated.

Anticipation – this involves good planning before the program and all leaders agreeing to a standard of acceptable behaviour of which participants are aware. These standards are best illustrated through the leader's own behaviour and adherence to program rules.

Program structure – allow enough time for participants to complete an activity, but balance this with not allowing room for participants to become bored; program for stimulating challenging activities; allow the participants to choose their activity within the scope of the program; make room for flexibility.

Consistency – ensure leaders are consistent in their approach to rules and standards. If noisy behaviour is permitted during the first mealtime, it will be difficult to achieve a more acceptable standard the following mealtime.

Commitment – participants will respond well to leaders who show, by their behaviour and qualities, that they genuinely care for the participant and have

their best interests at heart. Participants will usually go out of their way to cooperate with a leader that they feel cares and provides enthusiastic support. The participant is easily influenced by the behaviour of the leader. If a leader is inconsistent and behaves inappropriately, the participant may see this as appropriate behaviour for them as well.

Supervision – the visual presence of a leader is usually sufficient to avoid adverse behaviours and discipline problems. This is particularly so for young people with disabilities. Some young people can feel insecure or can easily become frustrated if there is not someone there, should they need help. A participant with a disability who may have limited ability to attract the attention of a leader can become restless when a leader is not present. For some participants a leader is a source of security that provides the motivation to have a go and to feel safe. If they are not there, restlessness, insecurity or fear may lead to adverse behaviour. Leaders need to coordinate time away from participants and ensure that some leaders are always available for supervision. It is important that leaders are rostered to certain tasks to ensure that each situation is supervised.

Depending on the program, the organisation and the needs of the participant, a leader may be required to be with the participants with disabilities throughout the night. This usually involves sleeping in the same dormitory with them. Leaders would usually take turns to do this but it is important that a leader is not alone with a participant overnight to avoid any potential allegations of inappropriate behaviour.

Under the direction of the coordinator, the leaders should give consideration to areas of behaviour and discipline before the program. The following areas should be considered:

- Consensus reached as to what is and what is not acceptable behaviour;
- Discussion of consistent strategies to deal with inappropriate behaviour;
- Relationships between participants and leaders. What is acceptable contact and how to handle what is agreed unacceptable contact;
- Lack of cooperation during meal times, bedtimes, during activities and the impact that this may have on the participant's safety and wellbeing;

- Non-participation in program activities, at meal times and other events;
- Bad language, what is acceptable and what is unacceptable and how to deal with it;
- Bedtimes, practical jokes, respect for people, property and possessions;
- Behaviour management strategies to be applied by all leaders; and
- Use of radios, phones and other electronic devices.

Leaders' discussions about behaviour and rules should be extended to include the participants, encouraging them to be involved in the making of rules and to decide on appropriate discipline measures that should take place if rules are broken.

4.7.1 SEXUAL BEHAVIOUR

People who attend programs include participants and leaders of mature age. They may be sexually active and choose to be so when on a program. Some participants and leaders may come to program with a partner and wish to continue their normal sexual relationship.

Whatever the relationship of participants or leaders, it may be reasonable to restrict sexual activity, and the right to sleep together particularly where facilities are limited.

Usually at a camp, sleeping accommodation provides facilities where males are accommodated in one or more areas with females in other areas. This arrangement provides for the privacy needs of participants. At some camps, where facilities can accommodate this, couples can make arrangements for shared sleeping accommodation.

It is important to be aware of the rights of the mature person with a disability to make decisions and to have the freedom to follow through the decisions they make. It is important to have guidelines that will be adhered to by participants and leaders alike.

These guidelines should be made known to participants, leaders and parents/caregivers before the program. It is not unusual for leaders to become well acquainted with other leaders. Often leaders develop friendships that continue for a long time. It is important in this situation not to let friendship interfere with program processes. Excessive physical contact between certain participants or

between certain leaders can be a source of tension or embarrassment to others on a program.

This can become a sensitive situation for a leader to confront. He/she will need to carefully weigh up the individual rights of those who may be embarrassed and those who are causing the embarrassment. The question arises – should leaders and participants, who are not behaving illegally, be asked to conform to program policy?

Where the situation causes sufficient discomfort to have a negative impact on the conduct of the program, the coordinator or a leader should:

- Gently but firmly explain the position fully and discreetly, and invite cooperation for the sake of the whole program;
- Encourage the adherence to program guidelines for the sake of other participants; and
- Make sure that their own behaviour is in keeping with program guidelines and set an example.

It is recommended that sleeping arrangements while on a camp should not be of mixed sexes. To adequately supervise and assist participants with disabilities, leaders assisting their one-to-one may intrude on other participant's privacy.

Sexuality can be expressed in many ways and therefore it is inappropriate to make rules. It is however important that all participants are aware of appropriate and acceptable behaviour. It may be necessary to develop some simple program rules, e.g. it is not acceptable that campers or volunteers/staff touch anyone sexually without that person's consent; it is not acceptable that campers or volunteers/staff stare at others in a sexualised way or a way that makes others feel uncomfortable, it is not acceptable for campers to masturbate, unless in a private room.

Leaders through their behaviour and interaction with participants and other leaders should show a balanced view of sexuality and relationships with others. The sport or active recreation program experience should be a positive one and help young people to understand quality human relationships.

Further information – relating to specialised sexual support needs for people with disabilities refer to Family Planning Victoria Disability Health support – www.fpv.org.au

4.7.2 SMOKING

There are many good reasons why smoking should not be permitted at a program. A policy will affect leaders as well as participants. It may be difficult for participants to accept a no smoking policy as they may think that their freedom and right to decision making is being restricted. Your organisation will have a policy in this area.

It is important to handle this area sensitively. The coordinator should discuss smoking with leaders prior to the program. If all leaders agree to a no smoking policy, the coordinator should ensure that the same provisions apply for mature age participants and that normal workplace procedures are implemented.

People in a place of employment have the liberty to smoke in certain designated areas. In the school environments, for example, this designated area must be out of the view of students. In the sport or active recreation program situation this is good model to adopt. If a leader wishes to smoke it should be in a designated area that is not in the view of participants. Mature age participants should also be able to use this area. Before a leader leaves to have a smoke in the designated area, this must be communicated with another leader and alternative supervision must be organised. If a participant wishes to smoke, the participant should inform the leader. The participant's whereabouts should be known at all times. Where a number of mature age participants choose to smoke it may be desirable to give a leader who smokes the task of supervising those participants.

Should an accident occur, it is important to report the incident on an Incident Report Form/Book, as soon as practical after the incident.

4.8 Incident Reports

An incident is an undesirable event or an unusual incident that may have affected the safety of a participant or the group of participants whilst on a program.

Should an accident occur, it is important to report the incident on an *Incident Report Form/Book*, as soon as practical after the incident.

The *Incident Report Form/Book* must be given to the coordinator or program manager who will take the required action.

Alert the management of an organisation to problems so that assistance can be given to reduce the likelihood of the incident happening again.

This procedure will:

- Provide means of quickly identifying unmet needs for extra support or training;
- Provide a picture of developing patterns of incidents;
- Provide both positive and negative information on leader performance;
- Provide a safe guard for both participants and leaders by helping identify training needs or changes in procedures; and
- Provide a record of the incident in case later reference is needed, e.g. for a court case.

The *Incident Report Form* should contain information about:

- What happened;
- Where it happened;
- When it happened;
- How it happened;
- Who was involved;
- How serious it was; and
- What was done and by whom to assist in the incident.

The report should include enough details so that the management of an organisation will have a clear idea about the incident.

A leader should not be concerned about completing too many *Incident Report Forms*.

If a leader considers that an incident should be reported, it is best to fill in a report.

If an incident is not reported, the safety and care of the participant involved as well as the safety of the leader and other participants may be jeopardised. This may prevent appropriate action being taken for dealing with undesirable behaviours or events, so that further incidents can be avoided.

If an incident is not reported, the safety and care of the participant involved as well as the safety of the leader and other participants may be jeopardised.



Examples of incidents that require reporting:

CATEGORY THREE INCIDENTS:

- Errors in medication;
- Epileptic seizures of a serious nature;
- Health problems;
- Threatening disturbances at night including nuisance phone calls and strangers at the site; or
- Verbal and attempted physical abuse by participants.

