Little Athletics Centres providing an Inclusive environment to young Athletes with a Disability
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Children with a disability participate in sport for the same purposes as any other child:

To improve fitness, develop new skills, develop friendships, for personal enjoyment and challenge, the thrill of competition and the chance to achieve and receive recognition within their sport.

Little Athletics has a philosophy of catering for individual difference with a focus on participation for all children, including those with a disability, who should be included in local sporting competition. It is therefore the responsibility of the Little Athletics centre or club to wherever possible include all children, make them and their parents feel welcome, to assist with the development of their skills and coordination, and include them in the local activities, including competition.

When taking an inclusive approach within a training or competition environment, the centre will need to consider several factors, including:

- the individual capacities of each child
- ways of managing all children’s behaviour within a group environment
- The functional ability (coordination and movement patterns) of the child
- The use of assistive devices, e.g. prosthesis, wheelchairs, guides for vision impaired, support people
- The fitness levels of the child
- The health status of children
- The way the rules, systems or procedures affect the children

The centre should be able to adapt and modify programs to ensure children with disability have the same, or very similar experience as other children and are treated no less favourably than other children. This may be simply a matter of being creative and flexible, but for those centres wishing to seek additional information Sport Australian has information available at: https://www.sportaus.gov.au/

At centre level, making adjustments to have children with disability take part together with all other children includes giving them a head start, if they would like, encouraging the attitude of ‘personal bests’ as achievements, providing extra throws or jumps, including training aids, such as targets, using a smaller weight, using a soft bar at high jump.

There are two elements for a centre to consider, the training environment, and the competition environment. LAA is designed to provide both opportunities to all children. Training will need to be approached in a particular manner, with qualified coaches developing sessions and programs that are suitable to a child’s needs and goals, appropriate to their ability. Competitions are conducted at Centre, Regional and State level. Centres, Regions and States should consider the opportunities of all children to engage in competition in a way that is fair to them. Standard rules provide for the events that can and will be conducted at Regional and State levels, at the discretion of the organisations coordinating the events. Weekly competitions or programs should be adapted where necessary, to provide children with disabilities the opportunity to take part in the events, and to take part in competitions in a way that is fair. That max mean a head start, as a suggestion, or a variation to the implement or event.

Developing a training program for athletes with disability requires an understanding of the principles which would be applied to able bodied athletes. The centre must identify what needs to be achieved and develop a program to establish technique, muscle power and coordination for the athlete to work on.
Sports Australia resource to assist coaches

Inclusive Coaching Online Course
This free online interactive course is aimed at community coaches. The course contains five modules:
The modules are:

- Introduction to inclusive coaching
- Inclusion, diversity and discrimination
- Understanding the individual
- Modifying your coaching practice
- Conclusion

The course is short, user-friendly and feature the latest interactive technology, including case studies, practical scenarios and a quiz. The modules may be done in part, or all at once. Users who successfully finish all modules and their assessment quizzes can print a certificate of completion.

https://www.playbytherules.net.au/online-courses/inclusive-coaching
Common forms of disability and suggested centre approach

The following information will provide an overview for centres of the nature of some of the more common forms of disability. In every circumstance, the centre will need to balance the athlete and their family’s desire and right to privacy, with the need to understand the nature and impacts of the athlete’s disability. Understanding the athlete’s disability will allow the centre, and the coaches at the centre to make the necessary adoptions, and develop appropriate instruction, and training programs. At all times, the approach should be to find ways for the athlete to take part in as many of the events as they seek to, and in a way that develops their skills and respects their abilities. Depending on the age of the athlete, the parents will in all likelihood be very involved in the athletes needs and have significant involvement in developing adoptions for them at school and in other forums. Involving the parents in the development of activities is advisable.

Athletes who use a wheelchair

Children who have impaired use of their lower limbs may need or chose to use a wheelchair. The impairment may be the result of spinal injury through trauma or illness or congenital, such as spina bifida. Paraplegia results in partial or complete loss of movement and sensation in the trunk and lower limbs. Quadriplegia involves the partial or complete loss of function in all four limbs. Athletes who have lost part of a limb may also choose to use a wheelchair. The centre should check with the athlete and the parent to understand the nature of the impairment and determine what function the athlete actually has.

For many wheelchair users the lack of opportunity to compete often causes many children in wheelchairs giving up.

