

KHE 402 (2C)

Human Kinetics and Recreation for the Physically Handicapped Children

By

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Course Description: This course involves analysis and discussions on the nature of the physically handicapped children in schools and the society as a whole. It also explores how to organize Human Kinetics and Recreation classes for this group of individuals and their special needs in education.

Course Guide

Introduction

The task of delivering instruction in human kinetics and recreation to physically handicapped children can be very challenging. This course will attempt to make you understand these group of children's complex needs, how to select appropriate human kinetics and recreation content, and seeking viable ways of motivating them. This course stresses active engagement of physically handicapped children with the human kinetics and recreation activities and the use of individualised and collective approaches that are suitable to varying range of physical handicapping conditions.

Course Aim

The course is aimed at studying the complex needs of physically handicapped children and legal implications of engaging them in human kinetics and recreation. The strategies for

instruction, assessment, communication, collaborative practices, and peer supports in engaging physically handicapped children shall be discussed specifically.

Course Objectives:

By the end of this course you will be able to:

1. demonstrate the nature and special needs of physically handicapped children in schools and in society;
2. document the benefits and values of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities (including receiving instructions in human kinetics and recreation education, practice of specified physical activities, and participation in sport and dance);
3. identify and discuss determinants and constraints to human kinetics and recreation activities' participation in various cultures/environments;
4. describe the theoretical basis for manipulating human kinetics and recreation curriculum and classes to suit physically handicapped children needs;
5. discuss the collaborative processes in human kinetics and recreation education for physically handicapped children;
6. describe how to programme sports, games and activities for physically handicapped children; and
7. explain the tips for effective and safe delivery of sports and games in human kinetics and recreation classes for physically handicapped children.

Working through this Course

You need a minimum of 90 hours of study to successfully complete this course. This time include the hours of studying the course guide and study units. Spend a minimum of 6 hours of study per study unit in a week.

In each unit, read the unit Intended Learning Outcome(s). When you are done studying the unit, check to see the extent to which you have been able to achieve the unit Intended Learning Outcome(s). If you are not, go through the study unit once more and ensure you are able to achieve the stated Intended Learning Outcome(s) in the study unit before you move on to the next unit. Do all the self-assessment exercises in each unit. The self-assessment exercises will help you check your progress.

Take notes when reading and listening to the video clips. You may use your note pad and pen, or Microsoft Word document in your computer or use Google drive. This will help you

create and organise your portfolio. Should you encounter any technical challenge while studying, contact the technical support directly or through provided links.

You are to take the four Tutor Marked Assignments (TMAs) in this course. They will be graded and returned to you.

Study Units

There are 15 study units in this course divided into five modules. The modules and units are presented as follows:

Module 1 Nature and special needs of physically handicapped children in schools and in the society

Unit 1: Nature of physically handicapped children in schools and in society

Unit 2: Special needs of physically handicapped children in schools and in society

Unit 3: Legislation regarding the special needs of physically handicapped children in schools and in society

Module 2 Benefits, values and constraints of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.

Unit 1: Benefits and values of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.

Unit 2: Constraints to involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.

Unit 3: Strategies for overcoming the constraints to involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.

Module 3 Curricular and class manipulations for engaging physically handicapped children in human kinetics and recreation programmes.

Unit 1: Theoretical basis for manipulating human kinetics and recreation curriculum to suit physically handicapped children needs.

Unit 2: The inclusion spectrum and necessary changes for manipulating a human kinetics and recreation classes to suit physically handicapped children's needs.

Unit 3: Collaborative processes in human kinetics and recreation education for physically handicapped children.

Module 4 Programming Sports, Games and Lifetime Activities for Physically Handicapped Children.

Unit 1: Assessments in programming sports, games and lifetime activities for physically handicapped children.

Unit 2: Programming informal games and play activities for physically handicapped children

Unit 3: Programming formal sports and fitness exercise for physically handicapped children

Module 5 Tips for programming effective and safe sports and games in human kinetics and recreation for physically handicapped children.

Unit 1: Tips for ensuring children's health and safety during human kinetics and recreation programmes.

Unit 2: Tips for ensuring successful interactions with physically handicapped children during human kinetics and recreation programmes and classes.

Unit 3: Qualities of good human kinetics and recreation teachers and classes.

References and Further Reading

The following reference links are provided for further readings.

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Presentation Schedule

The presentation schedule sent to you gives you the important dates for the completion of your TMAs and participation at facilitation. Remember, you are required to submit all your assignments at the appropriate time. You should guard against delays and plagiarism in your work. Plagiarism is criminal and is highly penalised.

Assessment

There are two aspects of the assessments in this course. The first is your TMAs and the second is a written examination at the end of the course; which you will take through the use of the computer. In tackling the assignments, you are expected to apply information, knowledge and techniques gathered during the course. The assignments must be submitted through the links provided in the course page in accordance with the timelines for formal assessment and feedback. The TMAs shall form 30% of the course total marks. Your portfolio may form part of your TMA assessment.

At the end of the course you will have to sit for a final written examination for two hours. The examination shall be taken through the use of the computer or pen-on-paper. The system will be programmed to open at the start of the examination and automatically closes at the scheduled time to end examination. The examination takes 70 percent of your course marks.

Tutor-Marked Assignment (TMA)

There are four Tutor-Marked Assignments in this course. You need to submit the four assignments for grading. Three best scores shall be selected from the four TMAs for use as your continuous assessment score. The maximum score for the three TMAs shall be 30%. Should you have any challenge starting the assignments or submitting at the due dates, you may request for extension from your facilitator.

Final Examination and Grading

The final examination for KHE 402 will be for two hours and it takes 70 percent of the total course grade. The examination will consist of questions that reflect the types of self-assessment and Tutor-Marked exercises you have previously encountered. All areas of the course will be assessed. Deploy the time between finishing the last unit and sitting for the examination to revise the entire course. You may find it useful to review your self-assessment exercises and comments by your tutorial facilitators before the examination. The final examination covers information from all parts of the course.

How to Get the Most from the Course

In distance learning programme, the study unit replaces the university lecturer. This is one of the greatest advantages of distance learning programme. In this course you have the opportunity of working and studying through a well-designed study material at your own pace and at a time and place that suits you best. Read the material as against listening to a lecturer in the conventional school system. The content is complemented with audios teachings as well as watching related videos. In the same way that a lecturer might recommend some reading materials, the study units tell you when to read recommended books or other materials and when to undertake practical activities. Just as a lecturer might give you class exercises/activities, your study units provide exercises for you to do at the appropriate time. Each of the study units follows a common format. The first item is an introduction to the subject matter of the unit and how a particular unit is integrated with the other ones and the course as a whole. Next is a set of learning Intended Learning Outcome(s) which state what you will be able to do by the time you have completed the unit. These

Intended Learning Outcome(s) are set to guide your study. When you have finished a unit, you must go back and check whether you have achieved the Intended Learning Outcome(s). If you cultivate the habit of doing this, you will make tremendous improvement in your chances of passing the course.

The main body of the unit guides you through the required reading from other courses. This will usually be either from your recommended books or from a reading section. Self-assessment exercises are interspersed throughout the unit. You are expected to work on them as well. Working through these exercises will help you to achieve the Intended Learning Outcome(s) of the unit and prepare you for the assignments and the examination. You should attempt the self-assessment exercise as you come across it in the study unit. There will also be several examples given in the study units; work through these when you come across them too.

Study Guide

Module	Unit	Week	Activity	Time
	Study Guide	1	Read the Study Guide	
Module 1	1 – 3	1 – 3	Nature and special needs of physically handicapped children in schools and in society	18 hours
	1	1	Nature of physically handicapped children in schools and in society	6 hours
	2	2	Special needs of physically handicapped children in schools and in society	6 hours
	3	3	Legislation regarding the special needs of physically handicapped children in schools and in society	6 hours
			TMA 1	
Module 2	1 – 3	4 – 6	Benefits, values and constraints of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.	18 hours
	1	4	Benefits and values of involving physically	6 hours

			handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.	
	2	5	Constraints to involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.	6 hours
	3	6	Strategies for overcoming the constraints to involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.	6 hours
			TMA 2	
Module 3	1 – 3	7 – 9	Curricular and class manipulations for engaging physically handicapped children in human kinetics and recreation programmes	18 hours
	1	7	Theoretical basis for manipulating human kinetics and recreation curriculum to suit physically handicapped children needs	6 hours
	2	8	The inclusion spectrum and necessary changes for manipulating a human kinetics and recreation classes to suit physically handicapped children's needs	6 hours
	3	9	Collaborative processes in human kinetics and recreation education for physically handicapped children	6 hours
			TMA 3	
Module 4	1 – 3	10 – 12	Programming Sports, Games and Lifetime Activities for Physically Handicapped Children	18 hours

	1	10	Assessments in programming sports, games and lifetime activities for physically handicapped children	6 hours
	2	11	Programming informal games and play activities for physically handicapped children	6 hours
	3	12	Programming formal sports and fitness exercise for physically handicapped children	6 hours
			TMA 4	
Module 5	1 – 3	13 – 15	Tips for programming effective and safe sports and games in human kinetics and recreation for physically handicapped children	18 hours
	1	13	Tips for ensuring children’s health and safety during human kinetics and recreation programmes	6 hours
	2	14	Tips for ensuring successful interactions with physically handicapped children during human kinetics and recreation programmes and classes	6 hours
	3	15	Qualities of good human kinetics and recreation teachers and classes	6 hours
				TMA 5
		16	Revision	6 hours
			Exam	2 hours
Required Total Hours of Study				90 hours

Facilitation

You will receive online facilitation. The mode of facilitation shall be asynchronous. Your facilitator will summarise each unit of study and send to your mail weekly. The facilitator will also direct and coordinate your activities on the learning platform.

Do not hesitate to contact your tutor by telephone and e-mail. Contact your facilitator if you:

- do not understand any part of the study units or the assignment;
- have difficulty with the self-assessment exercises; or
- have a question or problem with an assignment or with your lecturer's comments on an assignment.

Read all the comments and notes of your facilitator especially on your assignments and participate in the forums and discussions. This is the only chance you have to socialise with others in the programme. You can raise any problem encountered in the course of your study. To gain the maximum benefit from course tutorials, prepare a list of questions before the discussion session. You will learn a lot from participating actively in the discussions.

Course Code: KHE 402

Module 1

Nature and Special Needs of Physically Handicapped Children in Schools and in Society

An analysis of the nature and special needs of the physically handicapped children in schools and the society provides the encouragement for you to become involved with these groups of children, and also encourages you to use specialized techniques and materials while handling them in a human kinetics and recreation programmes. In this module, you will be introduced to the specific types of physically handicapping conditions, physically handicapped children's needs in school and society, and the legislations that should assist you to be better able to apply assessment procedures, to set reasonable performance objectives, and to plan appropriate exercise and activity programs for these group of children.

Unit 1: Nature of physically handicapped children in schools and in society

1.0 Introduction

This unit will introduce you to the specific types of physical handicapping conditions with the intention of pointing out the characteristics and differences of handicapped children.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- identify a physically handicapped person/child;
- describe the characteristics that differentiate handicapped children from others; and
- explain physically handicapping conditions among in-school and out of school children;

3.0 Main Content

The Physically Handicapped Child

Any person with any form of identifiable disability, due to loco-motor and neurological causes, that impede or makes it difficult for him or her participate fully in daily activities of living, work and play, is defined as a physically handicapped person. A physically handicapped child is not able to execute distinctive movements of self and other objects because of musculoskeletal and nervous system afflictions. For this reason, a child is considered physically handicapped if he or she cannot, for locomotor and neurological/brain

disorders, participate in social, recreational, educational, or vocational activities on fairly equal terms with other children of his or her age.

The first set of physically handicapped children are identified to include those, as result of locomotor disorders, have developed cerebral palsy, poliomyelitis, amputation, club foot, congenital dislocation, spinal bifida, burns or fractures, bone tumours, fragile bones, muscular atrophy, muscular dystrophy, perthes' disease, haemophilia, uncontrolled epilepsy and severe cardiac impairment. The other set of physically handicapped children are identified to include those who, because of disabilities associated primarily with the functioning of the neurological system and brain, have developed attention-deficit/hyperactivity disorder (ADHD), autism, learning disabilities, intellectual disability (also known as mental retardation), conduct disorders, cerebral palsy, and impairments in vision and hearing.

Characteristics of handicapped children

There are observable characteristics that makes differentiates physically handicapped children from others. These are the features that can make it difficult for the child to cope with ordinary school routine and limit his/her ability to explore and understand the environment. The following are among these characteristics.

- 1. *Uncoordinated Movement and Physical Fitness Characteristics.*** Physically handicapped children display various degrees of weaknesses and lack of coordination in the movement of their hands and legs. This is reflected in their inappropriate movement patterns, posture and manual dexterity. Also, their exercise tolerance is generally very low and so have low levels of physical fitness. Physically handicapped children are characterised by poor sitting posture, obvious difficulty in the control of the head and eyes, hand and legs movement, and in some cases drooling of saliva due to difficulty in the control of oral muscles.
- 2. *Disturbed Perception and Concentration.*** Neurological impairment of physically handicapped children may reflect in sensory deficiencies or over stimulation that are capable of disturbing perception and concentration. This is observable in children who under-react or over-react to physical stimulations, including verbal instruction and physical activity demonstrations.
- 3. *Intelligence.*** Mental handicap is one of the disabilities characteristics of physically handicapped children, especially those found in children with cerebral palsy.

4. **Difficulty in Communication.** Physically handicapped children may have difficulty in talking, singing and making nonverbal communication signals. This could be due to cerebral palsy, late stage of muscular dystrophy and facial burns.
5. **Emotions.** Emotional problems such as low self-esteem, lack of self-confidence, fear of changes in environment, apathy, over dependence on others, low level of aspiration, anxiety and frustration are generally seen among physically handicapped children. Also, some form of brain damage in children may make them become hyperactive, aggressive or lack emotional control.

Physical Handicapping Conditions among In-School and Out-of-School Children

The physically handicapping conditions among in-school and out of school children are those conditions that result to interference with their (children's) ability to use their bodies physically. These conditions produces one or more forms of locomotor or neurological disabilities that are capable of limiting children's functionality and involvement/participation in regular educational programmes in school and in society. Physically handicapping conditions generate those characteristics that makes it difficult for the children to perform some or all the basic tasks of daily life while at home, school or in any other area of community life.

Physically handicapping conditions are traced to heredity problems, health deficiencies such as diseases, illness, accidents and plagues. These conditions have been identified to include many factors or situations before, during and/or after birth that can lead to the locomotor and neurological abnormalities and disabilities in the children. These are conditions described by Adedaja (1984) as those conditions that occur in the prenatal (before birth), perinatal (during birthing or the few weeks just before and after birth), or postnatal (after birth) stages of life.

Prenatal conditions that can cause physical handicap in children include (1) inherited or genetic conditions, and (2) conditions during pregnancy which result in a defect of the child anatomy and/or physiology (anatomical function).

(1) Inherited or genetic conditions. An inherited condition implies that certain genes passed from the parents resulting inappropriate neurological and/or locomotor development.

Some inherited conditions that leads to physical handicap in children are:

- a. Inherited glaucoma and blindness caused by Retinitis pigmentosa is the most common cause of inherited blindness. These conditions raises the pressure within the eyes up to

such an extent that damaging the optic nerve, and result to blindness or visual impairments.

- b. Inherited Hearing loss include congenital abnormal growths or tumours and otosclerosis (an abnormal bone growth in the middle ear).
- c. Inherited Orthopaedic Impairments include congenital disorders effecting joints, bones, or muscles, a child may be born with joint deformities, spinal bifida, or muscular dystrophy, genetic abnormality (e.g., the absence of a member, clubfoot) and cerebral palsy caused by Gene mutations that result in abnormal brain development.
- d. Inherited Intellectual disability include genetic conditions resulting from chromosome abnormalities such as Down's syndrome or Turner syndrome and fragile X syndrome, which interferes with normal brain development.

(2) Conditions during pregnancy. These conditions are derived mainly from the child's environment provided by the mother during pregnancy. Some conditions during pregnancy may result in a neurological and/or locomotor defect of a child include:

- a. mother's illness during pregnancy that could lead to maternal malnutrition and severe anaemia;
- d. maternal infections, such German measles and herpes simplex;
- e. mother's use of drugs such as ototoxic drugs (medications that can damage hearing);
- f. the mother drinking of alcoholic beverages during pregnancy;
- g. smoking mothers; and
- h. a very early or extreme premature birth.

Perinatal Conditions. These conditions occur just before, during or immediately after delivery of the child. Some perinatal conditions that may result in a neurological and/or locomotor defect of a child include:

- a. low birth weight
- b. birth trauma that can result to the inadvertent dislocation, fracture or amputation of one or more limbs;
- c. asphyxia neonatorum or a lack of oxygen to the brain during labour and delivery;
- d. injury at birth, such as brain damage caused by a too rapid delivery, and head injuries that may result to intracranial/cerebral haemorrhage, bleeding within and between brain tissues;

- e. severe jaundice in the infant;
- f. Immediate lack of Vitamin K in a new born infant.
- g. Difficulties with the separation of the umbilical cord and placenta can reduce the oxygen supply to the brain and so may cause anoxia with the possibility of destroying brain cells.

Postnatal Conditions. These conditions occur after birth of the child. Some postnatal conditions that may result in a neurological and/or locomotor defect of a child include:

- a. childhood diseases such as meningitis, encephalitis and influenza;
- b. head injuries as a result of a vehicle accident, a fall, or child abuse.
- c. other injuries resulting to amputation, fracture and/or dislocation;
- d. lack of oxygen to the brain as a result of gas poisoning or strangulation;
- e. excessive noise exposure;
- f. childhood obesity and diabetes;
- g. high fever or elevated body temperature;
- h. Ménière's disease (a disorder of the inner ear that can affect hearing and balance);
- i. acoustic tumours;
- j. burns; and
- k. skeletal system diseases such as poliomyelitis and bone tuberculosis;
- l. infections like meningitis, whooping cough, or the measles can lead to intellectual disability;
- m. contact with damaging material (like radiation);
- n. neglect, and/or a lack of mental stimulation early in life;
- o. metabolic imbalances;
- p. exposure to heavy metals and environmental toxins; and
- q. fatal exposure to the medications valproic acid (Depakene) or thalidomide (Thalomid).

Physically handicapping conditions in children are grouped into heredity problems and environmental factors. All the environmental factors has to do with maternal diet, hormonal factors, physical agents, chemical agents, prenatal infections and mechanical agents, and are summarised into the following six groups:

Group 1. Maternal Diet

- a. Starvation that can lead to maternal protein deficiency

b. mineral deficiencies as found copper and iodine deficiencies

c. Vitamins:

(i) deficiency: vitamin A, riboflavin, folic acid, thiamine, vitamin E

(ii) excess; vitamin A

(iii) vitamin antagonists: galactoflavin: x-methyl pantothenic acid, sodium omega methyl pantothenate, pantooyltaurine: 6-aminonicotinamide: folic acid antagonists

Group 2. Hormonal Factors

I. Pituitary; preloban, ACTH, posterior pituitary extract, vasopressin

2. Thyroid; thyroxine, methylthiouracil

3. Pancreatic islets: insulin, alloxan

4. Adrenal cortex: cortisone

5. Ovary: testradiol benzoate

Group 3. Physical Agents

1. X-ray irradiation

2. Decompression: hypoxia; anoxia

3. Hypothermia; hyperthermia

Group 4. Chemical Agents

I. Radiomimetic substances; nitrogen mustard

2. Antibiotics: penicillin and streptomycin; Terramycin; actinomycin D

3. Purine antagonists

4. Nucleic acid antagonists

5. Leucine antagonists, DON

6. Chelating agents; ethylenediaminetetracetic acid

7. Azo dyes: trypan blue, Evans blue, Niagara blue 4b, Niagara sky blue 6b

8. Miscellaneous: salicylates, nicotine, urethane, phenylmercuric acid

Group 5. Pre-natal Infection

1. Rubella

2. Toxoplasmosis

Group 6. Mechanical Factors

1. Faulty implantation of the ovum

2. Disease of the placenta

3. Interruption of umbilical blood flow

4. Ectopic pregnancy

5. Amniotic bands

4.0 Conclusion

This unit has introduced you to the nature of the physically handicapped child and the features that differentiate them from other children. You were also made to become aware of the specific types of physical handicapping conditions along with their causes.

5.0 Summary

You have learned the nature of the physically handicapped child and the features that differentiate them from other children. You have learned the specific types of physical handicapping conditions. You are now prepared to go further in the analysis of the nature of the physically handicapped children in schools and the society by studying the special needs of this group of children.

Self-Assessment Exercise

1. Briefly explain how you will identify a physically handicapped person/child.
2. What are the characteristics that differentiate handicapped children from others?
3. With specific examples describe the three (3) main categories of physically handicapping conditions among in-school and out of school children.

6.0 References/Further Readings

Adedaja, T. A. (1984). Operational Guidelines for the Development and Implementation of Adapted Physical Education Programs for the Orthopedically Handicapped in Nigerian Schools. *A Thesis submitted to the Faculty of the Graduate College of the Oklahoma State University in partial fulfilment of the requirements of the degree of Doctor of Education.*

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Unit 2: Special Needs of Physically Handicapped Children in Schools and in Society

1.0 Introduction

In this unit, you will learn how you to recognize with empathy the difficulties and frustrations faced by physically handicapped children while learning, socializing and doing self-care activities at home, school and community. This unit will introduce you to the need to accept the inadequacies and address these as you study the special needs of the physically handicapped children in schools and the society.

2.0 Intended Learning Outcome(s)

After studying this unit, you would be expected to:

- Identify the different locomotor difficulties and inadequacies of physically handicapped children that need to be understood and addressed in human kinetics and recreation education.
- Identify the different neurological difficulties and inadequacies of physically handicapped children that need to be understood and addressed in human kinetics and recreation education.
- Describe the teaching and learning environment needs of physically handicapped children in human kinetics and recreation education.

3.0 Main Content

Some physical handicaps among children can be reversed with appropriate education in human kinetics and recreation programmes. Other handicapping conditions, although not reversible because they are rather permanent ones, can become acceptable and accommodated while learning how to lead a productive life with the handicap. Human kinetics and recreation education programmes for the handicapped children need be so designed as to help them overcome their physical handicaps and associated difficulties. Some of these needs are presented as follows:

- i. ***Physically handicapped children's learning and behaviour needs.*** Physically handicapped children, particularly those with brain injuries may have difficulties in concentration. They are, therefore, easily distracted by slight external stimulus, hyperactive and emotional. They have a very low level of tolerance threshold and so find it difficult to complete simple tasks. Teachers need to recognize these problems,

and suit curriculum content and teaching strategies towards overcoming these problems. For instance, learning tasks need be appropriately analysed and programmed, children need to know clearly the demand on them and the rules of reward and punishment. Also, there is need closely monitor the learning environment to ensure that the handicapped children are fully aware of the consequences of their performance in learning and conduct.

- ii. ***Children's physical conditions and sitting posture energy needs impedes concentration and classroom learning.*** Physically handicapped children, especially those suffering from athetosis, may need to use a tremendous amount of energy and concentrate very hard just to maintain correct sitting posture or posture in general. In fact some physically handicapped children would need to utilise very large amounts of energy just to make a movement as small as pointing with a finger. The consequence of this is that their concentration in classroom learning becomes impeded.
- iii. ***Need for proper sitting posture and head control, eye contact and perception.*** It is very difficult for some physically handicapped children to lift their heads to look at pictures. There is, therefore, the need to consider these physical conditions and train/assist such children on how to lift their heads to look at pictures placed at a higher position. Alternatively, pictures and other teaching aids may be placed in appropriate positions for the children to have a better view.
- iv. ***Physically Handicapped Children's Need to Move their Hands and Legs.*** Some physically handicapped children are weak in their concept of mid-line and unconsciously neglect their weaker limbs. Therefore, there is need to encourage such children to complete their tasks by using both hands and so reinforce their concept of mid-line.
- v. ***Physically Handicapped Children's Learning and Information Reception Abilities Needs.*** Some physically handicapped children have limitations in mobility that reduces their learning of verbs and spatial concepts. Therefore, there is need to use appropriate demonstrations and so encourage them to learn through personal experience when teaching these kinds of concepts.
- vi. ***Swallowing Ability Needs.*** Some physically handicapped pupils have difficulties in swallowing. Therefore, there is need to determine the appropriate food or drinks so as to avoid food refusal that might result to the child being choked.

- vii. ***Hearing Ability Needs.*** Some physically handicapped children may not hear clearly sounds emitted at certain ranges of frequencies to the extent that they are limited in their ability to receive audio information. It is therefore necessary to speak in front of such children and in bright light. For this reason, teachers must not stand behind such children nor speak too loudly near their ears.
- viii. ***Verbal Ability Needs.*** There may be discrepancy in different pupils' abilities in understanding speech and expressing verbally. Therefore, there is need to give instructions at different degrees of difficulties according to the children's hearing capacity. Some physically handicapped children may only understand single word instructions and express themselves in single words while others may just be capable of comprehending only one step instructions. It is therefore necessary to give appropriate instructions so that the children's abilities are assessed properly.
- ix. ***Oral Muscles' Control and Drooling Needs.*** Teachers need to encourage physically handicapped children with this trait to swallow their saliva and/or wipe it clear so that there would be no unhygienic drooling that can affect social relationships.
- x. ***Emotional Difficulties' Needs.*** During the process of learning or daily living, physically handicapped pupils require a great deal of energy to maintain or improve their posture, their head position, eye contact with others, control of their hands and oral muscles. Very often, they are frustrated by repeated failure to do so. This sends them negative messages on their self-image and abilities. They may turn withdrawn, uncooperative and easily irritable. They would avoid challenges by running away from learning, socialization and taking care of themselves. People that they encounter would respond negatively to their withdrawal, emotional instability, and low motivation in learning. Then pupils think that their inadequacies are confirmed. A vicious cycle of lowering their self-esteem would develop. Therefore when teaching such physically handicapped pupils, there is need to recognize with empathy their difficulties and frustrations in learning, socialization, and self-care. It is the only to accept and address their inadequacies that would help them have the desired self-confidence needed to learn new things and receive counselling. Also, appropriate rewards need to be planned in their learning programmes so that they may understand their own abilities and gain self-confidence and the sense of success which are essential elements to induce learning motives.

