



NEW  
THINKING.  
NEW  
POSSIBILITIES.



Disability  
**Inclusion**  
Training



Disability  
**Inclusion** Training  

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**MANUAL**



## 'More Awareness, Opportunities and Participation'

CARA is a national organisation which provides a collaborative and partnership platform throughout Ireland to impact on enhancing sport and physical activity opportunities for people with disabilities.

### Our Vision:

Active and Healthy Lifestyles for People with Disabilities.

### Our Philosophy

CARA's underlying philosophy is based on a small number of models or approaches that we feel facilitate inclusion and the understanding of the needs of people with disabilities in relation to physical activity, sport and PE. These include:

1. The 'Biopsychosocial model' of disability as identified by the World Health Organisation (WHO) in 2002, focuses on viewing everybody as having a specific health state. Bodily structures and functions may or may not be impaired but environmental and personal factors are what mainly limit capacity to function in society.
2. The 'Inclusion Continuum' proposes that all activities can be positioned on a continuum from fully segregated activities, only open to people with disabilities e.g. Power Chair Football, to fully mainstreamed sessions open to all ability levels. Where on this continuum people with disabilities participate, is their choice.
3. 'Pan Disability', refers to the concept that CARA will advocate for and attempt to cater for all people with disabilities irrespective of their disability or severity of disability.
4. Finally the 'LISPA Model' of provision for lifelong access to physical activity suggests a structure for the level of activities that should be made available for all across the lifespan. These range from active leisure and PE to performance at elite level in sports.

### Our Strategic Focus

#### • Strategic Objective One: Sports Inclusion

Enhancing COMMUNITY provision in sport and physical activity for people with disabilities, encouraging a 'Me Too' culture that broadens the range and quality of sport and physical activity opportunities.

#### • Strategic Objective Two: STANDARDS

Building CAPACITY within the sport and physical activity sector for inclusive practices and enhanced provision for people with disabilities to be physically active.

#### • Strategic Objective Three: Strategy

A clear COMMITMENT to enhancing sport and physical activity opportunities for people with disabilities

#### • Strategic Objective Four: Systems

Ensuring effective organisational CAPABILITIES to meet the highest standards within our organisation

For further information on the above, please visit [www.caraapacentre.ie](http://www.caraapacentre.ie)

This manual has been developed by the CARA  
and compiled in consultation with the following agencies:





# Introduction



Disability Inclusion Training is an introduction level course designed to give participants ideas and confidence in how to modify their sport, physical activity or physical education sessions to make them more accessible and inclusive for children and adults with a disability.

As the founder of CARA, I am delighted that this Disability Inclusion Training course has made such an impact across the country since its inception in 2012. The aim of CARA is to facilitate and advocate for active and healthy lifestyles for all people with disabilities in Ireland. I am confident that the delivery of this type of training will greatly assist us in achieving this aim.

Through cooperation and consultation, CARA with a wide range of key stakeholders have been able to develop a National Inclusive Training and Education Framework. This aims to develop and provide quality training opportunities for professionals across the following sectors; Leisure / Fitness, Sport, Adventure and Physical Education.

With the support of our partners Sport Ireland, the Institute of Technology Tralee and Hyundai Ireland CARA has coordinated and implemented a range of projects and programmes aimed at increasing participation for people with disabilities. These include

Sports Inclusion Disability Programme; a national programme aimed at facilitating participation of people with disabilities at local level, delivered through the Local Sports Partnership Network.

National Inclusion Awards; acknowledging best practice in relation to the inclusion of people with disabilities in sport, physical activity, fitness, outdoor adventure and physical education)

CampAbilities, a residential multi sports camp for children with vision impairments.

Xcessible Youth Sport Initiative; encouraging and supporting youths with disabilities to be physically active within their own communities.

Disability Awareness in Sport; a 2hour interactive workshop designed to build awareness around people with disabilities participating in community and sport and physical activity.

Many of the above projects have been made possible through the support of the Department of Justice, Equality and Law Reform.

I would like to thank Hyundai Ireland for their continued support of this programme and to our staff and tutor networks who have put great effort into developing and delivering this course.

**Pat Flanagan** (BA Phys Ed., MSc),  
*Executive Director of the CARA Centre*

We are delighted in Hyundai Ireland to be involved with CARA and since getting involved everything we have seen of their operation has convinced us that we were right to support their efforts.

The CARA Centre is focused on delivering quality services to its users a fact which is further acknowledged by the recognition they have received internationally. The delivery of quality to customers is also something we believe in deeply in Hyundai and thus the great fit between the two organisations.



The positive nature of the team in CARA and the way they deal with people with disabilities and helping people develop their potential is a life affirming message for everybody.

