

IT'S OKAY TO PLAY



Engaging people with cerebral palsy and associated physical impairments in sport and physical activity



Play



Participate



Enjoy

CONTENTS

Page 2	Purpose
Page 3	CP Sport
Page 4	Cerebral palsy and associated impairments
Page 5	Describing cerebral palsy (cp)
Page 6	Importance of sport and physical activity
Page 7	The cerebral palsy spectrum
Page 8/9	The inclusion spectrum
page 10/11	STEP principle
page 12/13	Adapting sport and activity
page 14	Engaging people with cp & associated physical impairments
Page 16	Further information



Purpose

This resource has been developed to help professionals and volunteers who want to engage people with cerebral palsy (cp) and associated physical impairments into sport and physical activity.

The resource describes how cp can affect the body, posture and movements. It highlights adapted activity based on individual need and provides guidance to effectively make adaptations.



CP Sport

CP Sport is a national disability sports organisation and charity. We encourage people with cerebral palsy to live more active lives by promoting the opportunity, capability and motivation involved in taking part in sport and physical activities. We provide sport and activity opportunities, a range of support services and also use our voice to influence change for the benefit of disabled people.

Our vision

Everyone with cerebral palsy enjoys a lifetime habit of sport and physical activity.

Our mission

To influence the sector and wider society so that every person with cerebral palsy has the opportunity and choice to enjoy being physically active.

Our values

Listen to our community and work together to find solutions to achieve our vision.

Collaborate with others from within the sector and from outside of the sector - we can't achieve our vision on our own.

Learn from our successes, our mistakes and from others, enabling CP Sport to be an agile, dynamic and innovative organisation.

Support people with cerebral palsy to lead an independent and active life.

Bring enjoyment and fun to our work, to our programmes, our events and ultimately to our community.

Advocate for and refer to "The Social Model of Disability" in our work to raise the level of equality within the sport and leisure sector; also to remove systemic barriers and social exclusion for people with cerebral palsy.

cpsport.org

Cerebral palsy and associated physical impairments

Cerebral palsy is an umbrella term for a number of neurological conditions that affect the development of movement, coordination and posture, causing activity limitation. (Rethlefsen. S.A et al (2010) Classification Systems in cerebral palsy).

There is often the misconception that cerebral palsy is a singular condition, however any condition that is as a result of damage to the brain, at any stage of life, can come under the umbrella of cerebral palsy including;

- Traumatic brain injury
- Stroke
- Dystonia

Cerebral palsy is not progressive; the injury to the brain does not change. However, the effects may change over time for better or worse. This is where being active can have a really positive impact.

Cerebral palsy cannot be cured, however physiotherapy, medication and when appropriate, surgery can often help people with cerebral palsy become more independent.

It is important to remember that no two people will be affected by their cerebral palsy in the same way. Everybody is an individual.

There is often no single cause of cerebral palsy. The most common cause is as a result of a combination of events either before, during or shortly after birth. These include:

- Infection in the early part of pregnancy
- Lack of oxygen to the brain
- Abnormal brain development
- A genetic link (although this is quite rare)



Describing cerebral palsy (cp)

Where the neurological damage has occurred will affect the type of cp a person will present with. The image below describes the three main types of cp and the resulting movement.



SPASTIC: 80-90%.

Most common. Muscles appear stiff and tight. Arises from motor cortex damage.

DYSKINETIC: 6%.

Involuntary movements such as dystonia, athetosis and/or chorea. Arises from damage to the basal ganglia.

ATAXIC: 5%.

Shaky movements. Affects balance and sense of positioning in space. Arises from cerebellum damage.

MIXED TYPES:

A number of children with cp will have two motor types present e.g. spasticity and dystonia.

These are the 3 most common diagnoses:



SPASTIC QUADRIPLEGIA / BILATERAL

Both arms and legs are affected. The muscles of the trunk, face and mouth are often also affected.



SPASTIC DIPLEGIA/BILATERAL

Both legs are affected. The arms may be affected to a lesser extent.