CATEGORY TWO INCIDENTS:

- Those that affect an individual's care, safety and wellbeing, e.g. serious medical problems or self-mutilation;
- Related to unauthorised leave, e.g. a runaway; or
- Involves serious behaviour disturbances of participants, e.g. fighting between participants.

CATEGORY ONE INCIDENTS:

- Death by natural or non-natural causes, e.g. suicide, drowning;
- Serious injury to participants, e.g. injury in a fire;
- Serious offence alleged to have been committed by participant involving the police;
- Injury involving hospitalisation or death, e.g. as a result of a heart attack;
- Serious threat to a person, e.g. participant threatening with a knife, or violent outbursts;
- Events with health and safety implications, e.g. fire hazards such as the storage of chemicals or an attempted breaking and entering;
- Abduction of a participant; or
- Events that may be of significant interest to the media.

Note: All incidents must be reported to the coordinator and organisation management immediately. They will take the necessary follow-up action.

4.9 Grievance Procedures for Volunteers

In the performance of their role as a leader, a volunteer may experience some difficulties or problems in attempting to carry out their role. This may cause the leader to become frustrated or upset, which if not addressed may lead to further difficulties or it may affect the smooth conduct of the program.

Volunteers have the right to make a complaint if they are not happy with something that has happened or with the level of support that they are getting from the organisation and/or any of the staff. Most organisations have a procedure by which grievances and complaints can be addressed. It is worthwhile to find out about this procedure so that you know how to take action should you find yourself in a situation where you think you may need to.

Some grievances may be personal and affect you in adequately carrying out your role of a leader. Other grievances may involve incidents or actions that affect the quality of the program experience for all participants involved and therefore it is important for the organisation to be made aware of them.

Before you make a complaint

If you have identified a problem or difficulty that you feel others should be made aware of, it is important that you follow it through and report a complaint. What you have to say is important and will be listened to. You will not be considered a troublemaker but rather someone who is concerned about the quality of the organisation's program. If you have any ideas about how to improve things, the manager of an organisation will be pleased to listen to your ideas.

Think carefully about your complaint before you make it, so that you are clear in your own mind about the nature of your complaint. You may wish to discuss your concern with a colleague first and seek their assistance in making the complaint.

If you have a complaint to make, firstly you should discuss the complaint with the Coordinator or Program Manager. If the complaint involves the Coordinator you should talk to the organisation's manager. Your complaint will be investigated and will involve further discussions with you and possibly other people. If the complaint is about

another person you may be asked to talk to this person in the presence of the coordinator or program manager, who will help you in these discussions.

If you are not satisfied with the way that your complaint is being handled you may discuss your concerns with a director of the organisation.

Grievance procedure

1. Think about the complaint and be clear about your concern before reporting it.
2. Discuss your complaint with the Coordinator or Program Manager promptly.
3. If you are not satisfied with the way in which your complaint is handled, discuss this with a more senior person in the organisation.
4. Consider your reporting of complaint as a right and your contribution to the maintenance of a quality sport and recreation program for people with disabilities.





This section has been designed as a resource of activities and games that you can use with your programmes. Activities are a fun way to be active and encourage cooperation rather than competition. These activities will encourage people to participate alongside each other rather than against each other, and invite participants to have fun together regardless of age, ability, body type, ethnicity or gender.

5.1 Guidelines for Group Organisation and Programme Planning

In any situation when working with any part of the population it is very important to treat individuals with respect and allow them the opportunity to participate in activities that will be fun, develop confidence and self-worth, increase body awareness and improve body image, develop a sense of sportsmanship and fairplay, develop cooperation and consideration for others and develop awareness of potential.

It is important when working with any group to check whether the activities being undertaken are appropriate for the participants. Often a simple modification of the rules or equipment will make an activity appropriate and enjoyable for everyone. Some simple activity adaptations that could be included in your programme are:

- Use lighter bats or racquets and/or shorter handles.
- Allow for more bounces in a game, e.g. tennis or table tennis.
- Reduce the size of the court or playing area for soccer, hockey, and tag games.
- Use lighter, bigger balls to be hit any number of times, e.g. volleyball.
- Substitute players regularly.
- Lower nets.
- Allow runners for cricket, softball etc.
- Use a stationary ball instead of a pitched one.
- Reduce the competitive element.
- Vary time restrictions on games and activities as necessary.
- Swap walking for running.
- Make small groups of similar abilities, this allows for individual progress at different levels.
- Make large groups of differing abilities.
- Use visual aids and demonstrations to model the activity.
- Use language that is appropriate to the group.

(Australian Sports Commission, 1995)

5.2 Great Games and Activities

ICE-BREAKERS

These activities provide an opportunity for the participants of your group to “get-to-know-each-other”, and to begin feeling comfortable with one another. Even if the participants know each other pretty well, ice-breakers will always start your program off with a few laughs.

Categories

This activity is great for large groups. Ideal for mixing people in a fun non-threatening manner, and help people find things in common with others.

Area required: An open space.

Number of participants: At least 10, and up to as many as you have.

What to do: Ask your group to separate quickly into smaller groups that you are to announce. For mixing purposes, you should alternate two-group splits with multi-group splits. As soon as the groups have formed, give the participants to say hello to one another. Once they have had a chance to say a quick hello, move to announce the next split.

Here are a few sample group categories. Don't hesitate to make up your own.

- Everyone fold your arms. If your right arm is on top, get together with the right-armers. Left armers do the same.
- What month were you born in?
- How many children in your family, including yourself?
- Which leg do you put into your pants first?
- Which side of the bed do you get out of in the morning?
- What colour are your eyes?

Gotcha

Never fails. Excellent for filling in a few minutes of spare time, or simply producing raptures of laughter.

Area required: An open space.

Number of participants: At least 4, and up to as many as you have.

What to do: Ask your group to form a circle, facing inwards and standing side by side. Hold your right hand out to your right side (about shoulder height) with the palm facing upwards. Next, extend the index finger of your left hand and place the tip of it on the palm of the person's hand on your left. You are now ready to start. On the command “Go”, everyone tries to catch the finger of the person on his or her right side. Of course, they are also trying to avoid being caught by the person on their left.

Fill Me In

A name reminder game with lots of people calling out names, with a chaotic combination of crossings.

Area required: An open space.

Number of participants: At least 10, and up to 30.

What to do: The action begins when one person steps into the circle – at the same time announcing the name of someone who is directly opposite them – and walks towards that person. The first person “fills the space” of the newly announced person as they move into the centre of the circle who immediately calls out someone else's name and the process starts all over again. In and out, in and out. Eye contact and careful movement are important here.

Knots

A great way to get to know people very quickly and provides for cooperation to get out of the knot.

Area required: An open space.

Number of participants: At least 6 and up to 20.

What to do: Participants form a circle. All reach into the centre and grasp someone-else's hand making sure they are not holding hands with the same person. Without breaking grip, let the group untangle themselves.

(Source: Project Adventure Australia, 1996)

TAG GAMES

Although primarily fun, tag activities are useful as warm-up exercises as well as to provide a setting wherein participants are able to take some risks.

Elbow Tag

Area required: An open space.

Number of participants: At least 10, and up to 30.

What to do: Ask each person to find a partner, and link arms/elbows with him or her. Their outside arms should be positioned like a tea cup handle (with hand on hip). If you have an uneven number of people, create one trio. Each pair is then encouraged to find their own space (within specified boundaries) so that they are not close to other pairs.

Next two people volunteer to become a cat (the chaser) and a mouse (the chase). The chase occurs in and around the other pairs, who are fixed in their positions, until either the mouse or the cat chooses to link (outside) arms with any one of the linked pairs. Two's company, but three a crowd. So the person opposite the mouse must link elbows with one of the members of a pair to be safe. The other members of the pair must immediately take off to prevent being caught and look for an available elbow to link with. The cat can also link with a pair and so releases a new cat, where the mouse (or cat) just linked becomes the new mouse (cat). And so the chase continues, but with a new mouse (cat). When a tag is made, the roles reverse, i.e. The cat becomes the mouse and vice versa. As your group appears to grasp this tagging concept, introduce a second (and third!!) "cat" and "mouse" for increased action and fun.