Hyundai Ireland see the value of staff training to ensure the inclusion of people with disabilities, we have many customers who purchase cars from us under the Government scheme for drivers with disabilities and all our dealers

**NEW THINKING.  
NEW POSSIBILITIES.**

have now received Disability Awareness Training from the CARA Centre.

Hyundai Ireland believes that sport is for all abilities. We look forward to continuing our support of the CARA team to help increase provision for people with disabilities in sport, physical activity, physical education and fitness. We are proud to support the Disability Inclusion Training Course, the drive to increase provision is on!

Stephen Gleeson, Managing Director, Hyundai Ireland



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# Section 1: Benefits of Sport, Physical Activity and Physical Education

Sport, Physical Activity and Physical Education can have a positive impact on the lives of people with and without disabilities but many people with disabilities still face challenges to getting involved within their local communities.

Numerous studies have revealed that physical activity and sport participation result in improved functional status and quality of life among people with disabilities. Scientific research has shown that participation in sport and physical activity leads to improved levels of physical health and well-being. Sport and physical activity has also been shown to improve physical fitness and general mood. Additionally, sport and physical activity has been linked to improvements in self-confidence, social awareness and self-esteem and can contribute to empowerment of people with disabilities.

Some other benefits of Sport, Physical Activity and Physical Education include the following:

- Improvement in cardiovascular fitness and endurance
- Helps develop and maintain joint flexibility, muscular strength, and balance
- Reduces the risk of diabetes and cancer

- Helps control weight
- Improves bone density



## Section 2. Understanding Inclusion

### Definition:

Inclusion is defined as the process of accepting responsibility and taking necessary steps to ensure that people with disabilities are given an equal opportunity to participate and are treated with the same level of respect and importance as people without a disability. Inclusive physical activity involves increasing access to, participation within, and reducing

exclusion from any amenities that provides sport, physical activity and physical education opportunities.

Mainstream sport, physical activity and physical education providers must take responsibility for and be accountable to including people with disabilities in their provision. Inclusion needs to be 'embedded in' rather than simply an 'add on'.



## The Inclusion Wheel

A key component to being inclusive is to provide a range of options to cater for people of all ages, abilities and backgrounds in the most appropriate manner possible. A common misconception about inclusion is that it is solely about including people with disabilities in regular sporting activities without any modification. Promoting inclusion, encompasses many different options and entry points for different settings and contexts.

Inclusion in sport can be viewed in terms of a wheel. Each section of the wheel is as important as the next and ideally allows for people with disabilities to choose from programmes that are available to them. This concept allows for the exploration of 'READINESS' for the inclusion process between an individual, a coach/leader, teacher or others in a club/school and the facilities/equipment required.

The following factors will influence the section of the wheel an individual chooses to participate in:

- Functional ability
- The sport in which they are participating
- The opportunities within their local environment
- Personal preferences



This wheel allows games and activities to be delivered in a range of different ways and allows coaches to offer different entry points to participants. The aim is

to encourage higher quality participation by people with disabilities, both with or without people with a disability. Clubs can provide a range of opportunities/ options for participation by adapting and modifying their sport in different ways for different environments.

**No modifications:** An athlete with a disability may train and compete with athletes without disabilities at a local athletics club or competitive events. For example Timothy Morahan in the Rock n Roll Half Marathon in Dublin. Timothy completed the race in a time of 1 hour 28 min.

**Minor Modifications:** A long jump athlete with a vision impairment using audio assistive technology for awareness in knowing when to jump. For example CampAbilities Ireland camper Ruben Collins completed the long jump activity at CampAbilities Ireland.

**Major Modifications:** A seated discus thrower competing under separate rules using modified equipment against other athletes with disabilities in an integrated track and field competition. For example Paralympics Ireland Athlete, Orla Barry competing in athletics discus event.

**Primarily for people with a disability:** Athletes with and without a disability combine to form teams for the purpose of developing participation and competition opportunities. For example Father and son team Peter and David Corroon participating in the An Post Tour of Sligo.

**Only for people with a disability:** Athletes/players participating in a competition exclusively for people with disabilities. For example Paralympics Ireland Athlete John McCarthy competing in the 100metre sprint.

**Non playing role:** People with disabilities can be officials, coaches, club representatives, volunteers and spectators. This option should only be used if a player chooses to become an official or all other options have been exhausted. For example Special Olympics Ireland Athlete Shane Kelliher (left) officiating at the Special Olympics Ireland Games.



