Fun inclusive!

Sports and games as means of rehabilitation, interaction and integration for children and young people with disabilities
Part I – THE PROJECT
1. Introduction 4
2. Implementation of the project 5

Part II – THE HANDBOOK
1. Why sport as rehabilitation?
   1.1 Empowerment 6
   1.2 Social interaction and integration 7
   1.3 Physical rehabilitation 7
   1.4 Awareness-raising 7
2. Disabilities 8 – 12
3. The organisation of games and sports for disabled children and young people
   3.1 Different types of events 13 – 14
   3.2 Preparations 15 – 16
   3.3 Partner Organisations 16
   3.4 Participants 16 – 19
   3.5 Information and mobilisation of participants 19 – 22
   3.6 The constitution of groups 22 – 23
   3.7 Main criteria for the choice of activities 23 – 24
   3.8 Equipment 24

Part III – SPORTS AND GAMES
1. Checklist 25
2. Evaluation sheet 26
3. Detailed descriptions 27
Part I – THE PROJECT

1. Introduction

People with disabilities are generally a very specific vulnerable group as they face discrimination on all levels of daily life. Their disability should be considered as a result of two causes: on the one hand, the characteristics of the disability itself and the incapacity of the person suffering from a trauma or disease, and, on the other hand, the particularities of the environment that creates physical and socio-cultural obstacles in a given situation (family life, work, education, leisure time, climate, etc.), (“Handicap Creation Process”) 1).

In the aftermath of armed conflicts, integrating people with disabilities is particularly difficult. Besides the destruction of the infrastructure, families are torn apart and social networks destroyed. Rehabilitation and integration measures are hard to carry out, as resources are scarce and costly. Thus, the full potential of disabled people cannot be achieved, which in turn may lead to a further loss of motivation, self-esteem and increase poverty and isolation. This is especially true for women and girls who may face double discrimination being female and disabled.

In this context the Deutsche Gesellschaft für Technische Zusammenarbeit (gtz) initiated a pilot project: “Rehabilitation through sports activities for children and young people in war affected countries”. This project is a contribution by the gtz towards promoting the interests of people with special needs through development cooperation. Within this small scale pilot project, sport and games were identified and tested as a means of rehabilitation for children and young adults with disabilities. The project aimed at strengthening disabled children both mentally and physically, by promoting their rehabilitation, facilitating their social integration and their capacity for self-help. The integration of girls was especially emphasised, as it is assumed that they are rarely taken into consideration when it comes to physical activities, even more so when they are disabled. Although the project was initially designed for children and young people disabled by war or landmines, the first contacts with local partner organisations showed the need to adapt the project design to local reality and to include all disabled children and young people whatever the cause of their disability.

With a focus on non-competitive athletic games, the project intended to demonstrate to the children that competition can take place in a spirit of fun and without destructive aggression. This is an important contribution to the management of conflicts.

1) “Le processus de production du handicap”, P. Fougeryrallas et al. © RIPPH/SCCIDIH 1998
Two international NGOs, each with a local partner, were responsible for implementing the pilot project: medico international with the Luena Rehabilitation Centre for Land Mine Victims in Angola and Handicap International with the Disability Action Council in Cambodia. Both countries have suffered from decades of war and civil strife resulting in a breakdown of social services and high numbers of disabled persons; the population is still suffering today from contamination by landmines in extensive areas.

At the beginning of the project the teams of partners in Angola and Cambodia carried out a survey on the social situation of disabled children and young people, their access to any existing rehabilitation services, their experience of sporting activities, etc. At the start of the project, trainers and monitors were recruited and included into the planning of activities. Most trainers were disabled themselves and they became an important example and model for the children as they could clearly identify with them. The local teams agreed on a list of sporting activities, after ensuring that the games were culturally acceptable and feasible. The list was provided by Handicap International Germany and is as a result of research with local partners into suitable sporting activities for disabled children that can easily be put into practice in developing countries (see chapter 3.7 for selection criteria). The project included four “test” phases, each phase with a workshop or sports camp that tested the selected sport activities. Children with and without disabilities were invited to participate. The children and young people were divided into the four proposed target groups:

1 - only disabled girls (all disabilities)
2 - disabled (all disabilities) and non-disabled girls
3 - disabled (all disabilities) and non-disabled boys
4 - disabled (all disabilities) and non-disabled boys and girls

The children played, tested and evaluated the games and sport activities together with organisers, trainers and monitors. Between 23 to 71 children participated in the sports camps, they were between 6 and 18 years old. In Angola most of the disabled children had been affected by polio infection and some had been amputated or had congenital impediments. In Cambodia the disabilities included paraplegia, amputation, poliomyelitis and club-foot. For the sake of continuity and in order to build a relationship of trust, sometimes the same group of children (Cambodia) or individuals (Angola) participated in more than one phase.

2) The evaluation reports of the four phases in Angola and Cambodia are available upon request: Handicap International Germany – info@handicap-international.de
This handbook intends to inspire and motivate institutions, organisations, trainers, physio-therapists, teachers and especially young people and children to come together and practice sport. The main objective is to provide some general and very basic guidelines for the implementation of sports and games as means of rehabilitation and integration for children and young people with disabilities. It builds on the experiences from the workshops in Angola and Cambodia, which tested twelve selected games and activities within the project described above. This manual should be shared with anyone interested in organising sports activities for children and young people with and without disabilities.

1. Why sport as rehabilitation?

Sport by, for and with people with disabilities has gained considerable importance in recent years in Europe. There has been an evolution in the kind of sports activities available and nowadays many sports are accessible for both physically and mentally disabled people. Everybody, whether disabled or non-disabled, young or old, boys or girls, can appreciate and benefit from sport activities.

1.1 Empowerment

Sport and games give the opportunity and the necessary space to children with disabilities to find new ways of dealing with the challenges of daily life. In safe surroundings, mistakes usually do not carry any serious consequences. All innovative initiatives are appreciated and nobody needs to be afraid of sanctions. Trainers should encourage learning from all experiences, the good ones as well as the bad ones. Children’s self-esteem increases and they get more and more self-confident as they learn how to prepare a game, to adapt the rules to specific needs if necessary, to organise the team and to take over an individual role. During the game they concentrate on a specific goal, sense the team spirit and experience competition as a challenge and not as a threat.

With growing self-esteem and self-confidence children with disabilities may feel encouraged to try and find an active place in society.
1.2 Social interaction and integration
Learning and applying rules, taking on and playing an individual role within a team, is part of individual socialisation – and thus automatically part of social rehabilitation. Sport is one of the easiest ways to start social interaction, initiating and facilitating first contacts. It also provides innovative but culturally acceptable approaches to disability within a community. In mixed sport groups people with and without disabilities face challenges together; growing knowledge and mutual appreciation increase the empathic skills on both sides. This acquired understanding encourages a change of perspectives and demands a different approach to daily social interaction.

1.3 Physical rehabilitation
Children with disabilities are entirely dependent on the means of the family, especially in rural areas of countries like Cambodia and Angola where there is a lack of any kind of services. Sport may not only provide the possibility to play, but games and activities also allow further exploration of the person’s physical and psychical limits, keeping her/him active and thus avoiding further physical handicap linked to poor rehabilitation. In the orthopaedic and neurological field, children benefit from improved motor coordination and consequently handle medical devices better.

1.4 Awareness-raising
Sport events and activities offer an important opportunity of raising awareness: First, the activities give all the participants a chance to discover new abilities and capacities, both by oneself and by others. These new perspectives allow a change in established approaches for dealing with each other in daily life. Secondly, activities serve as a forum for information and discussion: family, friends, the community and the disabled themselves can seek information on the causes and the treatment of disabilities, how to avoid risk, raise the awareness about the situation of people with disabilities, the rights of people with disabilities or on various topics such as health risk factors, primary health care, HIV/AIDS, drugs and others.
2. Disabilities

As a trainer or organiser of sports activities for disabled children and young people, it is important to know about the disabilities of the participants and be aware of their impact on their ability to participate. Usually the disabled child knows his/her own abilities and limits best, even though s/he might have difficulties in expressing her/himself. In the selection of sport activities and during the constitution of groups the different types of disabilities need to be considered as well as the desires and specific necessities of each individual. Incorrect or exaggerated physical motions may involve a considerable risk for the disabled child. The following list intends to provide trainers with a brief overview of four general types of disabilities: motor disabilities, mental impairment, sensorial disabilities and psychological disorders, and their limits and possibilities as regards to the disabled child.