SPASTIC HEMIPLEGIA/UNILATERAL

One side of the body (one arm and one leg) is affected.

Please note that you can also get monoplegia - one area / limb affected, and triplegia - three areas affected.

Credit: Cerebral Palsy Alliance.



Importance of sport and physical activity

Sport and physical activity has many benefits; physically, emotionally and socially.

Physical benefits	Emotional benefits	Social benefits
Better posture	Increased confidence	Sense of belonging
Increased strength	Increased wellbeing	Friendship groups
Increased movement	Positive thoughts	Development of life skills
Able to be active for longer periods	Improved self-esteem	Positive impact on communities
Helps in physiotherapy	Improved self-perception	Breaking down barriers / stigmas
Increased ability	Tactical thinking	Positive impact on family life

These will support the ability to do everyday activities and reach fundamental milestones, including:

- Moving head in response to sound and light
- Holding small objects such as balls, pens and pencils
- Moving freely and confidently

It is important to get to know the individual(s) you are working with and we would recommend speaking to any other professionals that work with them, such as physiotherapists, so that you can individualise your sessions as much as possible.



The cerebral palsy spectrum

People with cerebral palsy are individuals and each have their individual limitations and strengths, this is why activities need to be adapted to meet ability level.

The diagram below illustrates the range of cerebral palsy you need to consider when adapting sport sessions and activities.

Cerebral palsy can affect different parts of the body

MONOPLLEGIA



One limb,
usually an arm

HEMIPLEGIA



One side of the body;
legs, arms and torso

QUADRIPLEGIA



All four
limbs

DIPLEGIA



Symmetrical parts of
the body; legs or arms

Gross motor skills (GMS)

GMS e.g. sitting and walking can be categorised into 5 levels using the Gross Motor Function Classification System (GMFCS).

Manual ability

At least two thirds of children with cp will have movement difficulties affecting one or both arms.

For more information visit www.cerebralpalsy.org.au



The Inclusion Spectrum

You may have a mixture of impairments in the group you are working with, or there may only be one person with a physical impairment. It is vital to be able to effectively include everyone in sessions.

The Inclusion Spectrum details five types of activities to enable inclusion.

- 1. Open Activity** - this is where everyone in the group does the same activity and tasks, with little to no modifications in place.
- 2. Modified Activity** - this is where the group all do the same activity, however there would be modifications and adaptations to rules / equipment / space to suit the ability of each person in the group. For example you may allow an extra bounce in tennis for those who have limited mobility.
- 3. Parallel Activity** - here participants are grouped, based on ability. The whole group will be working on the same activity, but tasks will be different to meet individual need and there may be adaptations and modifications to rules / equipment / space in place. For example, if working on throwing and catching, you could have one group using a large soft ball throwing and catching with both hands. The next group will be using a smaller ball and just using their dominant hand. The final group would be using a small ball using their weaker hand.





4. Separate activity - these groups or individuals will do a different activity. This might be at a different time or in a different place from the rest of the group. For example, the group may be working on volleyball. Those without a physical disability will play the standing version of the game. Those with a physical disability will play an adapted version such as sitting volleyball.



5. Disability Sport Activity - this is sometimes called reverse inclusion. Here the whole group will take part in the adapted version of the sport. For example, wheelchair basketball, boccia, new age kurling or table cricket. This provides those without a disability an understanding of how their peers participate in sport.



STEP principle

The STEP principle was created by the Youth Sport Trust and is used to ensure that activities being delivered are inclusive and meet the needs of the individual / group you are working with.

The STEP principles focus around the main activity and objectives being worked on. Each element is then considered to ensure any adaptations and modifications have been made and appropriately included.



SPACE

The environment / areas where sessions and tasks will take place. These can be larger or smaller based on ability and tasks being performed.

TASK

Does the task that participants are completing meet their ability level and individual need? Tasks may need to be broken down more for some of the group, with more difficult tasks given to the rest of the group.