Head-Butt Tag

Area required: An open space.

Number of participants: At least 10, and up to 40.

What to do: Instruct your group to spread themselves randomly about the playing field/space. Explain that there are two "teams" – heads and tails (or "butts") – and everyone gets to choose to which team they (initially) want to belong. To be on the "heads" team, participants must place both of their hands on top of their head, while everyone belonging to the "butts" team will place their hands on their bottom.

From the centre of the field, you announce that you will count to three quickly, at which point everyone must have demonstrated an affiliation with either the heads or butts team. On three, the chase begins. Heads chase butts, and butts chase heads. When a tag is made of a member on an opposing team – by removing one hand from a

head or butt to touch another – the person who is tagged automatically becomes a member of the team that just "caught" them. It continues until everyone belongs to the same team, or it seems that most people are pooped!

Variation: Toss a coin in the middle of the field, and shout the heads or tails outcome. The team that is announced chases the other team. Game continues until everyone is caught. Play several quick rounds.

Walk Tag

Area required: An open space.

Number of participants: At least 10, and up to 40.

What to do: Instruct everyone in your group to find someone to be their partner. As in all classic tag games, one of them has to be "it", i.e. the person doing the chasing. The object of the game is for this person to tag only their chosen partner, who of course, attempts to keep from being tagged. If a tag is made, they switch roles and the chase now becomes the chaser. Two rules apply though. Only walking is allowed (no running) and every person must avoid touching anyone else in the pursuit of, or escape from, his or her partner.

Variation: If appropriate, restrict the playing area to achieve a heightened awareness of people's personal space, as well as individual safety.

Amoeba Tag

Area required: An open space.

Number of participants: At least 10, and up to 40.

What to do: Two people are it. They hold hands and chase the other participants around until they catch someone. When they catch another participant they join the chain by linking hands. When another person is caught they can stay together or split even numbers (2 by 2 or 4 by 4 etc.) and can link together at will. This game is played until nobody is left.

(Source: Project Adventure Australia, 1996)

TRUST EXERCISES

Trust is a fragile thing, and should be developed slowly and purposefully. While trust is involved in every activity of a program, a series of dedicated “trust” exercises can provide an opportunity for participants to trust their physical and emotional well-being at a higher level.

Hog Call

A grand excuse to make a lot of noise, and have lots of fun.

Area required: An open space.

Number of participants: At least 10, and up to 40.

What to do: Ask your group to form a line. Now fold the line in the middle so that each faces the other. Everyone should be facing one other person, to form a pair. Explain that you would like each pair to share a matching set of words or sounds, to form a pair. Explain that you would like each pair to share a matching set of words or sounds, such as peanut butter, coca-cola, salt-pepper, etc. In addition, each person should choose one of the words or sounds as their own. After a moment, ask each pair to announce their word. This will allow everyone to enjoy the melee of the more inventive selections, as well as ensure that there are no duplications. Move each line away from each other (maybe the ends of each room). When they get there, each person will turn away from their partners and close their eyes. The object is to have each person find their partner by shouting their partner's “word”. For example, if I am “peanut”, I would yell “butter” over and over until my partner and I found each other. When the pairs finally find each other, invite them to open their eyes and enjoy watching the melee of name shouting around them.

Variation: Use animal sounds instead of words.

Compass Walk

Area required: An open space (but not necessarily flat space).

Number of participants: As many as you have.

What to do: Ask your group to divide into pairs. To start, one person identifies a distant object from across the playing field – a tree, a rock, a light pole etc. – and announces the object to their partner. With their eyes completely closed (no peeking) they begin to move directly towards it. Their aim is to walk “straight” to the object, pursuing accurate distance and direction. The partner remains silent but – to ensure a safe arrival – does stop them just short of any collisions with “unplanned obstacles”. Note: the tendency is for people to veer either left or right. The looks on people's faces when they discover how far off they were is worth bottling.

Circle Squashers

See how many people you can fit into the circle!

Area required: An open space.

Number of participants: At least 10, and up to 30.

You will need: A circle marked on the ground (use chalk) around 60cm in diameter.

What to do: The participants need to climb on top of each other and help to fit as many people as possible in the circle, circle but do not let any part of the participants bodies touch the ground or hang outside the circle.

(Source: Project Adventure Australia, 1996)

INITIATIVES

Group problem solving activities, or initiatives provide an opportunity for participants to effectively communicate, co-operate and interact with each other to solve a problem, which often has more than one “answer”.

Mute Line-Up

Area required: An open space.

Number of participants: At least 10, and up to 30.

What to do: Instruct your group that from this moment on they are all mute. That is, they cannot talk. Then explain that you would like them to form into a straight line according to some criteria. Examples include height, age, date of birth (not including the year), shoe size etc. Make it specifically challenging for the group. When it is obvious that the sequenced solution has been achieved, ask the group to announce the “order” of their line.

Everybody Up

Area required: A flat open space.

Number of participants: At least 10, and up to 30.

What to do: Ask your group to split into pairs, preferably seeking partners of approximately the same size. Each pair sit facing one another with the balls of their feet touching, knees bent and hands tightly grasped. From the sitting position ask each duo to try and pull themselves into an upright sitting position. If successful, ask them to add another duo and embark on four person exercise, and then another, and then another and so on.

Variation: Ask participants to sit back to back with their partner, and try to stand as a pair. With each success, add a further duo, etc. Beware, interlocked arms from this position may dislocate shoulders and should be avoided.

The Clock

Area required: A dry flat space.

Number of participants: At least 12, and up to 30.

What to do: Invite your group to form a circle, sitting on the floor with their butts on the ground. Each person should be close enough to hold onto their neighbour's hands. With their hands held and butts on the ground, this is the starting position. Explain to the group that on the call of an appropriate sounding signal they are to stand up, rotate a full 360 degrees in a circle back to their original positions, then change direction and rotate back to their spots, where they will stop and sit down together. Their goal is to complete this routine in the fastest possible time. Provide your group at least 2 attempts to set a nominal world record, and a third attempt if they choose. Ensure that participants start and finish with their butts on the ground, maintain their grip at all times,

and are sensitive to whipping their slower participants around the circle at “break-neck” speed.

Variation: For a different challenge, ask the group to beat a specific time. On average, it takes about one second per person (plus a couple for safe measure) to complete the required rotations.

Magic Shoes

Area required: A flat open space.

Number of participants: Recommended between 10-15.

What to do: Make out two parallel lines on the ground of whatever length, and about ten metres apart – distance is not a critical factor though. Your group starts behind one of the lines, and their object is to get from this position, across the “poison quick sand” to the other line. At their disposal, your group is given an imaginary pair of “magic shoes”.

Explain to the group that it is not possible for anyone to enter safely into the “poison quick sand” pit. However, the magic shoes will permit whoever is wearing them at the time to walk through the pit unscathed. But, and here's the catch, these shoes are so special; they can only be worn once by the individual, and then only in one direction. The shoes can only be worn by one person at a time, and they can't be thrown across the pit. Typically the solution will require at least one or more people to piggy back another person.

Variation: Although very difficult to achieve, you may instruct the group to complete the crossing in as few trips as possible or give the group a time to complete the crossing of all participants.

Circle the Circle

Area required: An open space.

Number of participants: At least 10, and up to 30.

What you need: Two hula hoops.

What to do: Ask your participants to form a hand-in-hand circle. Place two hula-hoops together between 2 people (resting on their grasped hands). See how quickly the participants in the circle can cause the hoops to travel around the circle in opposite directions, through each other (i.e. hoop through hoop), and back to their originating position.

(Source: Project Adventure Australia, 1996)

ENVIRONMENTAL ACTIVITIES

These activities have the added attraction of being explorative and educational held in the outdoors. The activities encourage participants to explore, examine and appreciate the natural world we live in and discover interesting and exciting things along the way.