Only professionals such as physiotherapists, social workers, psychologists, specialised teachers, etc. have the relevant experience to assess deficits, identify risks as well as potentials, and offer professional follow-up. Therefore trainers and organisers of sports should always try to cooperate with such specialists. This is important for using sports as a means of professional, social and psychological rehabilitation.

**TYPE OF DISABILITY: Motor disability**
may result from:
- invalidating diseases (polio, tuberculosis, etc.)
- accidents (war injuries, road accidents, etc.)
- complications during birth (cerebral palsy, etc.)
- genetic/congenital problems.

**What do I need to know?**
- Motor disability may be the sum of diverse impairments on a mental, sensorial and physical level.
- Medical, technical and human assistance can reduce the impact of the disability to a minimum.
- A person with a motor disability needs more power and concentration in order to control the movements of her/his body, as a result s/he might be exhausted sooner than other group members 3).

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3) David Werner "Disabled village children", Publ. Hesperian Foundation, Berkeley, 1999 (2)
**Whom should I talk to?**

- first to the person him/herself
- parents, friends, teachers
- any professionals familiar with the diagnosis and the medical history:
  - physician
  - physiotherapists
  - ergotherapists
- Should the cause of the motor disability include a shock or trauma, a psychologist should also be consulted.

**What should be avoided?**

- People with diffuse neuro-muscular symptoms should not regularly participate in training as long as multiple sclerosis cannot be excluded as a diagnosis.
- Overstraining people with motor disability may cause pain and suffering and it may take several days for the muscles to recover. Too much stress may cause spasms.
- It is important to compensate the high loss of fluids caused by perspiration. A healthy person may recover better than someone whose physical strength is continually challenged by overcoming difficulties in motor movements in every day activities.

**TYPE OF DISABILITY: Mental Impairment**

may result from:
- genetic or chromosome anomaly
- severe infections
- lack of oxygen during birth
- accident with severe cerebral injuries
- post traumatic stress
- drug abuse.

**What do I need to know?**

- Mentally impaired people have reduced intellectual abilities. The degree differs from one person to the other and depends among other factors on the (social) training this person has received. Particularly affected is the ability to comprehend the concept of time and space.
Part II – THE HANDBOOK

Most people with a mental disability are very sensitive and may sense what is happening around them rather than understand it. Thus they may be perfectly aware of what is happening.

People with mental disabilities often show considerable musical talents (a sense of rhythm, etc.)

Their emotional and physical needs may sometimes make it difficult for the mentally disabled to refuse or to set limits and rules for interaction with others.

Whom should I talk to?
- first the person him/herself
- parents, friends, teachers
- a psychologist and physician should be consulted before starting sports activities

What should be avoided?
- As there is no "average" level of mental disability, there is no "average" way of practising sports and similar activities. Including a person with a mental disability means giving her/him enough time to understand the rules and to get used to the team, the equipment and the surroundings.
- Time pressure and physical stress should be avoided.
- There should be enough time to develop the relationship with team members step by step and in stable conditions. It is not advisable to introduce new team members quickly or to take out the people with mental disability when doubts about their capacities first arise.

TYPE OF DISABILITY: Sensorial disability
E.g. blindness and deafness (reversible or irreversible) may result from:
- infections
- may be congenital
- malnutrition (lack of vitamin A)
- metabolic disorder (e.g. diabetes)
- injuries caused by accidents
- post traumatic stress (e.g. loss of speaking/understanding)
- cerebral injury
- neurological dysfunction, either linked to another form of disability or caused by post traumatic stress.
What do I need to know?
• Medical and technical support as well as social assistance in every day activities and decisions may reduce the social limitations of any kind of sensorial disability to a minimum.
• Blind and/or deaf people may have some hearing and visual capacities left. It is important to consider these capacities when organising the activities.