# Section 3: T.R.E.E. Adaptation Tool

The **TREE PRINCIPLE** can be used as a guide to adapting and modifying your activities and sessions so that you can be inclusive not only of people with a disability but people of all abilities. As a coach, teacher or sports leader you are in a great position to ensure that in your programme planning you take an inclusive approach by applying the following TREE principle:

## Teaching or coaching style

(Demonstrations, verbal instructions, communication)

- What can I modify about the way I am teaching/coach?
- Think about how your methods can make the most of the abilities within your group.

## Rules and regulations

(Number of passes, size of playing area)

- What can I modify in the rules or regulations?
- Rules and regulations can be modified to ensure someone can participate.

## Equipment

(Smaller racquets/bats, larger/softer balls, colour)

- What can I modify about the equipment used in the session?
- Changing or including equipment in a session may allow an athlete to make the most of their abilities.

## Environment

(Surface, lighting, noise, temperature)

- What can I modify about the environment to ensure no one is left out?
- Think about where your athletes are positioned in the sports environment or how easy it is to move around the environment







## Section 4: Considerations and Tips

### INTELLECTUAL DISABILITIES: (ID)

When working with people with a disability it is important to highlight that no two people are the same. Ensure your first step is to always speak to the person, find out what they are able to do, their goals and build a relationship with the person.

#### Definition:

Intellectual disability means a reduced ability to understand new or complex information, and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning) and begins before adulthood, with a lasting effect on development.

'Intellectual disability' is now emerging as the preferred term for what was referred to as 'mental retardation' in the United States and 'learning disability' in the United Kingdom. In Ireland the term intellectual disability has become the accepted term.

#### Considerations:

- Building routines and having familiarity strengthens the person's ability to engage
- Allow additional time and support for people with ID when learning and developing new skills and understanding complex information
- The level of support a person with ID needs depends on specific factors, including the level of ID. For example, a person with a mild ID may only need support with simple tasks such as joining a sports club. However a person with a severe / profound ID may need full time care and support with every aspect of their life, they may also have physical disabilities



#### Tips:

- Use a range of coaching styles
- Give simple, clear and concise instructions. May help to repeat them frequently, breaking complex tasks into simple steps.
- Consider non-verbal communication techniques e.g. visual aids / demonstrations
- Demonstrate the drill or skill one element at a time
- For complex tasks break up the information into simple step by step actions. You can support this by using trigger words for each step.
- Provide accessible and easy to read information i.e. pictures/ symbols.
- Strive to have a consistent and organised teaching / coaching environment to allow familiarisation and routine.





## PHYSICAL DISABILITIES:

### Definition:

Physical disability refers to total or partial loss of a person's bodily functions (e.g. walking, gross motor skills etc.) and total or partial loss of a part of the body (e.g. a person with an amputation).

Examples of physical disabilities include the following:

#### **AMPUTATION (LIMB LOSS AND LIMB DIFFERENCE)**

The term limb loss generally refers to the absence of a limb (arm or leg) due to surgical or traumatic amputation, whilst limb difference is used when referring to the congenital absence or malformation of a limb.

- Limb loss can occur due to trauma, infection, diabetes, vascular disease, cancer and many other diseases.
- Residual limb and phantom pain as well as skin problems associated with prosthetics can be common.

#### **CEREBRAL PALSY (CP)**

Cerebral Palsy (CP) is a movement disorder caused by abnormalities or damage to the brain before, during or soon after birth. Cerebral refers to the affected section of the brain and palsy refers to disorder of movement. CP causes impairment of coordination, tone and strength of muscle action, impacting on posture and movement.

Implications of CP include:

- Hearing and vision impairments
- Sensory loss to the skin
- Epilepsy (recurring seizures)
- Speech and language difficulties, some people may be severely affected, some people may be mildly affected and others can be very articulate
- Cerebral palsy may affect the chewing and swallowing muscles
- Reaction time can be slower when initiating movement on command



### Considerations:

- The important factor is that no two people with CP are the same. The coach will have to consider the individual's physique, mobility and application.
- Speak to the participant to understand their own preferences and their abilities.
- Outdoor temperature could be a limiting factor to an effective training session during winter. Note: This can be the case for many people with limited mobility.
- Constant and continual reinforcement of instructions is required as some people have short-term memory loss.
- Circulatory problems may require additional stretching and flexibility exercises and/or shorter drill times.
- Take into consideration balance difficulties (uncontrolled coordination of limbs) for drills or game play

#### **MUSCULAR DYSTROPHY**

Muscular dystrophy is a neuromuscular, genetic disorder which results in the progressive deterioration of muscle strength and function. All muscular dystrophies are caused by faults in genes and they cause progressive muscle weakness because muscle cells break down and are gradually lost. The most common form in childhood is Duchenne Muscular



Dystrophy which can see a young boy using a manual wheelchair by the age of 8 and being dependent on an electric one by his early teens.