4.0 Conclusion

This unit has helped you to recognize with empathy the difficulties and frustrations faced by physically handicapped children while learning, socializing and doing self-care activities at home, school and community. You were also introduced to the special needs of physically handicapped children in schools and the society as you studied how to accept their inadequacies and how to address them in Human Kinetics and Recreation Education.

5.0 Summary

You have learned the special needs of physically handicapped children in and out of school. You have become aware of the difficulties and frustrations faced this group of children. You are now prepared to go further in the analysis of the nature of the physically handicapped children in schools and the society by studying the various legislations regarding how to handle this group of children.

Self-Assessment Exercise

1. Describe the different locomotor and neurological difficulties and inadequacies of physically handicapped children that need to be understood and addressed in human kinetics and recreation education.
2. What are the special needs of physically handicapped children that need to be addressed in human kinetics and recreation education?

6.0 References/Further Readings

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Unit 3: Legislation regarding the special needs of physically handicapped children in schools and in society

1.0 Introduction

In this unit, you will learn that physically handicapped children, like their unhandicapped counterparts, also have rights to all privileges of good living and so need to be educated so as to be able to contribute meaningfully to the advancement of society. This unit will introduce you to the historical background to legislations of on rights and education of physically handicapped people generally, and the international and national legislations and policies with regards to rights and education of physically handicapped children in schools and the society.

2.0 Intended Learning Outcome(s)

After studying this unit, you would be expected to:

- Explain the historical background to legislations of on rights and education of physically handicapped people.
- State the international legislation with regards to education of physically handicapped children in school and society.
- State the national legislation and policies regarding education of physically handicapped children in school and society.

3.0 Main Content

Historical Background to the Rights and Privileges of Physically Handicapped People

Historically, handicapped people have been treated differently by different societies depending on the philosophical view of the period or era. Tremblay (2007) classified these periods into five distinct eras depending on how physically handicapped children were viewed and treated. These eras are (i.) the Era of Termination in Ancient times, (ii.) the Christian Era, (iii.) the Era of Ridicule in the Middle Ages, (iv.) the Era Asylum during the Renaissance and (v.) the Era of Human Rights in modern times.

- A. *The Era of Extermination.*** In the ancient Greek and Roman era, just as in most ancient civilizations, handicapped children were regarded as not being pure enough for the race and so they need to be exterminated. In this manner, the ancient society is free of any form defectives that can threaten the military superiority of the state. During this era, a handicapped child was viewed as a bad or evil sign as it was considered that there was of recovering from the handicapping condition. A handicapped child was also viewed as a punishment from the gods to the parents or the child. It is therefore expected that parents should kill such children so as overcome

the punishment. Consequently, handicapped children, during the ancient Greek and Roman era were usually chained and left on hills to die, thrown of cliff, locked away from public view and drowned. This kind of treatment was even meted on soldiers who became handicapped as result of war. It is the responsibility of the ancient city's authorities to exterminate them so as to preserve the purity of the race and maintain military superiority.

B. *The Christian Era.* There were two phases to this era; (i) the Old Testament and (ii) the New Testament derived interpretations of physically handicapped children. The prevailing philosophy of the Old Testament era is that God created man in his own image. Therefore, since God cannot be handicapped in any way, any form of handicap is considered an impurity or a deviation from the creation of God. Such persons were thus not allowed to approach sacred places. Later on when Jesus started to help handicapped people, such as when he cured the blind, began the reduction of the view that handicapping conditions a fault for which punishment was given or an evil sign. The New Testament phase of the Christian era saw handicapped people as people who need assistance, and helping them was viewed an occasion for “*winning ones salvation*”.

C. *The Middle Ages; the Era of Ridicule.* The middle ages operated with a very rigid caste system, where physically handicapped children were regarded as being less than fully human and as such, are not fully eligible for the opportunities which are available to other people as a matter of right. Handicapped people were generally:

- a) used as servants or fools;
- b) some were still put to death;
- c) dwarfs were used as clowns; and
- d) ridiculed for deformities in appearance and behaviour

D. *The Renaissance; the Era of Asylum.* This era saw handicapped children receiving humane treatment even though there was the belief that once a person is handicapped, he/she is handicapped for ever. As a consequence of this view handicapped children were accepted by the Catholic Church as wards of state for whom they cared in isolation. During this era handicapped children were often placed in hospitals, asylums, or other institutions that provided little or no education.

Before the modern day human rights era, handicapped people were generally dehumanised and treated unfairly. Hanes, Brown and Hansen (2018) summarised the types of inhuman treated meted on handicapped people as listed hereunder:

- Killed or abandoned in the woods in ancient Greece
- Kept as jesters for nobility in the Roman Empire courts
- Experienced acts of infanticide during the Renaissance
- Drowned and burned during the Spanish Inquisition
- In 1601, Queen Elizabeth's government divided the poor into three groups.

The disabled poor were placed in the group labelled "helpless poor."

- Kept in cellars in correctional institutions in early colonial America if family support was not available; people then paid admission to gawk at the oddities.
- Dehumanization in orphanages and asylums in nineteenth-century Europe
- Primary care given by the family at home in the early history of the United States instead of children being allowed out in public, e.g., home-schooled and excluded from community activities
- "Institution for Idiots" founded in Massachusetts in 1848
- Shackled to their beds in U.S. institutions because there was an insufficient number of staff members to care for residents
- Involuntary sterilization of people with developmental disabilities in the United States, beginning in 1907, to prevent the passing on of inferior traits
- Considered by eugenicists as defective and an interference with the process of "natural selection"
- Gassed, drugged, blood let, and euthanized in Nazi Germany
- Institutionalized regardless of needs, e.g., person with cerebral palsy was considered mentally retarded
- Housed in separate institutions throughout the world
- Not allowed to attend neighbourhood schools
- Aversion techniques used
- Seclusion policies applied
- Restraint applied
- Abuse prevalent (physical, mental, sexual, financial)
- Victimized with inhumane treatments
- Lives devalued
- Stigmatized as criminals
- Viewed as sickly
- Inaccurately tested
- Inappropriate labels and services rendered

E. Era of Human Rights

During the Second World War, many jobs became vacant in the United States. Most of these jobs were filled by handicapped who go were not able to go to war. These group of handicapped people demonstrated that they were equally capable of being useful to society during the war. In other words, the Second World War started the change of the views of the handicapped people in society. In the 1960s and 1970s, the civil rights movement began and started agitations that brought about the general acceptance of the possibility of employing handicapped people, even as cheap labour. The emerging civil rights organisations exposed the inhumane treatment of handicapped people and canvassed support for handicapped people and the need to improve their conditions living. Eventually, civil rights and educational for all persons became laws to the extent that physically handicapped people were now seen as other humans that need to be educated and assisted to obtain a productive and useful life.

The consequence is that legislation today is continually making it possible for handicapped children to maximize their potential through proper education since it has become a reality that every person is educable no matter his/her physical condition. It is observable, however, that all over the world handicapped children are still being discriminated, and they are yet to enjoy their basic human rights. According to the United Nations Children's Fund (UNICEF, 2007), the inclusion of handicapped children is a matter of social justice and an essential investment in the future of society. It should, therefore, not be based on charity or goodwill but as an integral element of the expression and realization of universal human rights.

These past few decades have witnessed some progress in this direction in that many countries have started to reform their laws and structures with intention to remove barriers to the participation of handicapped persons as full members of their communities. Most countries of the world today are party to the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, the Millennium Agenda and the Sustainable Development Goals (SDG) provisions that are opening up a new era that geared towards the security and safeguards of the rights of handicapped children. These international initiatives and standards have provided the foundation for every country and community in the world to undertake a fundamental review of the situation of handicapped children and to make concerted efforts for their inclusion in society.

International Legislation on the Rights and Privileges of Physically Handicapped People *Convention on the Rights of the Child*

According to the UNICEF (2007), the 1989 Convention on the Rights of the Child (CRC) is the first binding instrument in international law to deal comprehensively with the human rights of children, and is notable for the inclusion of an article specifically concerned with the rights of handicapped children. The implementation of the CRC is monitored and promoted at the international level by the Committee on the Rights of the Child. The CRC identifies four general principles that provide the foundation for the realization of all other rights:

- non-discrimination;
- the best interests of the child;
- survival and development;
- respect for the views of the child.

The principle of non-discrimination is reflected in article 2 of the CRC that expressly prohibits discrimination on the grounds of disability. Every country in the world shall respect and ensure the rights set forth in the present Convention to each child without discrimination of any kind, irrespective of the child's disability or other status. This principle is motivated by the recognition that segregated or separate facilities for education, health care, recreation and all other aspects of human life on the basis of disability can create and consolidate exclusion. These factors often perpetuate the negative perception of a child with a disability as a 'problem' and, in doing so, maintain or reinforce mechanisms of discrimination.

Certain children require additional or different forms of support in order to enjoy their rights. For instance, a child with a visual impairment has the same right to education as all children, but in order to enjoy this right and to ensure her or his participation, the child may require enlarged print, Braille books or other forms of assistance.

Article 23 of the CRC refers to the obligations of countries and recognizes that a child with mental or physical disabilities is entitled to enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community:

- i) Countries recognize that a mentally or physically handicapped child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
- ii) Countries recognize the right of the disabled children to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance appropriate to the child's condition.

iii) assistance extended shall be provided free of charge, whenever possible and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

iv) Countries shall promote the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of handicapped children.

In this regard, particular account shall be taken of the needs of developing countries.

This special article on handicapped children is included "without prejudice to" the general applicability of the principles and provisions of the CRC to the situation of handicapped children. The article adds force to the other provisions of the CRC, including freedom from discrimination, respect for the dignity of the child and the cultivation of her or his potential to assume a responsible and independent life in society. They may be seen to be particularly relevant to the situation of handicapped children in the following provisions:

- The child's right not to be separated from his or her family (article 9).
- Services and assistance to support parents in their child-rearing responsibilities (article 18).
- Protection from injury, neglect and any form of violence (article 19).
- Protection of children deprived of a family environment (article 20).
- Refugee children (article 22).
- Periodic review of treatment (article 25).
- The child's right to free and compulsory primary education, to secondary and vocational education and the prevention of drop out (article 28).
- Children belonging to minorities and indigenous people (article 30).
- Protection from work that interferes with education (article 32).
- Protection from abuse (article 33).
- Protection from sexual exploitation (article 34).
- Protection from torture or other cruel, inhuman or degrading treatment or punishment, and from deprivation of liberty (article 37).
- Right to rehabilitative care for victims of neglect, exploitation, abuse or degrading treatment (article 39).

The implementation of the CRC is monitored at the international level by the Committee on the Rights of the Child, which oversees the progress made by Countries in promoting the realization of children's human rights.

Other international human rights instruments and decisions

In addition to the CRC, there are a number of other important human rights instruments reinforce the rights of handicapped persons. Listed hereunder are the Human rights instruments and high-level decisions made to reinforce the rights of handicapped persons that complements the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child:

- a. 1971 Declaration on the Rights of Mentally Retarded Persons stipulates that a person with an intellectual impairment is accorded the same rights as any other person;
- b. 1975 Declaration on the Rights of Disabled Persons proclaims the equal civil and political rights of all disabled persons, and sets standards for equal treatment and access to services;
- c. 1981 International Year of Disabled Persons (United Nations);
- d. 1982 World Programme of Action concerning Disabled Persons;
- e. 1983–1992 International Decade of Disabled Persons (United Nations);
- f. 1990 World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs adopted at the World Conference on Education for All, in Jomtien, Thailand in March 1990, promotes “equal access to education to every category of disabled persons as an integral part of the education system”;
- g. 1993 United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities provide detailed guidelines for policy development and implementation;
- h. 1993–2002 Asian and Pacific Decade of Disabled Persons;
- i. 1994 Salamanca Statement and the Framework for Action on Special Needs Education. Adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 1994. Adopted by 92 governments and over 25 international organizations, putting the principle of inclusion on the educational agenda worldwide;
- j. 1995 World Summit for Social Development, Copenhagen Declaration and Programme of Action calls upon governments to ensure equal educational opportunities at all levels for disabled children, youth and adults, in integrated settings;
- k. 1998 Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 1998/31;

- l. 2000 World Education Forum, Dakar, Statement and Framework for Action established attainable and affordable educational goals, including the goals of ensuring that by 2015 all children of primary age have better access to complete free schooling of an acceptable quality, that gender disparities in schooling are eliminated and that all aspects of educational quality are improved;
- m. 2000 Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 2000/51;
- n. 2001–2009 African Decade of Disabled Persons;
- o. 2002 UN General Assembly Resolution on The Rights of the Child, following the World Summit on Children, calls upon States to take all necessary measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms by children with disabilities, and to develop and enforce legislation against their discrimination, so as to ensure dignity, promote self-reliance and facilitate the child's active participation in the community, including effective access to educational and health services;
- p. 2002 'A World Fit for Children', outcome document of the UN General Assembly Special Session on Children makes clear reference to the rights of children with disabilities, especially regarding protection from discrimination, full access to services, and access to proper treatment and care, as well as the promotion of family-based care and appropriate support systems for families;
- q. 2003–2012 Second Asian and Pacific Decade of Disabled Persons;
- r. 2004–2013 Arab Decade of Disabled Persons;
- s. 2006 UN Convention on the Rights of Persons with Disabilities;
- t. 2006–2016 Inter-American Decade of Disabled Persons
- u. The Millennium Development Goals (MDGs) form a blueprint agreed by all the world's countries and leading development institutions for the year 2015 as a crucial inclusive framework for advancing the human rights and the quality of life of handicapped persons and their families. Despite the omission of specific reference to persons with disabilities in the 18 targets for 2015 or the 48 monitoring indicators of the MDG framework, recognition has nonetheless been given to their needs. This anomaly has been rectified in the 2030 blueprint known as the Sustainable Development Goals (SDGs). The only concerns now is about the ability of countries who signatories to translate these international goals into reality (UNICEF, 2009).

Issues that have to do with handicapped children have also been addressed in the context of other human rights institutions of the United Nations (UN). For example, in 2006 in a report by the UN Special Rapporteur on the right to education presented steps to follow in order to fulfil the rights of all children to inclusive education.

UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities

The CRC provides a binding implementation framework with implications for law, policy and practice with respect to handicapped children. The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted by the UN General Assembly in 1993, provides detailed guidance on what should be done and how to do it. The CRC recommended that the two documents be used as complementary tools in promoting the rights of handicapped children. Around the world, these Rules have had a major influence on the development of handicapped legislation, the level and provision of services for persons with disabilities and, above all, on attitudes towards disability issues. The simplicity of the Rules enables them to be used as a practical tool by those involved in developing disability legislation and policy.

Unlike the CRC, which is legally binding for all countries that have ratified or acceded to it, the Standard Rules express a political commitment on the part of countries to adapt society to individuals with functional impairments. The Rules address all aspects of the lives of persons with disabilities and indicate how governments can make social, political and legal changes to ensure that persons with disabilities are treated as full citizens of their country. The Rules cover four main areas:

1. Preconditions for equal participation (awareness raising, medical care, rehabilitation, support services and accessibility).
2. Target areas for equal participation (accessibility, education, employment, income maintenance and social security, family life and personal integrity, culture, recreation and sports, religion).
3. Implementation measures (information and research, policy-making and planning, legislation, economic policies, coordination of work, organizations of disabled persons, personnel training, national monitoring and evaluation of disability programmes in the implementation of the Rules, technical and economic cooperation and international cooperation).

4. Monitoring mechanisms. The implementation of the Rules is monitored by the Special Rapporteur on Disability, assisted by a committee of experts drawn from the main international NGOs concerned with disability.

These international initiatives and standards have been used as framework by several countries of the world to formulate legislations on the rights and privileges of handicapped children. Legislations are legal provisions that handicapped persons have rights and privileges that needs to be protected by law. Among these legislations are the ones concerning rights of handicapped persons to participate in policy-making, work in environmental institutions, advocate for improving services, and mobilize handicapped persons. They also have right to identify needs and priorities of participating in the planning measures concerning the lives of handicapped persons. It is also their rights to contribute to public awareness efforts, implementation and evaluation of services that promote organized activities for healthy daily living among handicapped people. Among the Civil right legislations Nanjwan and David (2014), explained, is the Vocational Rehabilitation Act of 1973, which states in Section 504, that no qualified handicapped individual in the United States shall, by any reason of his being handicapped, be excluded from participating in any activity and denied or subjected to discriminate under any programme or activity receiving federal financial assistance. With the advent of this legislation section, it is now illegal to discriminate against handicapped people in the area of employment, admission and provision of health, welfare and other social services. This legislation also provides that handicapped school aged children are entitled to have free and appropriate public education. The Nigerian constitution made broad provisions for fundamental human rights, with one provision explicitly captioned the rights for persons with disabilities (PWDs) in Nigeria. This legislation stipulates that no citizen of Nigeria shall be subjected because of any sort disability or should not be deprive merely for the reason of circumstances of his condition.

National Legislation on the Rights and Privileges of Physically Handicapped Children

Nigeria, as a nation is party to the Human rights instruments and high-level decisions made to reinforce the rights of handicapped persons at the international level. Moreover, the importance of educating the physically handicapped children in Nigeria has since been recognized and it is reflected in the following actions:

- a. The missionaries and non-governmental organizations started education of physically handicapped children in Nigeria during the middle of 20th century when the following were established;

- i. Cheshire Homes, Ibadan School for the Deaf,
 - ii. Oji River Rehabilitation, Centre for the Blind in Anambra State
 - iii. Pacelli school for the Blind, etc.
- b. Originated a National Policy on Education (1981, 1998) which spelt out that physically handicapped children should not be neglected in the education system;
- c. The Federal Government of Nigeria directed that two percent of positions in establishment should be allocated to qualified handicapped persons, and that state governments should set up vocational centres for the handicapped;
- d. The Federal Ministry of Education established a committee to conduct special education activities for the handicapped in collaboration with the Ministries of Health, Social Welfare and Labour (Kotso, 2010).
- e. Teachers were trained as special educators in the Federal Government Advanced Teacher Training (Special) Education (now known as, Federal College of Education Special), Oyo, Oyo State since 1977 to produce teachers or specialist for the physically handicapped children.
- f. A special unit was also created at the Federal Ministry of Education while special education section was also created at State Ministries of Education.
- g. Some universities now run programmes in their Faculties of Education, namely the University of Ibadan, Calabar, and Jos at both undergraduate and the post-undergraduate levels.
- h. The bill on Disability Policy Framework (the Nigerian bill) was proposed for legislation in the year 2000. The Disability Policy Framework for Nigeria bill includes a guide that is focused on integration programme at each level.
- i. In 2001, the Disability Discrimination Act was enacted with the focus on no segregation because it was observed that education of the special needs (including physically handicapped children) started with segregation (Fareo, 2012).
- j. The Federal Government of Nigeria in the National Policy on Education (2014, revised) adopted mainstreaming as a replacement of segregation. The policy stated that there should be equal education opportunities for all children, irrespective of their physical, sensory, mental, psychological or emotional disabilities in order to fully contribute their own quota to the development of the nation. This implies that physically handicapped children will learn or be educated in the same classroom setting with their counterparts irrespective of their disabilities. The purpose and

objectives of special education programmes as stated in the National Policy on Education, section 7, are as follows:

- i. Provide access to education for all person, in an inclusive setting;
- ii. equalizing educational opportunities for all persons, irrespective of their physical, sensory, mental, psychological or emotional disabilities;
- iii. provide adequate education for all persons with special needs in order that they may fully contribute their own quota to the development of the nation;
- iv. provide opportunities for exceptionally gifted and talented persons to develop their talents, natural endowments/ traits at their own pace in the interest of national development; and
- v. design a diversified and appropriate curriculum for all the beneficiaries.

The 2012, Day of the African child, with the theme “The Rights of Children with Disabilities: the duty to protect, respect, promote and fulfil” rendered an opportunity to examine the plight of physically handicapped children in Africa with the intention of using laws and social engineering to protect, respect and promote their wellbeing as normal members of the society in every country in Africa.

In 2015, the Federal Government of Nigeria responded by interpreting physically handicapped children to be among persons with special needs and by formulating the National Policy on Special Needs Education in Nigeria. According to the policy, Special Needs Education and Rehabilitation Services (SNERS) became a formal Education given to Persons with Special Needs. It is tailored towards Individualized Educational Programme (IEP). It is rendered at school, home and hospital bound settings for the purpose of:

- i. ensuring inclusion of Persons with Special Needs, provide equal opportunity, equity and access in a barrier free environment;
- ii. identifying the dignity and worth of the human person and to utilize the residual strength to overcome the weakness;
- iii. enabling the Nigerian child acquire appropriate skills for global competitiveness in the world of ICT;
- iv. developing the child into a sound, effective and productive citizen;
- v. ensuring full inclusion of the individual into the community; and

- vi. providing equal access to educational and other service opportunity for all citizens of the country at the primary, secondary and tertiary levels and also those outside the formal school system.

Legislation

It is spelt out in the policy that Government shall put in place functional legislative framework with implementation force for persons with special needs. These policy statements are concerned with:

- i. The rights of Persons with Special Needs as citizens;
- ii. The responsibility of each level of government in the provision of education for Persons with Special Needs;
- iii. Environmental rights of Persons with Special Needs;
- iv. Federal Government guidelines for funding education of Persons with Special Needs;
- v. Communication rights of Persons with Special Needs;
- vi. Architectural barrier-free specifications for Persons with Special Needs;
- vii. Incentive grants for Persons with Special Needs in and out of school;
- viii. Employment of Persons with Special Needs after training;
- ix. Consequential effect or failure to comply with any provision of the legislation for Persons with Special Needs.

The general legislation, in the Nigerian constitution, applies to persons with different types of disability in Nigeria with respect to education, employment, right to marriage, right to parenthood, family, political rights, and access to court of law, right to privacy, and property rights (Nanjwan & David, 2014). The Nigerian legislation provides that handicapped people are guaranteed of health care services, education, vocational training, employment, independent living, and participation in decisions making.

Nigeria has since ratified the United Nations Convention on the Rights of People with Disabilities (CRPD) in 2007 and it's Optional Protocol in 2010. Yet the World Health Organization's (2011) World Disability Report, shows that more than 25 million people (about 15% of Nigeria's population) are handicapped. It was recorded that most of these handicapped people face a number of human rights abuses including stigmatization, discrimination, violence, and lack of access to healthcare, housing, and education. Repeated calls by civil society groups and handicapped people on the government yielded some benefits in 2011 and 2015 when the National Assembly passed the Discrimination against

Persons with Disabilities (Prohibition) Bill 2009. This bill was not signed into law and so had to be re-prepared and, was passed by the House of Representatives and the Senate joint committee in November 2016, but was not signed into law until January 17, 2019. This law prohibits discrimination on the basis of disability and imposes sanctions including fines and prison sentences on those who contravene it. It also stipulates a five-year transitional period for modifying public buildings, structures, and automobiles to make them accessible and usable for people with disabilities.

The law also established a National Commission for Persons with Disabilities, responsible for ensuring that people with disabilities have access to housing, education, and healthcare. The Commission is empowered to receive complaints of rights violations and support victims to seek legal redress amongst other duties. The benefits of this law can be summarised that Nigerian law now:

1. promotes full integration of person with disability into the society on equal basis with others who are not disabled;
2. prohibits exclusion or any form of discrimination or restriction on the basis of disability which impairs their recognition, enjoyment or exercise on an equal basis with others is not tolerated by the government;
3. promotes all human rights and fundamental freedom in political, economic, social, cultural, civil or any other field, and so should not be looked down upon;
4. provide handicapped people a platform to join or take up membership of recognized associations, peaceful assembly;
5. provide rights for handicapped people to seek for the enforcement of their right according to the provisions of the law, including monetary compensation;
5. provides rights for handicapped people to air their views and make choices on how they should be governed;
6. provides that handicapped people have right to live independently and participate fully in all aspects of life such as, access to physical environment, transportation, information and communications technologies; and
7. provides for other facilities and services that would modify public places for the benefit of the disabled both in urban and in rural areas.

4.0 Conclusion

You have learned, in this unit, that physically handicapped children, like their unhandicapped counterparts, also have rights to all privileges of good living and so need to be educated so as to be able to contribute meaningfully to the advancement of society. You were introduced to the historical background to legislations of on rights and education of physically handicapped people generally, and the international and national legislations and policies with regards to rights and education of physically handicapped children in schools and the society.

Specifically, you learned about the Convention on the Rights of the Child (CRC), other international human rights instruments and decisions, the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, and the development of the Nigeria's legislation and the law on the rights and privileges of physically handicapped children.

5.0 Summary

In this unit, you have learned that handicapped people, who were previous subjects of several human rights abuses, now have fundamental human rights that are protected by law. The implication is that you are now aware that handicapped children, whether in school or out of school, also have right to human kinetics and recreation education. You are, therefore, now prepared to go further in your study by studying the role of human kinetics and recreation programmes, their value and benefits in involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments.

Self-Assessment Exercise

1. Explain how the societal norms of the eras in human history are related to the human rights abuses experienced by handicapped people of the times.
2. Describe the international initiatives that gave impetus to national legislations on rights and education of physically handicapped people.
3. State the rights of handicapped people as embedded in the Nigeria constitution.
4. Infer from the Discrimination Against Persons with Disabilities (Prohibition) Bill 2009 the right of physically handicapped children in and out of school to human kinetics and recreation education.
5. How is the Nigerian legislation beneficial to physically handicapped children who are in and out school?