When working with young athletes who are in a wheelchair the centre should consider the following points:

- Access to the venue - entry, exits, change rooms, light switches, parking, canteen, access to water fountains etc
- Type of competition surface – grass tracks are not suitable for racing wheelchairs
- Know the athlete's functional potential, i.e. which muscle groups are useable and what movements are possible
- If throwing, how the wheelchair can be stabilised
- Be adaptive and creative with drills, skills and stretches

Centres which do not have a surface suitable for wheelchair racing should encourage athletes to participate in the throwing events.
Athletes with Vision Impairment

The centre needs to be aware of the degree of sight loss. Visual impairment has many forms such as an impaired perception of colour, light and shadow, peripheral or tunnel vision through to total blindness. Aside from the visual impairment these children are otherwise no different from the sighted athlete.

A centre should keep in mind the following considerations when working with young athletes with vision impairment:

- Elimination of background noise is beneficial for the vision impaired so that verbal instruction can be easily understood
- Do not yell, they are not deaf
- A coach needs to be articulate and give a full description of technique and correct poor technique. Use key words to assist
- Manual correction is a very effective coaching method. Always tell the athlete that you are going to touch them and place their body or body components in the position or through the correct movement
- Familiarise the person with obstacles in the area
- Use a buddy system - a sighted person can assist with orientation and movement from one event to the next.
- Methods of contact or connection can include hand to hand, ribbons, elastic tether, guide runner, auditory cues and strong contrasting colours for signs
- Give visually impaired athletes constant feedback on the progress of an activity, event or game which may be naturally observed by sighted people
- Work in a well-lit area, but not in direct sun. Shadows and dark areas may be dangerous and will reduce visibility.

Athlete with a Hearing Impairment

A hearing impairment will only affect communication. To communicate effectively, it is important to ascertain the extent of the deafness and any other implications. Athletes with a hearing impairment may learn at a slower rate due to the lack of communication, not lack of ability. Deaf athletes may be included in one of the following three categories:

- Hard of hearing (mild hearing loss), those who rely on aided hearing and gain some help through lip reading
- Partial hearing loss, those who rely upon a combination of lip reading, attentive listening and aide hearing
- Severe and profound hearing loss, those who will depend a great deal on visual and non auditory signs and gestures as well as lip reading and aided residual hearing.

When directing young athletes with a hearing impairment, the following needs to be kept in mind:

- Be sure you have the athlete's attention when speaking to them so they can get the whole message
- Know the degree of deafness and their best means of communicating
- See and be seen - position yourself where you can be seen by the athlete, in good light and clearly
- Hand gestures and facial expressions help when communicating
- Avoid background noise
- Keep instructions short and simple
- Check that they have understood - by asking a question?
- Use demonstrations as an important way of explaining
- During competition or training, sign and indicate the best way to communicate
**Athletes with Intellectual Impairment**

The causes of an Intellectual Impairment (II) are extremely diverse. The centre needs to ascertain the level of understanding by the athlete, the general health of the athlete and the behavioural characteristics before activities commence.

The physical fitness and basic motor skills of athletes with intellectual impairment are generally slightly poorer than able bodied athletes. The young athlete could have difficulty in understanding instructions, poor concentration, have poor decision-making ability, poor short-term memory and limited literacy and numeracy skills.

The centre needs to consider the following when dealing with a young athlete with intellectual impairment to ensure optimal learning:

- Make all sessions fun and enjoyable
- Keep the language clear and simple
- Do not make allowances - encourage them to meet the correct standards
- Break down complex skills on step at a time
- Give appropriate reinforcement
- Often athletes with II can copy very well, so use modelling and lots of repetition
- Consistently ensure the athlete understands instructions and safety issues.

As with all children, centres must consider the interest of all athletes within a squad. Therefore, should an athlete’s behaviour be disruptive to the development of the other squad members or place other athletes at risk, it is reasonable that a centre determines an athlete being included in a particular group may not be in the best interests of other athletes. Consideration should be given to the ways in which the athlete can best be included in activities, and that may mean a support person, or the preferred option in this case may be to align the athlete with a coach who can provide one on one coaching.

**Athletes with Cerebral Palsy**

Cerebral Palsy (CP) is a disorder of movement and posture caused by damage to an area, or areas of the developing brain that control coordination, muscle tone, reflexes, posture and movement (Jones 1988). Athletes with CP typically suffer from one or many of the following: abnormal reflex activity and muscle tone, perceptual motor problems, visual dysfunction, learning disabilities, and other soft signs of neurological damage. Most are not intellectually impaired.