Who should I talk to?
• first the person him/herself
• parents, friends, teachers
• a physician and an expert in the field of special education should be consulted in order to know more about the cause and the impact of the disability.

What should be avoided?
• If the sensorial disability is caused by a metabolic disorder, the consent of a physician is needed before any physical training can begin.
• Physical stress increases blood pressure, which may be harmful to people with damaged eyes and/or reduced hearing capacities.

TYPE OF DISABILITY: Psychological disorders
(schizophrenia, phobia, psychosis, etc.)
may result from:
- exogenous factors like a traumatic experience
- endogenous factors like a metabolic disorder
- drug abuse.

What do I need to know?
• The extent of psychological disorders depend on the social environment.
• It is not possible to summarise the characteristics of psychological disorders within the framework of this manual; a professional needs to be included in all cases.

Who should I talk to?
• first the person him/herself
• parents, friends, teachers
• psychologists and experts in the field of trauma, special education, etc.
Part II – THE HANDBOOK

What should be avoided?
• Professionals may identify very clear and definite factors that cause psychological disorders; any activity should avoid adding new factors like psychological stress, time pressure, feeling of not being listened to, etc. to the already existing ones.
3. The organisation of games and sports for disabled children and young people

Trainers, teachers, a group of friends, with or without disability – anyone who wants to organise sports activities for and with disabled children and young people has to decide on the type of the event, choose and contact partner organisations for cooperation and identify the participants to invite.

3.1 Different types of events

Sports activities for disabled children and young people can be initiated within the framework of different events:

- Organisation of a one-day event or festival open to everybody but focused on promoting sports for the disabled.
- Organisation of a sports camp lasting several days.
- Regular and continuous training – e.g. football training once a week or an individual treatment plan within medical facilities (orthopaedic centres, physiotherapy departments in hospitals, mobile health teams, etc.).

One-day events can be interesting and inspiring for the whole community. However, meeting the objective of introducing sport as a way of integration means at least a medium-term commitment. In order to guarantee the sustainability of practising sport, it should be integrated into community activities and facilities and if possible, even into national networks.

Irrespective of the type of event, the main objective is always to strengthen the role of the disabled children and young people, to improve their social interaction and facilitate their integration into society. Nevertheless, priorities may shift from one type to the other; whilst a one-day event or festival focuses more on the aspects of general awareness raising, regular and continuous training aims at empowerment and physical rehabilitation. A sports camp lasting several days includes all elements, a focal point may be identified by the organising team.
Cambodia and the Lavalla Sports Camp

In Cambodia, project activities were integrated into the existing mechanism supporting disabled people in the province of Battambang and Siem Reap. The sports camps relied on existing facilities of sport clubs and schools. Additionally, the team contacted NGOs and governmental institutions for support of the project. Six sport teachers were selected for the project and made responsible for the preparation. One of the camps was the Lavalla Sports Camp:

The sports camp was organised in the premises of the Lavalla school. The school is managed by the Marist Brothers who provide secondary education to children with disabilities.

34 children were invited to this sports camp, among them 23 children with disabilities and 16 girls. Disabilities included polio, paraplegia, club foot, amputations and multiple disabilities. Among the trainers, only one was not disabled. The trainers were responsible for the organisation of the activities. Three games, chess, artistic and wheelchair basketball had been selected for the camp.

The first day of the camp started with welcoming the children and informing them about the purpose and the programme of the sports camp. The activities began with a few warm-up games, so called “ice-breakers”, which gave the children a chance to get to know each other. The children were then divided into groups. The division was according to two criteria: the medical typology of the disability and the desire of the child. After the first activities the children were once more gathered to exchange their experiences and offer feedback. After lunch and a rest break, the afternoon activities started. The day ended with a final meeting including discussions and short interviews with some of the children and the trainers. All through the day shorter breaks with the distribution of soft drinks and snacks were organised, which gave an opportunity to discuss and continually gather suggestions and complaints.