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Module 2

Benefits, values and constraints of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments

Physically handicapped children in schools and the society can derive great benefit from participating in human kinetics and recreation programmes. However, there are some constraints in the involvement of this category of children in human kinetics and recreation programmes. In this module, you will learn about the benefits, values and constraints of involving physical handicapping children in human kinetics and recreation programmes. You will also learn how to overcome envisaged constraints while engaging physically handicapped children in human kinetics and recreation programmes.

Unit 1: Benefits and values of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments

1.0 Introduction

This unit will expose you to the derivable benefits and values of participating in human kinetics and recreation activities by physical handicapped children.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- Understand the role of human kinetics and recreation programmes in the education of physically handicapped children;
- Explain the value of making informed choices and leading a physically active lifestyle to physically handicapped children;
- Describe the benefits parents/caregivers can derive from human kinetics and recreation programmes in the education of physically handicapped children.
- Describe the benefits society, in general, can derive from human kinetics and recreation programmes in the education of physically handicapped children.
- Describe the benefits physically handicapped children can derive from human kinetics and recreation programmes in the education of physically handicapped children.

3.0 Main Content

3.1 Role of Human Kinetics and Recreation Programmes in the Education of Physically Handicapped Children

Human Kinetics and recreation programmes are sequenced academic and pedagogical experiences that engage students of varying backgrounds and abilities, in various learning and field-based contexts for developing several competencies. Human Kinetics and Recreation programmes plays a critical role in educating the *total person* in that movement is essential in educating both mind and body. Human Kinetics and Recreation contributes directly to development of physical competence and fitness plus helping individuals to make informed choices and understand the value of leading a physically active lifestyle. Therefore, the role of human kinetics and recreation programmes for physically handicapped children is to provide these children with motor skills necessary for lifelong physical activity during play, recreational pursuits, leisure activities, and organized sports. It can be summarised that human kinetics and recreation programmes plays the following roles for physically handicapped children:

1. provides them with the opportunity to be physically active, knowledgeable and skilled in the use of physical activities as well as becoming more physically fit. It is human kinetics and recreation programmes that affords physically handicapped children the space and adequate/appropriate equipment for maximally engaging in structured physical activities during class at school, homework time at home and in the community recreation centres. The opportunities provided by human and recreation programmes make physically handicapped children to become more knowledgeable and skilled in sports and games, and develops higher levels of physical fit with more exposure to physical activities at school, home and in the community.
2. Skill transfer roles of human kinetics and recreation programmes. Skills taught during these programmes are usually needed for a lifetime participation in physical activity. It is the skills that physically handicapped children learned during human kinetics and recreation programmes that they will use to play, practice and compete in recreation and competitive sports.
3. Human kinetics and recreation programmes encourages physically handicapped children to be physically active. Physically handicapped children are encouraged and motivated to be active by encouraging them to complete of home fun/physical activity homework assignments.

4. Human kinetics and recreation programmes encourage physically handicapped children to participate in community recreation activities. The skills they acquired during these programmes boosts their confidence to participate recreational sports, dance classes, gymnastics programs and martial arts.

5. Human kinetics and recreation programmes provides physically handicapped children with home-fun/physical activity homework during the holidays through the creation of physical activity calendar that documents physical activities performed during the holidays at home and recreation centres/parks and gardens. The physical activity calendar, on its own, encourages physically active lifestyles among physically handicapped children.

6. Positive feedback role. Human kinetics and recreation programmes are full of praises and other rewards that can help encourage and promote physical activity participation among physically handicapped children. A physically handicapped child who gets praises or other rewards for participating or winning in any sport would not only encourage the child to do more, but would also encourage others to participate.

7. Leadership opportunities. Human kinetics and recreation programmes gives physically handicapped children the opportunity to be physically active in leadership roles when they are chosen to lead activities that are guided by the teacher. Such leadership roles motivate the children to put in more effort and so become more skilled and physically fit.

3.2 Value of Human Kinetics and Recreation Programmes to Physically Handicapped Children.

The value of Human Kinetics, and Recreation programmes to physically handicapped children can be seen in the fact that the healthy, physically active child is more likely to be more academically motivated, alert, and successful in school and in life generally. Also, leading a physically active lifestyle can help prevent diseases and positively contribute to health and wellbeing of all people regardless of age, race, ethnicity, gender, sexual orientation, disability status, income, educational level, or geographical location. Human kinetics and recreation programmes for physically handicapped children are geared towards ensuring that these group of children have access to quality Human Kinetics and Recreation programmes as we strive towards the improvement of our Nation's overall health and wellness.

Through human kinetics and recreation programmes, physically handicapped children can develop important values and habits such as perseverance, constancy and competitiveness,

fair play and sportsmanship. Human kinetics and recreation programmes has the value of facilitating social participation, friendship and inclusion. The value of human kinetics and recreation programmes is readily observable in the generation of goodwill within and between diverse groups of children. The value of human kinetics and recreation programmes is also seen in the fact that they contribute to a range of societal goals such as increasing community regeneration and social capital and reducing truancy and youth crime.

3.3 Benefits of human kinetics and recreation programmes to physically handicapped children

The benefits of human kinetics and recreation programmes to physically handicapped children are in three folds. These benefits include those derivable by the (i.) the physically handicapped children themselves, (ii.) parents and caregivers of physically handicapped children, and (iii.) the society in general.

- (i.) Benefits of human kinetics and recreation programmes to Physically Handicapped Children Personally themselves. Physically handicapped children, like other children, can derive physical, mental and social benefits by taking part in human kinetics and recreation programmes.
 - a. Physical benefits. The physical benefits derivable by handicapped children from human kinetics and recreation programmes include their experiences of:
 - improvements in muscle strength, coordination, and flexibility;
 - improvements in exercise endurance, cardiovascular efficiency, and possibly increased life expectancy;
 - better balance, motor skills and body awareness;
 - a decrease in secondary health complications like obesity, high blood pressure, in the levels of low density lipoproteins LDL (“bad” cholesterol) and diabetes;
 - boosts immune system and function;
 - increases in life expectancy; and
 - enhanced physical health that helps them fight back against problems such as obesity, and the health complications that accompany their handicapping conditions.
 - b. Mental benefits. Regular exposure of handicapped children to human kinetics and recreation programmes is also beneficial to their minds. Among these benefits are that human kinetics and recreation programmes:

- have rules and regulations that help physically handicapped children to practice self-regulation and so enhance decision making skills.
 - provide avenues for experiencing increases in attention span, on-task behaviour, and level of correct responding;
 - helps to increase self-confidence;
 - produces positive changes in health, quality of life and boosts to self-esteem;
 - provide avenues for experiencing a sense of accomplishment and possibly the taste of winning or personal satisfaction;
 - result to improvements in appetite and quality of sleep; and
 - provide outlets for positive use of physical energy, and so help cope with stress, anxiety and depression.
- c. Social benefits include. The rules and regulations in human kinetics and recreation programmes teach physically handicapped children a range of social skills that can eventually be transferred into other classroom setting and those settings in the outer world. Among these benefits are they:
- learn how to work as a team and solve group problems;
 - develop a greater ability to learn and engage with their peers in the classroom and in the outer world;
 - develop improvement in behaviour towards friends, family and other persons in the immediate environment;
 - develop improvements in academics;
 - develop improvements in making friendships;
 - become role models for other physically handicapped children; and
 - possess a heightened sense of belonging or high levels of social awareness that develops while they interact and are involved with other children in human kinetics and recreation programmes. In other words, human kinetics and recreation programmes helps physically handicapped children overcome the feeling of being isolated and removed from most groups in society.

(ii.) Benefits of human kinetics and recreation programmes for physically handicapped children to parents/caregivers of physically handicapped children.

- Relief from burden. Human kinetics and recreation programmes provides physically handicapped children opportunities for self-expression and self-development that fosters a sense of freedom and independence. This is big relief for family members and caregivers.
- Reduced financial strain on family resources. Physically handicapped children can overcome their handicapping conditions or can so manage themselves that reduces strain on family's financial resources.
- Increase in financial base of family as well trained physically handicapped children will eventually be employed and contribute their quota to the family purse.
- Bring pride to the family. A handicapped child can develop through human kinetics and recreation programmes to become such celebrities Paralympics stars that brings pride to the family.

(iii.) Benefits of human kinetics and recreation programmes for physically handicapped children to the society in general. Human kinetics and recreation programmes for physically handicapped children can bring significant benefits to society. Among these benefits are that human kinetics and recreation programmes:

- supports and help to develop physically handicapped children to become educated and employable members of society;
- improved social status and access to networks since handicapped children may eventually become stars such as successful Paralympics athletes and coaches;
- helps to deter negative behaviours among physically handicapped children;
- helps to decrease drug and alcohol use as a way of escaping from depression of being physically handicapped thereby making the society free of physically handicapped people who are drug addicts; and
- contributes to the decrease of a society's destitute and poverty rates.

4.0 Conclusion

You have learned, in this unit, the role human kinetics and recreation programmes can play in the development and education of physically handicapped children. The value and benefits of human kinetics and recreation programme to the children, their parents/caregivers and the society as a whole was also treated. Specifically, you learned that human kinetics and recreation programmes has a role to play in ensuring physical activity participation that is highly valuable to the children, and can elicit physical health, mental and social health benefits to physically handicapped children. You also learned about the specific benefits that parents/caregivers and the society can derive from human kinetics and recreation for physically handicapped children.

5.0 Summary

In this unit, you learned about the role and value of human kinetics and recreation in the education of physically handicapped children. You equally learned that the children, themselves, their parents/caregivers and the society as a whole can derive benefits from human kinetics and recreation programmes for physically handicapped children. You are, therefore, now prepared to go further by studying the constraints of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation programmes.

Self-Assessment Exercise

1. How is the Nigerian legislation beneficial to physically handicapped children who are in and out school?
2. What are the roles of human kinetics and recreation programmes in the education of physically handicapped children?
3. In what sense are human kinetics and recreation programmes valuable to physically handicapped children?
4. Describe the benefits derivable by physically handicapped children, their parents/caregivers and the society as a whole can derive from human kinetics and recreation programmes in the education of physically handicapped children.

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Unit 2: Constraints to involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments

1.0 Introduction

It is important involve physically handicapped children in human kinetics and recreation programmes. However, there are certain constraints that need to be taken into consideration while planning and designing human kinetics and recreation programmes for this group of children. This unit will introduce the constraints you are likely to experience when involving physical handicapped children in human kinetics and recreation programmes.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- Understand the various forms of human kinetics and recreation programmes for physically handicapped children within the school and outside the school setting;
- Describe the constraints that should expected when engaging physically handicapped children in human kinetics and recreation programmes within the school and outside the school setting;

3.0 Main Content

3.1 Forms of human kinetics and recreation programmes for physically handicapped children within the school and outside the school setting.

You are studying this course, human kinetics and recreation for the physically handicapped children so that you will know how to provide quality physical activity and sporting opportunities to these children on an equal basis with those of their non-handicapped peers. These opportunities are provided through two major approaches: the instructional academic approach with specifically designed content/syllabus for learning in a classroom setting; and the physical activity participation approach.

The instructional approach of Human Kinetics and recreation programmes for the physically handicapped children utilises a well-defined curriculum to teach the underlying principles that govern human movement. Through this form, human kinetics and recreation programmes for the physically handicapped children provides the theoretical basis for engaging this group of children in physical activities found in exercises, play, games and sports. This approach also teach this category of children how to make informed choices about proper eating and other health enhancing habits.

The physical activity participation approach to human kinetics and recreation programme provide appropriate opportunities for physically handicapped children to engage in physical activities for the purpose of helping them improve their independent functioning throughout the course of their lifetime. It should be recognised, in accordance with the principle of individuality, among other scientific principles of training, which insists that individual capabilities and health status should be taken into consideration while designing any form of human kinetics and recreation programme for all categories of children. Therefore, the physical activity participation approach to human kinetics and recreation programmes for physically handicapped children utilises forms that are determined by the individual person and his/her specific handicapping condition. The individual's interest and will to learn, safety and capabilities are taken into consideration while selecting the forms of physical activities utilised. According to Toptaş-Demirci (2019), non-contact or non-combat forms of physical activities that requires low levels of speed, strength, agility and endurance are most suitable for achieving optimum health and performance related physical fitness status in that they offer the best chance for safe and successful participation for physically handicapped children. The WHO (2020) was more specific in its recommendations that physically handicapped children should:

- Do at least an average of 60 minutes per day of moderate-to-vigorous intensity, mostly aerobic, physical activity, across the week.
- Incorporate vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone, at least 3 days a week.
- Limit the amount of time spent being sedentary, particularly the amount of recreational screen time.

Following from this recommendation, it can be inferred that aerobics and strength activities are the most suitable forms of activities for use in a human kinetics and recreation programme for the physically handicapped children. It should, however, be noted that the suitable forms of activities in any human kinetics and recreation programme should be geared towards improvement of the children's physical, mental, social, emotional and intellectual wellbeing. The physical activity participation approach to human kinetics and recreation programme is capable of involving every child and so make them reap these benefits no matter his/her handicapping condition.

- A. The important thing is to involve every of these children either as active participants, active spectators, organisers, referees, judges, umpires, linesmen, recorders, any active or any other officiating official role in the human kinetics and recreation programme.
- B. Physical fitness programmes such as jogging, running, skipping, hopping, leaping, kicking and lifting among others are suitable forms of activities in the physical activity participation approach to human kinetics and recreation programme in that these forms of activities are capable of enhancing these children's muscular strength and endurance, cardio-respiratory endurance, flexibility and body co-ordination. These forms of physical activities are particularly suitable for physically handicapped children because they have been shown to help them to release tension, aid their social development, improve physical coordination, and enable them develop freedom of movement and eliminate aggression.
- C. Out of doors recreation activities such as camping, picnics, cycling, boating, fishing and touring expedition are among the suitable forms of human kinetics and recreation programmes for the physically handicapped children.
- D. Activities such as archery and track & field athletics, including Javelin, Discus and Short Put throwing, can be modified to be done from a wheel chair are particularly suitable forms physical activities for strengthening the muscles in a human kinetics and recreation programme physically handicapped children with lower limb paralysis.
- E. Motor skills' development activities such as squat thrusts and vertical jumps are particularly suitable forms for children with neurological/brain disorders. Trampoline activities, educational gymnastics and ball games are suitable for children with neuro-muscular impairments are among these forms of activities that can help create a better state mind and reduce tension, fear and frustration that are characteristic in such children's lives.
- F. Water activities such as swimming is among the most suitable forms of activities for all categories physically handicapped children in that it serves educational, recreational and survival purposes. With appropriate precaution, children with congenital limb deformities can be made to participate in several forms of water activities such as canoeing and swimming with different

swimming strokes (back stroke or front crawl/and butterfly stroke) with their fronts or backs using their feet, or with variety of inflatable “aids”. Children with spinal cord problems, difficulties in passing urine or faeces may swim, both for therapy and enjoyment, if suitable precautions are taken.

- G. Movement education that make the children to move, in any pattern, to explore their environment, to scramble over and under, to negotiate obstacles of all kinds and so on, are suitable forms.
- H. Games such as volleyball, soccer, badminton, table-tennis, basketball, handball, billiards and hockey can be modified for play from wheel chair and/or with modified equipment.
- I. Hobbies and enterprise that may serve as recreational activities include gardening, woodworking, music, fly-tying, photography, painting and reading.
- J. Quiet games or leisure time activities such as playing cards, checkers, chess, darts, scramble, dominoes and so on have also been advocated. Painting, drawing, climbing, singing, story-telling and creative rhythm are among these forms of human kinetics and recreation programmes for physically handicapped children.
- K. Indigenous activities that can engender obedience, cooperation, respect for others, good leadership and followership have also been advocated. Among these are Alopipa (Yoruba), Farauta (Hausa), Oyi-agen (Eggon), Iche (Idoma), Ntugari (Igbo).

3.2 Constraints that should expected when engaging physically handicapped children in human kinetics and recreation programmes within the school and outside the school setting.

The under-listed have been identified as constraints to engaging physically handicapped children in human kinetics and recreation programmes.

- a. The benefits derivable from participating in human kinetics and recreation programmes by physically handicapped children have not amply demonstrated. There is a scarcity of physically handicapped children who have experienced the benefits of physical activity. It is a major constraint because motivators or role models are lacking in Nigeria.
- b. Nigeria lacks the culture of general participation in physical activity, exercise and sport. Rather, we have more spectators such as supporters of European football league

clubs. This is a major constraint in that there is no culture that could compel physically handicapped children to wilfully or forcibly participate in human kinetics and recreation programmes.

- c. Most schools make very little or no provision for physical education (PE) programmes. Therefore, resources for engaging physically handicapped children in human kinetics and recreation programmes are lacking in most schools.
- d. Lack of knowledge of what is available. Most teachers do not know the resources for engaging physically handicapped children in human kinetics and recreation programmes within the school and in the community outside the school.
- e. There is generalised lack of information and expertise with regards physically handicapping conditions and how to engage these children in human kinetics and recreation programmes.
- f. Most schools have staff who do not have any form of training in handling physically handicapped children during human kinetics and recreation programmes.
- g. Most facilities within the schools and outside the schools in the communities are not accessible to physically handicapped children.
- h. There is total lack of media coverage of physically handicapped children who are being engaged in human kinetics and recreation programmes within the school and outside the school setting.
- i. Negative school experiences are very serious constraints to participation by physically handicapped children. The awkward appearance and behaviours of this group of children have drawn jeers and ridicule from teachers and other school children. These kinds of negative experiences makes physically handicapped children shy away from participating in human kinetics and recreation programmes.
- j. Low expectations from teachers, families and peers. The most discouraging aspect is that teachers, family members and peers believe that physically handicapped children are not capable of doing any form of physical activity. This low expectation result to the negative effect of these children withdrawing from any form of attempts at participation.
- k. Most communities in Nigeria have poor human kinetics and recreation facilities that are accessible to physically handicapped children.
- l. Nearly all physically handicapped children have transport difficulties to school and sports recreation centres in the community.

- m. Companions who can facilitate/assist people with disabilities to access facilities and programmes when required are lacking.
- n. There is a total lack of adequate sponsorship for engaging physically handicapped children in human kinetics and recreation programmes within the school and outside the school, in the communities in Nigeria.
- o. Even when physically handicapped children gets to a sports and/or recreation, there is little or no coaching as most coaches tend to avoid these group of children.

4.0 Summary

In this unit, you learned about the various forms human kinetics and recreation programmes that are used to engage physically handicapped children. You equally learned that there are constraint to engaging physically handicapped children in human kinetics and recreation programmes. Therefore, you are now prepared to go further by studying the strategies that can be used to overcome the constraints of involving physically handicapped children in various forms of in and out of schools human kinetics and recreation programmes.

5.0 Self-Assessment Exercise

1. Identify the major form of human kinetics and recreation programmes available to physically handicapped children within the school setting that is not available to those outside the school setting.
2. Justify why aerobics and strength exercises are the most suitable forms in the physical activity participation approach to human kinetics and recreation programmes for physically handicapped children within the school and outside the school setting.
3. Describe ten (10) forms of physical activities utilised in the delivery of human kinetics and recreation programmes to physically handicapped children.
4. Why are there constraints to engaging physically handicapped children in human kinetics and recreation programmes?
5. What are the common constraints that should be expected when engaging physically handicapped children in human kinetics and recreation programmes within the school and outside the school setting?

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Unit 3: Strategies for overcoming the constraints to involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities in various cultures/environments

1.0 Introduction

The constraints to involving physically handicapped children in various forms of in and out of schools human kinetics and recreation activities, studied in the previous unit, can be successfully addressed with coordinated and concerted efforts directed at ensuring physical literacy. Although some of these constraints may directly be out of your control, you can however, initiate or sustain advocacy aimed at overcoming them. This unit will introduce the strategies that can be used to overcome these constraints.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- Understand the concept of physical literacy;
- Develop plans that can make human kinetics and recreation curriculum accessible to all children, particularly to physically handicapped children; and
- Initiate and sustain advocacy for inclusive physical activity and sport directed solely at ensuring physical literacy of the physically handicapped children.

3.0 Main Content

The envisaged constraints to engaging physically handicapped children in human kinetics and recreation programmes can be addressed in the following ways:

- a. Human Kinetics and Recreation Curriculum for acquiring Physically Literacy. The first and most important thing, in this regard, is to ensure the acquisition of physical literacy by the physically handicapped children. Physical literacy is the acquisition of fundamentals of movement through appropriate opportunities and environments for learning and attainment in human kinetics and recreation activities. Physical literacy does not develop naturally or spontaneously. Rather, physical literacy is learned from programmes that provide adequate physical activity experiences through human kinetics and recreation programmes in the school and in the community. It is

necessary to continuously modify the human kinetics and recreation education curricula. The impact and outcomes of such modifications need to be monitored and improved upon on a continuous basis until such a time when one can reasonably observe that sufficient quality and quantity of human kinetics and recreation activities, for acquiring physical literacy, are being delivered to all physically handicapped children.

- b. **Access of Physically Handicapped Children to Human Kinetics and Recreation Programmes.** Access of this group of children to the guided physical activities in the recreational and competitive sports of the human kinetics and recreation education curricula, need to be adequately planned. Such plans should include how to ensure that all structures and programmes are not just inclusive but also specifically accessible to physically handicapped children. All community facilities, leisure and sporting venues that are to be used for teaching and learning physical literacy should be planned and/or modified in such a manner that they are accessible to all categories of children. Planning for every physical activity and sports programme in schools and in the communities need to include plans that would make these accessible to all children, particularly to physically handicapped children.
- c. Improvement and development of inclusive school and community facilities such as playgrounds could aid greatly in ensuring physical literacy for the physically handicapped children.
- d. It is necessary to develop and sustain a national framework for inclusive physical activity and sport directed solely at ensuring physical literacy of the physically handicapped children. Such a national framework should involve a multi-agency working group that plan and promote cross-disciplinary planning and collaboration in the field of physical activity and sport for physically handicapped children.
- e. It is necessary to mount national, regional and local public awareness campaigns aimed at addressing the simple and broad opportunities that exist for physical activity, especially for physically handicapped children.
- f. There is need to sensitize the print, electronic and social media into developing more inclusive strategies that allot space to a variety of sports. The media should be made to show images of physically handicapped children successfully participating in human kinetics and recreation programmes such as sports and guided physical activity.

- g. It is necessary to develop and implement a comprehensive guidelines for teachers of physically handicapped children in pre-primary, primary and secondary schools. These guidelines should be used during teacher training and teacher supervision.
- h. It is necessary for those who assist physically handicapped children to understand the importance of human kinetics and recreation programmes for this group of children. It is how they strive to assist human kinetics and recreation teachers in ensuring physical literacy for physically handicapped children.
- i. The training of those who administer sports and recreation activities in Nigeria should include modules on how to ensure physical literacy for physically handicapped children.
- j. Staff engaged in childcare and leisure and play settings need to how to ensure physical literacy for physically handicapped children.
- k. It is necessary to establish a nationwide volunteering organisation on sport and physical activity for physically handicapped children.
- l. Training and recruiting physically handicapped people for employment in the field of human kinetics and recreation programme delivery would showcase models that physically handicapped children may want to emulate and so enhance their physically literacy development.
- m. Comprehensive education, training and coaching programmes that provide Physical Education teachers, coaches, trainers and managers with the required inclusive expertise for delivering human kinetics and recreation for physically handicapped children should be among the strategies for ensuring physical literacy.
- n. A strong leadership is highly needed in the development of physical literacy for physically handicapped children. The Federal and state Ministries of Education and Youth and Sports Development, through its Physically Handicapped Sports Federation, should provide this leadership.

4.0 Summary

In this unit, you learned the strategies that can be used to overcome constraints you are likely face while engaging physically handicapped children in human kinetics and recreation programmes. You learned that appropriate planning and development/modification of the curriculum, facilities and equipment can help to overcome the constraints to engaging physically handicapped children in human kinetics and recreation programmes. You also learned that there are certain factors, although might be beyond your control, you can initiate

and sustain advocacy that can bring assistance to help overcome these constraints. You are now prepared to go further by studying how to organize human kinetics and recreation activities for in and out of school physically handicapped children.

5.0 Self-Assessment Exercise

1. Describe the concept of physical literacy;
2. In what ways can the human kinetics and recreation curriculum be planned to ensure that it is capable of making all children, particularly physically handicapped children to acquire physical literacy?
3. Show how facilities and equipment can be developed and/or modified to ensure the acquisition of physical literacy by all children, especially, physically handicapped children.
4. Identify local and national initiatives that be utilised to ensure physical literacy for physically handicapped children.
5. Describe the specific strategies that can be initiated and sustained in the advocacy for inclusive physical activity and sport directed at ensuring physical literacy of the physically handicapped children.

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Module 3

Curricular and Class Manipulations for Engaging Physically Handicapped Children in Human Kinetics and Recreation Programmes

The goal of human kinetics and recreation programme for Physically Handicapped Children is to provide appropriate opportunities and environments for acquiring physical literacy in the learning and attainment of fundamentals of movement through a well spelt-out curriculum and well-planned class activities. The goal of the physically handicapped children is to acquire physical literacy by being engaged in every aspect of the curriculum and class activities. It is how they get the opportunity to interact with peers and to develop positive peer relationships. A major issue of engaging physically handicapped children in the human kinetics and recreation curriculum and classes is the fact that their handicapping conditions may limit the level at which they can be engaged. With planning and forethought, however, this group of children needs can be accommodated. Appropriate frameworks and scientific principles of training are used in considering how to plan for and structure the curriculum and classes to suit this group of children. You will learn in this module that combining the universal design for learning (UDL) with the scientific principles of training provides a framework for engaging this group of children in the human kinetics and recreation curriculum. You will also learn about how the inclusion spectrum and the STEP Framework can be used to facilitate instruction and learning for physically handicapped children. Additionally, you will learn the required collaborative processes that need to be incorporated into the human kinetics and recreation curriculum and classes for physically handicapped children.

Unit 1: Theoretical Basis for Manipulating Human Kinetics and Recreation Curriculum to Suit Physically Handicapped Children Needs.