EQUIPMENT

Ensure equipment can be used by all participants and make changes where necessary; larger balls or rackets, taking the net away.

PEOPLE

Know the participants and their abilities. Speak with them and try different tasks.

The STEP principle should be used throughout planning and delivery of sessions to continuously ensure all participants are included.

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Facts and figures



It is estimated that there are 30,000 children and young people with cerebral palsy in the UK.



1 in 400 babies are born with cerebral palsy (Adult CP Hub).



36% of the disabled population have a mobility issue with the majority of this being cerebral palsy. (Sport England Mapping Disability 2017)

Adapting sport and activity

There are a number of support aids that you will come across when including people with cp and associated physical impairments in sport and activity.



Power Wheelchair



Sports Chair



Walking Frame



Frame Runner



Crutches

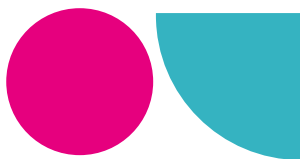


People may change the support aid that they use when taking part in different activities. Always allow participants to choose how they participate.

As always you should complete the appropriate risk assessments before delivering any activities, the support aids used by participants should be included in this.

Ask the participant, their family / carer or support worker about anything you are unsure of.





In addition to the standard health and safety principles, there are a number of factors to consider when working with individuals / groups with cp and other physical disabilities.

- **Temperature** - being too hot or too cold can have an impact on ability to make movements and perform tasks.
- **Additional needs** - find out if there are any additional conditions that need to be considered such as epilepsy.
- **Reactions** - the reaction time of someone with cp may be delayed, give time to allow information to be processed.
- **Movement restrictions** - flexibility and balance may be affected. Be aware of what participants can do and areas to work on when planning tasks.
- **Memory** - someone with cp may experience short term memory loss. Reiterate instructions, or buddy up with someone to provide support.
- **Hearing and visual impairments** - can be associated conditions. Be aware and ensure that these are considered when planning activity, it is key to ensure you can communicate with each individual.

To get the best out of each participant ask what they feel they can and cannot do, what areas they want to develop / improve and how they want to participate.

Find out what they do with their physiotherapist or occupational therapist and where appropriate include this within sessions.



Engaging people with cp and associated physical impairments

Understanding the participants you are trying to engage is key. Adapting sport and activity to meet their needs will allow individuals to take part in a meaningful way, as well as ensuring progress and personal development. However, there are things that can be done prior to this that will enable engagement;

- ▶ **Be clear and honest with what you can offer / how you can support individuals**
- ▶ **Effective promotion - ensure images and messages on posters / leaflets / social media / web pages make it clear you want to engage disabled people.**
- ▶ **Make opportunities as local and easy to travel to as possible. Provide travel route and public transport details.**
- ▶ **Provide contact details so that disabled people / family members / carers can speak with someone prior to the sessions.**
- ▶ **Speak with participants so that they feel valued, understand their wants and needs and consider these when planning activities**
- ▶ **Ensure that all participants, their families / carers are welcomed. Offer opportunities for siblings to take part.**
- ▶ **Speak with organisations and charities outside of the sporting landscape**
- ▶ **Be confident that your offer will meet the need of each individual. Be prepared to adapt and change. You may not always get it right first time, this is ok!**





Further information

For further advice and guidance please either contact CP Sport via email **info@cpsport.org**, visit the CP Sport website by scanning in the QR code below or go to **cpsport.org**

There are a number of other organisations who can provide resources and support.

The below organisations may have information regarding local disability sport sessions.

activityalliance.org.uk
ukcoaching.org/resources
youthsporttrust.org
sportengland.org/our-work/disability/
limbpower.com
wheelpower.org.uk
dsauk.org
britishblindsport.org.uk
ukdeafsport.org.uk
mencap.org.uk
specialolympics.org.uk
activepartnerships.org

General enquiries

please contact:

info@cpsport.org

Charity number: 1088600



GET SOCIAL

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Linkedin: Cerebral Palsy Sport

Instagram: @CP_Sport18

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