The organisers reported that a few days of sports activities were not enough for teaching and consequently learning all the rules and techniques of chess, artistic and wheelchair basketball. Despite this, experiences clearly demonstrated that games and sports activities positively influence and improve the perception of children with disabilities. The fact that the group not only played but also ate, lived and travelled together, resulted in better mutual understanding and facilitated integration.
3.2 Preparations

When organising a single sports event or a sports camp the following steps are recommended (see also part III, Sports and Games, for a check list):

**General preparations**

- Contact relevant institutions, organisations and associations.
- Organise preparatory meetings with representatives of as many groups and organisations as possible, either in joint or in separate meetings.
- Identify tasks and responsibilities: organise one or several teams – trainers, teachers, monitors, parents, volunteers, etc.
- Determine easy mechanisms for communication and decision making before and during the event.
- Draw up a budget estimate.
- Prepare and implement a campaign, disseminate information on a large scale to raise general awareness on the issue and target potential participants as well as the public.
- Identify suitable sites and facilities for the event: consider the need for a playing field, accommodation, dressing rooms, etc.
- Select and schedule sports activities.

**Logistics**

- Identify and procure the necessary equipment and incentives (including food, soft drinks)
- Organise the storage of equipment
- Clarify the use of equipment after the camps
Part II – THE HANDBOOK

• Organise the accommodation and means of transportation of the disabled participants and possibly also for the non-disabled children

3.3 Partner Organisations
Organisations and institutions – non-governmental and governmental, local and international organisations, associations and institutions as well as schools, health and rehabilitation centres, etc. may serve as partners on different levels. These institutions may provide not only financial support but also know-how, equipment and/or facilities. Cooperating with an existing sports club for the disabled has the advantage that their status as an organisation providing rehabilitation sports activities for people with disabilities is already recognised and their reputation established with the public at large. Including these organisations into the planning of the activities right from the beginning will facilitate the implementation later on and guarantee the continuity of activities (“ownership”) on a long-term. Associations of parents also offer valuable resources, knowledge and support.

3.4 Participants
Who are the participants?
The participants in the sports camps in Cambodia and Angola included boys and girls with and without disabilities between five and eighteen years. Therefore the focus of this handbook is on sports activities for children and young people; however parents, family members or other adults with and without disabilities need also to be considered as participants in sports activities. Experience proves that the involvement of parents of disabled children is a very effective approach that increases the parents’ understanding of their disabled child and their respect by the community. Thus, sports events with the objective of integrating disabled children and young people need to be open to anyone interested.

When defining criteria for selecting participants for sports activities, the following should be taken into consideration:
• Children with and without disabilities
• Gender
• Age
• Type of disability
• Level of expectations, motivation and skills
Children with and without disabilities

In order to ensure the process of integration, the sports activities should target both children with and without disabilities. Only mutual contact between the two groups can increase mutual appreciation. Non-disabled people will be able to accept as well as develop an emphatic understanding and a sensitivity towards people with disabilities. This direct contact teaches them not to judge a person by his or her appearance or cognitive capabilities, but rather to consider their actual abilities and capacities. This new perspective challenges negative attitudes and behavioural insecurities and may result in a change of behaviour. However the social integration of disabled people means a process where not only the social conditions and the attitude of able bodied people have to change but also the attitudes and the behaviour of the disabled themselves.

Gender

Sport is frequently perceived as a male prerogative for leisure and well being, while women have restricted rights and rare opportunities concerning their leisure time. Nevertheless, during the project, girls and young women expressed a serious interest in practising sport. In order to encourage their participation, a corresponding information campaign should promote the subject before carrying out any sport activity. During the event, women need to have access to their own facilities: separate accommodation, toilets and dressing rooms. Experience from the project shows that girls are as highly motivated as boys, when given the chance to participate. However some activities may be more difficult for girls to accept due to cultural values and physical limitations. Boys and young men may also find it problematic to accept the participation of girls in mixed groups. As certain activities demand not only physical strength but also body contact, like boxing and Tae Kwon Do, girls may at first appear shy and reluctant. But after their initial embarrassment, once they have seen that nobody complains or laughs at them, they usually appreciate being allowed to use their physical strength and they may even develop serious ambitions and a fighting spirit. It has proved positive to let disabled girls play together in a homogenous group during the first hours of sports. This streng-

4) Rehker, Uwe: Integration through games and sports, Oxford 2000, p. 53
Part II – THE HANDBOOK

then their role as a disabled child among other disabled. The next step for disabled girls is to play together with non-disabled girls in order to strengthen their role as a girl. Only then, the girls are ready to play together with the boys. Consequently, girls and young women need additional support and specific attention in sports activities that are typically considered as male sports.

