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Factsheet

Autism



The information is provided for **guidance** only, allowing you to be more informed in your approach to being a more **inclusive** coach. No two people are the same, as such, please ensure your first step is to speak directly to the person understand their abilities and goals and never assume.

What is Autism?

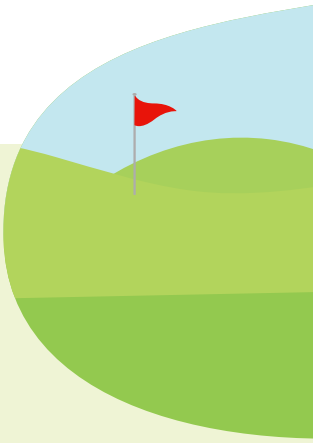
Autism is a natural variation in how people experience, understand, and interact with the world. It is a lifelong neurodevelopmental difference that can influence communication, social interaction, sensory experiences, and how a person processes information.

Autistic people may think, learn, and experience the world in ways that are different from non-autistic people, and these differences are an important part of human diversity.

Autism is more common than many people realise. Recent estimates 3.3% of the population in Ireland are autistic.

Understanding How Autistic Participants May Experience Activities

- Personal space and belongings may be understood differently; someone may stand closer or use items without intending to cross boundaries.
- Some may prefer to observe, spend time alone, or step back from group activities.
- Predictability is helpful; unexpected changes can feel overwhelming.
- Communication styles vary (e.g. fewer words, direct or creative communication).
- Emotional responses may occur when situations feel confusing or overwhelming.
- Conversations may focus on specific interests and not always follow typical back-and-forth patterns.
- Figurative language or humour may be taken literally. Using clear, direct language helps.
- General instructions may need to be specific and clear.
- Attention may shift based on interest or the environment.
- Movement and coordination may look different from person to person.



Social Communication

Autistic people may experience differences in:

- Understanding social expectations, such as how friendships or group interactions typically work
- Recognising or interpreting other people's emotions, which can sometimes be misunderstood as a lack of empathy
- Social preferences, with some autistic people choosing to spend more time alone
- How they connect with others, which may sometimes come across as distant or less expressive
- Seeking comfort or support, as some may do this in less typical ways
- Expressing feelings, needs, or emotions, which can sometimes lead to behaviours that others may not immediately understand
- Communication styles, including not using speech, using language in unique ways, repeating words or phrases (echolalia), or mixing up pronouns
- Understanding humour, sarcasm, or implied meaning
- Interpreting common phrases or sayings, which may be taken literally

4. Be Aware of Sensory Needs

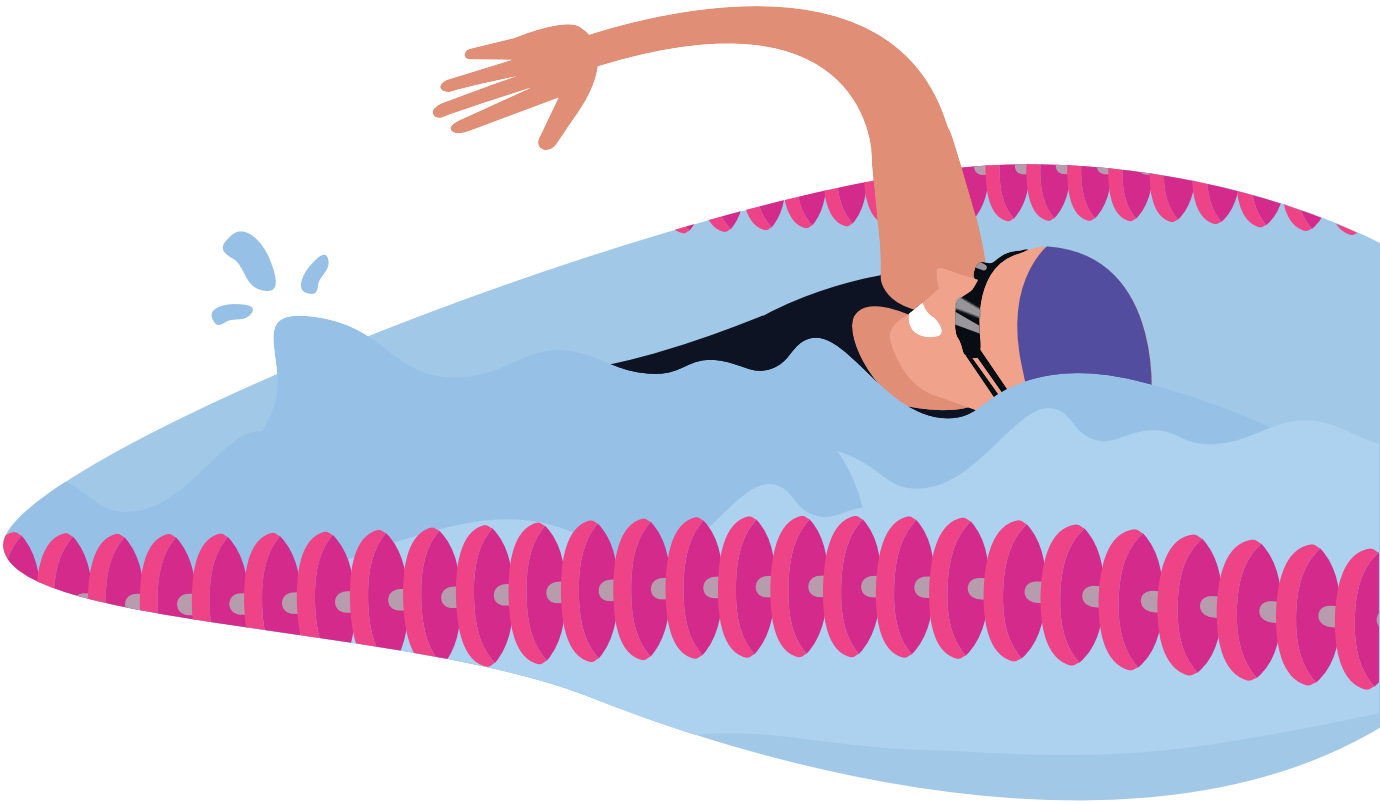
Try the following:

- Be mindful of noise levels (e.g. whistles, music, busy spaces)
- Consider lighting or weather conditions
- Give a heads-up before physical contact in activities
- Offer quieter spaces or alternatives where possible

5. Support Regulation and Provide Break Opportunities

Try the following:

- Allow extra time to process information
- Check in and offer reassurance if needed
- Provide access to breaks or a quiet area
- Keep communication calm and supportive



For further information and support:

Please visit **www.asiam.ie**

Focused Interests and Repetitive Patterns of Behaviour

Autistic people may experience the world in ways that reflect strengths and differences in thinking, processing, and interaction. This can include:

- Experiencing differences in how they understand and interpret other people's thoughts, feelings, and actions
- Preferring predictability and finding it more challenging to anticipate what might happen next
- Processing and responding to concepts such as risk or danger in unique ways
- Engaging with imagination and play in ways that may differ from neurotypical expectations
- Valuing routine and experiencing change or future planning as more effortful
- Finding new or unfamiliar situations require additional time, support, or preparation to navigate comfortably

Supporting Autistic People in Sport and Physical Activity

1. Provide Structure and Predictability

Try the following:

- Share a simple outline of the session (e.g. warm-up, drills, game, cool down)
- Provide a general timetable or overview in advance
- Share photos of the space, equipment, and coaches where possible
- Offer opportunities to visit or observe before taking part
- Give advance notice of any changes

2. Use Clear and Visual Communication

Try the following:

- Use demonstrations, pictures or short videos to show skills
- Keep instructions short, clear, and direct
- Use cones, markers, or equipment to show where to stand or move
- Highlight key points (e.g. where to hold equipment)

3. Offer Choice and Flexible Participation

Try the following:

- Allow participants to observe before joining in
- Offer choices of activities or roles
- Make it okay to take breaks when needed
- Support different ways of taking part (full, partial, or social involvement)

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Factsheet

Attention Deficit Hyperactivity Disorder (ADHD)



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What is ADHD?

ADHD is a natural variation in how the brain develops and processes information, particularly in areas related to attention, energy, and self-regulation.

These differences are often linked to executive functioning, including skills such as attention, focus, memory, organisation, motivation, and impulse control. ADHD is influenced by neurological and genetic factors.
People with ADHD often bring strengths such as:

- Creativity and flexible thinking
- High energy and enthusiasm
- Spontaneity and willingness to try new things

ADHD presents differently for each person. Some individuals may:

- Be highly active, talkative, or impulsive
- Prefer to move often or find sitting still challenging
- Become easily distracted or shift attention quickly
- Appear quieter, daydream, or seem less engaged at times
- Experience a combination of these traits

ADHD exists across a spectrum, and each person will have their own unique strengths, preferences, and support needs.

What You May Notice When Supporting Participants with ADHD

Attention and focus differences
Attention may shift quickly, with strong focus on preferred activities and more support needed for instructions or less engaging tasks

Impulsive and spontaneous responses
Someone may act or speak quickly, find waiting their turn difficult, or join activities or conversations spontaneously.

High energy and movement
A preference for movement may show through fidgeting, moving between activities, or finding it hard to stay still for long periods.

Social interaction styles
Interactions may be energetic or direct, with some support helpful for turn-taking and group participation.

Regulation, coordination, and risk awareness
Individuals may need support with transitions, organisation, or recognising risk, and movement and coordination may look different.



How To Include People With ADHD In Your Coaching Sessions

Provide clear structure and organisation
Use simple routines, clear rules, and a predictable environment to support participation.

Use positive and supportive communication
Stay calm, give clear instructions, and recognise effort and strengths.

Adapt to individual learning styles
Use a mix of demonstration, movement, and short instructions, and check preferences where possible.