When coaching athletes with cerebral palsy coaches should consider the following:

- Warm up and cool down is essential for the athlete with CP
- Short training sessions are generally best (Athletes with CP fatigue quicker); short is a relative term, dependent upon the event, and the age and capability of the athlete
- Function of the impairment can be improved with training
**Athlete with an Amputation**

Most athletes with an amputation will be able to assimilate naturally into the coaching sessions without any modification. Athletes who have a loss of function in their limbs through nerve damage should be considered in the same manner as the amputee athlete.

When working with young amputee athletes, the following needs to be considered:

- Discuss with the athlete or parent/guardian what they can and can't do - then discuss and evaluate
- Consider the athlete's balance and transfer of body weight in movement, depending on the amputation
- Be prepared to modify skills if necessary, to accommodate the athlete's strengths - in relation to starting, stopping, twisting, turning etc
- Identify safe methods of landing and spreading body weight
- Consider wear and tear on the athlete's stump. Ensure that any soreness is attended to immediately.
- Ensure the athlete is using an appropriate running prosthesis. Bear in mind athletes at this level are still growing quickly and will therefore constantly be required to update their running prosthesis. This is expensive and should be well considered by the coach and the parents prior to making a large investment.

**Athletes with Health-Related Conditions**

Centres must have an understanding of some of the more common health related conditions that young athletes may suffer from. Preferable a first aid person should be on duty at the centre at all sessions.

1. **Diabetes**
   Diabetes is a condition which can be easily controlled. In most instances this condition does not present problems that makes participation difficult. The centre needs to understand that there is a balance that exists between diet, medication and exercise. Most young diabetics have a parent or guardian who oversees their diet and medication. If an individual with diabetes is over exerted, there is a possibility that they could go into shock or a diabetic coma, but there will be prior warning signs that will indicate there is a problem that needs addressing. If a child with diabetes collapses, it is essential to move them to a safe place, give glucose, call medical assistance/parents, reassure them, keep them warm and stay with them. If unconscious, place in recovery position and observe until medical assistance arrives. Do not give the unconscious person fluid or tablets.

2. **Asthma**
   Asthma is a very common medical condition suffered by many young athletes. There is a narrowing of the bronchial tubes which makes breathing difficult. Many young children suffer from a condition called "exercise induced asthma". It is essential that the coach knows if a young athlete in their care is asthmatic and if they have puffers or other medical treatment that can be offered.
   The following needs to be considered:
   - Know who in your group is asthmatic - and how severe the asthma is
   - If in cold weather - provide an effective warm up so the body can adapt to air temperature
   - Has the athlete got their medication with them? Do they need to use it before exercising? During exercise?
   - Avoid any triggers that may start an attack - pollen, grass, animals, dust etc
   - As a coach, there is a need to know basic first aid
3. **Epilepsy**

Epilepsy is not as common as Asthma but is a condition that is easily monitored and controlled. A large proportion of sufferers do not suffer from seizures due to the development of modern medicine. A seizure occurs when the person is unable to control their body movements. Again here, as with Asthma, it is important for the coach to be kept up to date with condition of young athlete and current treatment plan.

The following points are essential to keep in mind:

- Avoid rapidly changing conditions - flashing lights (strobe)
- If a seizure occurs, let the seizure take its course by clearing area around person. If seizure continues for any length of time (up to 10 mins) or a second once occurs, contact medical assistance immediately. After seizure finishes, keep person calm, warm and at rest.

AT ALL TIMES CONTACT PARENTS IF THEY ARE NOT CURRENTLY ON SIGHT TO ADVISE OF SITUATION. SEEK MEDICAL HELP.

*For further information, other websites that could be of use are:*

- [www.paralympic.org.au](http://www.paralympic.org.au)
- [www.specialolympics.org](http://www.specialolympics.org)
- [www.healthline.com/health/type-2-diabetes](http://www.healthline.com/health/type-2-diabetes)
- [www.nationalasthma.org.au](http://www.nationalasthma.org.au)
- [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- [www.epilepsyaustralia.net](http://www.epilepsyaustralia.net)
- [www.epilepsycentre.org.au](http://www.epilepsycentre.org.au)