Night Animals

What to do: In the natural environment, it is often possible at night to observe nocturnal animals. Have your group walk slowly in pairs along a trail, with each pair having a strong torch. Encourage them to search for creatures of the night by listening for animal sounds. Do not pursue animals, just observe them. After experiencing this, try sitting quietly, with torches turned off, listening to the night sounds.

Stations

Area required: An open space with trees, rocks, logs and as many natural items as possible.

Number of participants: At least 10, and as many as you have.

What to do: A course is marked out along a pre-determined route, with set stations along the way. Participants work their way along the course in pairs. At stations they may have the following set up:

- List all objects within a designated area that are foreign to the environment (i.e. plastic, cloth)
- Identify the different types of trees or flowers
- Look and identify different animal or insect habitats.

The game continues with the leader setting the course according to the nature of the environment. When all participants have returned “home” their findings are discussed with each other.

Blindfolded Sense Trail

Area Required: An open space with trees, rocks, logs and as many natural items as possible.

Number of Participants: At least 10, and as many as you have.

What you will need: Blindfolds (old male ties work well).

What to do: In pairs, participants lead each other by the hand or arm. The leader is sighted, the other person blindfolded. The leader walks slowly, introducing the partner to the environment through touch, smell and taste. Neither party speak during this time. After a period of 10 minutes, players swap roles.

When all participants have tried both roles, the group leader initiates an open discussion about what they experienced. Participants can be encouraged to discuss their experiences through questions such as:

- How does it feel to walk with your eyes closed?
- Was the earth warm or cold?
- What does moss feel like?
- What did you smell during your walk?
- How many types of leaves did you touch?

Spot the Red Rag

Area required: An open space with trees, rocks, logs and as many natural items as possible.

Number of participants: At least 10, and as many as you have.

What will you need: A red cloth or flag (tea towel works great).

What to do: The leader marks out a designated area where there are ample trees and shrubs to play the game. Participants are divided into two teams. One team takes the “red rag” and finds a tree, branch or clumps of bushes. They place the “red rag” in this setting so that it is cleverly camouflaged but still within view and able to be spotted by the teams during the game. They return to base. The other team then goes out and is timed on how long it takes them to find the “red rag”. Teams then change over, and the winning team is the one who finds the “red rag” the quickest.

Prey and Predator

Area required: An open space with trees, rocks, logs and as many natural items as possible.

Number of participants: At least 10, and as many as you have.

What to do: One person is selected as prey and the other players become predators (for example, lamb and foxes). The prey stands with its back to the predators who are spread out about 40 metres away lying low to the ground. Once the game starts, the predators sneak slowly towards the stationary prey. The prey is only allowed to turn around and point to an advancing predator if it has heard them move. If the prey has heard correctly, then the predator is out of the game. The surviving predators keep sneaking up as the prey tries to survive through careful listening. The predator’s objective is to grab the prey; the prey’s objective is to hear and then catch out all the predators before they get caught!!

(Source: Life Be in It, 1999)

INTERNATIONAL GAMES

Here we present games from around the world. All have been tried and tested and proven to be lots of fun. In presenting these international games to your participants, try combining them with dance, music, crafts, food and the language of the country. Present them with colour and flair and enjoy the culture of other countries.

Stoop Tag (Philippines)

Area required: An open space.

Number of participants: At least 10, and as many as you have.

What to do: Participants avoid being tagged by bopping or squatting. A player can only bop or squat three times and then has to run to avoid capture. Ensure you have a defined area for playing this game.

The Lion and the Goat (Africa)

Area required: An open space.

Number of participants: At least 15, and as many as you have.

What to do: A large circle is formed with participants at arms distance from each other. The “goat” grazes inside and the “lion” roams outside. Every now and then the “goat” runs out of the circle to challenge the “lion” to catch it, before running back inside the circle (which is safe ground). When the “goat” is caught, that player becomes the “lion”, the previous “lion” becomes part of the circle and a new “goat” enters the circle.

Tail Tiggy (Greece)

Area required: An open space.

Number of participants: At least 10, and as many as you have.

What to do: Players are informally scattered in a designated area. They each have a tail (handkerchief) tucked into their clothes at the waist. Each tries to guard the tail without touching it, and at the same time tries to capture someone else’s tail. The winner is the player with the most tails after three minutes.

Keep the Bird Alive (Denmark)

Area required: An open space.

Number of participants: At least 10, and as many as you have.

What you will need: A blown up balloon untied at the mouthpiece.

What to do: Players sit in a circle. The blown-up balloon is passed from one player to the next, each player attempting to stop the air from escaping. The aim of the game is not to be the player who is left with the balloon when all the air is gone.

(Source: Life Be In It, 1999)

OLD TIME FAVOURITES

Old time favourites are games and activities that have been played for many years in school grounds or playing them for hours in your neighbourhood. Most of these activities have simple rules and use basic equipment.

Three-Legged Race

Area required: An open space.

Number of participants: At least 10, and as many as you have in even pairs.

What you will need: Blindfolds (old male ties work well).

What to do: Participants pair up with inside legs joined together at the ankles. The ankles are tied together loosely with a tie. They then race against other pairs, or join up in teams and enjoy relays.

Poison Ball

Area required: An open space.

Number of participants: At least 10, and as many as you have.

What you will need: Soft ball, larger than a tennis ball.

What to do: Two players stand 2 metres apart. One of them has the ball that is thrown towards the other player in an attempt to hit them. The opponent tries to avoid the ball by dodging the ball. If the player is hit they are out and wait for the next game until all centre players have been hit.

Egg and Spoon Race

Area required: An open space.

Number of participants: At least 10, and as many as you have in even pairs.

What you will need: Eggs (hard boiled or mock eggs) and dessert spoons.

What to do: Players form into relay teams, with each team having one spoon and one egg. The aim of the game is for the players to run as fast as they can carrying the egg sitting in the spoon in front of them. If the egg drops, it must be collected with the spoon and they continue on. The race finishes when all team member have had a turn bringing up the egg in the spoon.

Tunnel Ball

Area required: An open space.

Number of participants: At least 12, and as many as you have.

What you will need: A netball, volleyball or small soft ball.

What to do: Players in each team stand in line with their legs apart – about 1 metre between each other. The player at the head of the line holds the ball. On a command, the head players pass the ball under the legs to the next person in their team, who must touch the ball before passing it to the next player. The ball is then passed down the line, through the legs of all players. The last player grabs the ball and runs to the top of the line. As this is happening, all players step back one pace, so that the last players come to stand where the first player originally was. The game continues until all players have had a turn of running to the head of the line, and the leaders have come back to their original position at the heads of the teams.

Variation: Try “Under and Over” relay, which alternates the tunnel ball action with bending backwards to pass the ball.

Sack Races

Area required: An open space.

Number of participants: At least 10, and as many as you have.

What you will need: Hessian sacks.

What to do: Have participants jumping, 2 legs together in a sack towards a finishing line. This race can be quite exhausting, so the distance raced should be appropriate to the age of the participants.

(Source: Life Be in It, 1999)

CRAFT

These activities may require some preparation and planning but generally you can do most of these with minimal products and things you can often find in the recycle bin or on your program. Lots of creative fun and enable participants to make something to take home with them after the program.

Balloon Heads

What you need: Balloons, plain flour, water, funnel, teaspoon, permanent marking pens.

What to do: Together, blow up the balloons and then deflate them. Put the funnel into the balloon's mouth and carefully spoon in as much flour as you can. Don't over fill the balloon. Add a little water to make the flour pliable and tie up the balloon. Participants will love making faces on their balloon heads with the markers and then moulding them to make funny facial features – big ears, squashed noses and fat cheeks!

Pet Rocks

What you need: Smooth creek or river bed rocks, paints and collage material for decorations (googly eyes, pompoms, glitter).

What to do: Help participants collect rocks from a river bed or beach (otherwise you can buy bags of rocks from hardware stores) then decorate the rocks to make them look great. You can even make boxes for them to live in.

Sand Paintings

What you need: Fine sand, powder paints, large salt shakers, glue, paper or card.

What to do: Put some fine sand into each of the plastic containers and mix a little of the powder paint with the sand so you have a variety of colours. Participants use glue to draw a picture and then sprinkle sand over the glue to form a picture. Leave to dry completely and then display.