### SPINA BIFIDA

The spine is made up of separate bones called vertebrae, which normally cover and protect the spinal cord. With Spina Bifida, one or more of these vertebrae are not completely formed. Instead, they are split and the spinal cord and its coverings usually protrude through a sac-like bulge on the back, covered with a thin membrane.

Implications of Spina Bifida include:

- Paralysis and loss of sensation due to lack of skin sensation and decreased mobility, skin tissue breakdown may occur resulting in pressure sores
- In most cases the head, upper trunk and arms are not affected
- Incontinence (Lack of bladder and bowel control)
- Hydrocephalus (water on the brain)

### SPINAL CORD INJURY (SCI)

SCI is damage to the spinal cord that results in a loss of function such as mobility or feeling. Frequent causes of damage are trauma (car accident, falls, diving etc.) or disease (Polio, Spina Bifida, Friedreich's Ataxia etc.)

### SPINAL PARALYSIS

- Quadriplegia (also referred to as tetraplegia) is loss of function below the neck



- Paraplegia is loss of function below the chest
- Monoplegia is loss of function in one limb
- Hemiplegia is loss of function in one side
- Manual Wheelchair Users can include people with Amputations, Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Spinal Cord Injury

### Considerations:

With the inclusion wheel in mind, let the participant give all activities a go – never assume they can't do something. Refer to the wheel and come up with ideas on adaptations to make it happen.

- Participants may tire easily during a session due to lack of motor skill efficiency, plan for and provide regular rest periods.
- Participants may struggle with temperature regulation hot and cold e.g. water spray bottle may need to be available for the participant to avoid overheating. Also make sure participants take in plenty of fluids during session.
- Be aware of hot and cold surfaces, participants may have lack of sensation in their touch.
- Be aware that some participants may require equipment for bladder and bowel control.
- Check for range of movement, there may be a decrease in a participant's range of movement e.g. a rod in the spine or overhead arm exercises may be restricted.

### Tips:

- When talking to a person in a wheelchair, maintain eye contact.
- Remember that a person's wheelchair is considered part of their personal space. Do not touch or lean on their chair unless invited to do so.
- Every manual wheelchair user is different, ask the individual and check range of movement before session.
- Be aware of common injuries from propelling a wheelchair such as blisters and abrasions.



- If participant is not using a sports wheelchair they may not have an anti-tip system fitted to their chair. If there is no anti-tip system fitted reduce the speed of the activity and quick turns. If there is an opportunity to have this system fitted ensure to do so to prevent chair tipping back during a session.
- If transferring a participant to a different chair or piece of sporting equipment, they may be able to do this independently and/or with the assistance of a parent / carer or trained individual. Note: Avoid physically assisting if not trained or qualified to do so. A hoist may be required for a person with higher levels of impairment.

## VISION IMPAIRMENT (VI)

### Definition:

Vision impairment may range from total blindness to limited vision in particular situations. Vision impairment is when the vision is affected due to a medical condition and is not corrected by glasses. Vision can be affected at any stage in life from a range of medical conditions or additional health issues. For many, the use of good lighting, texture and tonal (colour) contrast in the environment can make all the difference. According to NCBI, less than 5% of the people they work with have complete sight loss. The other 95% have varying levels of vision.

### IMPLICATIONS OF VI:

- Night vision reduced or non-existent
- Difficulties in bright light
- Difficulties when moving from bright to darker areas
- Difficulties moving from dark to brighter areas
- Central vision loss, no detailed vision for reading
- Peripheral vision loss, reduced vision to one side, both sides, above or below, sometimes described as 'looking through straws'
- Can only see movement/blurred outlines/detect light

### Considerations:

- No two people are the same therefore the level of sight can vary from person to person.
- A person's level of sight may vary at different times during the day (bright morning to dark night) or in different environments (inside to outside).
- A person may need to be orientated around new or unfamiliar settings and layouts of venues/facilities.

### Tips:

- Talk to the person and establish what level of vision they have, ask how you can best assist them.
- Orientate the person around a new or unfamiliar setting by verbally explaining or walking through the layout i.e. clock method (we are at 12 o'clock, the ball is at 3 o'clock, the exit door is at 9 o'clock).
- Avoid physically assisting the person instead perform the correct sighted guide technique.
- Keep floor space free of obstacles, maximise space and ease of movement around a venue i.e. avoid leaving equipment lying around.

Note: If there is a change and/or rearrangement of venue/equipment ensure to let the person know.





## DEAF OR HARD OF HEARING

### Definition:

Deafness means that a person has a limited ability to hear sounds, it is a communication difficulty rather than merely a loss of sound perception.