Support focus and attention
Gain attention before giving instructions (e.g. using their name) and keep directions brief and clear.

Be responsive to regulation and engagement
Notice signs of frustration or overwhelm, allow breaks when needed, and use discreet cues to guide attention.

For further information and support:
Please visit www.adhdireland.ie

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Factsheet

Dyspraxia



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What is Dyspraxia?

Dyspraxia (also known as Developmental Coordination Disorder- DCD) is a natural variation in how the brain plans, organises, and coordinates movement.

Movement may develop at a different pace or in different ways. Dyspraxia is lifelong and varies from person to person.

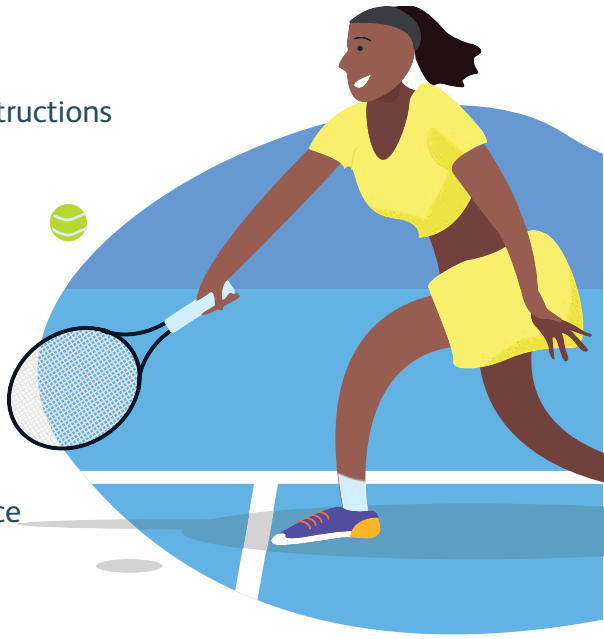
People with dyspraxia often bring strengths such as:

- Determination and perseverance
- Creative problem-solving
- Motivation to participate

What You May Notice When Supporting Participants with Dsypraxia

Movement and coordination differences
Movements may appear less coordinated or take more time to learn and refine.

Learning new skills
Learning new motor skills may take longer, particularly when instructions are complex or delivered quickly.



Organisation and planning
Sequencing actions (e.g. multi-step drills) or organising equipment and tasks may require support.

Balance and spatial awareness
Activities involving balance, timing, or judging space and distance may feel more challenging.

Fatigue and effort
Physical activity may require more effort, which can lead to tiredness or reduced confidence over time.

How To Include People With Dsypraxia In Your Coaching Sessions

- **Use clear, step-by-step instructions** by breaking skills into manageable parts, demonstrating actions clearly, and giving one instruction at a time.
- **Allow time for practice and repetition** by providing extra opportunities to rehearse skills, building confidence through consistency, and avoiding rushing between activities.
- **Adapt activities to support success** by modifying equipment, adjusting space or pace, simplifying tasks, and offering alternative ways to participate.
- Support **organisation and structure by keeping sessions predictable**, using visual markers, and clearly showing where to go and what to do.
- **Promote confidence and positive participation by recognising effort**, creating a supportive environment, allowing choice, and giving time to develop skills.

For further information and support: Please visit www.dyspraxia.ie

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Factsheet

Limb Difference/ Amputee



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What is Amputation?

Limb difference may be present from birth (congenital) or acquired later in life as a result of injury, illness, or surgery. It can involve the absence of all or part of a limb, such as an arm or leg. People with limb difference have a wide range of experiences and bring diverse strengths and abilities to sport and physical activity.

It is important to understand the following points:
Every individual's experience of limb difference is unique. Ability and participation can vary depending on factors such as the level and number of limb differences, overall health, comfort, use of prosthetics, and personal experience in movement and sport. Many people develop highly effective movement strategies and can participate fully and successfully across a range of activities.

Movement patterns may differ, particularly for those using prosthetic limbs. For example, individuals with a lower-limb difference may generate movement more from the hips or upper body rather than the ankle joint. These are natural and effective adaptations that support balance, mobility, and performance in sport.

Pain Threshold and Tolerance

Coaches should discuss pain threshold and tolerance with the individual to understand their needs, including any pain management strategies (e.g. medication). This should be reviewed regularly to reduce the risk of aggravating existing issues or causing injury, and adjustments made where needed.

Phantom Limb Pain and Sensation

Phantom limb pain (PLP) is common in people with amputations. It refers to real pain felt in the part of the limb that is no longer there. Sensations can include burning, twisting, itching, or pressure, and may vary between individuals.

What We May See When Coaching With People Who Have Limb Difference or an Amputation

Prosthetic limbs are designed to replicate function in a simplified way. Start with your usual coaching methods and adapt as needed.