1.0 Introduction

The main purpose of engaging physically handicapped children in human kinetics and recreation curriculum is for them to acquire physical literacy for developing physical and motor fitness, fundamental movement skills, and patterns and skills utilisable in aquatics, dance, and individual and group games and sports. For the curriculum to succeed, it needs to be capable of meeting individual needs of the children in spite of their handicapping conditions. The scientific principles of training combined with the universal design for learning when used in the planning of the human kinetics and recreation curriculum would

ensure that every physically handicapped child is successfully engaged in the curriculum. In this unit, you will study the infusion of the principles of training with the UDL as the theoretical bases for organizing human kinetics and recreation programmes for physically handicapped children.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- Describe the scientific principles of training;
- Explain the universal design for learning (UDL); and
- Show how to combine the principles of training with the UDL in planning to engage physically handicapped children in human kinetics and recreation curriculum.

3.0 Main Content

The scientific principles of training, when applied in combination with certain parameters in human kinetics and recreation, provides a type of stress that result in the acquisition of physical literacy by the children. These parameters are frequency, intensity time and type of the activities in the human kinetics and recreation curriculum.

Frequency: This refers to how often or the number of times the children are going to be engaged in the activities spelt in the curriculum throughout the week. Frequency also specifies the number of reps/sets the children are going to be doing of a given activity.

Intensity: Specifies how hard the children are going to be engaged in a given activity or how much effort would be expected from them. Intensity ensures that the children are engaged in such a manner that every child trains at their correct heart rate target zone. It is why heart rates and perceived rates of exertion are used as measures of intensity of a human kinetics and recreation activity.

Time: This is the duration of each activity will last. Time, in this context, actually refers to the duration each of the activities as well as how long the children are going to be engaged as a whole.

Type: This is the type of activities the children are going to be engaged in.

Principles of Training

To maximise the benefits derivable from the engagement of physically handicapped children in the human kinetics and recreation curriculum, it is necessary to apply the seven key principles of training, namely, specificity, individualisation, overload, recovery, progression, variation and be aware of reversibility.

1. ***Principle of Specificity.*** This principle stipulates that it is necessary to focus on the goals of the curriculum. In other words, every activity spelt out in the human kinetics and recreation curriculum must be planned to fit the goals that is intended to be achieved during the activity. Therefore, if the goal of an activity in the curriculum is to make the children acquire physical literacy for developing skills utilisable in group sports, such as soccer, then the activity should be one that stresses the body part used for soccer. For example, shuttle-runs and ball-kicking are more suitable for developing physical literacy used for soccer than arms swings that may be more suitable to swimming.
2. ***Principle of Individualisation.*** Every physically handicapped child is unique and so respond to a training stimuli in a unique way. There is no activity or training that is suitable for everyone. Also, not all physically handicapped children have the same physically handicapping conditions. It is, therefore, necessary that the curriculum should be planned in such a way that its activities can readily be individualised to suit children with different handicapping conditions.
3. ***Principle of Overload.*** Physical literacy can only be improved if an activity loads the children more than the previous one. In other words, the children need to put in more effort every time they are engaged in the curriculum for them to improve their physical literacy.
4. ***Principle of Recovery.*** Physical literacy can only be achieved if there are ample periods of rest between periods of exposure to training loads. Such periods of rest enable the body to adjust or adapt to the stresses of the activity. If there are no ample periods of rest between training, the children are likely to have injuries.
5. ***Principle of Progression.*** This principle emphasizes the need to gradually increase the workload to which a child is exposed. Start slowly and gradually increase the amount of training load with proper and adequate rest in between training loads. For example, if the goal of the activity is the development of physical literacy for weight lifting or the development of strength for lifting weights, weight training would be the specific mode of training. The activities in the curriculum for gaining strengths in the curriculum should be such that progressively yet safely increases, in small increments, the weights used for training for the children to successfully gain strength for weight lifting. This principle is related to the principles of overload and recovery. It is because the principle of progression ensures that training and rest are combined whilst at the same time increasing the stress that the body is put through.

6. ***Principle of Variation.*** Variation, the saying goes, is the spice of life. Therefore, to add spice to the training of physically handicapped children, the curriculum should ensure that there is variation in the activities of the human kinetics and recreation programme. The principle of variation can be applied by using completely different exercises for the acquisition of the same aspect of physical literacy. For example, shuttle runs without ball, shuttle runs with balls and ball-kicking can be used in the variation of the exercises for developing the physical literacy for playing soccer. The principle of variation can also be applied by just varying the activities in the same exercise. For example, to develop the physical literacy for running, using different speeds of running for training can be used in the application of this principle.
7. ***Principle of Reversibility.*** It should be recognised that any adaptation that takes place as a result of training will be reversed whenever training is stopped. Any gain obtained in the acquisition of physical literacy will begin to reduce and eventually lost without consistent training. For this reason, the curriculum should specify that there is consistent activity and that rest periods for recovery are not too long and so kick-start the onset of reversibility.

Universal Design for Learning (UDL) Framework

The universal design for learning (UDL) framework makes it possible for the curriculum to provide support to physically handicapped children for gaining access to human kinetics and recreation and so enhances their physical literacy and ability to adapt. The curriculum designed with UDL framework ensures human kinetics and recreation programmes are accessible, usable, and inclusive, and so makes it possible to engage physically handicapped children in human kinetics and recreation regardless of their handicapping conditions.

Utilising the UDL in the design of human kinetics and recreation curriculum makes physical literacy products and environments usable by all categories of physically handicapped children, to the greatest extent possible, without the need for adaptation or specialized design. In this manner, UDL helps to reduce the barriers so human kinetics and recreation programmes such that the teacher does not have to modify training sessions to cater to the different needs of physically handicapped children

The UDL Principles

The three basic UDL principles, stated hereunder, underpin practices and the curriculum for teaching and learning in human kinetics and recreation. These principles, when applied

properly, helps in reducing the barriers to the human kinetics and recreation curriculum without compromising any of the principles of training.

1. Multiple means of engagement. To stimulate interest and motivation for human kinetics and recreation programmes, there should be multiple means of engagement. The human kinetics and recreation curriculum should include options for engaging children with every kind of physically handicapping condition. In other words, the curriculum should specify several means of engaging physically handicapped children in human kinetics and recreation programmes. In this manner, there will be, at least, one mode of engagement that is accessible, usable, and inclusive to every physically handicapped child.
2. Multiple means of representation. The curriculum should specify different ways of presenting and representing human kinetics and recreation information and content. The curriculum should specify several options for presenting physical activity, and verbal and written instructions, including the use of pictures, audio, videos and practical demonstrations. In this ways, human kinetics and recreation will be presented and represented in ways that are accessible, usable, and inclusive to every physically handicapped child.
3. Multiple means of action and expression. The curriculum should specify different ways that physically handicapped children can express themselves in human kinetics and recreation programmes. In other words, there should be different options for recruiting interest, sustaining effort and persistence, and self-regulation. In this way, participation and assessment in human kinetics and recreation programmes are accessible, usable and inclusive to all physically handicapped children.

The parameters that provides a type of stress that result in the acquisition of physical literacy by all persons are frequency, intensity, time and type of the activities that are specified in the human kinetics and recreation curriculum. To infuse the UDL principle of multiple means of engagement would imply that there are several modes that can be utilised in engaging the children. Whatever mode is used for a particular child or group of children should be utilised at such intensity levels that are capable of eliciting health and fitness gains for the children. Also to be specified are the frequency and time of training that will be required for the children to obtain appreciable amounts of physical literacy.

The multiple means of representation would ensure that there is, at least, one mode of training in the curriculum that every child exercises in his/her correct heart-rate target zone.

Since there are multiple means of action and expression, it will be possible for every child to be assessed, and so every can participate in the human kinetics and recreation programmes. The UDL, being a proactive approach to the design and structure of the learning environment to ensure access, can be infused with all the principles of training in the human kinetics and recreation curriculum. In this manner, instruction and assessments in human kinetics and recreation will be developed and administered in such way that optimizes learning for all categories of physically handicapped children.

4.0 Summary

In this unit, you learned the theoretical basis for manipulating human kinetics and recreation curriculum to suit physically handicapped children needs. You learned how to combine the scientific principles of training with the universal design for learning in the human kinetics and recreation curriculum. You are now prepared to go further in your study of the curricular manipulation for engaging physically handicapped children in human kinetics and recreation by the study of the inclusion spectrum and the framework for manipulating space, tasks, equipment and person (s) (the STEP Framework) in the curricular and class manipulations for engaging physically handicapped children in human kinetics and recreation programmes.

5.0 Self-Assessment Exercise

1. Identify the parameters that underpin utilisation of the scientific principles of training in the acquisition of physical literacy.
2. What is the major purpose of the Universal Design of Learning in the manipulation of human kinetics and recreation curriculum for the physically handicapped children?
3. Give a detailed explanation of the three major tenets of the UDL.
4. Show how the scientific principles of training can be combine with the UDL for creating an environment for optimising the development of physical literacy by physically handicapped children in human kinetics and recreation programmes.

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Unit 2: The Inclusion Spectrum and Necessary Changes for Manipulating a Human Kinetics and Recreation Classes to Suit Physically Handicapped Children's Needs

1.0 Introduction

All persons who attend human kinetics and recreation programmes, including physically handicapped children, have differing needs. A human kinetics and recreation class have to be delivered inclusively because every participant want to have fun and improve during the class in spite of their handicapping conditions. It is therefore necessary to plan the human kinetics and recreation class for this group of children with knowledge of the individuals that make up each group. It might be necessary to make changes to a planned class while the class is in progress to make sure that everyone is involved and is having fun. This unit will give you some guidance on how you can plan and change a human kinetics and recreation class activities so as make sure every one of the children in your class is involved. You will know how to achieve this with the aid of the inclusion spectrum and the STEP framework that helps to manipulate space, task, equipment and person(s) in the class.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- Explain Inclusion Spectrum;
- Describe the five approaches to an inclusive human kinetics and recreation class;
- Show how space, task, equipment and person(s) can be manipulated to successfully all physically handicapped children in a human kinetics and recreation class; and
- List and explain the factors that need to be addressed for every child to have a positive first experience, and continues to participate in an inclusive and welcoming human kinetics and recreation environment.

3.0 Main Content

3.1 The Inclusion Spectrum

The inclusion spectrum is an activity-based model that is widely used to supply information on how physically handicapped children can be included in human kinetics and recreation class. It is a useful tool for including children with many different abilities and different handicapping conditions in a human kinetics and recreation class. The inclusion spectrum utilizes an inclusive design that helps to address the needs of every physically handicapped child. With the inclusion spectrum, barriers are identified and considered while planning meaningful activities that allow physical literacy to be achieved through a variety of task options and organizational strategies.

The goal of providing appropriate opportunities and environments during human kinetics and recreation activities are matched with the goal of the physically handicapped children to acquire physical literacy in the inclusion spectrum. The spectrum assist human kinetics and recreation teachers to plan activities that meet diverse needs of children with several handicapping conditions (see Figure 1). There are five approaches utilised in the Inclusion Spectrum for the delivery of human kinetics and recreation programmes. These approaches are generally known as ‘Open: every can play’, ‘Modified: Change to Include’, ‘Parallel: Ability Groups’, ‘Separate/Alternate’ and ‘Population Specific’ approaches. These approaches interact and complement with one another to provide an optimum environment the acquisition of physical literacy by all categories of physically handicapped children during human kinetics and recreation activities. It is because anyone who is capable of participating in the first approach, the ‘Open: everyone can play’ is capable of playing and enjoying the remaining four approaches. However, each of the approaches aims to encourage and empower everyone in your class, irrespective of their ability, in order to enhance the quality of their involvement. The type of delivery should suit the needs of everyone in the class, and all the approaches covered are valuable ways of delivering high quality and meaningful opportunity in a human kinetics and recreation class.

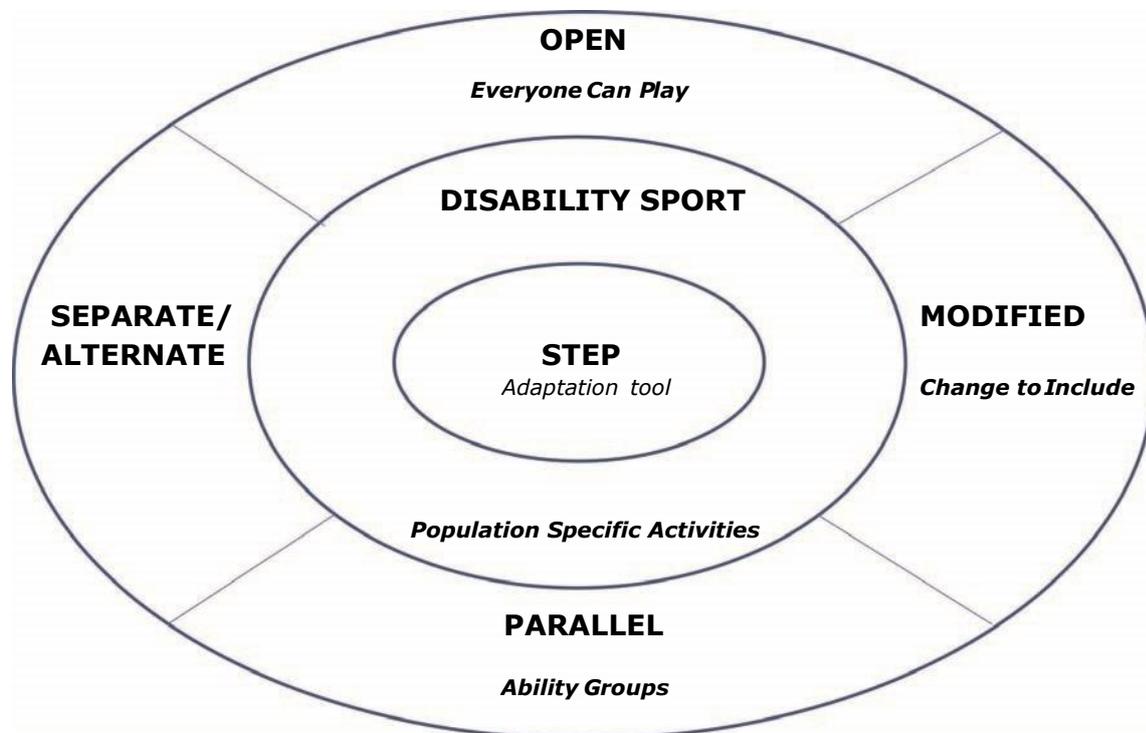


Figure 1: The Inclusion Spectrum. Source: Sports Coach UK, (2016).

The Sports Coach UK (2016) summarised the five approaches to an inclusive human kinetics and recreation class as follows.

1. Open Class in which every can play – A simple activity class that is based on what everybody in the entire group can do, with little or no modification. In this approach, activities are easily implemented because minimal skill is required and has very flexible criteria for performance. Everyone does the same thing, with little or no adaptation or modification. A very good example is the warm-up or cool-down exercises that includes everyone.
2. Modified Activities Class– Everyone does the same activity with adaptations to challenge the more able and support the less able to include everyone. In a modified activity class, everyone does the same task but with changes to rules, areas or equipment. For example, persons with difficulties in mobility can be allowed to the ball after extra bounce in tennis.
3. Parallel Ability Groups Activity Class – In this approach, participants are grouped according to their abilities. All the groups does the same activity at a level that appropriate to their abilities and/or handicapping conditions. In a parallel activity, everyone participates in the same type of activity, but different groups participate in different ways and at different levels. Participants can be grouped according to skill, fitness or the way in which they play the game. An example is when a group of children are split into three smaller groups for a ball passing game such as in handball). Although, the activity remains passing in handball, the rules, equipment and playing area may be different in all three groups to suit the ability and handicapping conditions of group members.
4. Separate Activity Class – An individual or group do a purposefully planned different activity. In a separate activity class approach, you would separate your group depending on what skill or activity they need to practise, depending on their ability level, or in sport, if they need to focus on different team tactics (for example, attack and defence).
5. Population-Specific Activity Class – Classes are delivered to meet specific sport or handicapping condition needs. Some groups may request classes to be run specifically for them to cater for their personal or cultural choices or needs. Examples include wheel chair basketball or any other disability sport: adapted physical activity that are specifically designed for disability populations.

3.2 Necessary Changes to a Human Kinetics and Recreation Class for Physically Handicapped Children

Necessarily, changes can be made in the human kinetics and recreation classes with regards to the space, task, equipment and person(s) – STEP. It might become necessary to make changes for the whole class of children, one child who require the use of different equipment or a child who is new to the class and so may need some initial extra support. It might also be necessary to make changes to the class for a child who appears to have mastered the tasks and so needs new challenges in line with the scientific principle of progressive overload. The reason for making changes to a planned class may include the children's functional ability or what they are capable of doing. For instance, ask a group of children to sit on the floor, and bend forward with straightened knees to touch their toes. You will discover that the children will be able to touch different of their bodies that are at different distances from their toes. Some of them will only be able to touch their knees, far behind their toes while others may get beyond their toes to touch the soles of their feet. Changes have to be made to engage all the children in this class if they are actively engage in a sit-and-reach activity class. In this manner, STEP can be used to include all children in a human kinetics and recreation irrespective of their physically handicapping condition.

The Sports Coach UK (2016) provided the following as a guide for using STEP framework in an inclusive human kinetics and recreation class:

Space. It might be necessary to change the space for the children in the class by increasing or decreasing the size of the playing area. The distances to be covered could be changed so that children of different abilities are equally stressed in their engagements in the class. Zones might be delineated so that children with similar abilities can be matched.

Task. Complex activities can be broken into simpler composing parts. For example ball passing in handball can be broken down into footwork, ball handling, and arm work and ball release. In this case, the children can be given enough time to learn the composing parts, and eventually, the complete skill of ball passing in pairs before joining the whole class to practise ball passing in handball. It might be necessary to slow down a task to suit those children who are not as flexible, or unable to move as fast as others. For example, it is necessary to increase the time the ball can be held in handball so that a wheelchair user to can get into position to pass the ball.

Equipment. To a very extent, the size of the equipment can determine how hard a task will be. It is therefore necessary to provide a variety of equipment that suits different children with varying needs and preferences.

Person(s). Consider changing how children are paired, partnered or grouped. Make sure the pairing/partnering/grouping are consistent with respect to children with similar abilities in same pair/partner/group, while those with different abilities are paired/partnered/grouped differently. It is also necessary to consider friendship groups, similar motivations or goals while pairing/partnering/grouping of children in a human kinetics and recreation activity class. It is not out place to have teams with unequal numbers. This will allow the children with differing capabilities and handicapping conditions to participate maximally and develop physical literacy in accordance with their abilities.

3.3 Practical Considerations for including all Physically Handicapped Children in a Human Kinetics and Recreation Activity Class

The under-listed factors need to be addressed for every child to have a positive first experience, and continues to participate in an inclusive and welcoming environment.

Initial Contact Considerations. Making a new class member feel welcomed has a way helping to create a positive first experience. This is done by the way you introduce the new member to the class and how you introduce the class to the new member. Making the class content to centre on the new member is about the most efficient way of making the new member feel really welcomed. It may be necessary to do a little work with the rest of the class members in a sensitive way if the new participant has specific needs.

Highlighting or ignoring a new member's physically handicapping condition, while introducing a member to the class, has a way of positively or negatively influencing his/her perception of the type welcome. It is therefore necessary to ignore the physically handicapping condition completely or highlight them in an appropriate way if the child has specific needs. In other words, find a balance between how to highlight or ignore a new member's physically handicapping condition while introducing him/her to the human kinetics and recreation class.

Equipment, Safety and Venue Considerations. It is important to allow the children in a class to explore new and different equipment before use. It is a way helping demystify the equipment, and possibly add other ways of challenging existing skills.

Although, individual preferences need consideration, it is necessary to balance when and how to allow children to have personal choice and the need for them to conform to what the group is doing.

Safety should be among the most important issues to be considered in a human kinetics and recreation activity classes for physically handicapped children. It is necessary to check medical considerations of new class members. It is also important to communicate with the

new member and do background check on him/her. Thereafter, it is necessary to add common sense to the background knowledge you will get to safely engage all physically handicapped children in a human kinetics and recreation activity class.

Your choice of venue also needs to be given serious consideration. This consideration should be on the appropriateness of the venue in terms of prevailing wet or dry weather conditions, accessibility to the venue, available facilities, neatness of the environment and conditions of the venue and its facility and equipment.

Class Content Considerations

1. Your delivery of a human kinetics and recreation class content to physically handicapped children should be such that balances the needs of every child in the class. In other words, make use of the Inclusion Spectrum in your style of delivery.
2. Be flexible in your delivery by making use of the STEPS framework. This is how you can adapt and modify every aspect of the class to include participants, their handicapping conditions notwithstanding.
3. Be in possession of a set of simple activities that physically handicapped children with different handicapping conditions can be engaged in. It is how you can assess the needs of new participants.
4. Apply the principle of progressive overload to ensure challenge for the children. It is by being challenged progressively in a human kinetics and recreation class that physically handicapped children, like other children, can ever hope to develop the desired physical literacy.

Evaluation Considerations

1. If you want to continue to successfully deliver human kinetics and recreation classes to physically handicapped children, you will need to review and reflect on the classes you have been delivering. You need convince yourself that you have realistically consistently been making use of the Inclusion Spectrum and the STEP framework in your delivery of the class content in the human kinetics and recreation classes to physically handicapped children.
2. Get feedback from the physically handicapped children themselves. These groups of children are very useful sources of information that could greatly aid you in your career of teaching physically handicapped children. Apart from tests and class activities, ask the children how they enjoyed the class and if they would want anything to be changed.

3. Ask for advice. Nobody knows it all. It is therefore not out of place to seek advice from colleagues, special education professional and medical officers among others. Local sports authorities such as the Sports Commissions/Councils and online sources can provide useful information on how to develop your skills in handling a human kinetics and recreation classes for physically handicapped children.

Considerations for Progressive Overload

When the children are already comfortable with the activities of any human kinetics and recreation class that is when it becomes necessary to find the 'Next Step' in their class. Some physically handicapped children may need a high level of support in finding the appropriate 'next step' while other may not. Engaging in other activities/playing other games might just be the required next step in progressively overloading the children. You may also discover that there are other available physically handicapped sports teams that can be used as the next step in your teaching of human kinetics and recreation classes to physically handicapped children.

4.0 Summary

In this unit, you learned the theoretical basis for manipulating human kinetics and recreation classes to suit physically handicapped children needs. You learned how to combine the inclusion spectrum with the framework for manipulating space, tasks, equipment and person (s) (the STEP Framework) in a human kinetics and recreation class. You are now prepared to go further in your study of the curricular and class manipulation for engaging physically handicapped children in human kinetics and recreation by the study of the required collaborative processes practices that need to be incorporated into the human kinetics and recreation curriculum and classes for physically handicapped children.

5.0 Self-Assessment Exercise

1. Describe Inclusion Spectrum.
2. Identify and explain the five approaches to an inclusive human kinetics and recreation class.
3. How can space, task, equipment and person(s) be manipulated to successfully all physically handicapped children in a human kinetics and recreation class?
4. List and explain the factors that need to be addressed for every child to have a positive first experience, and continues to participate in an inclusive and welcoming human kinetics and recreation environment.

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Unit 3: Collaborative processes in Human Kinetics and Recreation Education for Physically Handicapped Children

1.0 Introduction

It has already been established that it is the rights of physically handicapped children to be included in human kinetics and recreation classes. Your responsibility, in this regard, is to provide appropriate opportunities for all children in your classes, including physically handicapped ones, to engage in all human kinetics and recreation classes. It is, however, recognised that if you are to succeed in including physically handicapped children in your human kinetics and recreation classes, you will need to collaborate with colleagues, other professionals and families of the physically handicapped children to enable them access your class content in human kinetics and recreation. This unit will introduce you to collaboration and its processes in addition to the attributes you need possess in order for you to effectively deliver human kinetics and recreation classes to physically handicapped children.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- Explain Collaboration in Human Kinetics and Recreation;
- Describe the Collaboration Activities for Meeting Needs of Physically Handicapped Children;
- Attributes for Effective Collaboration in Human Kinetics and Recreation Classes.

3.0 Main Content

Collaboration in Human Kinetics and Recreation

It is necessary to include all physically handicapped children in human kinetics and recreation classes. The greatest challenge is that physically handicapped children have special needs that vary tremendously. Some of these children uses wheelchairs for mobility, while some others do not use words to speak but communicates through eye contact, facial expressions, and bodily gestures. If you are to succeed in making these children benefit from human kinetics and recreation classes through curricular manipulations, the inclusion spectrum and class changes, you need to work with special educators, support specialists and parents among others. The process whereby an individual work with two or more parties to achieve a common objective and goal is defined as collaboration.

You will need to collaborate with a wide range of professionals, families and caregivers to ensure that human kinetics and recreation curricular and classes are effectively designed and implemented to meet the needs of all physically handicapped children. During collaboration,

various experts share their views on a physically handicapped child's learning and well-being. A collective expertise of this nature provides collaborators with a more comprehensive understanding of all physically handicapped children's needs. This understanding is then used to effectively plan and implement instruction in the delivery of human kinetics and recreation classes.

Collaboration Activities for Meeting Needs of Physically Handicapped Children

Collaborative activities are focused on designing human kinetics and recreation classes to meet every physically handicapped child's goal of acquiring physical literacy. Collaborative activities have three broad interrelated aspects. These aspects are:

1. Collaborative activities for securing assistance from professionals who will help to increase the children's success;
2. Collaborative activities for organising and facilitating effective meetings that will improve your perspective; and
3. Collaborative activities for securing support and needed services from children's families.

Collaborative activities for securing assistance from professionals.