Hearing loss affects volume (loudness) and frequency (pitch). It is often classified by different levels, mild, moderate, severe and profound. People who experience mild hearing loss have some difficulties keeping up with conversations, especially in noisy surroundings. People who experience moderate hearing loss have difficulty keeping up with conversations when not using a hearing aid. People who experience severe hearing loss will benefit from powerful hearing aids, but often they rely heavily on lip reading even when they are using hearing aids. Some also use sign language. People who experience profound hearing loss are very hard of hearing and rely mostly on lip reading and/or sign language. They may hear loud sounds.



### Considerations:

- Be aware that acoustics in sports halls and other venues tend to be very poor.
- In case of emergency, it is important to have a visual stimulus to alert the person i.e. red flag -only used in case of an emergency.
- Lip reading is not a precise way of communicating therefore do not presume that if a person can lip read, every word will automatically be understood.
- In the case of the person needing to take off their hearing aid i.e. contact sports, water sports, establish a system of signals or in some cases simply speak a little louder while for others you may need to involve an interpreter.

### Tips:

- Use assistive technology where possible i.e. microphones.
- Develop a system of simple signs with the person to use regularly in your sport/activity. Note: These can in turn be taught to the other participants/players in assisting clearer lines of communication during activities.
- Avoid actions that would make lip reading difficult i.e. covering your mouth with your hand, paper or a pen, chewing gum or eating.





## Section 5. Communication

Language grows and develops over time. The way in which we refer to people affects the way they are seen by others and indeed the way in which they feel about themselves. There is not a universal agreement on the use of language and terminology therefore it is important to note appropriate language may vary between countries. Within the Irish context, we promote the following considerations:

**P**lace emphasis on the individual rather than the disability a person has. This does not mean that the disability should be hidden, ignored or deemed irrelevant but it should not be the focus of a story, except when the subject is disability. With this, the first step in positive portrayal of people with disabilities is a 'person first language' put the person before the disability, they are individual's first e.g. 'child with a disability'.

**D**escribing a person's disability in terms of their medical 'condition' can focus attention on the disability rather than on the person as an individual. Using such terms can suggest sickness and imperfection which reinforce negative assumptions therefore **avoid describing disability in solely medical terms, think of the individual.**

**S**tereotyping can lead to discrimination as it takes away a person's individuality. **Avoid stereotyping**, every person with a disability is an individual and should not be expected to display a specific range of traits. Their individual personalities and characteristics are to be recognised and appreciated.

**P**eople with disabilities are part of the community and fulfil a variety of roles. They have interests, careers and families, have opinions and thoughts like everyone else about what is happening in their community. Be inclusive of the views of all your community members by seeking the perspectives and opinions of people with disabilities on issues that affect their involvement in the community.

Communicating with people with disabilities is no different to communicating with people without a disability. The most important thing is actively listen to the individual and be aware and alert to the use of non-verbal communication.

### Some guidelines to follow when talking to a person with a disability:

- Find out the persons preferred form of communication; verbal, non-verbal gestures etc. They are best qualified to tell you because they are the expert living with their disability.
- Face and speak directly to the person (use and maintain eye contact).
- Speak directly to the person not their coach, friend, carer or assistant.
- Communication is a two-way street: be patient and give people the opportunity to explain what information or assistance they require. Keep in mind that some people may need more time to express themselves.
- Speak to the person in an age-appropriate manner e.g. if the person is an adult, speak to them using the same tone you would use when addressing another adult.
- Never speak about the person as if he or she is invisible or cannot understand what is being said or cannot speak for himself or herself.
- Ask the person to repeat themselves if you do not understand, avoiding guessing but rather ask for clarity.



- Avoid talking to a person with a disability in patronising terms as if performing normal, everyday activities was exceptional e.g. 'Oh, you cook your own meals, how amazing!'

## Non-verbal communication:

- Remember people with disabilities may use other forms of communication gestures, symbols, sign language, write messages and/or use computerised systems.
- Watch a person's body language and try to respond to any non-verbal cues.
- Where possible use a range of communication methods i.e. provide both visual and verbal cues and support these with positive body language and facial expressions. A smile relaxes both you and the person with whom you are communicating.