Bath Fizz

What you need: Bicarbonate of soda, glass bottles with lids, measuring cup, cornflour, cream of tartar, essential oils such as lavender.

What to do: Measure three-quarters of a cup of bicarbonate of soda, two tablespoons of cornflour and half a cup of cream of tartar. Stir well and break up any lumps. Add a few drops of essential oil and mix well again. Put into jars and put lid on them. Ready to be used, add to few teaspoons to a bath and watch them fizz.

T-Shirt Art

What you need: Plain t-shirt, fabric crayons (available from art and craft stores) white paper, iron and ironing board, tea towel.

What to do: Suggest to participants that they work out their design before drawing it with fabric crayons. When they have done that, they draw the design on the white paper, colouring as heavily as they can. (Remember if they are writing words it will come out reversed!)

Put a tea towel on the ironing board and pull the front of the t-shirt through the board (This will stop the design going through to the other side of the t-shirt). Place the drawing face down on the fabric and do the iron over the top. Press down the warm iron all over the design (don't move the iron back and forth or the design will blur). The picture will transfer to the t-shirt. Remove the piece of paper and the t-shirt is ready to wear.

(Source: TV Free activities, 2002)

COOKING

Cooking is a great activity to get everyone involved in and provides an opportunity to do an activity that is less physical and great to do indoors or over a campfire. We have provided some yummy recipes to make and enjoy.

Banana Pancakes (Makes 12)

What you need: 2 ripe bananas, 1 egg, $\frac{3}{4}$ cup milk, 1 tbs butter, 1 cup self-raising flour.

What to do: Mash bananas well. Next break egg and whisk well into the bananas until smooth and creamy. Add the flour and $\frac{1}{2}$ of the milk and beat for 1 minute with a large spoon. Stir in the rest of the milk. Cover the mixture with a clean tea-towel and allow to stand for about 30 minutes. In a frypan add a teaspoon of butter and pour or ladle in some of the mixture to form small pancakes. When bubbles appear on the side turn carefully with an egg flipper and cook until golden brown on the other side. Serve with ice cream and maple syrup.

Chocolate Crackles (Makes 12 large)

What you need: 4 cups Rice Bubbles, 1 cup desiccated coconut, 3 tbs of cocoa, 250g copha, $1\frac{1}{2}$ cups of icing sugar.

What to do: Sift icing sugar into a large bowl. Next add all the dry ingredients to the icing sugar. Meanwhile, melt the copha gently in a saucepan and cool a little. Carefully pour the copha into the bowl of the dry ingredients. Mix well and then spoon filling into patty cases. Cool on a tray in the refrigerator and enjoy!

Coconut Macaroons (Makes 24)

What you need: 2 cups of desiccated coconut, 1 cup of castor sugar, 2 eggs, 2 tbs cornflour, pinch of salt.

What to do: Measure all dry ingredients into a mixing bowl. Next beat the eggs well and add to the dry ingredients. Mix them together well. Grease your biscuit trays and cover with baking paper, as macaroons tend to stick to the tray. Place teaspoons onto the trays, leaving macaroons room to spread. Bake in a slow oven of 150°C for about 15-20 minutes. Leave to cool on tray for 5 minutes before removing.

Vegetable Soup with pasta (Makes enough for 6)

What you need: 2 medium carrots (diced), 2 celery stalks (diced), 1 potato (diced), $\frac{1}{2}$ cup peas, 1 large tomato (diced), 1 parsnip (diced), 1 zucchini (diced), 1 small onion (diced), 100g bacon pieces, olive oil, 1 stock cube, $\frac{1}{2}$ cup dried small pasta.

What to do: Prepare vegetables. Cook bacon and onion with a little oil in a large saucepan. Add the remaining

vegetables and cook for 2 minutes. Add some water, the stock cube and the pasta. Bring to the boil and let it simmer for at least 30 minutes. Delicious served with crusty damper/bread.

Damper

What you need: 3 cups self-raising flour, $1\frac{1}{2}$ teaspoons salt, 90g butter, $\frac{1}{2}$ cup milk, $\frac{1}{2}$ cup water, extra flour.

What to do: Sift flour and salt into a bowl, rub in butter until mixture resembles fine breadcrumbs. Make a well in the centre of dry ingredients, add combined water and milk all at once; mix gently with a sharp knife in cutting motion. Turn out on to a lightly floured surface, knead lightly. Knead dough into a round, place in camp dutch oven and with a sharp knife cut two slits across the dough like a cross. Brush top with milk, sift a little extra flour over the dough. Bake in coals or hot oven for 20 minutes until golden brown. Remove and enjoy with warm butter.

(Source: TV Free activities, 2002)

ADDITIONAL LINKS

http://www.kidspot.com.au/kids-activities-and-games/index.asp?utm_source=ActivityCorner&utm_medium=subnav&utm_campaign=kids-activities-and-games

<http://www.essentialkids.com.au/younger-kids/kids-activities-and-worksheets?gclid=CKHW5a6b4rcCFcYipQodmTUAWg>

http://www.ausport.gov.au/_data/assets/pdf_file/0010/448606/Sports_Ability_2_Cards.pdf

http://www.ausport.gov.au/_data/assets/pdf_file/0009/448614/Indigenous_Sports_Ability_activity_cards.pdf

<http://www.playmeo.com/markcollard>

MY OWN ACTIVITIES

MY OWN ACTIVITIES



6 **Volunteer Management – Staff Section**

What is Good Practice?

Because volunteers are such an integral part of sport and active recreation organisations it is important that they are managed in ways which make them feel valued and part of organisations. This is the essence of good practice in volunteer management. Volunteers who feel that they make a worthwhile contribution to their organisation, are appropriately rewarded and recognised, and feel respected are more likely to contribute to that organisation again. Many sport and active recreation organisations argue that it is difficult to recruit and retain volunteers and often seem to assume that the problem is somewhat the volunteer's. However, such organisations need to examine their volunteer management practices in order to determine the extent to which volunteers feel valued and a worthwhile part of the organisation.

There is no agreed upon set of volunteer management activities that will guarantee positive outcomes for volunteers. Approaches may vary to suit each organisation's particular circumstances.

What Defines a Volunteer?

Volunteering Australia defines a volunteer as 'a person who chooses to contribute their time, skills and experience, for no payment (other than reimbursement of out of pocket expenses), to benefit the community'. An important notion in volunteering is freedom of choice. People who feel obligated or coerced into volunteering may not be as willing to contribute their time, skills or experience as someone who freely chooses to become a volunteer. Besides being clear about what defines a volunteer, it is necessary to have some understanding of why individuals volunteer and what they see as the benefits of being a volunteer.

Why do People Volunteer?

The predominant reasons for becoming a volunteer are:

- to help others or the community (altruism),
- to be with family or friends (social contact), or
- to do something worthwhile (personal satisfaction).

In order to recruit volunteers effectively, programs and organisations need to emphasise the opportunities that volunteering provides for social contact, to be community minded and to do something worthwhile. The table below explains these further.

VOLUNTEER MOTIVATIONS (VOLUNTEERING AUSTRALIA, 2012)

Rewards	Some volunteers are motivated by incentives and rewards, i.e. certificates, learning a new skill, discounts.
Doing Good	Altruism most common motivation identified by volunteers. People with the desire to help others and 'do good' have a strong sense of social responsibility.
I Believe/Ideology	Many people with a strong ideological commitment to social action, social reform, and environmental and global issues/bringing about change and fulfilling their beliefs.
Me, myself and I (Egotistic Factors)	These people have often experienced a life crisis and their volunteer work meets their psychological and emotional needs.
Life Cycles	People who reach a stage in their lives when their life stage circumstances attract them to volunteering, i.e. retirement, attending university.
Social Life	Meeting new people, having fun, leisure aspects and socialising.

What are the Benefits of Volunteering?