It is necessary to get target professionals to assist in the delivery of human kinetics and recreation classes to physically handicapped children. Other teachers, paraprofessionals, and support staff are the target professionals needed to support these children's learning and progression in the acquisition of physical literacy. Firstly, it is important to determine which of the available target professionals are capable of helping with instruction delivery, demonstrations, child's support (paraprofessionals), and resolving issues that could arise from the children and/or the human kinetics and recreation programmes. Next is to arrange for a meeting with the selected target professionals for the purpose of establishing explicit and implicit procedures for working together. During this meeting, the target professionals are taught about the human kinetics and recreation classes that rely on collaborative interactions. It is at this meeting that the target professionals are guided towards the development of positive professional relationships. Effectively collaborating with these professionals requires appropriate collaboration behaviours such as sharing of ideas, listening actively, asking questions and negotiating among others. These appropriate collaborative behaviours are used

to develop and adjust instructional or behavioural plans based on the children's data, and the coordination of expectations, responsibilities, and resources to maximize the children's learning.

Organising and Facilitating Effective Meetings with Professionals and Families.

As a teacher of human kinetics and recreation to physically handicapped children, you will need to organize, schedule, and lead a variety of meetings on annual basis as well as on an ongoing basis. Meeting with these children's parents and the target professionals is the beginning activity in collaboration for delivering human kinetics and recreation classes to physically handicapped children. It is during these collaborative meetings that you plan for the execution of instruction, demonstration and performances. It is also during these meetings you plan for monitoring of instruction, demonstration, physical fitness outcomes and performances in human kinetics and recreation classes.

These meeting give parents of these children opportunities to fully participate in the development of specific human kinetics and recreation classes that would best suit their children's conditions. Organize and facilitate the meetings in such a manner that regard the children's families and the target professionals as equal partners in the development of appropriate human kinetics and recreation classes for the acquisition of physical literacy by the children. The key to making parents and target professionals become equal partners in the delivery of human kinetics and recreation classes to physically handicapped children is by ensuring that consensus is reached by everyone during the meetings. You need to discuss specific aspects of each child's participation by explaining the rationale behind the needed activity and the desired intervention plans, and describe effective practices in order to facilitate consensus among parents and the target professionals.

Agendas for these meetings should be planned in a way that invites the sharing of multiple perspectives, involves active listening, and encourages consensus building, while maintaining efficiency. To this end, you need to develop and share all meeting agendas in advance such that an appropriate amount of time and sufficient notice is given to invited participants.

Build trust and relationships among participants before, during and after meetings to be more productive in these meetings. Communicating with families by phone calls, e-mails, or written notes/letters containing positive information about individual children and their

accomplishments is a major step in building trust and relationships. It must be stressed that communication with families and target professionals should equally be planned during meetings. While planning for communication times, it is necessary to discuss what has worked and what hasn't worked for each child. It is also necessary set goals and vision for every child and plan on how to communicate about whether or not they are being met.

Collaborative Activities for Securing Support and Needed Services from Families

Families of physically handicapped children are oftentimes frustrated, and even disappointed, that their children may not be able to make them proud unlike other people's children. It is your duty, as a teacher of human kinetics and recreation, to convince them that with a little support and effort, they make their children can live a good life and contribute meaningfully to society despite their handicapping conditions. It is the essence of collaborating with families. It is the family members who will continue with your class activities at home when they are aware of the goals of the human kinetics and recreation classes. Therefore, you need to collaborate with families about each child's needs, goals, programs/activities, and progress over time and ensure families are informed about their rights as well as about human kinetics and recreation for physically handicapped children. In your collaboration activities, consider family background, socioeconomic status, language, culture, and priorities of the family while communicating with respect. You should advocate for resources to help children meet instructional, performance, social and physical literacy goals, and the goals for transitioning to community recreation.

Attributes for Effective Collaboration

Whether you are collaborating to secure the services of target professionals, scheduling and facilitating meetings or for securing support from families, you need to be equipped with the following elements:

- **Be an Effective Communicator.** An effective communicator is open and honest in a medium that is comfortable for all that are involved in caring for and teaching of physically handicapped children.
- **Develop and Demonstrate Professional Competence:** Apart this training you are receiving in human kinetics and recreation, you need to seek higher qualifications in handling of physically handicapped children. It is how you can continue to learn more

and grow in your area of specialisation. Also, it will enable you to discover higher expectations for children and be to communicate these to the children and their families.

- **Show Respect.** You must treat physically handicapped children and their families with respect, dignity and honour. Take into consideration cultural diversity in all your collaboration activities while affirming the strengths of each instead of their weaknesses.
- **Show Commitment:** Ensure that you are available and consistent at all times. In fact, you expected to go above and beyond what is expected of you.
- **Recognise Equality:** In all your collaborative activities, whether to services of target professionals, facilitating meetings or to secure support and services from families, it is important for you to recognize the strengths of every member of your team. Share power with all target professional and families while focusing on working together with them.
- **Consistent in Advocacy:** You should always focus on getting to the best solution for the physically handicapped children in partnership with your colleagues, target professionals and families.
- **Earn Trust:** Demonstrate that you are reliable and show that all your actions are in the best interest of the physically handicapped children. One way of doing this is to share your vision and intended actions with the target professionals and families.

4.0 Summary

In this unit, you learned about collaboration and its processes utilised for manipulating human kinetics and recreation classes to suit physically handicapped children needs. You learned the attributes you need to possess so as to be to effectively deliver human kinetics and recreation class to physically handicapped children. You are now prepared to go further in your study by learning how to programme team sports, target games and lifetime activities for physically handicapped children.

5.0 Self-Assessment Exercise

1. What is collaboration and why is it necessary in the delivery of Human Kinetics and Recreation classes for physically handicapped children?
2. Describe the three major forms of collaboration activities for meeting needs of physically handicapped children.

3. List and explain the attributes a teacher of Human Kinetics and Recreation should to be able effectively collaborate in delivery of Human Kinetics and Recreation Classes to physically handicapped children.

6.0 References/Further Readings

Block, M., & Obrusnikova, I. (2007). Inclusion in physical education: A review of the literature from 1995–2005. *Adapted Physical Activity Quarterly*, 24, 103–124.

McLeskey, J., Barringer, M-D., Billingsley, B., Brownell, M., Jackson, D., Kennedy, M., Lewis, T., Maheady, L., Rodriguez, J., Scheeler, M. C., Winn, J., & Ziegler, D. (2017, January). *High-leverage practices in special education*. Arlington, VA: Council for Exceptional Children & CEEDAR Centre.

Module 4

Programming Sports, Games and Play Activities for Physically Handicapped Children.

The previous module explained the appropriate frameworks and scientific principles of training that are used to plan for and structure the curriculum and classes to suit physically handicapped children. This module will present more concrete and practical ways of programming sports, games and play activities for physically handicapped children. Programming sports, games and play activities for physically handicapped children entails designing and implementing well guided sports, games and play activities. The activities in these programmes should be such that can engage all physically handicapped children and guide them towards the acquisition of physical literacy through the course of their lifetime. Therefore, the purpose of programming (designing and implementing) sports, games and play activities for physically handicapped children is the transformation of all children into physically educated persons with high levels of physical literacy.

Through programming sports, games and play activities children all school children (including physically handicapped ones) are made to acquire skills through a variety of developmentally appropriate movement activities such as sports, dance, games, gymnastics, individual activities and activities in alternative environments. They are made to understand, experience and appreciate the health benefits that result from the physical activities in sports games and play activities in the acquisition of physical literacy. Physical literacy development from these programmes result to appreciable functional fitness, body image and wellbeing. Programming sports, games and play activities for physically handicapped children is capable of making them interact positively with each other and assume responsibility to lead an active way of life. Since the first point in any physical activity programming is assessment to obtain baseline data, this module will commence with the explanation of the various assessments you are going to be carrying out in programming sports, games and play activities for physically handicapped children. This module will continue by presenting a number of field-tested sports, games and activities, including informal sports and fun games that are suitable for play and leisure sessions as found in children's clubs, or warm-up activities in human kinetics and recreation classes. The more formalised sports and games (with standard rules), which are suitable for competitions in schools or sports clubs are also presented in this module.

Unit 1: Assessments in Programming Sports, Games and Lifetime Activities for Physically Handicapped Children

1.0 Introduction

Assessment is the act of measuring that result in the description of a given parameter with the aim of establishing its quality, goodness, merit, value or worthiness. The parameters to be described in these assessments are the target professionals you will need to collaborate with, the human kinetics and recreation programmes, the facilities and equipment to be used in the programmes, the children's performances in the programmes, the children's physical fitness levels and social wellness outcomes. It is the assessment of these parameters that makes it possible for you to know if you are succeeding in making human kinetics and recreation programmes deliver on their goals of making physically handicapped children acquire physical literacy. Assessment is also used to determine those specific sports, games and activities that are suitable and safe for these children. You will learn, in this unit, how assessment is used to show the extent to which available personnel (target professionals), facilities and equipment, designed human kinetics and recreation programmes are being implemented and how well these are performing. This unit will show how to assess what sports, games and activities physically handicapped children can safely and profitably engage in given their handicapping conditions. Also, various methods of establishing physical fitness and social wellbeing of physically handicapped children will be presented in this unit.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to:

- Perform assessment on personnel (target professionals) who will need to collaborate in programming sports, games and play activities for physically handicapped children.
- Perform assessment on facilities and equipment that are required in programming sports, games and play activities for physically handicapped children.
- Perform assessment on planned and existing sports, games and play activities' programmes for physically handicapped children.
- Describe the outcomes/impact of sports, games and play activities programmes on physically handicapped children.
- Describe the types of sports games and activities that are suitable for physically handicapped children.
- Perform physical fitness tests used on physically handicapped children.
- Design and use social assessment forms for physically handicapped children.

- Explain the relevance of assessments in programming sports, games and play activities for physically handicapped children.

3.0 Main Content

3.1 Assessment of Personnel in Programming Sports, Games and Play Activities for Physically Handicapped Children

Teachers, general physical education teachers, para-professionals, helpers, sports/activity instructors, games masters and coaches are the personnel charged with the responsibility of delivering human kinetics and recreation classes to physically handicapped children. It takes real talent, inborn or painstakingly developed from training and experience. All persons are therefore not suitable to fit into performing the roles of exercise programming for physical fitness and wellness of school children. It is therefore necessary to assess these personnel to determine their suitability for delivering human kinetics and recreation classes to physically handicapped children.

There are certain specific criteria and standards against which performance of these personnel can be measured in the evaluation of how well they are performing in exercise delivery for physical fitness and wellness of school children. It is expected that all teachers, general physical education teachers, para-professionals, helpers, sports/activity instructors, games masters and coaches involved in the delivery of human kinetics and recreation classes to physically handicapped children physically should be physically fit and well-coordinated, patient, approachable and enthusiastic. They are expected to possess excellent oral communication skills, good sense of rhythm, and the ability to motivate students and work with a minimum of supervision.

Surveys using observations, interviews, and questionnaires, rating scales, checklists, inventories and anecdotal records are the instruments used to reliably and validly assess the ability of these personnel to design and implement human kinetics and recreation programmes dependably and accurately. Their responsiveness and willingness to help physically handicapped children and provide prompt assurance and knowledge is usually reflected in their ability to inspire trust and confidence.

3.2 Assessment of Facilities and Equipment in Programming Sports, Games and Lifetime Activities for Physically Handicapped Children

There are certain indicators used to demonstrate how well facilities and equipment are performing in programming sports, games and lifetime activities for physically handicapped

children. Availability or lack of both outdoor and indoor facilities for sports, games and lifetime activities that meets the needs of these children determines the extent to which these children derive benefits. Similarly, a sufficient variety of equipment that are capable of supporting sports, games and play activities should be available so as to avoid waste of useful time for waiting to use a limited number of appropriate equipment. It is also important to have facilities that are made to encourage participation in activities. The usable conditions of facilities and equipment, including temperature, humidity and ventilation should be made to be appropriate and suited to the children's use. Facilities and equipment used for programming sports, games and play activities for physically handicapped children are expected to be attractive, clean, and well-maintained and maintained to instil safety. Attractiveness, cleanliness and maintenance level of the facilities are assessed in the measurement of how well facilities and equipment are performing in programming sports, games and play activities for physically handicapped children. The FITNESS AND SPORTS CUSTOMER SATISFACTION SURVEY (2000) is the instrument for assessing the suitability of facilities and equipment in programming sports, games and lifetime activities for physically handicapped children.

3.3 Assessment of Sports, Games and Play Activity Classes for Physically Handicapped Children

There is need to assess all aspects of programmed sports, games and play activities for physically handicapped children. The aspects of these classes that needs to be assessed include planning, executing, monitoring and appraisal of the exercise classes designed for wellness of school children.

Planning

Your ability to plan sports, games or play activity classes that are appropriate for physically handicapped children is reflected in your ability to demonstrate and apply knowledge and the theory of the principles of training, the UDL and the inclusive spectrum framework. To borrow the words of Nabofa (2014), assessment of planning in any physical activity programming should specifically seek the evidence for the existence of the following in a well-documented plan:

1. Demonstrable knowledge and understanding of how;
 - a. preparation, training and fitness relate to and affect the acquisition of physical literacy by physically handicapped children,

- b. to design and execute training programmes that have specific purposes,
 - c. important are sports, games and lifetime activities to personal, social and mental wellbeing,
 - d. to monitor and develop their own training, exercise and activity programme, and
 - e. to develop leadership skills by leading a warm-up/warm-down.
2. Well documented purpose/aim of the programme in relation to prior physical fitness and wellness levels, including any injuries/health problems;
- a. Setting achievable targets,
 - b. Appropriate grading of the programme,
 - c. Relevance of the programme to the current activity level,
 - d. Testing of prior fitness,
 - e. Use of test results, and
 - f. Links to health related components of fitness.

3. Safety Awareness

An adequate plan of sports, games and lifetime activity programming for physically handicapped children should demonstrate an awareness of safety in some specific aspects including equipment, apparatus, and physical/physiological and psychological safety. Such plan is expected to include evidence for the existence of the following:

- Identification of potential risks.
- Preparing the body for activity.
- Safety in relation to equipment/apparatus.
- Types /order of activities.
- Enabling the body to recover from activity.

4. Appropriateness of chosen sports/games/activities and techniques to be used physically handicapped children. It should be determined if there is appropriate application of activities within the programme in relation to progression/overload/frequency/duration/time and tedium. Reference should be made to seasonal factors, relevance of the type of exercises, specificity, and suitability of the programme and balance of the programme. Plans should include appropriate application of activities within the programme in relation to theoretical areas and principles of training such as progression / overload / frequency / duration / time and tedium. The plans should include references to principles of training, effective intensity

and duration, Intensity/training zones, heart rate zones and aerobic/anaerobic thresholds. Such plans should also include references to how principles of inclusion and the universal design for learning (UDL) are to be applied.

Executing the Planned Programme

There are four aspects to the execution of an exercise programme that needs assessment. These, according to the World Health Organisation (WHO, 2006), are how the planned programme is being implemented, how efficient and safe are the sports, games and activities being completed plus attitudes towards motivating physically handicapped children and the effectiveness and appropriateness of the warm-up and cool-down exercises. The worth of a planned sports, games of activity programme implementation is also indicated by observable controls, consistency and ease with which the exercises and activities in the programme are being performed. The safe and effective manner in which exercises and activities are being completed, consideration given to others in the group and how prevention of overcrowding is executed are all indicators used for evaluating the extent to which the programmes are being implemented. The tools for measuring how well a sports, games and activity programme is being executed include surveys using observations, interviews, and questionnaires, rating scales, checklists, inventories and anecdotal records.

Monitoring

A sports, games and activity class needs to be monitored right from its inception at the planning stage through every aspect of its implementation. How the planned activities in the class are being performed need regular and accurate recording so as to be able to reach a formative and summative assessment of the programme (UNDP, 2009; WHO 2006). Generally, tables are provided and used for recording the monitoring of parameters such as frequency, intensity and duration of exercises in addition to exercise and recovery heart rates. Such tables should also make provision for recording involvement in the class and/or reactions to/effects of the various exercises in the class.

Appraisal

The final aspect of assessment of a sports, games and activity class is the summative appraisal of the class in relation to the aims and the outcomes of the class (UNDP, 2009). The final or summative appraisal of the target professional, facilities and equipment, sports/games/activities used and physically handicapped children's performances should

reveal how the successful the class was. The final assessment should indicate the kinds of fitness tests that were used successfully, the appropriateness of the level at which the class was pitched, the appropriateness of the order of the sports/games/activities within the class, and appropriateness of the application of the UDL, Inclusion Spectrum and the principles of training, progression, overload. This final assessment also indicates the extent to which a class was implemented and reveal how manageable the class was in terms of enjoyment/interest/motivation experienced during the class. Final appraisal of the monitoring strategy adopted identifies and explain any modifications made during the implementation period with reference to the effects on the performers at any stage of the class.

3.4 Assessment of Outcomes of Programming Sports, Games and Play Activities for Physically Handicapped Children

The outcome of programming sports, games and play activities for physically handicapped children is measured for the purpose of evaluating cognitive understanding, motor skill development, physical fitness and affective (emotional and social) developments as a result of the class (Robertson, 2013). These outcomes are reflected in the children's state of health, physical growth and development following participation in the sports, games and activities and how the children are performing in the classes being implemented for them. The literature is replete with standardised tools for assessing these outcomes. Given the peculiar Nigerian situation, how some of these tools can be adapted and made suitable to Nigerian situation is presented hereunder.

Cognitive Understanding

Assessing cognitive understanding involves the process of determining children's ability in recalling what they have previously learnt. The most suitable tool for assessing this domain of behaviour is the written test. Written tests assesses physically handicapped children's ability to recall specific facts, terms, vocabulary, principles, concepts and generalizations from memory. Comprehension tests measures the ability of the children to translate, infer, compare, explain, interpret or extrapolate what has been taught in an exercise programming class. Comprehension tests measure the children ability to identify similarities and differences among objects or concepts; predict or draw conclusions from given information; or describe or define a given set of data. Application tests measures the children's ability to use the principles, rules and generalizations taught during sports, games and play activity class, for solving problems in novel or real life situations. Analysis tests measures school

children's ability to break down an idea into its parts to show that they understand the relationships between the component parts. Synthesis tests are used to assess children's ability to put elements together to form a new pattern and produce a unique communication, plan or set of abstract relations. Evaluation tests assess physically handicapped children's ability to make judgements based upon evidence.

Affective (Emotional Wellness and social) Outcomes

Assessment of the aspects described as affective (emotional and social) outcomes is concerned with such learning outcomes as beliefs, attitudes, feelings, and interests. Others include personality, integrity, punctuality and value as well as ethical behaviours. Tools such as observation equipment, interview, and questionnaire, rating scale, checklist, inventory and anecdotal records are necessary for assessing physically handicapped children's affective outcomes.

Motor Skill Development

Motor skill development gained during or after participating in the programme is ascertained by assessing human movement parameters. Two types of measures, movement product scores and movement descriptions, are used in measuring human movement (Robertson, 2013). She explained that movement product scores measures an outcome/result of a given movement such as the total distance walked by a child and speed of the walk to produce numeric data. Movement descriptions, on the other hand, use words to describe movements based on a "developmental" perspective that makes use of description of developmental sequences. In the developmental perspective, movement is classified or located on a developmental continuum. It gives "credit" for the way a person moves and expects movement to change over time, with or without the help of a teacher, to more advanced categories on the continuum. In this manner, the developmental perspective does not consider any movement as wrong.

While it is easier to obtain a score in movement product score, the score alone does not tell the kind of movement that caused it. It may therefore not be very useful for diagnostic purposes. Though the developmental descriptions give results that could be diagnostic, the target personnel needs to be a good observer to identify and know the developmental sequences. The relationship between a movement's product score and the movement level of development that produced that product may not be readily known. It is therefore necessary

to take both movement product scores and developmental descriptions when assessing physically handicapped children's motor skill development following participation in a sports, games and play activity class.

Physically Handicapped Children's Physical Fitness Outcomes of Sports, Games and Lifetime Activity Programming

The extent to which sports, games and play activity programming classes for physically handicapped children is succeeding in improving physical literacy of the children can be seen in their improved physical fitness levels. Physical fitness refers to those sets of attributes that people have or acquire that relates to their ability to perform physical activity that is defined as the ability to carry out daily tasks with vigour and alertness, without undue fatigue and with ample energy to enjoy leisure-time pursuits and to meet unforeseen emergencies. This definition aptly describes what sports, games and play activities programming classes for physically handicapped children is expected to achieve. Although characteristics such as vigour, fatigue, alertness, and enjoyment are not easily measured, other measurable components of physical fitness can be used to assess a child's health and performance status on several different attributes. According to Emiola (2007), these attributes are the components of physical fitness. Those physical capacities that contribute to health development and that increase the functional capacity of the body are described as health-related components of physical fitness while those attributes required for the successful execution of various sports skills are described as skill-related components of physical fitness.

Although, tests for measuring the various components of physical fitness have been developed and, in some cases, standardized, with good to excellent accuracy and reliability, the one assessment system that has been developed specifically for physically handicapped children is the Brockport Physical Fitness Test (BPFT). This consists of a battery of 27 fitness tests covering three domains of physical fitness:

- aerobic capacity
- body composition
- musculoskeletal functioning (muscular strength and endurance, and flexibility).

Reproduced below is the adaptation of the *Brockport physical fitness test manual: A health-related assessment for physically handicapped children* by the Handicap International – Sri

Lanka (2013) with permission from J. Winnick and F. Short, 2014, (Champaign, IL: Human Kinetics).

General Brockport Physical Fitness Test Form

Child's name: _____ Sex: ____M ____F Age (yr): _____

Height: _____ Weight: _____ Date: _____

Classification: _____ Sub-classification: _____

This form identifies all test items on the Brockport Physical Fitness Test (BPFT). It can be used as a resource for developing a fitness test for a particular student, recording results, and matching results to fitness zones. The BPFT typically includes four to seven test items: one for aerobic functioning, one for body composition, and at least two for musculoskeletal functioning. (The Target Stretch Test items are considered as a single test for this purpose). It is recommended that an individualized specific test form for each student consisting only of the items taken on the test be subsequently developed for each student and be used for reporting results to students, parents, and guardians. The results may serve as a basis for developing individualized education programs (IEPs) for students.

Aerobic Functioning

Test item	Units of measure	Test scores	Fitness zone (if applicable)	Healthy fitness zone
AEROBIC CAPACITY				
Mile run or walk	min/sec			
20 m (laps)	Number of Repetitions			
15 m (laps)	Number of Repetitions			

Body Composition

Test item	Units of measure	Test scores	Fitness zone (if applicable)	Healthy fitness zone
Percent body fat	%		No Fitness Zone for body	
Triceps	(mm)			

Triceps + subscapular	(mm)		composition	
Triceps + calf	(mm)			
Body mass index				

Musculoskeletal Functioning

Test item	Units of measure	Test scores	Fitness zone (if applicable)	Healthy fitness zone
STRENGTH AND ENDURANCE				
Reverse curl	Number of Repetitions			
40 m push/walk	Physical Functioning			
Ramp test	Feet			
Push-ups	Number of Repetitions			
Seated push-ups	Number of Repetitions			
Pull-ups	Number of Repetitions			
Modified pull-ups	Number of Repetitions			
Dumbbell press	Number of Repetitions			
Bench press	Number of Repetitions			
Grip strength	kg.			
Isometric push-ups	sec.			
Extended arm hang	sec.			
Flexed arm hang	sec.			
Curl-ups	Number of Repetitions			
Modified curl-ups	Number of Repetitions			

FLEXIBILITY OR RANGE OF MOTION				
Trunk lift	Number of Repetitions			
Shoulder stretch, right	Physical Functioning			
Shoulder stretch, left	Physical Functioning			
Back-saver sit-and-reach, right	in.			
Back-saver sit-and-reach, left	in.			
Modified Thomas test	0-3			
Modified Apley test	0-3			
Target stretch test	0-2			
Wrist extension, right	0-2			
Wrist extension, left	0-2			
Elbow extension, right	0-2			
Elbow extension, left	0-2			
Shoulder extension, right	0-2			
Shoulder extension, left	0-2			
Shoulder abduction, right	0-2			
Shoulder abduction, left	0-2			
Shoulder external	0-2			

rotation, right				
Shoulder external rotation, left	0-2			
Forearm supination, right	0-2			
Forearm supination, left	0-2			
Forearm pronation, right	0-2			
Forearm pronation, left	0-2			
Knee extension, right	0-2			
Knee extension, left	0-2			

Interpretation: _____

Needs: _____

Reproduced below is a Social Assessment Form Used by the Handicap International – Sri Lanka (2013).

Social Assessment

Questions for children, youth and parents

Child's name	Date of birth	Sex

Part 1: Questions for child

Do you usually play sport?	Do you usually play games?
Every day <input type="checkbox"/>	Every day <input type="checkbox"/>
Once a week <input type="checkbox"/>	Once a week <input type="checkbox"/>

Once a month <input type="checkbox"/>	Once a month <input type="checkbox"/>
Rarely <input type="checkbox"/>	Rarely <input type="checkbox"/>
Never <input type="checkbox"/>	Never <input type="checkbox"/>
Which sport(s)? (List all)	Which games? (List all)
The child/youth usually plays these sports with:	The child/youth usually plays these games with:
Other physically handicapped children	Other physically handicapped children
Children without any handicap	Children without any handicap
Both with and without handicap	Both with and without handicap
What goals and ambitions do you have in sport?	
What social activities do you participate in apart from sport? (eg. youth clubs, school societies, etc)	
Do you face any difficulties in life because of your disability? Yes No If yes, please explain	
Do you think people treat you different to other children/young people because of your physical handicapping condition? Yes No If Yes, please explain	
Part 2: Questions for parents/guardian	
Does your child generally appear to be happy in his/her life? Yes No If no please explain	
Does your child suffer any bullying or name-calling in school? Yes No If yes please explain	

Does your child behave socially with other children/youth? Yes No

If no please explain

What do you think about your child participating in sports and games? (Tick one)

Comments/explanations :

very enthusiastic

fairly enthusiastic

indifferent

unhappy

refuse

Conclusion: Which sports/games is the child interested in?

Assessor's ideas: are there any particular difficulties that the child/youth may face in sport?

How could these be overcome?

