

Do Pediatric Therapists in BC have a role in Promoting Inclusive P.E. & After-School Sports?

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Hello!



My Therapist Experience



Children who participate in organized, inclusive physical activity are stronger and more resilient, both physically and emotionally... and therefore, they do better in therapy.

Supporting Evidence

- Children with disability: Evidence reports less physical activity participation, poorer overall physical health, more obesity, more mental health problems, and less opportunity for the development of social skills and friendships.
- Evidence has demonstrated the universal benefits of physical activity on physical function, cognitive function, social skills and friendships, quality of life, and emotional well-being.

Supporting Evidence

Perceived outcomes of participation in a community-based therapeutic recreation and adapted sports program on the quality of life and athletic identity of individuals with disabilities [...] involved in either an alpine skiing program or a horseback riding program.

[...] **Findings indicated that participation in community-based therapeutic recreation and adaptive sports program positively influenced quality of life, overall health, quality of family life, and quality of social life.**

ZABRISKIE, Ramon B.; LUNDBERG, Neil R.; GROFF, Diane G.. Quality of Life and Identity: The Benefits of a Community-Based Therapeutic Recreation and Adaptive Sports Program. **Therapeutic Recreation Journal**, [S.l.], v. 39, n. 3, july 2005. ISSN 2159-6433. Available at: <<https://js.sagamorepub.com/trj/article/view/971>>.

Barriers & Facilitators: Community Programs

Perspectives gathered in this study are relevant to the many stakeholders involved in the design and implementation of effective interventions, strategies and policies to promote participation in physical activity for children with disability.

Shields N, Synnot AJ, Barr M., Perceived barriers and facilitators to physical activity for children with disability: a systematic review. *Br J Sports Med* 2012;**46**:989-997.

<https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-016-0544-7>

Perceived barriers and facilitators to physical activity for children with disability: a systematic review

Barriers	Facilitators
Theme 1 There are similarities and differences between children with disability and children with typical development	
Longer to develop skills	Positive encouragement from others
Lack of physical skill	One-on-one instruction
Frustration or loss of confidence when child compares self to peers	Children that are motivated to keep fit
It's harder as children get older	Happy-go-lucky, confident child
Need extra support to participate	Naturally active child
Extra costs associated with raising a child with disability	

Perceived barriers and facilitators to physical activity for children with disability: a systematic review

Barriers	Facilitators
Theme 2 People make the difference	
Parents lack knowledge or means	Proactive parents
Lack of practical instructor training	Skilled instructors
Negative societal attitudes towards disability	Peer acceptance
	Understand disability
Disability a low priority	Inclusive policies & programs
Parents doubt child's safety or ability	Family involvement
Parental exhaustion	

Perceived barriers and facilitators to physical activity for children with disability: a systematic review

Barriers	Facilitators
Theme 3 One size does not fit all...it's about choice	
Children and parents are not asked about how they can participate	Inclusive pathways
	Fun & sense of success
Lack of transport	Transport
Distance	Local activities
Lack of activities	Meaningful, appropriate activities
One-off programs	Opportunities at school
Waiting lists	
No quorum	

Perceived barriers and facilitators to physical activity for children with disability: a systematic review

Barriers	Facilitators
Theme 4 Communication and connections between stakeholders	
Poor advertising of programs	Word of mouth between parents
Difficulty for program providers finding families	Special schools provide information on activity
Limited partnerships between sectors	Partnerships between schools, activity providers, disability groups and councils

Barriers & Facilitators: Community Programs

For children & adults with neurological disabilities:

‘General facilitators, regardless of age, were fitness, fun, health, competence, and social aspects, whereas overall barriers were **lack of or inappropriate medical advice** and facilities, decreased self-esteem, poor finances, dependency on others, and views held by others.’

Sahlin, K. B., & Lexell, J. (2015). Impact of organized sports on activity, participation, and quality of life in people with neurologic disabilities. *PM&R*, 7(10), 1081-1088.

Barriers & Facilitators: Schools

- In a 'regular' phys ed program: Students with disabilities interacted with each other to a greater degree than with classmates without disabilities (= Segregated integration).
- Consistent with one other study suggested that when participating in physical activity, children with disabilities tend to do so more frequently with ADULTS than peers.
- Teachers with a positive attitude toward inclusion provided all of their students with significantly more practice attempts, at a higher level of success.
- **Teachers reported most common barriers being: time, professional preparation, equipment, and programming.**
- **Comparison of Attitudes of Teachers of Physical and Musical Education toward Inclusion of Children with Disabilities:** Analysis indicated that children with emotional and behavioral disorders were perceived less favorably by teachers of music education and **children with orthopedic handicaps were perceived less favorably by teachers of physical education**

Barriers & Facilitators: Schools

Attitudinal barriers were identified by our students as the most deleterious of their school experiences. [...] Social or policy facilitators reported included **providing disability awareness education for both students and educational staff.** Many of the youth stated that they would be willing to talk to their peers about their disability, “but no one had ever asked them to do anything like that.” The general consensus was that it would be better to “get it out in the open than have people staring and giggling.” **Other social changes would include having special physical education classes for the students with disabilities and sometimes “equalizing the playing field by having everyone play wheelchair or chair basketball.”**

Pivik, Jayne & McComas, Joan & Laflamme, Marc. (2002). Barriers and facilitators to inclusive education as reported by students with physical disabilities and their parents. *Journal of exceptional children*. 69. 97-106.