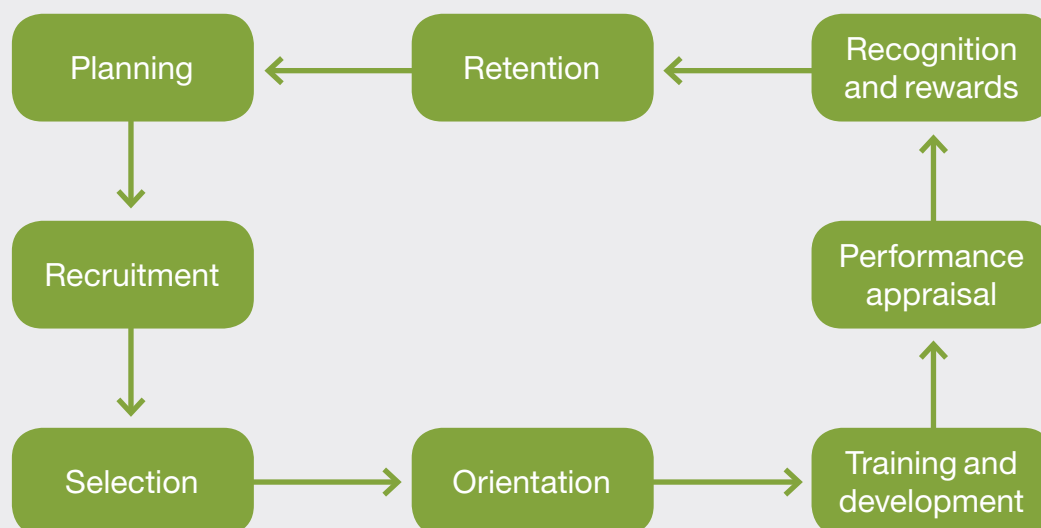
- Have fun
- Learn new skills
- Help others
- Share talents and abilities
- Fight boredom
- Make new friends
- Build self-confidence
- Explore career opportunities
- Gain a new direction in life
- “Give something back”
- Feel needed, useful and appreciated.

Volunteers Fill Many Roles

- Coach sport teams
- Organise fundraising events
- Look after equipment and facilities
- Prepare and maintain sport grounds
- Instruct, teach, lead a variety of activities and programs
- Act as officials, judges, referees, umpires
- Serve on committees as treasurer, secretary, patron, president, volunteer coordinator
- Promote activities and events.

The following section reviews the core concepts of Human Resource Management (HRM). It provides examples of the unique features of HRM within sport and active recreation organisations working with volunteers.

HRM refers to the design, development, implementation, management and evaluation of systems and practices used by organisations to recruit, select, develop, reward, retain and evaluate their workforce. The core elements of the HRM process are represented in the Figure below. The following phases are considered the core functions of HRM, although it is important to keep in mind that these functions will differ significantly on the size, orientation and context of your organisation in which they are implemented.



Adapted from Hoye et.al, 2012

PHASE 1: HUMAN RESOURCE PLANNING

This phase essentially is about assessing and forecasting the staff (paid and volunteer) needs of the organisation and is very important to ensure staffing levels are satisfactory with the program needs. In this phase program manager/coordinators must assess: whether current staffing needs will be adequate to meet future demand (or alternatively whether fewer staff will be required); whether staff turnover is predictable and can be accommodated; whether the ratios of paid to volunteer staff are appropriate or adequate; whether there are annual or cyclical fluctuations in staffing that need to be met and managed, and; whether specific capabilities will be required in the future that the organisation is currently lacking. After the job analysis, job descriptions should be constructed for each role (paid staff and volunteers). A job description specifies the title, supervision (who the person supervises and by whom the person is supervised), duties, conditions (e.g. days, hours, frequency) and specialised skills or qualification (e.g. coaching accreditation). A job description enables potential volunteers to understand what is expected of them before taking on a position. Areas to include in a job description are outlined below:

- Position title
- Responsible to
- Direct relationship with
- Purpose of role
- Key task and responsibilities
- Desirable personal qualities
- Experience and/or qualifications
- Timing (Approximately hours/days required).

An example of a job description can be found in the appendix of this resource manual.

PHASE 2: RECRUITMENT

Recruitment is the process of attracting new volunteers to sport and active recreation organisations. An important question to ask is 'Why do people want to volunteer for our organisation?' The personal benefits of volunteering are outlined in the table on p99. For voluntary positions the recruitment process is often informal and being able to attract a pool of qualified applicants can be a difficult task. Personal contact with potential volunteers, whether through friends, family or individuals already involved in your organisation are among the most frequently cited ways that volunteers first become involved in voluntary work. When recruiting volunteers, it is important to emphasise the benefits for volunteers, rather than the needs of the organisation. Many volunteers give up their leisure time to help sport and active recreation organisations and may not be attracted by work-like recruitment campaigns. Volunteers need to feel valued by the organisations and not feel as though they are being recruited to fill a position that no one else wanted.

Other examples of recruitment:

- Newspaper ads or stories
- Organisation websites
- Information sessions at conferences/seminars
- Community radio
- Television
- Direct mail
- Displays/booths
- Piggybank events, e.g. sport days, annual meetings
- Postcards to current volunteers to hand out to friends/family/others.

When recruiting volunteers, it is important to emphasise the benefits for volunteers, rather than the needs of the organisation.

PHASE 3: SELECTION

The selection process involves choosing the individual who best meets the requirements of a position. Depending upon the level of the position (policy/management or operational) the selection process can involve a number of steps which may include screening, formal interviews, testing, reference checks and additional checks such as working with children card and police checks. Industrial relations legislation covers a range of organisational and employment issues and these also relate to volunteers. It is important to comply with these laws and regulations throughout the HRM process so that your organisation is not exposed to claims of discrimination or bias (on the basis of race, colour, country of birth, ethnicity, disability, religion, sex, age, marital status, pregnancy or sexual preference).

Example questions **NOT** to ask in an interview may include:

- How old are you?
- Do you have a problem working with younger people?
- Are you married?
- Do you have any children?
- Where do you attend church?
- What are your views on taking prohibited drugs?
- Please send a recent photo with your application form.
- What are you going to do about your weight problem?

The following website will provide additional information in this area:

<http://www.humanrightscommission.vic.gov.au/index.php/the-workplace>

PHASE 4: ORIENTATION

Orientation is the final step in the recruitment process. New members are welcomed to the organisation and given details about their position, the day to day operation of the organisation, and introduced to key people. Taking up a new position is a critical period for new volunteers and for the organisation. Volunteers are making a transition from being an outsider to an insider within the organisation. New recruits cannot be expected to understand the requirements of their new position or how the organisation functions on a day-to-day basis. For example, a new Group Leader needs to know where the equipment is stored, how to access it, what to do in case of an emergency and so on. A well designed orientation process reduces stress on new volunteers, makes them feel welcome and may reduce the likelihood of turnover.

Orientation is based on the process of socialisation, which is about influencing the expectations, behaviour and attitudes of a new volunteer in a manner considered desirable by the organisation. Some organisations run formal orientation programs which prelude a more detailed training and development program. In many sport and recreation organisations, the orientation process is less formal, but not less important if volunteers are going to perform their new roles successfully.

Orientation Program Checklist Example:

- Provide an orientation guidebook or kit.
- Provide copies of current newsletter and annual report.
- Provide a copy of policy and procedure manual.
- Enter the name, address and contact details of each volunteer into the database.
- Gather and file copies of qualifications and accreditation certificates from each volunteer.
- Fill in appropriate paperwork and forms such as Working with Children Check and Police (crimcheck) checks.
- Introduce the organisation's culture, history, aims, funding, participants/members and decision-making processes.
- Introduce key volunteers and/or staff (and organisational chart).
- Outline the roles and responsibilities of key volunteers and staff.

- Detail the roles and responsibilities and accountabilities of the volunteer in their new role.
- Familiarise volunteers with facilities, equipment and resources.
- Explain and ‘walk through’ emergency and evacuation procedures.
- Familiarise volunteers with the organisations day to day operations (telephone, photocopier, keys, filing system, tea/coffee making, organisation processes and procedures).