3.5 Relevance of Assessments in Programming Sports, Games and Play Activities for Physically Handicapped Children.

Assessment of sports, games and lifetime activities programming you to:

1. Adequately design and implement suitable activities in your human kinetics and recreation classes. Assessment at this planning stage helps to determine needed resources. These resources include the number and types of equipment, target professionals to collaborate with, and the types of modification that will need to be done to existing facilities plus if it will be necessary to build new ones among others.
2. Monitor and evaluate the outcomes of your work as a human kinetics and recreation teacher. It is assessment that enable you to know how well the children in your class you might be interested in knowing how the fitness levels or sports skills of your children are increasing thanks to your coaching. Or you may be interested in finding out about the psychological or social changes in the children you're working with, as a result of their participation in your project. Demonstrating such changes begins with conducting an assessment

3. Make choices and decisions about which sports and activities are suitable for each child. For many physically handicapped children, this is simply a matter of the child's particular preferences and interests, capacities and abilities, which may be affected as a result of his/her handicapping condition(s). There may also be medical reasons why it is inadvisable to take part in certain activities on health grounds.
4. Identify the children's needs for additional support – rehabilitation equipment, adapted sports equipment, adapted games/methodology, staffing support and so on. You need in-depth knowledge and understanding about the physically handicapped children in your class, so that you can effectively involve them in your sports/games/activities, and also be aware of any health and safety risks.
5. In competitive disability sport, assessment is used for classification in categorising athletes with the same type of handicapping conditions. Reason is that it is important to group athletes with the same or very similar levels of handicapping conditions together in the same race or event, to ensure fairness.
6. Determine the type handicapping condition the child has along with its cause(s). You will also know if it is acquired from birth or not.
7. Determine the medical/rehabilitation services the child has received and if the child is taking any medication.
8. Determine if the child has received any advice from a medical professional concerning his/her participation/non-participation in physical activity.
9. Find out if the handicapping condition is progressive (if it is getting more severe over time) or not.
10. Find out if the child has a mobility aid such a wheelchair / crutch / prostheses / orthosis / etc and the condition is it in. you will also find out if the child does not have a mobility aid, while he/she need one.
11. Discover if there are medical risks that can be exacerbated by physical activity participation.
12. Reveal the child's physical levels, before, during and after the sports, games and lifetime activities programming.
13. Determine the sports and games the child is interested in playing as well as those that are not advisable for the child.

14. Determine the social and environmental factors that affects a child's participation in the programmed sports, games and physical activities. To this end, the child's psycho-social/psychological status is assessed to if the child has the self-confidence to participate in public, social activities like sports practice or if he/she is excessively shy. You will know the concerns the child has about participation and so what you need to do address them.
15. Determine parental support and attitudes that would reveal how the parents feel about their children's participation in sports, games and lifetime activities.

4.0 Summary

In this unit, you learned how to perform different assessments in programming sports, games and lifetime activities for physically handicapped children. You are now prepared to go further in your study by learning how to deliver those informal and fun games that are more suitable for play and leisure sessions.

5.0 Self-Assessment Exercise

1. Give a detailed description of how to assess the quality of personnel, facilities and equipment and programmes for physically handicapped children.
2. List and explain the beneficial outcomes/impact of sports, games and lifetime activities programmes on physically handicapped children.
3. How do identify the types of sports games and activities that are suitable for physically handicapped children?
4. Describe a standardised and named physical fitness test used typically for physically handicapped children.
5. Show how to use social assessment forms for physically handicapped children.
6. How relevant are assessments in programming sports, games and lifetime activities for physically handicapped children.

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Unit 2: Programming Informal Games and Play Activities for Physically Handicapped Children

1.0 Introduction

There are several categories of activities that can be utilised in programming informal games and play activities for physically handicapped children. Although there can be overlap in these activities, they are generally grouped into ball games, relay races, cooperative games, target games, running, jumping and tag games and equipment-specific games. The important thing is for you to determine suitability of the game/activity for the age-range and handicapping conditions of the children in your class. This unit presents a number of informal, fun games, more suitable for play, leisure and warm-up activities. Explanations are given to show why each game/sport is suitable for physically handicapped children. Also presented, in this unit, are suggestions for the application of the UDL and inclusive principles to engage all categories of physically handicapped children.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to design and implement:

- Ball games for physically handicapped children.
- Relay races for physically handicapped children.
- Cooperative games for physically handicapped children.
- Target games for physically handicapped children.
- Running, jumping and tag games for physically handicapped children.

3.0 Main Content

3.1 Ball games

In ball games for physically handicapped children, ensure the use of balls that are suitable their handicapping conditions. Physically handicapped children are usually weaker than other children. They can sustain injuries if they are to play with heavy and fast moving balls such as standard soccer balls or volleyballs. Moreover, some physically handicapped children may be scared of a fast moving hard ball. It is therefore more suitable to use small, soft, and light slow moving balls such as foam balls or beach balls. Children generally like attractively coloured balls. You will thus require balls with different colours and textures in programming ball games for physically handicapped children. According to Harknett (2013), the ball games described hereunder have been field-tested and found suitable ball games for use in human kinetics and recreation for physically handicapped children.

1. Balloon or Beach Ball Play

Balloon play or beach ball play are activities designed to help build the confidence of children in handling balls.

Needed Equipment: - Balloons or beach balls

Procedure: - Balloon play or beach ball play can be performed alone, with a partner or in groups.

Individual Balloon or beach ball play;

- i. Instruct the child to keep the balloon in the air by tapping it with his/her right hand for a period of 30 seconds or with 30 taps on the balloon. Repeat with the left hand for another 30 seconds or 30 taps.
- ii. Tap the balloon from one hand to the other so that the ball contact each hand 10 times.
- iii. Use 20 taps to keep the balloon in the air while sitting. Progress to use 20 taps to keep the ball in the air while kneeling, and finally use 20 taps to keep the balloon in the air while lying on the back.
- iv. Tap the balloon into the air, turn around in a circle and tap the balloon again, before it hits the ground 10 times.
- v. Keep the balloon in the air with 10 taps by the feet. Proceed to keep the balloon in the air with 10 taps by the head, elbows, and finally by the knees.
- vi. Flick the balloon in the air using the thumbs and then the fingertips afterwards.
Perform 10 repetitions each.
- vii. Use the forearms to bump the balloon into the air 10 times.

Balloon or beach ball play with a partner;

- i. Instruct two children to keep the balloon in the air by passing the balloon to each other with a tap of the right hand for a period of 20 seconds or with 10 taps on the balloon each.
- ii. Instruct two in a pair to pass the balloon to each other by tapping it with the feet for, at least, 10 taps each. Repeat this process with the head, elbows and knees.
- iii. The children in each pair should pass the balloon to each other with the fingertips of both hands. Each child is to touch the balloon with the fingertips 10 times during this balloon passing.
- iv. The children in each pair should pass the balloon to each other with their joined forearms. Each child is to touch the balloon with the forearms 10 times.

2. Circle ball

This game is played in a standing position.

Equipment: - One or more balls, Whistle

Procedure: -

Make the children stand in a circle with their legs apart and outside of their feet touching each other. The children should try to score by rolling or throwing the ball across the circle and through the legs of another child in the circle. A point is scored if the ball goes through another child's legs. There will be no score if the ball is thrown or rolled in between the legs of a child whose legs are touching, that is, standing next to each other. Each of the children are to defend their goals (the space between their legs) with their hands. This game can be played with two or more balls as a way of making the game faster and more difficult (a typical way of applying the scientific principle of progressive overload).

Wheelchair users can turn their chair 'side on' with the wheel facing into the circle representing their goal.



Figure 4.2.1: Circle Ball Game being demonstrated by 200 Level students of the Department of Human Kinetics, Recreation and Sports Science Education, Delta State University, Abraka (2022)

3. Cross-fire in the Channel

This game is particularly suitable for children whose handicapping condition disrupts their movement.

Equipment

1. Marker saucers
2. A large number of balls, preferably soft balls such as foam or beach balls
3. A Whistle

Procedure

Divide the children into two teams, Team A and Team B. First of all, the children in Team A form two lines in rows such that each child stands opposite another in pairs thereby forming a channel. Each of the pairs of the children in row pass a ball back and forth to each other.

Ensure that the balls are only rolled along the floor as no bouncing is allowed.

Thereafter, the children in Team B will, one by one, attempt to walk along the channel between the pairs without being hit by a ball. It is not allowed for child in Team B, the child moving through the channel to step or jump over the balls. They can, however, pause to let a ball pass by. Team B scores a point anytime one of its team members successfully gets to the end of the channel without being touched by the ball.

When all children in Team B have attempted to walk through the channel, add up the points they scored in their attempts to pass through the channel, and swap over so that Team B now forms the channel for the children in Team A to attempt scoring points by walking through the channel as well. After every child has played, add up the points scored. The winner of this game is the team with highest total wins.

4. Time-Out

This is a game that can be played seated or standing, and so is suitable for children with various handicapping conditions.

Equipment

Large soft balls such as basketballs, volleyball or other large, soft balls Whistle

Procedure

Gather the children in a circle (seated or standing).

Make them pass the ball to each other across and around the circle. A child is allowed to pass the ball with a chest, bounce or high pass or with any other part of the body.

Blows a whistle or calls 'Stop' after every 20 seconds. The person with the ball or nearest to the ball when the whistle goes drops out of the game.

End the game by blowing the whistle or calling 'Time' after 2 minutes.

The children remaining in the game scores 1 point each.

Reset the clock and start the next round. The total number of points scores each child is counted at the end of an agreed number of rounds (say five or ten rounds of 2 minutes each).

5. Pick up fruits



Figure 4.2.2: *Pick Up Fruits Game adapted by Harknett (2013) from TOP Sportability (2012)*

Equipment:

- i. Six Small soft balls to be used as fruits
- ii. Marker saucers
- iii. Whistle

Procedure

Arrange a playing area in the shape of a square, each side being about 5 metres long.

Place a marker saucer on each corner of the square.

Place the small soft balls (the 'fruits') in the middle of the square.

Arrange the children into four teams of equal abilities. Each team can have 5 or 6 children.

The game is played in several rounds depending on the number of children in each team. If there are 8 children in a team, then game should be played in 6 rounds so as to allow every child to play.

At the start of the first round of the game, one child from each team stands at a corner of the square, by a marker saucer. On the whistle, all the children run to the centre of the square, grab a ball, and run back to their corner and deposit it there. Each child can then run back to the centre to pick another 'fruit', or can 'steal' a fruit from one of the other corners of the square. Each child is allowed to pick up only one fruit at a time. End the round by blowing the whistle after 2 minutes and count the number of fruits gathered by each team. The team

with the most fruits scores one point. Start a new round with another child ready to play from another corner. Repeat the game for as many rounds as there are members of each team. The winning team is the team with the most points at the end.

These rules can be modified for some children whose handicapping conditions may not permit them to compete fairly with other children. Such a child can carry two balls at a time, or another child can be allowed to assist a physically handicapped to play.

3.2 Relay Races

Relay races are suitable for mixed groups of children (handicapped and non-handicapped). The emphasis in relay races is teamwork that encourage cooperation between children rather than the individual performance of each child. To make the race fair, make sure that the teams are of similar abilities. One way of ensuring fairness is to divide the children in such a manner that there is an equal number of handicapped children in every team. If the number of handicapped children in your class are not enough to be in every team, make one of the teams that does not have a physically handicapped child have more team-members.

1. Centipede Relay



***Figure 4.2.3:** Centipede Relay being demonstrated by children at the Coach Sammy Okoebor Football Academy, Delta State University, Abraka (2022)*

Equipment

Marker saucers or cones

Whistle

Procedure

Divide the children into teams of 5 or 6 per team, and have them stand in single file lines behind the starting line.

When the race starts, the first child on each team runs from the starting line, around the cone, and back to the starting line again.

On reaching the starting line, the second child in the team joins hands with the first child. Both children then run around the cone and back to the starting line as before. This continues with the third child, the fourth child and so on until the last member of the team is joined and returned to the starting line. Whichever team gets back to the starting line with all the team-members holding hands together wins. Children who are holding hands must not leave each other's hands during the race. Any team whose members leave each other's hands at any point is assumed to have broken the chain and so the team becomes disqualified.

For safety purposes, make sure that all children are aware of any child who is slower. Place the weakest or slowest child in a team at front position or lead so that the chain of children is forced to move at the pace of this child. You have to watch out for the fact that children, in their excitement, may have a tendency to 'drag' a less mobile child along which can result in a fall and injury.

2. Hula Hoop Relay



Figure 4.2.4: Hula Hoop Relay Game adapted by Harknett (2013) from TOP Sportability (2012)

This relay race is a variation of the centipede relay that uses a hoop instead of holding hands.

Equipment

Hoops

Markers or cones

Whistle

Procedure

Divide the children into teams of equal numbers or abilities, maximum 5 children per team.

Have the children stand in single file lines.

Give the first child in each team a hoop, which they loop over their hips.

On the whistle, the first child from each team runs with the hoop around the cone and back to the starting line. Then the second child joins the first child inside the first hoop and they run once more around the cone together.

Repeat this, each time adding one more child inside the hoop. The winning team is the team which returns to the start-line with all the team inside the hoop.

For safety purposes, make sure that teams are not too large to prevent the danger of children tripping and falling during race. As with the centipede relay, you have to watch out for the tendency of children to get over-excited and forget that some children are weaker and slower than others. There is a especially when there are many children within the hoop.

3. Balloon/Ball Relay



Figure 4.2.5: Balloon/Ball Relay being demonstrated by children of the Coach Sammy Okoebor Football Academy at Delta State University, Abraka (2022)

Equipment

Balloons

Marker saucers/cones

Whistle

Procedure

Divide the children into teams of even numbers such as 6, 8, or 10 children per team. Have the children stand in a single-file line of pairs behind the starting line.

Give the leader of each line one balloon/ball. The first pair of children from each team holds the balloon/ball between their heads. On the whistle each team's first pairs run or walk together around the cone then return to the start line.

The first pair then passes the balloon/ball to the second pair, who repeat this pattern until the balloon/ball gets to the end of last partners. The first team to finish wins the game.

Children are not allowed to use their hands at all during the game, except when passing the balloon/ball from one pair to the next. If the balloon/ball falls to the ground at any point, the children must return to the start-line.

The balloon/ball must be held head-to-head, without using the neck or shoulder.

For safety purposes, watch out for very young children, or some physically handicapped children who may be scared by popping balloons, and fragments of popped balloons that can constitute a choking hazard.

4. Ball Passing



Figure 4.2.6: Ball Passing Game adapted by Harknett (2013) from TOP Sportability (2012)

This game is very suitable for children with difficulty in walking as limited amount of movement is required.

Materials

Balls

Whistle

How to play

Divide the children into teams of equal numbers or abilities. Have the children stand in single-file lines.

Give a ball to the child at the front of each line. On the whistle, each child at the front passes the ball backwards over his/her head (or through their legs) to the child behind, who passes it to the child behind him/her, and so forth, until it reaches the end of the line.

When the child at the back of the line receives the ball, he/she runs to the front of the line and starts the process again. When passing the ball over their heads, the children are not allowed to turn and look at the child behind them. The first team to complete the race is the winner because it is the first team where all children have had a turn at the front of the line.

To ensure consistency, make sure only one of the variations (passing the ball over head or through the legs) is used at a time.

A physically handicapped child with limited arm movement should be allowed to turn the body to pass the ball, rather than using only her arms.

3.2 Co-operative games

These are games where there is not necessarily a winner – the essence of the game is cooperation (having the children work together to reach a common goal), rather than competition.

1. Hands and Feet

This is a fun, gentle activity, with no winners and losers, which tests children's creativity as well as their gymnastic skills. It is suitable as a cool-down game.

Equipment

Whistle

Procedure

Divide children into groups of three. The aim of the game is for children to arrange themselves in a position according to your instruction. Call out instructions regarding the number of feet and hands that should touch the ground. Start with an easy instruction such as '6 feet and no hands' whereby the children should stand normally. Make it progressively more difficult by calling '4 feet and 2 hands', '3 feet and 5 hands' and so on. Allow the children some time to creatively find ways of positioning themselves such as carrying each other, resting their feet on the backs of another child, and so on. The lower the number of feet, the harder the position.



Figure 4.2.7: Children Performing '2 Feet and 2 Hands' Position. Source Harknett (2013)



Figure 4.2.8: Children Performing the '2 Feet, 5 Hands Position. Source: Harknett (2013)

2. Blanket ball



Figure 4.2.9: *Blanket Ball Game adapted by Harknett (2013) from TOP Sportability (2012)*

This game is related to volleyball, but with greater cooperation between the players and less mobility required. It can be conducted just as a fun activity or it can be made competitive.

Equipment

Blankets, sheets, or large towels,

Volleyball net, rope or white sharp sand (to mark playing area)

Procedure

Divide the children into teams of 4 per team. If there are few children they can play in pairs. Give each team a blanket or bed-sheet for each team.

One child holds each corner of the blanket. Use a large towel if the children are to play in pairs.

Teams begin by playing with a ball each. Working together, they toss the ball in the air and catch it in the blanket. Have a competition to see who can toss and catch the highest number of times.

Each team then gets together with another team. Using one ball, they cooperate to toss and catch the ball between teams.

Finally, using a barrier (for example, net, rope or just a line on the floor) and basic court, the teams play a competitive game. Teams toss the ball over the barrier and score if their opponents fail to catch the ball or throw the ball out.

3.4 Target games

Target games are non-contact sports which require limited physical movement, so they are suited to many categories of physically handicapped children. Target games can be played individually or in teams.

1. Beach ball blast



Figure 4.2.10: Beach Ball Blast Game adapted by Harknett (2013) from TOP Sportability (2012)

Equipment

Marker saucers

Smaller balls

Hoops

Whistle

Beach balls

Stop-watch

Procedure

Divide children into teams of about 10 per team.

Children from the first team form a circle, which is marked with marker saucers.

Children are not allowed to step inside the circle. A hoop is placed in the centre of the circle

Place a beach ball (or similar lightweight ball) in the hoop/circle.

The children in a team take turns to propel (throw or roll) smaller balls with the aim of knocking the beach ball out of the hoop

Time how long it takes for the team to knock the beach-ball out of the circle.

Repeat with the other teams – the team with the fastest time team is the winner.

You may need to assist a physically handicapped child to fetch thrown balls as he/she may not be able to keep on running after balls. You can also vary the distance children have to throw from.

2. Beanbag Target Game



Figure 4.2.11: *Bean Bag Target Game.* Source: Harknett (2013)

Equipment

Beanbags (or small balls), Marker saucers, Target (such as marked floor target, buckets, skittles or any other such targets).

Procedure

Playing this game depends on what target you are using. For example you can use:

a ready-made target with scores marked on it

a basket, or series of baskets

skittles, which can be bought or can be made, eg. out of empty drinks bottles.

Normally the game is played with ten skittles.

Players take it in turn to throw beanbags towards the target and get scores accordingly.

For the ready-made target, the scores are indicated on the target itself. For baskets, you can give different scores according to the size of the basket or the distance from the player. For skittles, the score is the number of skittles knocked down with one throw.

You can vary the distance of the player from the target, according to a child's handicapping condition.

You can change the rules by giving a child more chances to throw, or doubling the scores for a physically handicapped child.

3. Dodge Ball



Figure 4.2.12: Dodge Ball Game. Source: Harknett (2013)

Equipment

Marker saucers

One or more balls (eg. a volleyball, but preferably a softer, foam ball)

Whistle

Procedure

Divide the group into two teams. One team forms a circle which is marked with marker saucers. The children in one team are not allowed to step inside the circle, while the other team stands inside the circle. The outside team get the ball and throw it at the team in the circle.

When a child inside the circle is hit below the waist they are out. If a player inside the circle catches the ball, the thrower is out.

The game continues until all the children inside the circle are out, then the two teams change places and the game starts again.

The game can be played with one ball or more, depending on the number of children and the size of the circle.

A physically handicapped child within the circle can be given several 'lives' before being out.

When throwing, physically handicapped children may be allowed to step inside the circle. A helper can also help them to fetch thrown balls to enable them to actively participate in the game.

3.5 Tagging, Running and Jumping Games

1. Good Morning Good Morning



Figure 4.2.13: Good Morning Good Morning Game. Source: Harknett (2013)

Equipment

Markers,

Whistle

Procedure

All the children except one form a circle about 10 metres in diameter. The one child who is 'IT' runs outside the circle and taps on the back of one child and continues running.

The tapped child runs in the opposite direction, and when the two children meet on the other side of the circle, they stop and shake hands saying "Good Morning" three times. They then dash to the gap in the circle; whichever child is slowest to get back to the gap becomes 'IT' and the game continues. Make sure that all children get a chance to be 'IT'.

If there is a physically handicapped child with difficulty in mobility in the class, ensure that he/she can compete equally with the other children. To make such children participate well in the game, when they are tagged, they may be allowed to take a short cut across the circle instead running around it. The other child can be made to walk on his/her return to the gap in the circle, while the physically handicapped child runs after saying 'Good Morning'.

2. Golden Fish



Figure 4.2.14: Golden Fish Game being demonstrated by children of the Coach Sammy Okoebor Football Academy at Delta State University, Abraka (2022)

Equipment:

Marker saucers,

Whistle

Procedure

One of the children is selected as ‘IT’ and the others spread out in the play area (the size depends on the number of children). On the whistle, the child who is ‘IT’ chases and tries to tag other children. A child who is tagged joins hands with the ‘IT’ child. The two children run and try to tag others, and each tagged child joins the chain. The last child to be tagged is the winner.

Give a physically handicapped child several ‘lives’ after being tagged.

When such a child is ‘IT’ the game is played walking rather than running

Such a child can be allowed to tag other children by throwing a ball at them rather than actually touching them.

3. Dragon’s Tail



Figure 4.2.15: Dragon Tail Game. Source: Harknett (2013)

Equipment

None

Procedure

Make all children except one stand in a single file line facing one direction with their hands on the waist of the child in front to form the dragon's body.

The single student stands facing the others to form the dragon's head.

On your command, the dragon's head tries to tag the dragon's tail. The body of the dragon tries to stop this from happening by moving back and forwards between the head and the tail. They must remain joined at all times. The first person in the line may not grab the dragon's head to stop them reaching the tail, nor use their arms to obstruct the head.

When the head tags the tail, the head joins the beginning of the line and the tail becomes the head. Then the game starts again. If a group is having difficulty tagging they may just swap after a designated time.

4. The blanket game

Equipment

A large sheet or blanket (or a large sheet of paper may also work)

Marker saucers, cones or chairs

Whistle

Procedure

Mark out a circle, using cones, marker saucers or chairs. The size depends on the number of children playing.

Place a large blanket or sheet in the centre of the circle

Make the children move around the outside of the circle by walking, running, jumping, and dancing, hopping, leaping, galloping or any other fundamental movement pattern.

At the blast of the whistle, all the children have to run and stand on the blanket. Any child who is unable to get inside the blanket is 'out.'

Afterwards, fold the blanket in half so that the area is half the size, and repeat the game. This time many children will not be able to fit on the blanket and so many will be 'out.'

Repeat as many times as you are able to fold the blanket, reducing the standing area each time. The winning children are those who are standing on the blanket the final time.

Watch out for the younger and physically handicapped children in the class to make sure that they don't get injured during pushing and shoving that will take place as the blanket gets smaller. Allow these children to move within the circle and be closer to the blanket. You can also play the game with all children hopping or jumping, while the physically handicapped child is allowed to run.

5. Elbow Tag

Equipment

None

Procedure

Divide the children into pairs. The pairs hook elbows with each other, except for one pair, one of which is "IT", and the other is the runner.

The IT will run to catch the runner to form a pair. If the IT succeeds in tagging the runner, the runner becomes the IT and so tries to tag the new runner. If he/she does not succeed in tagging the runner, he/she can tag any pair by hooking elbows with one of them. The other child in this pair, whose elbow is not hooked onto by the 'IT' child becomes a new IT who will now attempt to catch the runner.

If a physically handicapped child with mobility issues is 'IT', restrict the area in which the runner can run, to make it easier for 'IT' to catch him/her. Alternatively, this particular IT is given a ball to tag the runner by throwing it at him/her rather than physically touching him.

6. Cups and Saucers



Figure 4.2.16: Cups and Saucers Game. Source: Harknett (2013)

Equipment:

Marker saucers

Whistle

Procedure

Scatter marker saucers over a defined area, making sure that half of them (saucers) are the right way up, while the remaining half (cups) are upside-down. The number of marker saucers you use depends on the size of the playing area and the number of children.

Divide the children into two equal teams, a ‘cup’ team and a ‘saucer’ team.

On the blast of the whistle, the ‘cup’ team tries to turn all the saucers into cups while the ‘saucer’ team tries to turn all of the cups into saucers. After a set amount of time (say one minute), the whistle is blown again. The winning team is the one with the most cups or saucers.

Zoning of a playing area, where saucers and cups are closer together, and for only physically handicapped children to play can be used to include these group of children in this class. You can modify the rules, such that, only physically handicapped children are allowed to touch any coloured saucers and cups, other children can only touch certain coloured saucers and cups.

7. The Friendly Ghost



Figure 4.2.17: The Friendly Ghost Game being demonstrated by children of the Coach Sammy Okoebor Football Academy at Delta State University, Abraka (2022)

Equipment

None

Procedure

Select one child as the 'Ghost'. The other children gather behind her.

The 'Ghost' walks and the others follow. After leading them for some distance, the 'Ghost' suddenly shouts 'eeeeeeh' and turns and chases the children, who have to make it back to the starting line without being tagged.

The first child who is tagged becomes the new 'Ghost.'

You may vary the distance of the starting line to make it easier/more difficult for children according to their physical handicapping conditions.

8. Meo Maya



Figure 4.2.18: Meo Maya Game. Source: Harknett (2013)

Materials

Marker saucers

Procedure

Divide a group of 10 children into two teams – one is the Meo team and the other is the Maya team.