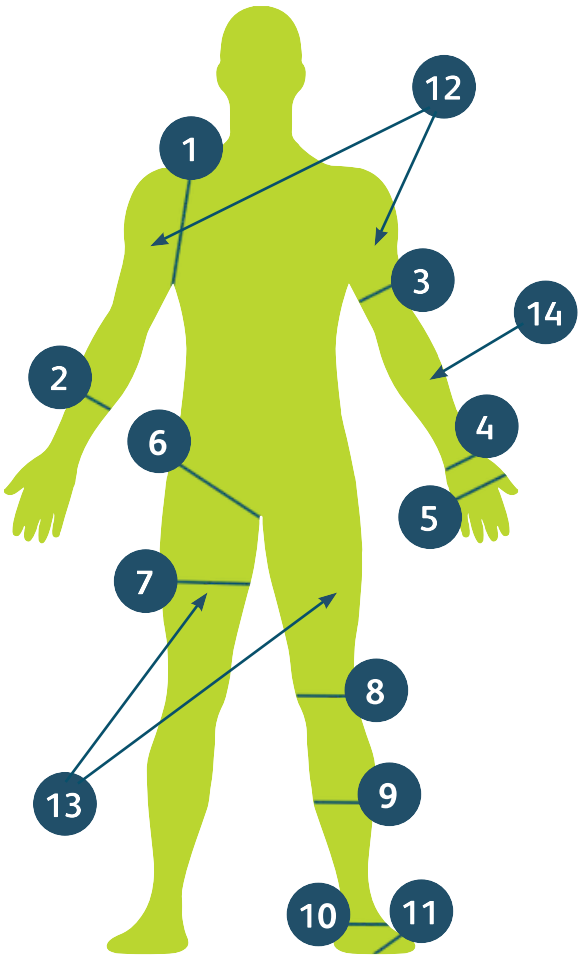
- Let the participant guide you most know what works, what causes discomfort, and what adaptations they need
- Assess balance, coordination, and strength before introducing sport-specific skills
- Prostheses can be used for most activity specialist blades are not always required, though some may feel heavier or limit performance; encourage discussion with a prosthetist
- If limited by a prosthesis, adapt activities (e.g. seated or floor-based options)
- Be mindful of socket fit heat, sweat, and swelling can cause discomfort or skin issues; allow breaks if needed
- Identify any barriers to participation (e.g. confidence, pain, fit, or equipment)
- Consider the individual's body, mobility, and goals regularly check in on preferences and ability
- Range of movement can vary assess and adapt accordingly
- Repetition can support skill development but may increase risk of skin breakdown balance load and variation
- Movement initiation may be slower due to prosthetic use
- Focus on developing fundamental movement skills where restrictions are present
- Adapt drills and gameplay to account for any balance or coordination challenges
- Prioritise safety and comfort at all times



Levels of Amputation

Mobility, range of movement, coordination, balance and comfort vary greatly depending on the level of amputation. As a general rule, the more residual limb (stump length) an amputee has, the more mobile they will be.

1. Shoulder disarticulation / forequarter
2. Above elbow
3. Below elbow
4. Wrist disarticulation
5. Partial hand or finger(s)
6. Hip disarticulation / hemipelvectomy
7. Transfemoral (above knee)
8. Knee disarticulation (through knee)
9. Transtibial (below knee)
10. Syme's (through ankle)
11. Partial foot or toe(s)
12. Bilateral upper-limb absence
13. Bilateral lower-limb absence
14. Elbow disarticulation



For further information and support:
Please visit **www.amputee.ie**
or **www.nrh.ie**

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Factsheet

Cerebral Palsy



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What is Cerebral Palsy?

Cerebral palsy (CP) is a lifelong condition that affects body movement and muscle coordination.
It is caused by damage to one of the parts of the developing brain which controls and organises a person's movement and posture. The damage to the developing brain can happen before, during or after birth and is usually diagnosed before the age of three.

CP will affect a person's coordination, tone and strength of muscle action. CP is not progressive. Each individual with CP will be affected differently, and it can vary from mild to severe. For some people, CP will affect them physically, making muscle movements more difficult due to muscle tightness or spasticity and involuntary movements. People with CP may present with balance difficulties, and a disturbance in gait or mobility and have perception issues (difficulties making sense of and interpreting the messages received from the senses, moving around objects, judging size and shapes of objects etc.). Others may also be affected by epilepsy, breathing difficulties, hearing and vision impairment, a poor swallow or difficulties with speech and language.

It is often assumed that people with CP who are unable to talk, or have difficulty controlling their movements, have an intellectual disability. This is not always the case and should never be assumed. CP does not necessarily affect ntelligence, though some people might have an intellectual disability.