(Source: Australian Sports Commission website at: www.ausport.gov.au)



PHASE 5: TRAINING AND DEVELOPMENT

The level of competency of volunteers can have a significant impact on the success of sport and active recreation organisations. Training is about teaching specific job skills whereas development prepares volunteers for future roles or responsibilities and satisfies individual’s needs for personal growth. Training and development should not only be offered to new recruits. Individuals who have been with your organisation for some time, but who are taking on a new role or planning to do so, will also need access to appropriate training and development opportunities. Training and development opportunities will vary widely from organisation to organisation and need to be adapted to suit the needs of individual volunteers as well as the organisation’s needs and level of resources.

Examples of training may include:

- Teamwork training
- First aid training
- Programming specific skills training, i.e. canoeing, high ropes course
- Group facilitation
- Sport coaching
- Food preparation and safety training
- Specific policies and procedures of your organisation
- Inclusive strategies.

Orientation is based on the process of socialisation, which is about influencing the expectations, behaviour and attitudes of a new volunteer in a manner considered desirable by the organisation.

PHASE 6: PERFORMANCE APPRAISAL

Good sport and active recreation organisations seek ways of maximising the performance and satisfaction levels of their volunteers. Performance appraisal is the process of evaluating the effectiveness of volunteers and providing them with feedback. Performance appraisals should recognise and reward volunteers who have done a good job and identify where improvements in volunteers' job performance can be made. Generally a performance appraisal is informal and a way of communication rather than a formal process. Mentoring can also be a way of allowing more experienced and skilled volunteers to share their knowledge with recently recruited or less experienced peers. It enables experienced volunteers to help improve performance through informal appraisals that occur as a result of a mentoring process.

Things you may discuss with a volunteer as part of the performance appraisal process:

- Volunteer expectations of the organisation towards their role.
- Specifics of the tasks the volunteer is involved with.
- Interpersonal skills with participants, other volunteers and staff.
- Training or development requirements.



PHASE 7: RECOGNITION AND REWARDS

Recognition is very important for valuing volunteers and their efforts within sport and active recreation organisations. All volunteers who volunteer for your organisation deserve some form of recognition even if it is a simple thank-you for helping out. Recognition and reward programs tend to work best when they are individualised, varied and open to new and interesting ideas. Forms of recognition and reward do not need to be complicated and expensive to establish and administer, but they are an essential component of effectively retaining the services of your volunteers.

Examples of ways to give recognition to your volunteers:

- Smile and say hello/thank you etc.
- Send a birthday card
- Arrange for discounts, i.e. gym memberships with your organisation
- Plan annual ceremonial occasions
- Recognise personal needs and problems
- Provide good orientation and training
- Award certificates or plaques for years of service
- Take time to talk and discuss with your volunteer(s)
- Carefully match volunteer with a role
- Celebrate outstanding projects or achievements
- Plan staff and volunteer social events
- Encourage volunteer participation in team planning
- Enable volunteers to 'grow' on the job
- Keep volunteers informed via newsletter
- Provide letters of reference
- Honour volunteers on International Volunteers Day, December 5th
- Celebrate National Volunteer Week in May.

PHASE 8: RETENTION

Well done, you have successfully encouraged people to volunteer for your organisation. That's the easy part. Now you have to retain them!

The goal of retention is to develop a sense of organisational commitment among volunteers. Although volunteer turnover is to be expected in sport and active recreation organisations and creates opportunities for organisational change, high rates of turnover can hinder the quality of care and range of services to your participants. Organisations with high turnover rates of volunteers may have to divert large proportions of limited resources to recruiting, orientating and training new volunteers. This is why it is essential to ensure volunteers, are managed using appropriate and supportive HRM processes to ensure volunteers are retained with your organisation.

All volunteers who volunteer for your organisation deserve some form of recognition even if it is a simple thank-you for helping out.

Recognition and reward programs tend to work best when they are individualised, varied and open to new and interesting ideas.

DO	DON'T
Provide written job descriptions for volunteers	Neglect the recruitment of new volunteers
Ensure training sessions are relevant	Ignore volunteers' interests
Acknowledge and show volunteers achievements/efforts	Treat them differently to paid staff
Identify clear pathways for volunteers' to develop	Take volunteers for granted
Value each person's qualities, skills and efforts	Provide ineffective information, orientation, training and development
Delegate according to skills, talents and desires	Neglect to guide new volunteers
Openly discuss all relevant issues to volunteers	Forget to acknowledge contributions/efforts
Ensure that fun is part of the volunteers' work	Put barriers up to communication
Ensure they have access to debriefing	Assume volunteers have the required knowledge without orientation and training
Accept volunteers for what they can do	Be inflexible
Listen to all viewpoints	Overload volunteers with work
Include volunteers in meetings	Put volunteers in difficult and dangerous situations
Listen to volunteers' ideas/suggestions	Spring jobs on volunteers at the last minute
Give positive feedback	Lose patience with volunteers

Adapted from Australian Sports Commission website at: www.ausport.gov.au

7

Further Information



All In Together, (no date), A film that shows how young people can be involved in camping programs – their disability is no barrier, Film Victoria. (Available from the Australian Camps Association Inc.)

Australian Sport's Commission, (1995), *Willing and Able: An Introduction to Inclusive Practices*, ASC, ACT.

Ball, A. and Ball, B., (1990) Basic Camp Management, *An Introduction to Camp Administration*, American Camping Association Inc.

Bruce, L., (2006), *Count me in: people with a disability keen to volunteer*, Australian Journal on Volunteering, 11(1).

Buchner, L., and Parton, J., (1996), *WOW! An Art and Craft Resource*, Melbourne.

Community Services Victoria (1992), *Intellectual Disability: Some Questions and Answers*, Government of Victoria, Melbourne.

Community Services Victoria, (2013), Policy Series, *The Law of Negligence*, Victorian Government, Melbourne.

Community Services Victoria, (2013), Policy Series, *IDS Policy and Guidelines, Human Relations and Sexuality*, Victorian Government, Melbourne.

Community Services Victoria, (2013), Policy Series, *Confidentiality and Privacy*, Victorian Government, Melbourne.

Commonwealth of Australia, (2011), *National Sport and Active Recreation Policy Framework*, Commonwealth of Australia, Canberra.

Education Victoria, (1998), *Safety Guidelines: Camping and Bush Activities*, Melbourne.

Epilepsy Foundation, Australia (no date), *Epilepsy Yes You Can Help. First aid procedures for seizures, plus interviews with people with epilepsy*, Epilepsy Foundation, Australia.

Haddock, C., (1993), *Managing Risks in Outdoor Activities*, New Zealand Mountain Safety Council Inc., Wellington, NZ.

Havens, M., (1992), *Bridges to Accessibility, A Primer for Including Persons with Disabilities in Adventure Curricula*. Project Adventure Inc., USA.

Hoye, R., Smith, A., Nicholson, M., Stewart, B. & Westerbeek, H. (2012) *Sport Management: Principles and Applications* (3rd Edition), Routledge, UK.

Life Be In It, (1990), *More Life Be In It Games*, ABC, Sydney.

Life Be In It, (1992), *Life Be In It Games Manual*, Melbourne.

Parsons, I., (1992), *Duty of Care: Whose Rights?* Villamanta Legal Service, Geelong.

Simpson, M., (2001), *Involvement of people with disabilities, myths versus reality*, Australian Journal on Volunteering, 6(2).

Schofield, H., (ed.) (1998), *Family Caregivers: Disability, Illness and Ageing*, Victorian Health Promotion Foundation, Melbourne.

Sport and Recreation Victoria, Access For All, (1998), *A Guide to Designing Accessible Indoor and Outdoor Recreation and Sporting Facilities*, Melbourne.

The Centre for Universal Design (1997). *The Principles of Universal Design*, Version 2.0. Raleigh, NC: North Carolina State University.

Victorian Government, (1991), *Intellectual Disabled Persons' Services Act 1986*, Reprint Number 1, Melbourne.

Victorian Government, (2013), *Sport and Recreation Victoria Strategic Framework 2013-2015*, Sport and Recreation Victoria, June 2013.

Queensland Government, (2013), *A way with words: Guidelines for the portrayal of people with a disability*, Disability Services Queensland.



