

A row of blue silhouettes of people with various disabilities, including a person in a wheelchair, a person with a cane, a person with a backpack, a person with a hat, a person with a cane, a person in a wheelchair, and a person with a cane.

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 volunteer to prepare him or herself to work with participants. Developing a broad understanding of a disability and how it may affect an individual will assist volunteers. 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 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 Health
- 4. Multiple disabilities
- 5. Sensory disabilities
- 6. Medical conditions

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.

1. Physical Disabilities

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; and
- Experiencing pain.

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.

Cerebral Palsy

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 - i.e. 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 - eg: 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 - eg: 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)

Physical Disabilities

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 (ie: 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 compete activities and daily living tasks.
- The individual may need 1:1 support, so make allowances for this in staffing numbers if necessary.

Spina Bifida

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)

Physical Disabilities

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.

Physical Disabilities

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.

Amputations

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.