Forms of Cerebral Palsy (CP)

Spastic Cerebral Palsy (Most Common)

- Most common type, affecting approximately 70–80% of people with CP
- Characterised by increased muscle tone (spasticity), causing stiff and tight muscles
- Muscles may be difficult to stretch and movement can appear jerky or restricted

Impact: Affects mobility, posture, and coordination; walking may be difficult and can require aids. Fine motor tasks (e.g. writing, dressing) may also be affected

Dyskinetic (Athetoid) Cerebral Palsy

- Affects approximately 10–20% of people with CP
- Characterised by involuntary, uncontrolled movements, often slow and writhing
- Movements may increase with stress and disappear during sleep
- Can affect the face, tongue, and speech muscles

Impact: Difficulty controlling movements, posture, and speech (dysarthria); maintaining stable positions (e.g. sitting) can be challenging

Ataxic Cerebral Palsy

- Least common type, affecting about 5–10% of people with CP
- Characterised by problems with balance, coordination, and depth perception
- Movements may be shaky or unsteady

Impact: Difficulties with walking (often wide-based gait), balance, and precise movements such as writing or picking up small objects

Mixed Cerebral Palsy

- Occurs when a person has features of more than one type of CP
- Most commonly a combination of spastic and dyskinetic CP

Impact: A combination of stiffness, involuntary movements, and coordination difficulties, depending on the types involved

Supporting Participants with Cerebral Palsy in Sport and Physical Activity

- No two people with CP are the same; consider individual abilities, mobility, and goals.
- Speak with the participant to understand their strengths, support needs, and preferred adaptations.
- Cold temperatures may increase muscle stiffness for some participants.
- Use clear instructions, demonstrations, repetition, and positive reinforcement.
- Allow extra time for some participants to process information and initiate movement.
- Adapt activities, equipment, or rules to support safe and meaningful participation.
- Include appropriate warm-up, stretching, and rest breaks to manage stiffness and fatigue.
- Be aware of balance and coordination difficulties when planning drills or game play

For further information and support:

Please visit: **www.cerebralpalsyireland.ie**

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Factsheet

Deaf or Hard of Hearing



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What is Deafness?

Deafness means that a person has a reduced ability to hear sounds. It is primarily a communication difficulty rather than simply a loss of sound perception.

Congenital deafness can affect many aspects of a child's development, including communication, cognitive, emotional, social and educational development.

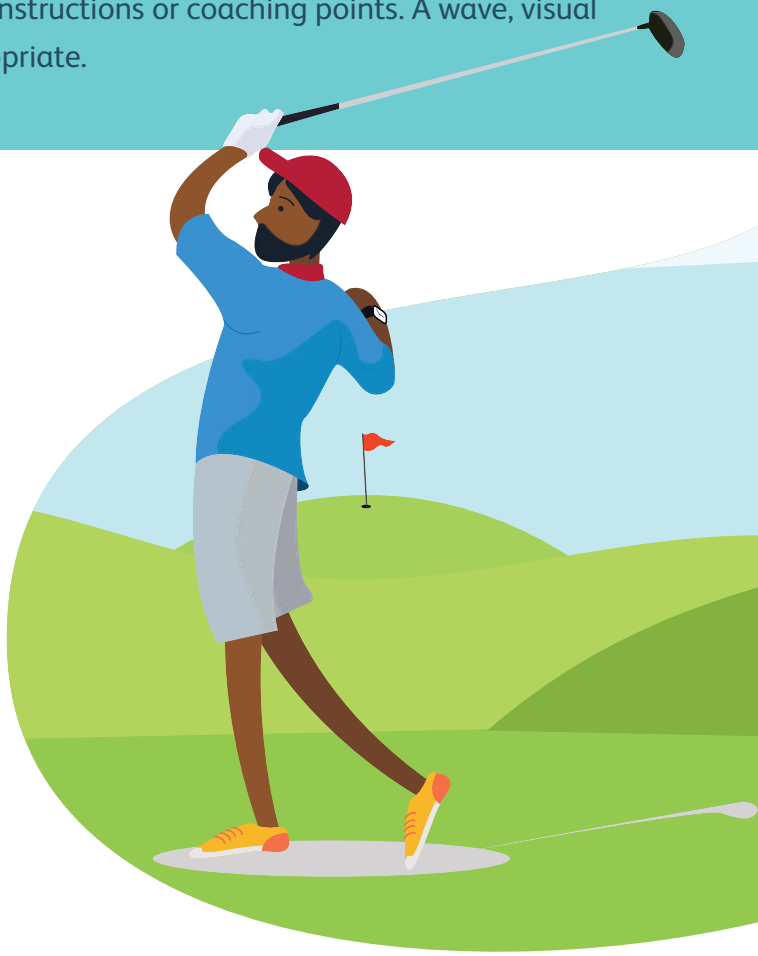
Hearing Loss can affect volume (loudness) and frequency (pitch). Adults who become deaf (deafened) often use a combination of hearing, visual information and communication strategies. Vision is also important.

The terms **mild, moderate, severe and profound** describe the degree of hearing loss.
People with **mild hearing loss** may experience some difficulties keeping up with conversations, especially in noisy surroundings.

- People with **moderate hearing loss** may have difficulty keeping up with conversations without hearing aids or other assistive listening devices.
- People with **severe hearing loss** may benefit from powerful hearing aids or cochlear implants, but often rely heavily on lip-reading and visual communication. Some also use sign language.
- People with **profound hearing loss** have very limited access to sound and may rely mainly on lip-reading, sign language and other visual forms of communication. Some may be able to hear very loud sounds.