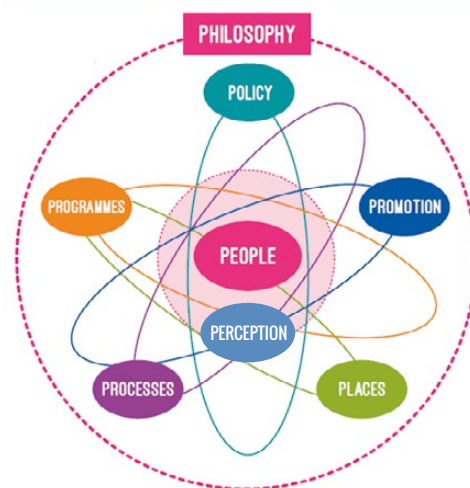
## Additional:

- If you want to know what help or assistance a person with a disability needs, just ask! If they can manage by themselves, they will let you know.
- Always respect the person's dignity, individuality and desire for independence. If help is required in a given situation, they will ask or you can ask if you can be of any support. Avoid making assumptions by assisting without asking first

# Section 6. Overcoming Barriers to Participation

A person with a disability may face a number of barriers to participating in sport, physical activity and physical education compared to a person without a disability. These can include Attitudinal, Structural, Access and Personal barriers.

The Universal Management Framework (8P's) offers solutions to overcoming barriers to include people with disabilities in sport, physical activity, fitness, outdoor adventure and physical education. It is people focused and as a framework it helps practitioners to appreciate the scope of development planning for inclusion in the above sectors.



## Universal Management Framework

*Conceived by and for diversity*

Gerard Masdeu, Postgraduate research student, Institute of Technology Tralee

## Philosophy

This refers to the values and ideas that underpin any intervention. It is the vision of the club/organisation and articulates the principles that guide the work of





those involved in the implementation of any aspect of work. A shared and widely accepted philosophy helps to bring clarity to the project.

## Policy

Policy is often defined as decisions that give direction to action. They describe what will be undertaken. Write a written policy within your organisation so that individuals know you are committed to working with people with disabilities.

## Programmes

Provide programmes/training sessions that are inclusive to everyone. This may be in a segregated or integrated environment in both recreational and competitive contexts.

## Personnel

People are extremely important in the development section. There is a need to bring the message of inclusion to people in key positions. Through staff training develop an understanding of the area of disability within your club/organisation.

## Promotion

This involves heightening awareness of the work of your club/organisation and the benefits that it confers on its participants. It involves activities such

as marketing, advertising, advocating and relationship building. Promote your club/organisation, let individuals know that it is accessible.

## Places

Places focus on facilities and amenities which enable sport, fitness and physical activity to happen. Audit and assess your club/venue on its accessibility.

## Processes

Process describes the methods and approaches to the practice of development within a club /organisation. It describes how the principles will be enacted. As with all the P's, process will flow from the philosophy of the organisation. Processes include capacity building; relationship building; power redistribution and research.

## Perceptions

Tackling the perceptions of people with disabilities who may be less inclined to engage in sport, fitness and physical activity than others, and of some staff who are fearful of the challenges imposed by an inclusive focus, is the aim of the model. With the right philosophy, presentation and service, these perceptions can be tackled creating more competent and confident personnel.

# Section 7: Participation and Competitive Pathways in Sport

## National Sports Inclusion Disability Programme

"Increasing Community Participation of People with Disabilities in Sport and Physical Activity". The Irish Sports Council (ISC) have committed to supporting the developments of sport and physical activity opportunities for people with disabilities. Through this model of national coordination and local provision, the overall aim of increasing quality opportunities for people with disabilities in regular life-long participation is being addressed.

Currently in Ireland people with disabilities are participating in regular physical activity opportunities (some for the first time). Sustainable sports programmes are being established while mainstream clubs and leisure centres are being encouraged and supported to be inclusive. As a result pathways to participation are being facilitated.

The CARA Adapted Physical Activity Centre is the lead organisation with responsibility to lead, support and coordinate developments for the inclusion of people with disabilities in sport, physical activity and physical education. This encompasses support to

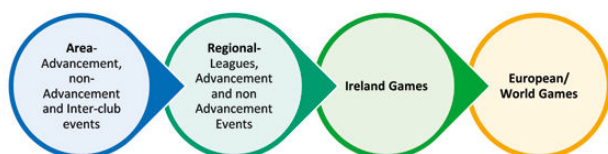


all Local Sports Partnerships in their developments within the Sports Inclusion Disability Programme. Local Sports Partnerships have a remit to assist with and support developments for the inclusion for people with a disability in sport and physical activity in their county. This has led to the strengthening of the Sports Inclusion Disability Programme in becoming a national programme.

## National to International Pathways

Special Olympics Ireland and Paralympics Ireland with the support of a number of national governing bodies of mainstream and disability sport provide opportunities for athletes / players with a disability to participate and compete at local, regional, national and international level.