8

Appendix

Job Description Example

VOLUNTEER CAMP LEADER JOB DESCRIPTION

Title: Volunteer Camp Leader

Responsible to: Camp Director and Volunteer Manager

Direct relationship with: Participants and staff/volunteers

Purpose of role:

To enable young people with and without disabilities to participate in positive camp and community experiences

Key tasks and responsibilities:

PRE-CAMP DUTIES:

- Gather reference material such as story books, groups ideas, games and skits, songs to use whilst on camp.
- Attend pre-camp meeting and training with staff and volunteers.

DURING CAMP DUTIES:

- Listen to your campers.
- Ensure a safe and healthy environment for the campers and staff.
- Promote feelings of self-worth, belonging and uniqueness in your campers.
- Help campers develop and learn new skills/activities.
- Communicate feedback, ideas and concerns to the camp director or volunteer manager.
- Attend and participate in meetings whilst on camp.
- Instruct campers in your skill/program allocated to you from the camp director.
- Find out personal requirements of campers from your camp director.
- Greet parents and campers at arrival and departure points.

- Work with campers to prepare for activities, mealtimes, mobility, personal hygiene and other tasks.
- Assist with planning of the day to day activities whilst on camp.
- Participate in evaluation of the program at the conclusion of the camp.
- Respond to all aspects of safe working practices and procedures and promptly report any incidences to the camp director.

DESIRABLE PERSONAL QUALITIES:

- A genuine interest in working with children and young people.
- Enjoy working in the outdoors and camping.

EXPERIENCE/QUALIFICATIONS:












- Qualifications in camping and outdoor education desirable.
- Driver's License preferred, but not essential.
- First Aid qualifications are also desirable.

TIMING:

- One orientation day for training.
- 1 evening training session throughout the year.
- Attend at least one weekend or school holiday camp per year.

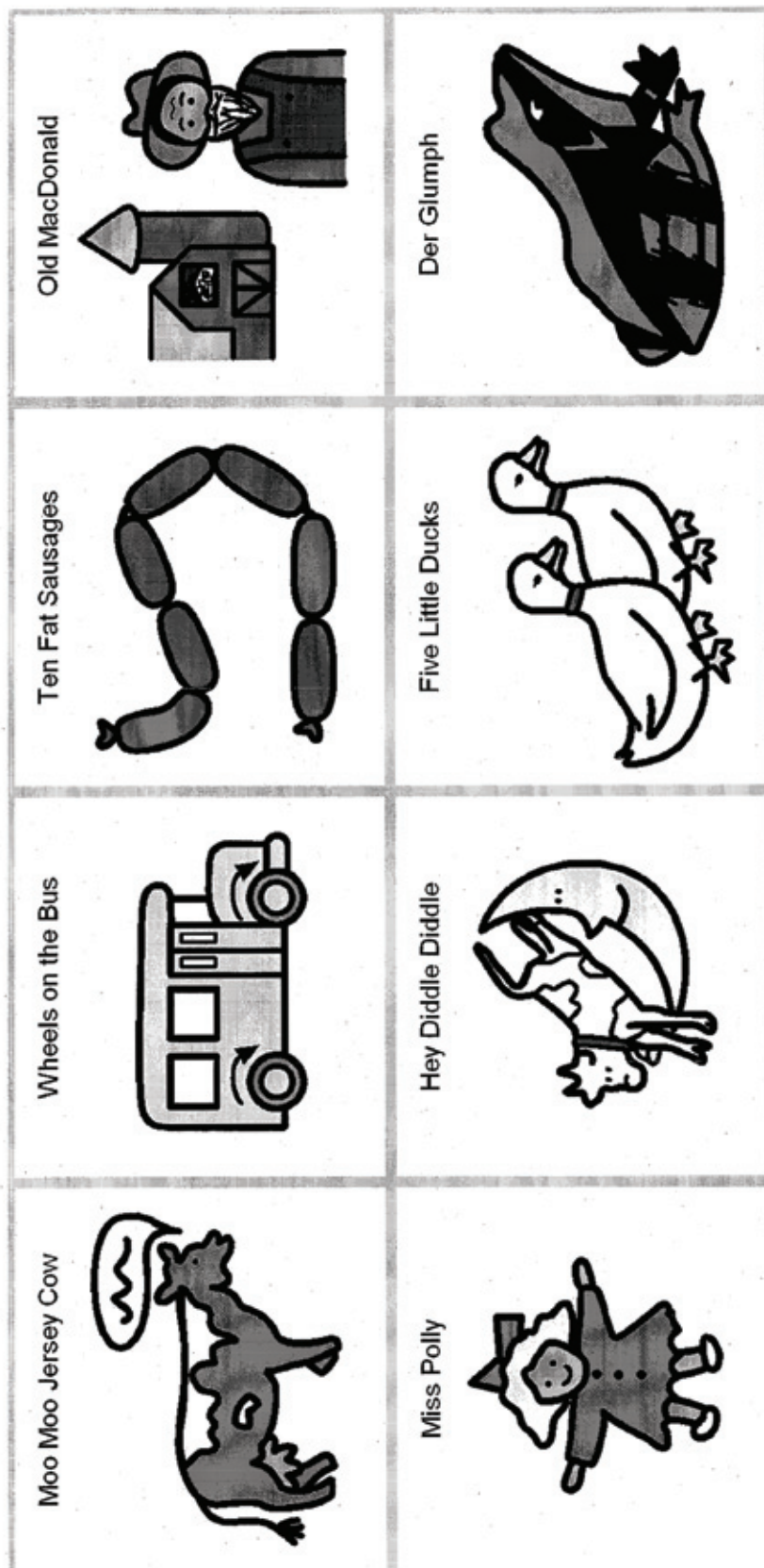
Makaton Signing Example

WHEELS ON THE BUS – KEY SIGNS

 <p>BABY - Make a cradle of the arms and move them as though rocking a baby. (Natural gesture)</p>	 <p>WAH WAH WAH (CRY) - Extend index fingers of both hands. Place fingers under eyes and move down and off face, twice. (Natural gesture)</p>	 <p>MUMMY/MOTHER - Fingerspell "M" quickly twice.</p>	 <p>DADDY/FATHER - Fingerspell "F" quickly twice.</p>
 <p>READ - Extend dominant index and middle fingers, fingers spread. Move these fingertips in a wide zig-zag across palm (of open non-dominant hand) top to bottom.</p>	 <p>NANNA/GRANDMOTHER - Fingerspell "G" then "M".</p>	 <p>GRANDPA/GRANDFATHER - Fingerspell "G" then "F".</p>	 <p>SNORE - (Use sign for Bed) Place open dominant hand against side of face. Tilt head to dominant side.</p>
 <p>QUIET/SH Rest extended dominant index finger in front of lips. (Natural gesture).</p>	 <p>KNIT - Use Natural gesture e.g. Mime knitting action</p>	 <p>© Scope (Vic) Ltd 2008. Nursery Rhymes to Sing, See and Sign. Developed by The Communication Resource Centre - A Service of Scope www.scopevic.org.au - see disclaimer Supported by The Jack Brockhoff Foundation, Makaton Victoria and hey dee ho music. Sign illustrations developed by Aileen Ryan 'Hands Can Talk' © 2008 www.handscantalk.com.au</p>	

Communication Board Example

SONG CHOICE CARDS



Instructions: These are song choice cards
and are designed to be cut into individual cards.



© Scope (Vic) Ltd 2008. Nursery Rhymes to Sing, See and Sign.
Developed by The Communication Resource Centre - A Service of Scope
www.scopevic.org.au - see disclaimer
Supported by The Jack Brookhoff Foundation and hey dee ho music.
The Picture Communication Symbols © 1981-2007 by Meyer-Johnson LLC.
All rights reserved worldwide. Used with permission.

Types of Lifts

ONE PERSON, FRONT LIFT

1.



2.



3.



4.



TWO PERSON, SIDE-SIDE LIFT

1.



2.



3.



Types of Grips

TWO PERSON, TOP AND TAIL

1.



2.



3.



4.



SHOULDER BLADE GRIP



THROUGH-ARM, WRIST CROSSED-OVER GRIP



WRIST-GRIP



MONKEY-GRIP



THUMB-THROUGH GRIP