How To Support People Who Are Deaf Or Hard Of Hearing In Your Coaching Sessions

- When giving instructions, ensure the person has a clear view of the speaker. Position yourself in front of the group and on the same level where possible. Encourage participants who are deaf or hard of hearing to stand where they can easily see you throughout the session.
- Minimise background noise where possible. Hearing aids and cochlear implants can amplify surrounding sounds as well as speech, making communication more difficult in noisy environments. Be aware that hearing devices are not permitted during Deaf sport competitions under International Committee of Sports for the Deaf (ICSD) rules, although they may be used during training.
- Speak clearly and naturally. Do not shout or exaggerate lip movements, as this can make lip-reading more difficult.
- Ensure your face is well lit and avoid standing in front of bright windows or strong light sources, as this can make lip-reading difficult.
- Face the person when speaking and avoid covering your mouth with your hands, papers, food or other objects. Chewing gum or eating while speaking can also make communication more difficult.
- Gain the person's attention before communicating instructions or coaching points. A wave, visual signal or light tap on the shoulder is generally appropriate.



- Present one form of visual information at a time. A deaf or hard-of-hearing person cannot watch a demonstration and lip-read or watch a speaker at the same time. Avoid talking while writing on a whiteboard or demonstrating a skill.
- Write down key words, important information and unfamiliar vocabulary where needed, as new words can be difficult to lip-read.
- Use demonstrations, visual cues and practical examples whenever possible rather than relying solely on verbal explanations.
- If a person who is deaf or hard of hearing does not respond or appears unsure, repeat or rephrase the information before moving on. Check understanding rather than assuming it has been understood.
- Inform the person of any changes to routines, venues, finishing times or activities, as they may miss information that is communicated verbally to the wider group.

- Repeat or summarise contributions, questions and comments made by other participants to ensure everyone can follow discussions and instructions.
- Encourage the person to share any sport-specific signs or communication methods they use. Learning and using agreed signs within the club or team can improve communication during training and competition.
- Ensure the person can identify and understand essential signals used in the sport. Where possible, use visual signals alongside auditory signals, such as hand signals, flags, lights or clear gestures. For example, a referee or starter can raise and lower an arm at the same time as blowing a whistle or firing a starting signal.
- Ensure all coaches, officials and teammates are aware of the communication methods and visual signals being used to support inclusion and participation.

Involve others

- Combine clapping with a double-handed wave to congratulate or praise. When we see something good, the natural reaction is to clap. The Deaf community will use a raised double-handed wave to show the same appreciation, so use both methods for a mixed group.

- Share communication and inclusion guidance with club members, parents/carers, volunteers and assistants when a deaf or hard-of-hearing person joins the club.



- Ensure volunteers, coaches, officials and teammates understand any communication needs and the simple adjustments that can support participation, safety and enjoyment.

- Encourage an inclusive club culture where effective communication practices are understood and used by everyone.

For further information and support:
Please visit **www.deafsportsireland.com** or **www.chime.ie**

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Factsheet

Intellectual Disability



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What is an Intellectual Disability?

An intellectual disability is a term used when a person has certain limitations in cognitive functioning and skills, including conceptual, social, and practical skills.

To be diagnosed with an intellectual disability, two main criteria must be met before the age of 18:

- Intellectual Functioning (IQ): This refers to a person's ability to learn, reason, make decisions, and solve problems. An IQ score of around 70 or below (where 100 is the average) typically indicates a limitation in intellectual functioning.
- Adaptive Behavior: These are the practical, everyday life skills needed to live independently. This includes communicating with others, self-care (dressing, bathing), social skills, and managing safety or money.

Intellectual disabilities can range from mild to profound. Many people with intellectual disabilities live fulfilling, independent, or semi-independent lives with the right support, education, and community resources.

Types of Intellectual Disability

There are many different genetic, neurodevelopmental, and environmental conditions that can be associated with an intellectual disability. Some examples include: Fragile X Syndrome, Down Syndrome, Williams Syndrome, Prader-Willi Syndrome, Fetal Alcohol Spectrum Disorder (FASD), Phenylketonuria (PKU)

Understanding the Intersection with Autism

It is important to note that neurodevelopmental differences like Autism exist on a broad spectrum. Autism is not an intellectual disability in itself. Because it is a spectrum, some autistic individuals may also have a co-occurring intellectual disability, while many others do not and possess average to exceptionally high intellectual capabilities. Every individual's profile of strengths and support needs is entirely unique.

General Characteristics of Intellectual Disability

People with an intellectual disability may take longer to learn and may need support to develop new skills, understand complex information, and interact with other people.

The level of support an individual needs depends on specific factors. For example, a person with a mild intellectual disability may only need support with simple tasks, such as joining a sports club. However, someone with a severe or profound intellectual disability may also have a co-occurring physical disability and could require full-time care and support with every aspect of their life.