Barriers & Facilitators: Schools

Results show that two-thirds of the students experienced barriers to participation in both the physical and the social environment. **A majority of the barriers originated from the way in which school activities were organized and carried out in schools. Failure to provide adequate environmental adjustments resulted in restricted participation or exclusion from some of the activities in class.** Older students experienced significantly more barriers than younger ones because the school organization was less favourable. **The results suggest that the way in which activities are organized in school is the area in need of most improvements to promote participation of students with physical disabilities.**

Hemmingson, H., & Borell, L. (2002). Environmental barriers in mainstream schools. *Child: care, health and development*, 28(1), 57-63.

Barriers & Facilitators: Physiotherapists

‘This qualitative study explored the perspectives and experiences of physiotherapists in New Zealand and Sweden toward promoting physically active recreation for adults with chronic neurological conditions. The physiotherapists [...] perceived **a lack of support for their work from within the health system and a lack of knowledge of disability issues within the recreational arena**, both of which they perceived hindered their promotion of physical activity for people with neurological disability. Physiotherapists **feel unable to fully support health and disability policies for the promotion of physically active recreation for people with neurological conditions, because of perceived constraints from within the recreational arena and their own health systems**. If these constraints were addressed, then physiotherapists could be better agents to promote physical activity for people with neurological conditions.

Therapists Barriers

Quick survey with my colleagues in BC confirmed the following main barriers:

- **Time**
 - My caseload (one on one intervention, consultations, charting, team meetings, etc.) is taking up all my time, so I have to prioritize
 - Researching, organizing, or implementing those programs would take way too much time, and I would have to do a lot of work on a volunteer/unpaid basis
- **Role**
 - My employer/contract does not consider this part of my role
- **Programming**
 - I don't know what programs are available in my community
 - There is nothing / not much available in my community
 - There are not enough kids to make a program in my community
 - Even if I wanted to, I don't know where to start to implement a program (where do I get facilities, equipment, funding, volunteers, etc.)

Our Professional Role in BC

- **School Age Therapy Program:**
 - 'Consultative services to school staff, including independent schools' & 'Services to address any gaps'
 - 'Providing information and training in a variety of areas including: [...] disability awareness and implications for other students and teachers in the school'
 - 'Recommending adaptations to physical education activities and recreation programs to facilitate the functioning of children with disabilities'
 - 'Promoting effective use of leisure time'
 - **Physiotherapists:** 'They also introduce active lifestyle techniques in order to promote the child's highest attainable level of participation'

Our Professional Role in BC

- **Early Intervention Program:**
 - 'advocating with and for the child and family, where needed; [...] assisting the family to find and access community resources (including counselling); [...] and facilitating connections between families'
 - 'reduce or eliminate environmental factors that negatively affect children's functioning and participation'

(Source: BC government, MCFD, TherapyBC)

How I used my role and my time:

Volunteer time (less than 20% of total): about 10-20 hours a year

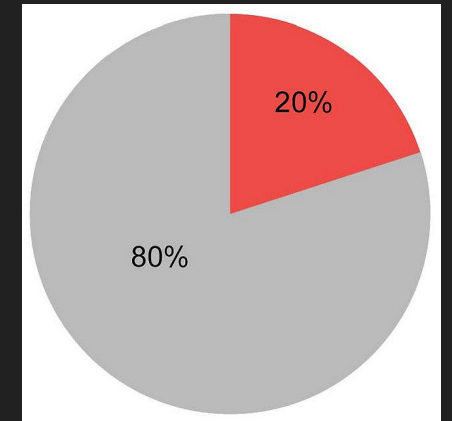
1. 3 times a year, 1-2 hour meeting after work with 'Adapt Island' working group
2. Attended Rock Climbing & Sledge Hockey events on 2 different weekends

Paid time (more than 80% of total, approved by supervisor): about 1-3 hours a week

1. Emails/phone calls to organize events, connect people, etc.
2. All meetings/presentations/etc. in the school district, help run inclusive classes
3. Teaching a class at VIU with PacificSport
4. Helping out PacificSport and Wheelkids programs (writing letters to support applications for funding, attending a few sessions to provide consultation to staff about their program)
5. Wheelchair Zumba and yoga sessions ran in the CDC gym

Help from CDC:

1. Fundraising team helped find funding for events
2. Marketing team helping advertise events
3. Volunteers to help out at events
4. Directors getting involved in promoting events at a 'political' level



Finding Solutions as a Community

‘Adapt Island’ working group:

1. Learning from parents
2. Researching what is actually available
3. Identifying what is missing
4. Address gaps and/or advocate for gaps to be addressed by appropriate stakeholders
5. Increase visibility to bring awareness to general population

We identified our 'Community Barriers'

By listening to Nanaimo parents share their experience with each other, we realized that:

- Smaller communities don't have much available to them, and travelling to Victoria/Vancouver/Kelowna may be a financial or time barrier
- It can be difficult to find programs even when do they exist (no website)
- A lot of programs require parent participation, which parents perceive as unfair to the child and to them
- A lot of 'inclusive' programs are only for ambulatory children, not wheelchair users
- Parents and/or children fear other people's attitude towards them if joining 'typical' programs (coaches, other parents, other children)
- There is a lack of understanding of true inclusion, and a lack of awareness about disabilities in the community in general

Collecting Information about our Community

VIU student volunteer:

- Researching what is available
- Building an Online Database ('Inclusive Yellow Pages' and adding to Jooyay App

Planting Seeds for Awareness

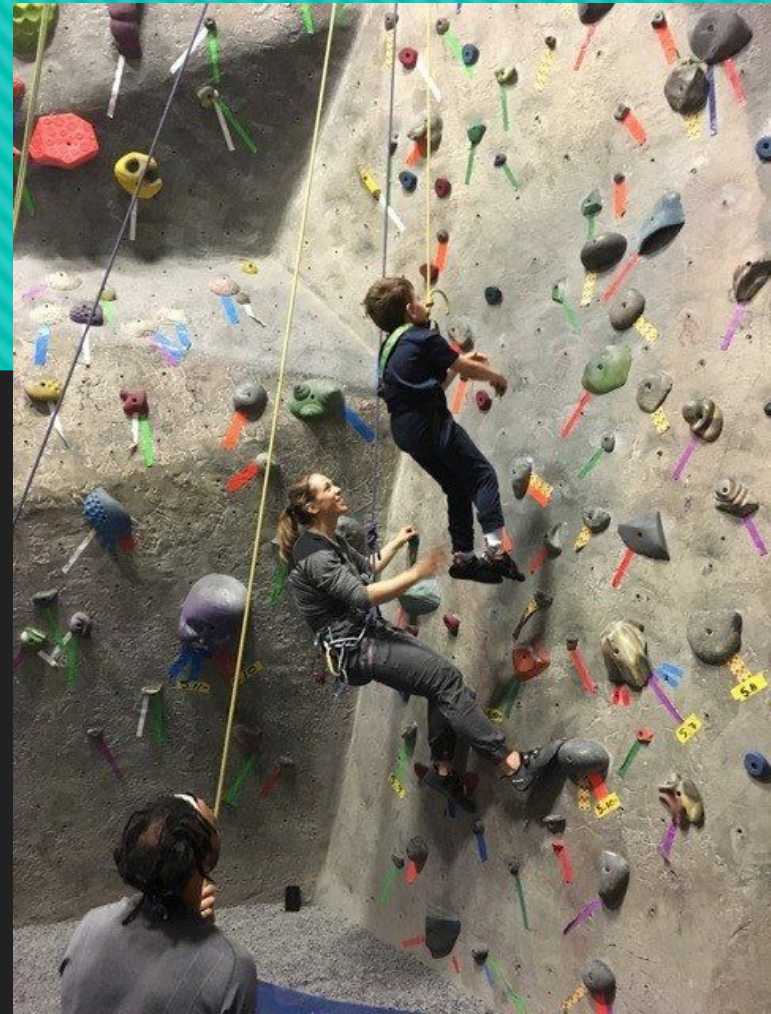
Goal: increase visibility to bring awareness

Reaching out to inclusive sports organizations and invite them to come to Nanaimo, helping out with finding a location and participants (and funding) for their events (often 'Have a Go' format)

Inviting marketing/tourism organizations to consider accessibility and inclusion in their programming

Examples

- Zumba
- Yoga
- Rock Climbing
- Sledge Hockey



And the very exciting upcoming event 'OUTDOOR PLAY DAY - Nature includes everyone!' August 12th 2019 in Nanaimo in partnership with Power To Be Victoria and SUP4ALL Comox.

Examples



PacificSport's WheelKids Program



Examples

In the School District:

- Encouraging good practices, e.g. SD68 has a CYSN swimming program, & PTs help support implementation of individual student's activities or exercise programs
- Got Wheelchair racing added to annual track and field meet (seated throw will also be added next year)
- Got principals to schedule us in for presentations to teachers about inclusion in P.E.
- Contributing to SD strategic planning to advocate for true inclusion

Future Goals



- Annual teachers training about inclusion
- Supporting PacificSport and VIU in implementing a program where students get credit for teaching inclusive P.E. classes in the school district (WheelKids-style)
- Supporting PacificSport in obtaining the equipment and funding they need to support WheelKids and the P.E. program
- Organizing more events/programs through the CDC

In Conclusion...

Yes, pediatric therapists can promote inclusive/adaptive/accessible physical activity in their BC communities and school districts.



Q & A