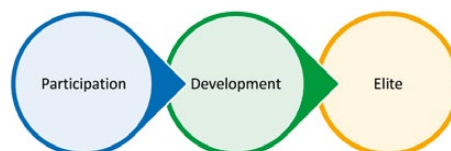
## Special Olympics Ireland Pathway:



Special Olympics provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual

disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

## Paralympics Ireland Pathway:



International Paralympic Committee (IPC) through the Paralympic Games provides international competition for athletes and players with a physical, sensory or intellectual disability which includes the following disabilities; amputee, cerebral palsy, vision impairment, spinal cord injuries, intellectual disability and les autres (those that do not fit into the other groups). A major competition or club that involves athletes and players from different impairment groups is known as "pan disability". The Paralympic Games are held every four years after the Olympic Games in the same city.

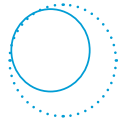
## Other Competitive Pathways

- The **Deaflympics** are parallel games to the Olympic Games for athletes who are deaf or hard of hearing. Deaf Sports Ireland is the national governing body who provide pathways for athletes from grassroots level, to club level and then onto national and international levels.
- **INAS** is the International Federation for para athletes with an intellectual disability.
- The **Commonwealth Games** Federation also provides competition for para – sport athletes formerly referred to as "elite athletes with a disability".





# Conclusion

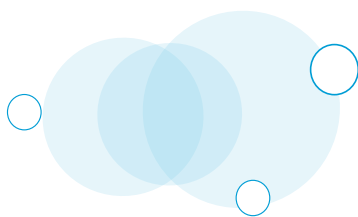


Following this training it is our hope at CARA that you are now in a great position to include people with disabilities into your local sports club, physical activity or physical education sessions. It really comes down to creating choice and opportunities for anyone to participate in a game, receive a pass, bounce a ball, kick a point or a goal, block a shot but to experience the taking part and becoming a valued member of a team, lesson or session.

## References

### Information for this manual was sourced from the following:

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- Australian Sports Commission: [www.ausport.gov.au](http://www.ausport.gov.au)
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- Coaching Ireland: [www.coachingireland.com](http://www.coachingireland.com)
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- DeafHear: [www.deafhear.ie](http://www.deafhear.ie)
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- Football Association of Ireland: [www.fai.ie](http://www.fai.ie)
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- Irish Sports Council / National Sports Inclusion Disability Programme: [www.irishsportsCouncil.ie](http://www.irishsportsCouncil.ie)
- Irish Wheelchair Association Sport: [www.iwasport.com](http://www.iwasport.com)
- National Disability Authority: [www.nda.ie](http://www.nda.ie)
- National Council for the Blind: [www.ncbi.ie](http://www.ncbi.ie)
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- Special Olympics Ireland: [www.specialolympics.ie](http://www.specialolympics.ie)
- Spina Bifida Hydrocephalus Ireland: [www.sbhi.ie](http://www.sbhi.ie)
- Sports Coach UK: [www.sportscoachuk.org](http://www.sportscoachuk.org)
- The Inclusion club: [www.theinclusionclub.com](http://www.theinclusionclub.com)
- UNESCO Chair Institute of Technology Tralee: [www.ittralee.ie](http://www.ittralee.ie)
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- World Health Organisation (WHO): [www.who.int/en/](http://www.who.int/en/)



# Appendix: Understanding Disability

## Definition of Disability:

Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).

**Disability** is a significant loss or reduction in functional ability.

**Impairment** is any disturbance of or interference with the normal structure and function of the body.

The way in which we refer to people with disabilities affects the way they are seen by others and indeed the way in which they feel about themselves. How we talk about, describe or write about people with disabilities must be done in a way that is acceptable.

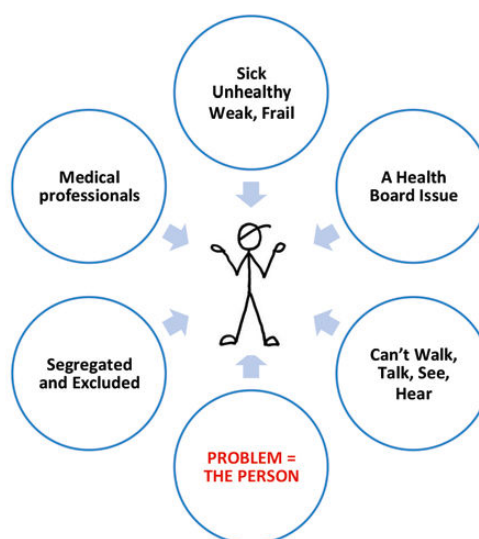
## Disability Models

### MEDICAL MODEL

Within the medical model emphasis is placed on the person's disability. It focuses on requiring medical care in the form of individual treatment by professionals. The disability is seen as the key feature of the person and the components of the model focus on medical, therapy and segregation. Programmes established under this model focus solely on the disability and not on the individual input from the person or consider what he/she is able to do.