Some other general characteristics that may be present include:

- Muscle laxity (low muscle tone)
- Hypermobility at the joints
- A tendency for attention to wander

Atlantoaxial Instability and Down Syndrome

People with Down syndrome are at an increased risk of developing **Atlantoaxial Instability (AAI)**, a condition that affects the stability of the upper neck. Approximately **15% of individuals with Down syndrome** will experience this condition at some point in their lives.

For coaches, instructors, and physical activity leaders, it is important to know whether a participant has been diagnosed with AAI and to make any necessary adaptations to activities to reduce the risk of injury. Activities that place excessive stress on the head, neck, or upper spine should be carefully monitored or avoided where appropriate.

Special Olympics Participation Requirements
Special Olympics requires athletes to undergo a radiological examination to confirm the absence of Atlantoaxial Instability before participating in sports or events that may involve:

- Hyperextension of the neck
- Extreme flexion of the neck
- Direct pressure on the neck or upper spine

Sports Requiring Clearance
A radiological examination is required before participation in the following sports and activities:equestrian sports, artistic gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, squat lift, and football, as well as any warm-up or activity involving excessive flexion, extension, or pressure on the head, neck, or upper spine.

How To Support People With An Intellectual Disability In Your Coaching Sessions

- The level of support required will vary depending on the individual and their abilities.
- Use a variety of coaching methods, including visual demonstrations and visual cues.
- Celebrate successes and provide encouragement when challenges arise.
- Build routine, structure, and familiarity into sessions.
- Plan for additional time where extra support may be needed.
- Give clear, concise instructions and repeat them regularly.
- Break skills and drills into small steps, demonstrating one element at a time and progressing gradually.
- Use simple trigger words or key phrases to reinforce learning.
- Speak directly to the participant whenever possible, involving parents or carers only when necessary.
- Provide accessible, easy-to-read information and use non-verbal communication methods where appropriate.
- When suitable, pair participants with a supportive peer who can explain activities clearly, patiently, and positively.



For further information and support,
Please visit:
www.specialolympics.ie
www.inclusionireland.ie
www.downsyndrome.ie

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Factsheet

Manual Wheelchair User



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Manual Wheelchair Users

People use manual wheelchairs for a variety of reasons, which may be:

- **Congenital** (present from birth), for exampl**e Spina Bifida.**
- **Acquired** later in life, for example **Spinal Cord Injury, Stroke, or Cerebral Palsy.**

Some people use a manual wheelchair **full-time**, while others use one **part-time** or for specific activities, environments, or journeys.

Strapping

Straps may be used to help improve stability, balance, and confidence for wheelchair users during sport and physical activity.

- Foot Strap: Helps keep the feet securely on the footplate, particularly when turning.
- Knee Strap: Helps maintain leg position and supports alignment within the wheelchair.
- Lap Strap: Helps secure the hips, promoting stability and connection with the chair.
- Waist Strap: Provides additional trunk and core support.

Strapping systems can vary depending on individual needs. For beginners, simple Velcro straps can be an effective way to provide security, confidence, and support during participation.

For people with upper limb impairments, taping or strapping can help secure equipment such as rackets (e.g., in table tennis, tennis, or badminton). Gloves with tactile surfaces and textured push rims can also support more effective wheelchair propulsion.

Important: Take care when using straps in areas with reduced or no sensation, as prolonged pressure may cause skin damage. Check regularly for signs of discomfort or skin irritation.

How To Support Manual Wheelchair Users In Your Coaching Sessions

These coaching considerations may not apply to all wheelchair users but are common characteristics for an athlete with a physical disability. For greater clarity, it is recommended you ask the participant.

- If a participant is not using a sports wheelchair, check whether their chair has an **anti-tip device** fitted. If not, consider adapting activities (e.g., reducing speed or sharp turns) to minimise the risk of tipping backwards.
- Check the participant's **range of movement**, as some may find certain movements, such as reaching overhead, more difficult.
- Do not assume that all wheelchair users are unable to **bear weight through their legs**. Abilities vary from person to person.
- Some participants may **fatigue more quickly** and may benefit from rest breaks during the session.
- Some participants may have difficulty with **temperature regulation** and may require monitoring in hot or cold conditions.
- Encourage participants to **stay hydrated** throughout the session.
- Range of movement may be affected by factors such as spinal fusion or other medical interventions.
- Be aware of **hot or cold surfaces**, particularly where a participant may have reduced sensation.
- Participants with reduced sensation may be at greater risk of **cuts, bruises, or pressure-related injuries.**
- Some participants may require access to **toileting or personal care equipment.**
- Where possible, use a **physically accessible venue with accessible toilet** and changing facilities.
- Some participants may have reduced **breathing efficiency** due to muscle weakness.
- When transferring to a sports wheelchair or other equipment (e.g., a throwing frame or handcycle), participants may prefer to transfer **independently** or with support from a parent, guardian, personal assistant, or trained individual. Some participants may require a **hoist**, while others may need no assistance.