Line up the two teams along two parallel lines about 3 metres apart. Behind each of these lines, mark two other parallel lines 5 metres away.

When all is set, call out at random either 'Meo' or 'Maya.' For instance, if you call out 'Meo', children in the Meo team will chase the Maya team children up to the Maya's back-line and try to tag them. If, during this period, Meo team children manage to tag 3 children in the Maya team before they reach their back line, they score 3 and Maya scores 2. If Meo children tag 4 Maya children they score 4 and Maya scores 1. If all 5 children in the Maya

team are tagged before getting to the back line, then the Meo team scores 5 while the Maya team scores 0.

You can decrease/increase the distance that children have to run, according to their handicapping conditions.

9. In the Pond on the Bank

This is a very easy and gentle game that can be used as an ice-breaker or a warm-up activity.

Equipment

Marker saucers

Procedure

Make the children form a circle which is marked by marker saucers. When you call out 'in the pond', all the children take a jump into the circle. If then call 'on the bank', for all the children to jump back out of the circle again. If you call out 'in the pond' when they are already in the pond, the children stay where they are and don't move. If anyone moves by mistake, he/she is 'out' of the game.

Children using wheelchairs push themselves into the pond or onto the bank, depending on the call you make.

10. Scavenger hunt

This game can be used as an ice-breaker and a team-building exercise that helps the children to get to know each other.

Equipment: None

Procedure

Form the children into small groups, say of five and request each of the groups to go and fetch some items. The first team to bring back each item scores a point. Make sure that the items can be easily (and safely) found by the children quite quickly, in the immediate locality. For example, an orange leaf, a hibiscus flower, a pencil and a plastic bag among others.

Make sure that the physically handicapped child in your class is made central to the game.

You can do this by cleverly calling out something that you know the child has. For example, if you notice the child is wearing red sandals, you can call out 'a red sandal worn on the right foot.'

4.0 Summary

In this unit, you learned how to design and implement informal games and activities in programming sports, games and lifetime activities for physically handicapped children. You are now prepared to go further in your study by learning how to deliver formal sports and games that are more suitable for play in competitive sports.

5.0 Self-Assessment Exercise

1. Describe three named standard ball games that are suitable for play by physically handicapped children.
2. Explain how the rules are modified to include all physically handicapped children in three (3) named relay races.
3. Give a vivid description of a cooperative game you have designed to be played by physically handicapped children.
4. Show how named running, jumping and tag games are designed and implemented for physically handicapped children.

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Unit 3: Programming Formal Sports and Fitness Exercise for Physically Handicapped Children

1.0 Introduction

This unit presents the formalised sports, games and activities that are codified with standard rules, and are used for competitions and fitness exercises among children in schools and in the community. Some of the sports and activities described are internationally recognised sports used in international competitions such as the Olympics and Paralympics. Some of these activities are very complex and so may be difficult for some physically handicapped children. Explanations are, therefore, given for how each game/sport can be made to become suitable for physically handicapped children. Alternatively, suggestions are given on how to make them more inclusive for these children to participate.

2.0 Intended Learning Outcome(s)

By the end of this unit, you would be able to make physically handicapped play standard or the modified form of:

- Boccia
- Football
- Cricket
- Sport
- Tennikoit
- Darts
- Throwball
- Sitting throwball
- Circuit training.

3.1 Boccia

Boccia is a precision sport that was specifically developed for physically handicapped people, particularly wheelchair-users. The name “boccia” is derived from the Latin word for “boss” – *bottia*. The sport is contested at local, national and international levels, by physically handicapped athletes with severe disabilities affecting motor skills. In 1984, boccia became a Paralympic sport during the New York Paralympic Games. By the year 2020 there are 75 countries with national boccia sport organizations. Boccia is governed by the Boccia International Sports Federation (BISFed) and is among the only two Paralympic sports that have no counterpart in the Olympic program.

In the Paralympic Games, there are different classes of boccia for different categories of physical handicapping conditions. In some categories players are allowed to propel the balls by throwing or kicking, while people with more severe handicapping conditions use a ramp or an adapted device strapped to their heads.

Boccia can be an individual game or can be played in pairs or teams of three. A reserve player is allowed for doubles and team events. All children in the class (physically handicapped ones and unhandicapped ones) can easily play boccia together, either directly against each other or in mixed teams.

Equipment



Figure 4.3.1: A Set of Boccia Balls

A set of boccia balls that consists of 12 coloured balls (6 red and 6 blue), and a small white ball, known as the ‘jack’, which is the target. Each ball is about 50 mm in diameter with a weight of about 60g. Special boccia balls can be purchased, or you can improvise using locally available balls of two different colours.

Internationally, boccia is played on a smooth-surfaced court measuring 12.5 m x 6 m.

However the size and the type of surface can be modified, and so it can be played on grass or on earth surfaces.

Procedure



Figure 4.3.2: Boccia in Action. Source: Harknett (2013)

The aim of the game is to throw boccia balls as close as they can to a white target ball, or jack. The side to throw first is determined by a coin toss. The jack is thrown first, then the first two regular balls are played (first, the player who threw the jack then the opposing side). After this first set of throws, the side whose ball is furthest away from the jack throws next in an attempt to either get closer to the jack or knock the opposition's ball out of the way. In this fashion, each end will continue until one side has played all their balls, at which point, the opposing side will play their remaining balls. The balls can be moved with hands, feet, or, if the competitor's handicapping condition is severe, with an assistive device such as a ramp. At the end of each round, known as end, the referee measures the distance of the balls closest to the jack, and awards point accordingly — one point for each ball that is closer to the jack than the opponent's closest ball. The team/player with the highest number of points at the end of the play is the winner. If both teams have the same number of points after all ends have been played, one additional end is played to determine a winner.

The number of ends and balls in each end depends on the side makeup. There are four ends in the individual event and six balls per player per end. In doubles, there are four ends and six balls per pair per end (three per player). Team event consists of six ends, and six balls per team per end (two per player).

In pair and team events, a reserve player is allowed. Between ends, a reserve can be substituted for a player during a game, but only one substitution per game is permitted.



Figure 1.3.3: A Boccia Referee measuring the distance of the balls closest to the jack.

Source: Harknett (2013)

3.2. Football Skills

Standard football can be too tedious and too long for physically handicapped children to play. Standard football was therefore modified to be shorter in duration, more individualised and have less physical contact than the standard versions of the sport. This modified is very suitable to all categories of physically handicapped children.

Equipment

Cones

Footballs

Stop-watch

White sharp sand

Procedure

Children competes in two different football skills – dribbling and run and kick.

Their scores from both skills are added together to give a child's final score. The final scores of all the children in one team are added together to give a final team score. The team with the most points wins.

Skill 1: Dribbling –

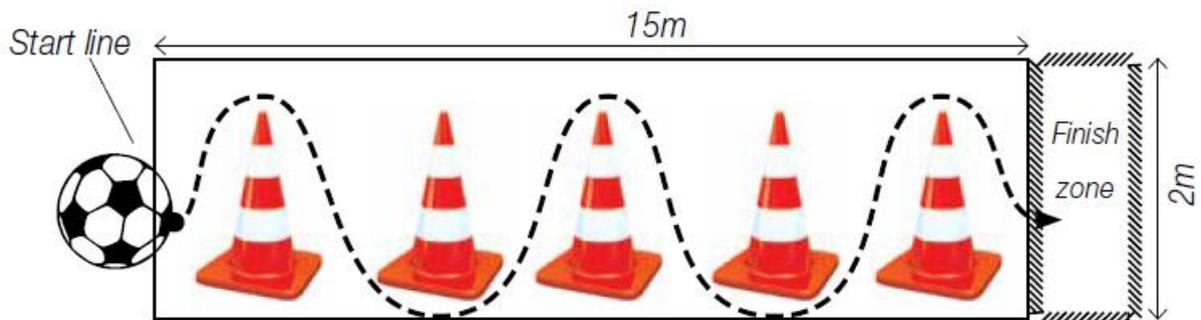


Figure 4.3.4: Cones' Arrangement for Football Dribbling Skill. Source: Steve Harknett (2013)

Five cones are arranged in a lane 2m wide and 15m long (see Figure 4). On the blast of the whistle, the child dribbles the ball around the cones from the starting line to the finish zone (marked with cones), staying inside the lane marked with white sharp sand. Record the time it takes for both the player and the ball get inside the finish zone. If the player overshoots the finish zone, he/she is to dribble it back in to finish.

Scoring: the time (in seconds) elapsed while the player is dribbling is converted into points using a table developed by the judge. Five points are deducted each time the ball runs over the side-lines of the lane or if a player touches the ball with his hands. The example of points scored according time elapsed adapted by Steve Harknett (2013) from Special Olympics (2011) is shown below.

Time	Points
5–10 seconds	50 points
11–15 seconds	45 points
16–20 seconds	40 points
21–25 seconds	35 points
26–30 seconds	30 points
31–35 seconds	25 points
36–40 seconds	20 points
41 seconds or more	15 points

Skill 2: Run and Kick

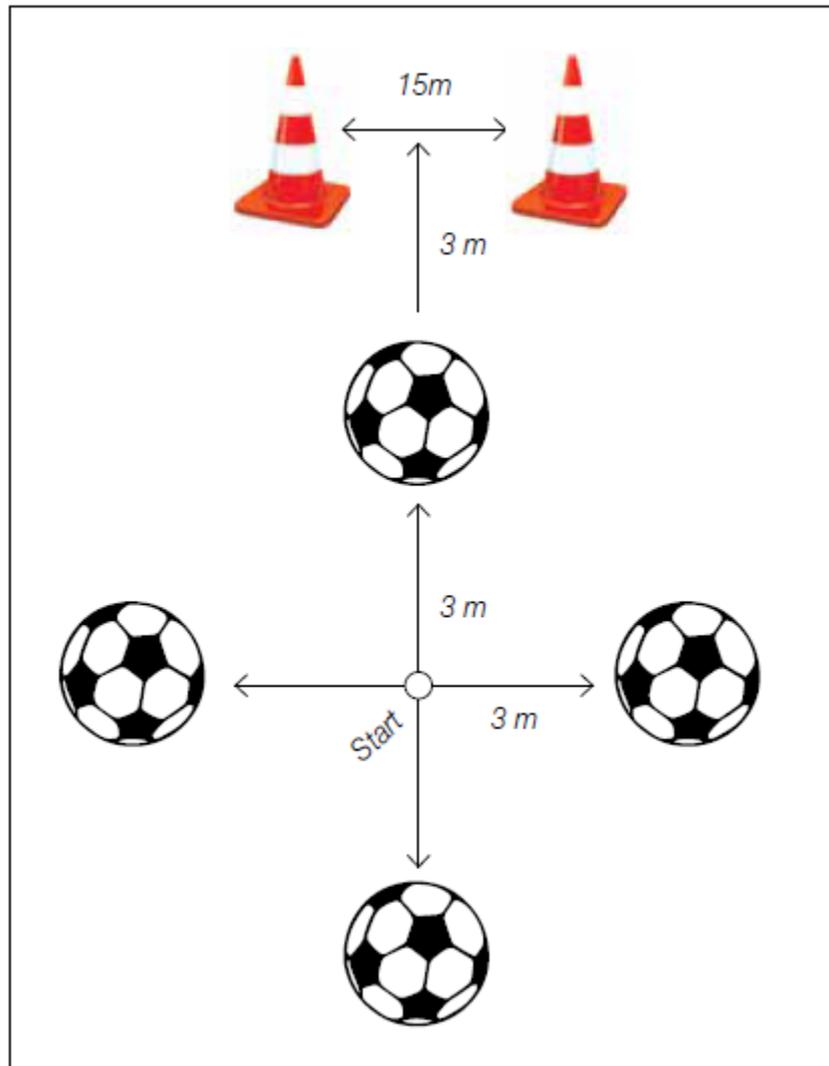


Figure 4.3.2: Source: Run and Kick Football Skill Set-Up adapted from Special Olympics by Steve Harknett (2013)

A 1.5 metre goal is set up with two flags/cones. Four balls are placed as shown in Figure 5. The child begins at the starting marker. He/she runs to any ball and kicks it through the goal. The child is only allowed to kick the ball once. The child then runs and kicks another ball through the goal. When the player kicks the last ball, the clock is stopped.

Scoring - the total time (in seconds) elapsed from when the child starts to when he/she kicks the last ball is recorded and converted into points using the chart shown in Figure 4. A bonus of five points is added for each ball kicked successfully through the goal. Five points are deducted if the child uses her hands.

3.3. Cricket Skills

Cricket Skills extracts the basic skills of the game, cricket, to create a modified, simplified, individualised version of cricket suitable for play by physically handicapped children. Cricket Skills includes playing with the five basic skills of cricket:

1. Batting
2. Fielding – catching

Children are to play and be scored for all skills, and given a sum total score. The winning child is the child with the highest score. Alternatively, Cricket Skills can be a team game, with the winning team being the one with the highest cumulative total of individual scores.

1. Batting Skill Test - before the test begins, the children are told what three skills are being sought:

- a. Lifting the bat and moving it towards the ball
- b. Moving the feet
- c. Hitting the ball.

The bowler, standing at the bowling crease, throws down 6 balls towards the batter standing in their crease. Ensure that the balls are bowled at a medium pace.

Before each ball, check that the batter is ready by asking ‘are you ready?’

Each ball should be thrown so that the ball lands at the most, 3 metres in front of the batter.

Any ball not landing in the designated area will not count as one of the batters’ 6 balls.

Scoring – the batter scores points as follows:

3 points – the batter lifts bat on delivery, moves feet, swings bat towards the ball, and hits the ball

2 points – the batter lifts bat on delivery, moves feet, swings bat but misses the ball

1 point – the batter swings bat and hits or misses the ball

0 points – the batter does not move bat or feet or swing at the ball.

Note: A batter cannot score 3 or 2 points if they do not move their feet, but just swing the bat.

Foot movement in this game is essential.

Fielding – catching - There are two basic types of catches that are taken in Cricket:

- a. Catch taken around waist height by the slips, the wicket keeper and close in fielders.
- b. Catch taken in the outfield from a lofted shot.

Each child will be asked to demonstrate his/her ability to catch six balls in total: three balls at their waist height, with the ball thrown underarm to them from 5 metres, three balls tossed up

in the air towards them with an underarm action, to a height of 10 to 15 metres off the ground.

Before throwing each ball, check that the fielder is ready to catch the ball by asking ‘Are you ready?’

Scoring – the child scores points as follows:

3 points – the player catches ball, moves body behind ball, hands ready to catch and catches the ball

2 points – the child watches ball, moves body behind ball, but drops the catch

1 point – the child attempts to catch ball, but drops ball

0 points – the child does not move, watch or catch ball.

3.4. Sport Stacking

Sport stacking was developed in the USA in the 1990s and is now played in several countries of the world. World championships are held annually in the USA. The sport has been mainly promoted among children.

The essence of sport stacking is to stack and unstack cups in various predetermined configurations of pyramids, against the clock. For example a 3-3-3 sequence uses 9 cups arranged in 3 pyramids of 3 cups; a 3-6-3 sequence uses 12 cups arranged in 2 pyramids of 3 and one pyramid of 6. A standard sport stacking set consists of 12 cups, a timer and a textured ‘stacking mat’ on which the cups are stacked, to give greater grip and enable the player to stack faster. International-standard stacking sets are available commercially but sets can also be improvised using plastic cups that are locally available.

The game requires little lower limb mobility and can easily be played from a seated position wheelchair users.

The game is useful for developing concentration skills and hand-eye coordination. The fast nature of the game, and the bright colours of the equipment, are attractive to children.

3.5. Tennikoit



Figure 4.3.3: Tennikoit Game in Progress. Source: Steve Harknett (2013)



Figure 4.3.4: Tennikoit Game in Progress. Source: Steve Harknett (2013)

Like many sports, the origins of tennikoit are obscure but it seems likely that it originated in India, which is one of the countries of the world where the sport is the most popular today. The sport is governed by the World Tennikoit Federation, with headquarters in Germany. Tennikoit, like badminton, is played on a court that uses a net. The tennikoit measures about 4.6 m x 12.2 m with net height of 1.65 m. Tennikoit uses a solid rubber ring that is thrown and caught with one hand. Tennikoit can be played indoors and outdoors. It is thus a very suitable sport for physically handicapped children in the rural areas where indoor sports facilities are non-existent.

The singles game in tennikoit is played by two children (two on each side of the court separated by the net), while the doubles game is played by four children (two on each side of the court separated by the net). They throw the tennikoit ring backwards and forwards over the net, and catching it with one hand only. A point is scored by a child when his/her opponent either drops or misses the tennikoit ring when it is thrown to him/her.

There are various kinds of fouls which result in points being conceded. Among these faults are serving, throwing and catching faults. For example, a service fault is recorded if the ring touching the net during service. A throwing fault occurs when the ring is thrown with excessive wobbling, making a catch difficult. It is a catching fault if the one takes steps with the ring in the hand after catching it and before throwing it.

A match consists of two periods of ten minutes – a total of 20 minutes.

Tennikoit is an individual, noncontact sport, tennikoit that is quite suitable for many physically handicapped children. The size of the court can also be made smaller for people with mobility impairments, and other rules simplified or modified. It can be played one-handed by people with arm impairment. The equipment is cheap and readily available.

3.6. Darts

Darts is a traditional game, originating in England in the 19th century, and also a professional sport, with an international governing body (the World Darts Federation) and regular professional world championships. As a target game, involving little lower limb movement, the game is suitable for many physically handicapped children, including wheelchair-users. It can be played one-handed by people with one-arm impairments. Darts can be used educationally, helping children to develop skills in mathematics in adding and subtracting their scores.

A standard darts set consists of a numbered dart board and a set of six darts (three each of two colours).

Most darts boards are double-sided. The reverse side has a bull's-eye with circular fields numbered from 1 to 10. This allows target games with simpler scoring to be played.

Darts can be a dangerous game because of the sharp points on the darts.

Depending on the age/ability of children, ensure that there is adequate adult supervision.

Make children aware of the potential danger. Allow children to throw one by one, and ensure that while one child is throwing, all the other children are standing outside of the throwing area.

4.7. Throwball/Sitting Throwball

Throwball is a variant of volleyball, requiring less speed, strength and mobility, and is therefore suitable for many physically handicapped children with mobility impairments.

Throwball is played between two teams of 7 each. The court is larger than a volleyball court (12.2 m x 18.3 m), and the net is 2.2 m high (slightly higher than a volleyball net).

Instead of hitting the ball across the net, as in volleyball, in throwball the ball is thrown over the net and a member from the other team has to catch the ball and quickly throw it back across the net. The winning team is the first team to score 15 points. A match is three sets.

The full rules of throwball can be found on the website of the World Throwball Federation, worldthrowball.com.

A variant of throwball is sitting throwball, which follows the same rules but with players play in the seated position. Wheel chair users and other physically handicapped children with more severe mobility impairments enjoys throwball the most.

Rules of this game can be varied. For instance, children can be allowed to move freely around the playing area, or each child is limited to a small playing area, such a sitting mat



Figure 4.3.6: Sitting throwball. Source: Steve Harknett (2013)

4.8. Circuit training

Circuit training is a formalised approach to physical fitness training aimed at developing strength and endurance. It can be used as part of physical training for many sports.

It consists of a number of different ‘work stations’ which together make the circuit. Each person does the required exercise at each station for a prescribed duration such as 30 seconds or one minute, before moving on to the next one. Children often find circuit training fun, as it is such a varied, flexible approach to training. There are dozens of possible stations, using a wide range of different, interesting sports equipment (cones, hula hoops, skipping ropes, dumb-bells, gym balls, medicine balls and so on. Also, circuit training can involve children keeping their own scores. For example, how many sit-ups can I do in 30 seconds?’, and they enjoy measuring themselves and monitoring their progress.

The flexibility and adaptability of circuit training also makes it suitable for mixed ability groups. Different work stations focus on different parts of the body or different components of physical fitness. Therefore you can tailor the work stations to the particular needs or limitations of certain children. For instance, if a child has a particular need to improve arm strength, or hand-eye coordination, particular work-stations could be incorporated in the circuit to address this. If a child is completely unable to manage the exercise at one work station, she can simply sit it out and resume at the next one. Circuit training is an individual

activity. There is no competition or cooperation between the children, which means that physically handicapped children can go at their own pace.

It can be fun designing circuits with different work stations. You may have your own favourite exercises, and you will discover the exercises the children in your class enjoy the most. The following are examples of circuit-training stations.

1. Upper body Exercise Stations can include press-ups, dumb-bell exercises, throwing and catching a medicine ball in pairs.



Figure 4.3.7: *Dumb-bell exercises*



Figure 4.3.8: *Press-ups (using push-up handles). Source: Steve Harknett (2013)*

2. Lower body Exercise Stations can include lunges, step-ups on a bench, compass jumps (jumping forward, backward, left and right in sequence).



Figure 4.3.9: Step-ups

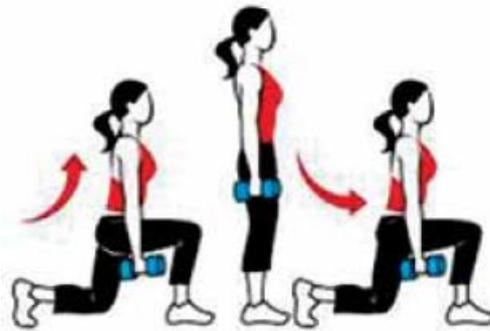


Figure 4.3.10: *Forward lunge*. Source: Steve Harknett (2013)

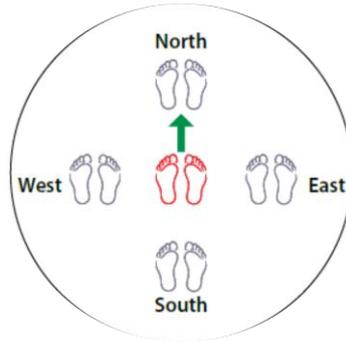


Figure 4.3.11: Compass Jumping. Source: Steve Harknett (2013)

3. Total Body Exercise Stations include skipping, star jumps, shuttle runs (running backwards and forwards between two lines for a set amount of time).

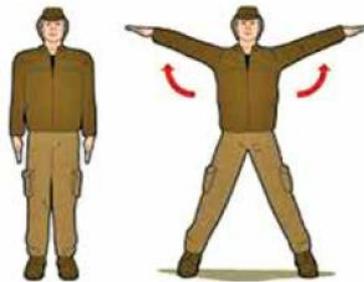


Figure 4.3.12: Star jumping. Source: Steve Harknett (2013)

4. Core and Trunk Exercises Stations include gym ball exercises on floor, medicine ball exercises.



Figure 4.3.13: Gym Ball Exercises. Source: Steve Harknett (2013)



Figure 4.3.14: Gym Ball Exercise. Source: Steve Harknett (2013)



Figure 4.3.15: Gym Ball Exercises. Source: Steve Harknett (2013)

These three pictures show different types of exercises with gym balls, all of which are aimed at strengthening core and stomach muscles. Note that the bottom photo uses tactile gym balls, which give added grip.

Passing a medicine ball (or a gym ball) between two partners standing back-to-back strengthens your abdominal muscles:



Figure 4.3.16: Medicine Ball Passing. Source: Steve Harknett (2013)

5. Coordination Exercises Stations include throwing a tennis ball against a wall and catching it with the other hand, throwing balls into a bucket, catching exercises.



Figure 4.3.17: Hand-wall tennis-ball throw

6. Balance Exercises Stations include standing on one leg, walking along a rope on the floor.



Figure 4.3.18: Standing on one leg

If you have audio equipment available, circuit training can be accompanied by music which makes it even more fun!

Modify the type, duration and intensity of activity according to the age and ability of the participants. Ensure that the equipment is of a suitable size/weight for the participants. Be particularly aware of safety when using heavy equipment such as dumb-bells. Children can get carried away and push themselves beyond their own limits. Circuit training is an individual activity. Make sure that children do not get too competitive and compare themselves with each other so as avoid injuries.

4.0 Summary

In this unit, you learned how to make physically handicapped play standard or the modified form of various formalised sports and games coded with standard rules and regulations. You also learned how to modify these standard sports and games to suit various categories of physically handicapped children. You are now prepared to go further in your study by

learning the tips for programming effective and safe sports, games and lifetime activities for physically handicapped children.

5. Self-Assessment Exercise

1. Describe the sport, boccia. How is it played and how is it different from every other Olympic sport?
2. Show how football and cricket are suited to for playing by physically handicapped children.
3. What is the relationship between Tennikoit and Badminton?
4. Describe 3 ways that dart can be modified for ease of playing by physically handicapped children.
5. How is throwball similar to volleyball and how are they different? What necessitated the sitting variant of sitting throwball?
6. Give a vivid description of the important exercise stations that need to be included in a circuit training circuit for physically handicapped children.

6.0 References/Further Readings

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Steve Harknett (2013). *Play for All: A manual on including children and youth with disabilities*. Sri Lanka: Handicap International By the end of this unit,

Module 5

Programming Effective and Safe Sports and Games in Human Kinetics and Recreation for Physically Handicapped Children

So far you have learned in this course that physically handicapped children like other children have rights to be engaged in human kinetics and recreation programmes and classes. It was therefore necessary for you to study the complex needs of physically handicapped children and the legal implications of engaging them in human kinetics and recreation programmes. You also learned the strategies for instruction, scientific principles of training and inclusion frameworks that can be used collaboratively for engaging physically handicapped children in human kinetics and recreation programmes.

There are risks of accidents and injuries during human kinetics and recreation programmes for all children, including physically handicapped children. It is because human kinetics and recreation programmes, in addition to being beneficial to all children can also cause further handicapping conditions through sports and activity-induced injuries. Any physically handicapped child injured during human kinetics and recreation programmes may be so scared that he/she may want to avoid these programmes in the future. Also teachers of human kinetics and recreation may develop the tendency to over-protect these children and so exclude them from these programmes because of excessive fear of accident or injury. It is important to note that, with specific considerations that has to do with health and safety of the children, how these children are approached and handled, and the attitudes of the teachers, many physically handicapped children can be made to safely participate in human kinetics and recreation programmes. This module will present general considerations for ensuring children's health and safety during human kinetics and recreation programmes. The tips on how to successfully interact with these children will also be presented. Finally, this module will present the types of human kinetics and recreation programmes and teachers that succeed in making physically handicapped children acquire physical literacy.