Common terms associated with the medical model include ill, sick, unhealthy, weak and frail, is unfortunate, a health board issue, can't walk, can't talk, can't see or hear. It focuses on a 'can't do' attitude with the person seen as the problem.

**Example:** *Fred can't get up the stairs to the cinema because he has muscular dystrophy and uses a wheelchair = Fred is the problem*



**Implications of this model:**

- Segregation and exclusion
- Programme prescription by medical professionals

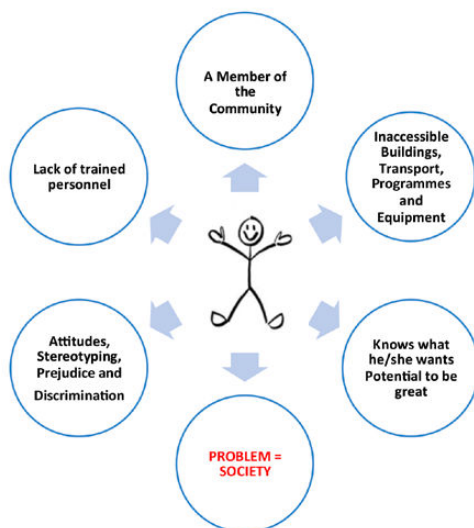


## SOCIAL MODEL

The social model places emphasis on the person and what he/she is able to do. Society and the built environment becomes the main focus for disabling the person with the disability. In this model the person is not disabled by their impairment but rather the environment they live in; although society does not cause the disability it can cause exclusion. People with a disability can play a full part in society provided that society takes into account individual differences and focuses on their abilities, thus addressing and overcoming barriers. This model helps to identify the barriers both structural and attitudinal that people with disabilities face in their everyday lives. It provides a way of indicating how the environment impacts on a person's activities and participation, and how environmental change can improve a person's functioning and focus on reaching their potential.

Common terms associated with the social model include inaccessible building, transport, programmes and equipment along with a member of the community, knows what he/she wants, is entitled to a good quality of life, integrated and included into society, has real potential.

**Example:** Fred can't get into cinema because stairs are a barrier = The stairs are the disabling factor.



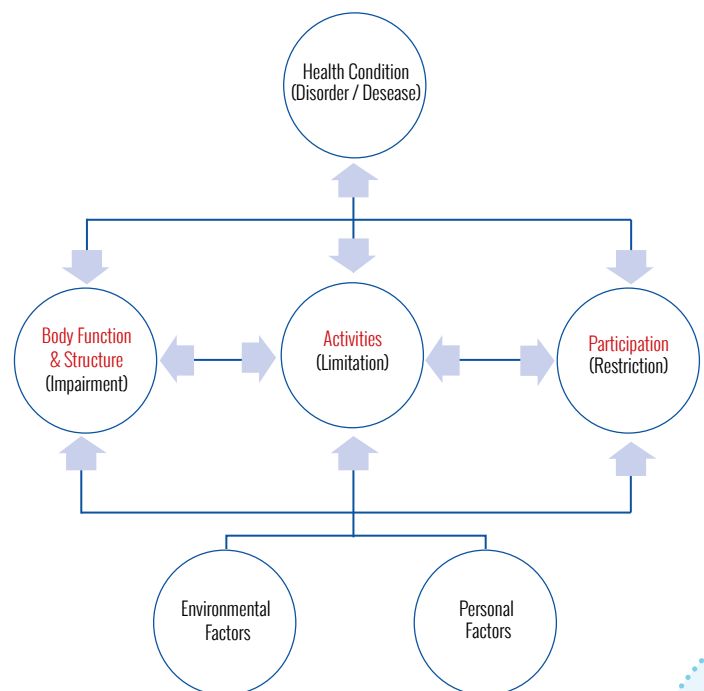
### Implications of this model:

- Integrated and included
- Person centered programme design by a multidisciplinary team in consultation with the person with a disability

## BIOPSYCHOSOCIAL MODEL

The most recent model developed is the biopsychosocial model and is based on the International Classification and Functioning (ICF) from the World Health Organisation (2002). This model focuses on the health state of all people not specifically people with a disability. The model places emphasis on facilitating a person to function at their maximum capacity. It integrates both the social and medical model looking holistically at an individual and utilises a person centred planning approach. It shifts the focus from cause of the disability to the impact it has on the person's quality of life and their ability to function at their maximum capacity.

**Example:** Fred is nervous about going to the cinema as he is not sure whether they have a lift or stairs.





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