In some cases, no assistance may be required

For further information and support:
Please visit **www.iwa.ie**
or email **info@iwa.ie**

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Factsheet

Vision Impairment



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What is a vision impairment?

Vision impairment is a term used to describe any kind of **vision** loss, that impacts on a person's ability to carry out activities of daily living. Some people cannot see at all or some have partial **vision** loss.

When coaching people with a vision impairment, it is important to recognise that everyone's experience is different. Some people may have no vision, while others may see shapes, colours, light, or a limited field of vision. Some may see better in certain lighting conditions, while glare, fatigue, or low light can make vision more difficult. Individuals who have lost their sight may draw on past visual memories, while those born with a vision impairment often learn through clear verbal descriptions, demonstrations, and hands-on experience.

What You May Notice With People Who Have A Vision Impairment

Depending on the severity of their vision impairment an individual may experience one or more of the following:

- **Nystagmus:** repetitive, involuntary eye movements that may be side-to-side, up and down, or circular.
- **Head tilting:** a strategy used to reduce the effects of nystagmus and improve vision.
- **Head swaying**: a learned movement that may help improve visual focus.
- Delayed or less developed **gross motor skills.**
- Reduced confidence or motivation to explore unfamiliar environments.
- Unawareness of certain body movements or mannerisms.
- Difficulties with **orientation and navigation.**
- Challenges with **depth perception** and detecting changes in surface levels.
- A need for time to adjust when moving between **bright and dark environments**.

How To Support People With Vision Impairments In Your Coaching Sessions

- **Communication is key** when coaching people with a vision impairment.
- **Talk to the participant prior to the session** to understand their sight level and personal support needs.
- It is very important that trust is developed quickly between the coach and participant.
- **Use the individual's name** to get their attention.
- **Allow adequate time** for the participant to orientate themselves to the environment and equipment before the session and throughout.
- Always begin teaching any new skill or technique with **verbal descriptions** (try to paint a picture in the participant's mind) before moving on with the activity.
- **Always ask if physical contact is wanted when guiding.**
- **Offer support instead of grabbing, pushing, or pulling** the participant.
- A**llow time for tactile exploration** of equipment and the environment, alongside continued verbal description.
- If possible, as the coach, **picture the skill and describe it as accurately as possible**; communication and patience are key.
- **Ensure a quiet learning environment** so the participant can interpret, locate, and identify different sounds.

• Sound

The use of equipment and cues with a sound can often help.

Examples: having a sound source that beeps to identify and orientate the direction of play or bells or beads within a ball itself to generate a sound etc.

• Tactile Aids

These can also be used to assist the participant in identifying the playing area, direction of play and where balls or targets are located in relation to the participant etc.

Examples: using string/rope to mark the perimeter of the court in Goalball or flat rubber directional arrows or markers to orientate the direction of play, or a scaled down tactile model/version of the playing area/targets to give participant greater understanding.

The use of tactile markers on the floor, walls and equipment can be helpful, where appropriate.

• Contrast

Use equipment that has a contrasting colour to that of the playing surface or background. Try use strong **contrasting colours** to help distinguish between playing surfaces, playing equipment and the participants. As the coach, you should wear a different coloured top, in a colour the participant can see

- People with a **significant vision impairment may not be able to learn by observation or imitation**, so use a variety of communication methods when teaching new skills.
- Be aware that a participant's **vision can vary throughout the day** or in different lighting conditions. Check in with them before each session to understand any changes that may affect participation.
- **Keep the environment clear and safe**, avoiding low-hanging objects and removing potential trip hazards or obstacles.
- Provide information and resources in **accessible formats** such as large print or electronic versions, according to the participant's preference.
- In swimming, some people with vision impairments may find **backstroke challenging** or uncomfortable. Ensure they are fully confident and comfortable in the water before introducing backstroke.
- Some participants may benefit from repeated opportunities to practice and experience activities, routines, and events to build confidence, understanding, and skill development.

Useful Equipment Suggestions:

- Sound Sources
- Guide and Tether systems



- Coloured Tapes
- Large Print



- Bumpons (tactile markers)
- High contrast equipment e.g. balls, cones



Forms of Vision Impairment:

If a person has a visual acuity of **6/60** (the threshold for registration as blind in Ireland), they must be **6 metres away to see what a person with typical vision can see from 60 metres away.**

- **Partially Sighted**: A vision impairment that affects a participant's performance, even when their vision has been corrected as much as possible.
- **Low Vision**: Vision between **20/70 and 20/160** that cannot be fully corrected. This is considered moderate to low vision.
- **Registered as Blind:** In Ireland, a person with visual acuity of **6/60 or less** may be registered as blind. Vision between **20/400 and 20/1000** is considered a profound vision impairment and is very close to total blindness.
- **Totally Blind:** A complete absence of **light perception**, also referred to as total blindness or total visual impairment.



> **Vision Ireland** provides awareness training, resources, and guidance for coaches, staff, and organisations to support people with vision impairments. Visit their website to learn more: www.vi.ie