Unit 1: Tips for Ensuring Children's Health and Safety during Human Kinetics and Recreation Programmes.

1.0 Introduction

The first thing to do in ensuring children's safety during human kinetics and recreation programmes, is to carry out an assessment that leads to a realistic and accurate understanding of the potential health and safety issues for every child. As you learned in previous modules, these issues can then be addressed by utilising appropriate physical activities that suit the physically handicapped child's handicapping conditions or by modifying the environment or rules of game. The presence of a physically handicapped child in a human kinetics class represents a potential risk that needs to be addressed. Apart from the potential risk of the child getting injured, other children in the class stand at risk of getting accidentally involved in accidents involving wheelchairs and crutches. This unit will present the general considerations for ensuring children's health and safety during human kinetics and recreation programmes.

2.0 Intended Learning Outcome(s)

By the end of this unit, you learn:

- The general tips for making physically handicapped children safely participate in human kinetics and recreation programmes.
- The handicapping condition-specific health and safety issues to be taken into account during human kinetics and recreation programmes.
- How to safely manage class activities and environment during human kinetics and recreation programmes.

3.0 Main Content

3.1 General Tips for Safe Participation in Human Kinetics and Recreation Programmes

The following health and safety considerations apply to all children, including physically handicapped ones.

- a. Make sure there is a proper warm-up and cool-down activity, to prevent injuries such as muscle strains and cramps. Especially with younger children, make this fun and part of the play session, using games rather than formal exercises. As for other play and games activities, warm-up and cool-down exercises need to be modified to suit physically handicapped children.
- b. Be observant at all times and watch out for signs of excessive fatigue or dangerous behaviour and act immediately:

- i. Excessive sweating, over-fast or irregular breathing, change in skin colour are signs of excessive fatigue. Take action immediately by telling the child to stop and rest in a shady place while you fetch water and so on
 - ii. Dangerous behaviour and bullying can be seen among the children during human kinetics and recreation classes. Sports equipment such as bats, balls, shot puts, dumb-bells and javelins can be dangerous if used in the wrong way. For example, when a child throws a ball at the face/head of another child.
 - iii. Watch out for excitement among the children as it can also inadvertently lead to accidents.
- c. Have an adequate child-to-staff ratio, to ensure that staff can provide adequate supervision and observation during the human kinetics and recreation class.
- d. Be aware of the weather conditions – if the weather is very hot:
 - i. ensure that drinking water is available
 - ii. increase the frequency and duration of rest sessions
 - iii. ensure that a shady place is available for rest sessions.
- e. Check that the playing ground is safe. It should be regularly checked for hazards such as rubbish (metal, bottles, etc), cow pats, thorns, etc.
- f. Ensure that children are appropriately dressed for physical activity.
- g. Ensure that the task you give to each child is suitable for his level and ability.
- h. Store sports equipment safely. If equipment is strewn across the sports field there is more chance of someone tripping or falling over it.
- i. Have a first aid kit available in case of an accident. Check it from time to time to make sure it is stocked and well maintained.
- j. Know who to contact in case of an emergency.

3.2 Handicapping Condition-Specific Health and Safety Issues

The first thing in the safety of a physically handicapped child during a human kinetics and recreation classes is to get a good understanding the child's handicapping conditions. Source for this information from the child, his/her parents/guardians and the child's medical history. A combination of information from these three source will make you understand the child

and his/her handicapping conditions well enough to determine the type, quality and quantity of collaboration that you will need to safely deliver human kinetics and recreation programmes to the child.

The following tips are about ensuring the full participation and enjoyment, with safety, of every physically handicapped child, his/her handicapping condition notwithstanding, in your class.

1. Warm-up and stretching is particularly important for physically handicapped children. Don't hesitate to help a child who need assistance to lift his/her arms or to bend her wrists during warm-up and stretching exercises.
2. It might be necessary to have a period of relaxation at the start of games involving children with spasticity.
3. As much as possible avoid fear, excitement, tiredness and loud noises during the human kinetics and recreation classes if there are children with spasticity in the class. this is to prevent a 'startle reflex' in which the child loses grasp and posture.
4. For children who use mobility aids (eg. prostheses, orthoses, crutches and wheelchairs), find out (in discussion with the child) which is the most comfortable way for the child to take part in the game. For example the child may prefer to play with or without her orthosis. Or she may prefer to play using a crutch instead of his/her prosthesis, depending on the nature of the game.
5. Children with mobility difficulties are usually slower than other children in the class. To be on the safe side, select sports and games where fast movement is not required, or modify the games to allow for players of different speeds to play together equally and fairly.
6. Reduce the duration of the play session, according to the child's ability, and allow more breaks if necessary.
7. Be observant for signs of tiredness and watch for accidents.
8. Allow more time where necessary for slower children.
9. Some conditions such as muscular dystrophy are progressive, ie. the child gradually loses muscle strength and function over time. Therefore activities will have to be gradually modified over a period of time to allow for this, eg. reducing the duration or intensity of the activity
10. Children with joint problems such as arthritis should avoid activities, such as jumping, which cause twisting or jarring to the knees and ankles.
11. Children with bone disorders such as brittle bones should avoid all contact sports.

3.4 Safe Management of Human Kinetics and Recreation Class Activities and Environments

The following are tips safe management of the activities and environments used for human kinetics and recreation classes.

- 1. Modify the Activity to Suit the Child.** Ensure that the activity is carefully matched to the child's movement capability, strength and fitness level. For example it might be necessary to adjust the weight and/or size of equipment, distances run and duration of activity/rest periods among others.
- 2. Maintain the Playing Environment.** As much as possible, make use of level playing grounds that are well covered with grass or sand. The level playing ground helps to avoid tripping and falls, while grassy or sandy surface of the playing ground provide a soft playing surface that could reduce injury in case of falls. Children with difficulty walking/running can benefit from wearing supportive shoes to give more stability and additional ankle support. Special orthopaedic shoes may be available, or otherwise any high-sided shoes such as basketball shoes.
- 3. Avoid fast movements.** Children using prostheses, orthoses or crutches are more likely to trip and fall than other children. Therefore select sports and games where fast movement is not required. Alternatively, you may modify the games to allow for players of different speeds to play together equally and fairly.
- 4. Physical contact.** It might be necessary to protect physically handicapped children from physical contact. Make use of non-contact sports and games (such as badminton and boccia) instead. Contact sports such as football and basketball can still be utilised by changing the rules on tackling and the introduction of zoning among others.
- 5. Mobility aids.** Be aware of the risk of accidents and injuries caused by mobility aids.
 - i. Children who wear orthoses (braces) can develop pressure sores/wounds on the ankle or knee caused by friction with the orthosis. Similarly children wearing a prosthesis (artificial limb) can develop swelling or pressure wounds/sores on the stump. Children with such injuries require medical treatment and need to rest and reduce physical activity until the injury has healed. One way of reducing this type of injury is make parents see the need to ensure that the child is taken to a rehabilitation centre periodically to ensure that the orthosis/prosthesis still fits correctly, especially for children who are still growing.

- ii. Children who use wheelchairs can develop pressure sores at the base of their spine on the skin over the seating bone caused by sitting for too long. In this case the children need to rest and reduce physical activity, as well as getting medical treatment and advice.
- iii. Other risks to wheel chair users in sport are:
 - 1. risk of falling from a wheelchair. To avoid this, ensure a level playing area, reduce physical contact and advise the wheelchair-user to reduce speed. Make use of sports wheelchairs with angled wheels during human kinetics and recreation classes. Sports wheelchairs have straps that secure the person's trunk, have greater stability and are harder to tip over.
 - 2. Protective hand gloves should be used during to avoid the risk of injury to hands that might get caught in the wheels during play.
 - 3. Wheelchair-users should always wear covered shoes and a strap to secure their legs and feet, and so reduce risk of injury to the feet that might result from dragging on the ground and under the wheelchair.
 - 4. It is important for wheelchair users to wear suitable clothing during play, preferably shorts and T-shirt. This will help to reduce risk of clothing getting caught in the wheel.
 - 5. Mobility aids can cause injury to other children as well as to the physically handicapped child. For instance, somebody can trip and fall as a result of crutches and prostheses that are left lying around in the playing area. Other non-handicapped children may be curious and may want to play with wheelchairs. This group of children run the risk injuring themselves as well as damaging the wheelchair.

4.0 Summary

In this unit, you studied the general considerations for ensuring children's health and safety during human kinetics and recreation programmes. You are now prepared to go further in your study by learning the tips for successfully interacting with physically handicapped children during human kinetics and recreation classes.

5. Self-Assessment Exercise

1. Discuss ten (10) of the general tips for making physically handicapped children safely participate in human kinetics and recreation programmes.
2. List and describe five (5) handicapping condition-specific health and safety issues that require attention during human kinetics and recreation programmes.
3. Show how you can safely manage class activities and environment during human kinetics and recreation programmes with physically handicapped children in attendance.

6.0 References/Further Readings

Jowsey, S.E. (1992). *Can I play too? Physical Education for physically disabled children in mainstream schools*. London: David Fulton Publishers.

Mithu, B. & Chellai, R.N. (2003). *Sports, Health and Recreation: Teachers' Manual*. Chennai: SRM Publishers.

Steve Harknett (2013). *Play for All: A manual on including children and youth with disabilities*. Sri Lanka: Handicap International

Unit 2: Ensuring Successful Interactions with Physically Handicapped Children during Human Kinetics and Recreation Programmes and Classes.

1.0 Introduction

Physically handicapped children might be withdrawn and very reserved because of their handicapping conditions. You need to be able to bring them out and make them willingly and happily participate in human kinetics and recreation classes. There are certain ways you can act in your interactions with these children that will yearn and look forward to human kinetics and recreation classes. This unit will present the tip for successfully interacting with these children during human kinetics and recreation programmes.

2.0 Intended Learning Outcome(s)

By the end of this unit, you learn:

- The general principles to be mindful of when interacting with physically handicapped children during human kinetics and recreation classes.
- The tips for interacting successfully with physically handicapped children during human kinetics and recreation classes.

3.0 Main Content

There are some general principles to keep in mind when working with all categories of physically handicapped children during human kinetics and recreation classes. According to Harknett (2013), the under-listed is a list of useful principles to be in mind when leading physically handicapped children during human kinetics and recreation classes:

1. Focus on ability not disability. There is that tendency to first of all see a child's handicapping condition and worry about what the child is unable to do. Note that every child has some high points of strength and abilities. You should, therefore, try to establish what the child's strengths and abilities are and try to develop them. For instance, while children with Down Syndrome have body coordination and balance, they mostly have well-developed muscle strength. Similarly children who use wheelchairs or crutches may have well-developed upper-body strength, and therefore excel in sports and games where this is required. To build the child's confidence and motivate him/her to continue practising sport, it is important that he/she experiences success. Therefore, you should focus, at the beginning, on those activities where she is most likely to succeed; those activities that highlights/showcases his/her strengths and abilities.

2. Encourage independence. Physically handicapped children are usually over-protected at home and not allowed to develop their independence. Participation in human kinetics and

recreation classes provides an opportunity for these children to develop self-confidence and independence, as found in pushing himself and transferring from his wheelchair and dressing up among others. You should, however, make sure that the environment is conducive to developing this independence. In other words ensure that the environment is accessible and free of obstacles, and the child is able to move around freely with safety.

3. Encourage the child to be responsible for his own learning. Overprotection can also make physically handicapped children become lazy and unable to think and solve problems for themselves. Human kinetics and recreation classes provides an excellent avenue for children to learn to think for themselves. When introducing a new skill (such as how to execute a badminton serve or how to skip with a rope), take a step back and let the child explore how to carry out the action himself/herself before offering assistance. Encourage the child to ask for help if required, and offer this help only after being requested. Don't give too much assistance to any child.

Allow the children the freedom to make their own choices and decisions with regard to what games they take want to play, when they need to stop or when to take a break. This notwithstanding, you may need to take a more controlling attitude when it comes to health and safety issues.

4. Think and Act Safely. Safety is of paramount importance for obvious reasons. Injuries caused by accident are avoidable and so must be avoided. However, the fear of accidents can have a negative impact upon the children. A child is going to find excuses to be absent in future if he/she starts to associate human kinetics and recreation classes with pain, fear or risk instead of fun to be enjoyed. You should, therefore, ensure the safety of the child safe and **feel** safe at all times.

5. Allow sufficient time. Physically handicapped children may need more time to understand an instruction; you may, therefore, need to repeat several times. Some children with mobility difficulties will certainly need more time to complete a physical task. You need understand and be patient with such children as well as making sure that the other children in the class are also patient and understanding of the child's needs.

6. Be Aware and Watch Out for Specific 'Danger Signs' for Every Child. You need to know about any particular health issue related to each individual child. Also, make sure you get to know individual children's likes, dislikes, preferences and so on in sport and games.

7. Check the Child's Understanding. Make sure that the child knows exactly you what you expect him/her to do after giving instructions or explaining the rules of a game. For example you can ask the child questions about your instruction: 'what colour team are you? When I

count to three, what do you have to do?’ It is necessary because some children find it difficult to understand what you may regard as simple instructions.

8. Appreciate the Child’s Energy Expenditure. You need to understand that physically handicapped children who walk or move around in a wheelchair or with any aid expend a considerable amount of energy more than normal. They are likely to get more tired than other children. Therefore, you will have to modify the tasks you give to such children accordingly.

9. Use a Variety of Teaching Styles. Depending on the type of handicapping condition among the children in your class, you may need to use visual demonstrations and manual guidance as well as verbal instructions.

10. Be Vigilant at all Times. Being vigilant always helps you to analyse the child’s response to a given task and make adjustments accordingly. For example, when you see how a child shoots in basketball, you will know how to modify such a task in future. Such vigilance may make you reduce the distance, the height of the hoop, or the type of ball such children will use in future basketball classes. Being vigilant always makes it easy for you to spot any risks or dangers during a human kinetics and recreation class, and so helps to prevent accidents or health-related problems.

3.2 General tips on How to Interact with Physically Handicapped Children

These tips on social interaction with physically handicapped children, are applicable not only to human kinetics and recreation classes, but also in everyday life.

1. Ask before you assist. Don’t assume all physically handicapped children need help. Most of them can move around independently. Check and understand how to assist if they do need assistance by asking how to go about rendering the required assistance.
2. Be sensitive about physical contact. As with other people, be aware of dignity so don’t grab or touch physically handicapped children without their permission. Do not grab hold of wheelchairs and other equipment they use without checking with the person first.
3. As much as possible speak directly to the physically handicapped child. Although some children rely on support persons to assist them with such, don’t assume they cannot speak for themselves and make useful contributions and choices.
4. Don’t make assumptions. Physically handicapped children are the best judge of what they can or cannot do. Don’t make decisions for them about participating in any activity; always seek their preferences.

5. Identify yourself before you make physical contact with any physically handicapped child.

4.0 Summary

In this unit, you learned how to interact with physically handicapped children during human kinetics and recreation classes. You are now prepared to go further in your study by learning the qualities you should possess as a person and the qualities of those human kinetics and recreation classes that are capable of making physically handicapped children succeed in acquiring physical literacy.

5. Self-Assessment Exercise

1. Describe the general principles to be mindful of when interacting with physically handicapped children during human kinetics and recreation classes.
2. Discuss the tips for interacting successfully with physically handicapped children during human kinetics and recreation classes.

6.0 References/Further Readings

Handicap International (2012). *Disability Inclusive Community-Based Disaster Risk Management: A toolkit for practice in South Asia*. Available at www.disabilityindrr.org

Jowsey, S.E. (1992). *Can I play too? Physical Education for physically disabled children in mainstream schools*. London: David Fulton Publishers.

Mithu, B. & Chellaih, R.N. (2003). *Sports, Health and Recreation: Teachers' Manual*. Chennai: SRM Publishers.

Steve Harknett (2013). *Play for All: A manual on including children and youth with disabilities*. Sri Lanka: Handicap International.

Unit 3: Qualities of Good Human Kinetics and Recreation Teachers and Classes.

1.0 Introduction

The benefits derivable from sport and games in human kinetics and recreation classes are not automatic. It is because a poorly managed human kinetics and recreation class can result to some children having a greater feeling of worthlessness, or being more socially excluded. Some children may respond to a poor human kinetics and recreation class by absenting themselves from future classes, and telling other children not to attend the classes. It may not be possible for such children acquire the desired physical literacy from human kinetics and recreation classes. It is the overall character and attitude you exhibit during human kinetics classes that can avert this possible ugly trend by creating a welcoming, friendly, fun and safe environment. You, the human kinetics and recreation teacher, are responsible for creating the appropriate atmosphere for the children in your class. This unit will examine the qualities that expected to be seen in a good human kinetics and recreation teacher and the attributes that can create the right class atmosphere for delivering physical literacy to physically handicapped children.

2.0 Intended Learning Outcome(s)

By the end of this unit, you learn:

- The qualities of good human kinetics and recreation teachers.
- The attributes of successful human kinetics and recreation classes.

3.0 Main Content

3.1 Qualities of Good Human Kinetics and Recreation Teachers

- 1. Friendliness.** A good human kinetics and recreation teacher is a friendly person who warmly welcomes the children to the class. To be this kind of teacher make sure arrive at the venue of the class ahead of time. In this manner, you will be there to talk to the children as they arrive, with a smile, and take time to get to know them, to know their names, talk about their lives, their interests. This helps to create an environment in which the child feels valued and safe.
- 2. Commands Respect.** The life of a good human kinetics and recreation teacher is a reflection of the values of sports. He/she lives a healthy lifestyle and promote values of good sportsmanship. These actions commands the respect of the children who look up to the teacher as a role model to follow.

- 3. Fair.** A good human kinetics and recreation is fair at all times. In competitive sport, you, the teacher, must not only act fairly, you must also be seen to be impartial at all times in dealing with all teams and all children equally and fairly.
- 4. Knowledgeable about Games/Sports.** You, the human kinetics and recreation teacher need to have sufficient knowledge about the games and sports you are giving instructions in. This is especially important when introducing new games or new rules, to allow for the inclusion of physically handicapped children. Preparing beforehand can help to give you confidence. Children will notice if you are lacking in confidence when leading the games/play classes and this will affect their enjoyment of the class.
- 5. Be an Encourager.** There might be children who are shy or withdrawn in your human kinetics and recreation class. Children who are attending the class for the first time may not know anybody else are very likely to be shy and withdrawn. Also, some children have low self-esteem, are afraid of new experiences and feel that they may fail at any new thing they try. This child may be a physically handicapped child, or it could be any other child. It is your job, as the human kinetics and recreation teacher, to build their sense of confidence, to help them to try things they may have never tried before, to experience success, to make friends, and to discover enjoyment through participation in play and sport.
- 6. Be a Good Listener.** You should always be open to ideas, from the children and/or your colleagues/collaborators, about improving your human kinetics and recreation classes. It is a good practice to ask children at the end of a class questions such as, ‘what did you think of the class today?’ and listen to their feedback, and take necessary action. Make necessary adjustments if the feedback was ‘it too easy/too difficult, too long, was the sports equipment sufficient and appropriate, did they have fun?’
- 7. Be Observant Always.** Although, it is not an easy task to watch what nearly 30 or more excited children that are spread over a large play area are doing, it is the only way you can assess the child’s abilities, and the tasks you give the children are age and ability-appropriate. Make sure your actions in the class instil good interpersonal relations between the children. In this way they help to be vigilant for risks and accidents, thereby extending your power of observation.

- 8. Be a Good Communicator.** The human kinetics and recreation teacher has to be able to communicate clearly with all children. He/she should be able to modify his/her communication methods to meet the needs of each individual child as necessary.
- 9. Be Flexible.** When working with physically handicapped children in a class with other children, you need to be prepared for many unforeseen occurrences. For example:
- a. the number of children that turned up for the class might be far more (or far lesser) than the number your planned class is expected to have;
 - b. the footballs you planned to use are all deflated and there's no pump;
 - c. the game you planned to introduce fell flat because it wasn't aimed at the right age-group
 - d. a new child with a very severe handicapping condition unexpectedly turns up and you have no idea how the child can be involved in the game you'd planned;
 - e. it might be raining so an outdoor human kinetics and recreation class has to become an indoor one.

It is any of the circumstances above that calls for flexibility. Flexibility implies that you have to be able to improvise and have a second plan to fall back on when things don't go according to an original plan.

10. Be Well-Organised Always. Although it is good to be flexible and plan for the unexpected, it is better to be well-organised. The reason is that children can get bored easily or distracted and might start misbehaving, any moment you get disorganised and you appear to not know what you are doing during the class. Being organised means you have thoroughly reasoned out your actions before the class and have provided sufficient answers to a series of questions such as:

- a. What games will I use in this class?
- b. What equipment will be need?
- c. Where will the class take place and is the venue suitable?
- d. How many children are expected?
- e. What children with special needs are likely to be there and what measures do I need to take concerning them?
- f. Any other of these types of questions.

3.2 Characteristics of Successful Human Kinetics and Recreation Classes

A successful human kinetics and recreation class has certain attributes that are peculiar to each of the phases of the class. It is expected that you will tailor your human kinetics and recreation classes to possess the following attributes.

1. **Good preparation.** Prepare well ahead of the head. It is during preparation that the activities to be used for warm-ups, games, sports and so on are determined. The equipment needed for each these activities should also be determine during the planning stage of a human kinetics and recreation class. Note that it is possible to forget something such as a pump only to discover that the ball you planning to use for the game of volleyball is flat. There should be enough equipment for the number of children you are expecting – it can be boring for children if there is inadequate equipment and children have to stand around waiting for their turn. Think about the modifications you might need to introduce during each of the games you will use at the preparation stage. For example, you need to determine during planning if there is any need for some special equipment, rule modification and peer support among others. The number of children expect in the class and child/staff ratio (number of children per responsible adult) are determined during planning. For younger children, or when there are children with more severe handicapping conditions, it is important to have adequate and appropriate adults and target professionals present in the class. This is to ensure adequate supervision and prevent accidents/injuries, as well as to ensure the quality of the session. Large groups of children need adequate numbers of adults, to divide into smaller groups, to give instructions, to lead the games, referee, and keep scores and so on. It is during the planning stage that you determine the suitability of the facilities. In other words, plan to use only playing grounds, toilet and changing facilities and other facilities that are adequate and accessible to all the children in your class.
2. **Good opening.** As the children arrive for the class, it is good practice for you to be on ground to welcome the children and to have some time for informal conversations with them before the class begins. This can help develop trust with the children and encourages them to continually attend the class. Start the class with some warm-up activities. Warm-up activities should be play/fun-based and not just a series of formal stretching exercises. You may want to also have an ice-breaker activity at the start of the class, especially if there are new children present. Your may have an opening

ceremony, such as a song, a clapping game, or some other activity which builds the solidarity and sense of identity and belonging of the children.

3. Good implementation of games/activities. There are many things you need to remember and ensure when the class has started and the games are underway. Some these things include:
 - a. Make sure your instructions are clear – children like to be given clear guidance on what to do, and they will feel confused and possibly unsafe if they get insufficient guidance.
 - b. Use of time to keep all the children engaged. Some children have short attention spans, learning difficulties, while others are easily distracted. If you are slow in organising and conducting the various activities in the class, children may get bored, resulting in their lower satisfaction and possible risks as they find other ways to entertain themselves outside of your supervision.
 - c. Be flexible and responsive – when things don't go according to plan, have an alternative plan and use it!
 - d. Think about the sequence of games and the energy expenditure of the children. For instance, if you have a very high-energy or high-excitement activity, it should be followed by a rest period or a slower game. Try to taper games so that you end with a low-energy game.
 - e. Discipline – promote good behaviour among the children at all times. Watch out for any behavioural problems such as fighting, bullying, and over-excitement, name calling, misuse of sports equipment, and take appropriate disciplinary action.
 - f. Make sure that all games and activities are appropriate for children's age, gender, ability and handicapping conditions.
4. Display Good attitude. Your attitude, as the teacher, sets the tone for the whole class. You are like a mirror to all the children. If you are enthusiastic and full of energy, the children will follow suit, and they will be happier and get much more enjoyment from the class.
5. Good participation of all. Make sure that all the children are actively participating according to their ability. This participation should come about through your encouragement, not coercion. Be observant to see which children appear to be excluded. If a child appears to be excluded, find out the reasons why and try to

address them. Accept also that a physically handicapped child may need more rest than other children. Use the appropriate modifications (STEP) to make sure that the child is given every opportunity to participate.

6. Good safety. Ensure safety (as discussed in Unit 1 of this module) at all times.
7. Good ending. End your class with a cool-down activity or game, and perhaps a closing ceremony (such as a song and hand-shaking), to build solidarity and friendships between the children and to encourage them to come again. The end of the class is a good time to ask the children for their feedback about the class so that you can make improvements for next time.
8. Good fun. The most important thing is that the class must be fun and rewarding for every child. A child will only get the physical literacy and other benefits (health, social, psychological) from participation in human kinetics and recreation classes if she associates the experience with enjoyment and fun.

4.0 Summary

In this unit, which happen to be the last unit of this course, you learned the qualities that expected to be seen in a good human kinetics and recreation teacher. You also learned how to create the type of class atmosphere that can certainly deliver physical literacy to physically handicapped children. You are now prepared to go into the world and make physically handicapped children, in every setting, to succeed in acquiring physical literacy.

5. Self-Assessment Exercise

1. Describe ten (10) of the qualities that a good human kinetics and recreation teacher is expected to have.
2. Discuss the attributes of a successful human kinetics and recreation class.

6.0 References/Further Readings

Handicap International (2012). *Disability Inclusive Community-Based Disaster Risk Management: A toolkit for practice in South Asia*. Available at www.disabilityindrr.org

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