**Age**
Sport offers an opportunity for children and young people of different ages to play together under similar conditions. The mix of ages forces the participants to respect and give consideration to different demands and expectations. The larger the age difference, the more understanding everybody needs vis-à-vis the other team members.

**Type of disability**
Sport for the disabled should be open to everybody to the greatest extent possible, irrespective of the type of the disability. Nevertheless sometimes a medical categorisation is established in respect of the type and the severity of the disability. This helps to identify right from the beginning the potential risks and difficulties, and it indicates which sociomedical professionals might be needed as partners or resource persons (see also chapter 2). On the other hand, individual motivation, personality, interest etc. are classification criteria, which the individual person with disability may consider more relevant than the type of her/his disability. Both approaches deserve close attention and need to be considered seriously before starting any activity. This usually requires a detailed preparation in advance with representatives of all groups and partners concerned.

**Level of expectation, motivation and skills**
The level of expectation, motivation and skills determines who will participate and in what way. It also determines the degree of difficulty of the activities. Sport can be practised out of recreational, therapeutic or competitive motives; the project in Cambodia and Angola emphasised the first two.
objectives. There are always children who are eager to be included in a sports team and others who are more difficult to engage. One specific objective of the project was to invite children who have not yet been involved in or in contact with this kind of activities. Such children may at first refuse to participate because of anxiety or uncertainty concerning their own capacity. Explaining the objective and clarifying the expectations may persuade the child to join in. However, a child should never be forced to participate.

When a child considers a task to be too easy, it will start to lose motivation and its ability to learn. On the other hand, faced with tasks that are too difficult, the child will be unable to cope adequately and may lose all ability to act. The trainer has a difficult responsibility trying to assess the individual level of skills for each child and finding the balance between challenging tasks and risks.

3.5 Information and mobilisation of participants

Identification

Identifying potential participants can be a difficult task in a country with limited resources. According to a study in Cambodia, approximately 98 percent of the children with disabilities are unaware of the possibilities and advantages of practising sport. Nevertheless, the project experienced little problems in attracting participants for the sports camps. Hardly any public activities and events are organised for children in general and disabled children specifically, consequently there was great interest in participating in the sport camps.

There are many formal and informal ways to inform and access people, some are listed below:

- Media broadcast – widespread information on the possibility of practising sports.
- Spreading information in places where children and young people usually gather (the market, the riverside, etc.).
- Visiting families at their home, informing disabled children and their family about the planned sports event.
- Mobilisation of non-disabled children and young people from the same neighbourhood as the disabled children.
Any partner or resource organisation should also be involved in the identification of possible participants:

- Mobilisation through rehabilitation centres or other institutions and NGOs working with disabled children and youth.
- Contact to children in schools, kindergartens or other similar institutions.
- Mobilisation within an existing local sports centre.

**Obstacles**

**The context of hardship**

In a situation of economic and socio-political hardship (post-war conditions, poverty, lack of infrastructure, etc.), many resources like food, medical equipment, physical and psychological strength are scarce. Any kind of disability often represents further challenges to the individual as well as the community. Offering people with disabilities the opportunity of leisure under such conditions might be considered an excessive luxury. Anticipating this reaction, the main objective and the importance of sports as means of rehabilitation and integration need to be emphasised. Through sports, disabled people strengthen their physical and psychological abilities, which encourage their active participation in daily life. Not only the individual but also the community will benefit.

**Cultural sensitivity**

Certain therapeutic approaches and medical treatment may interfere with cultural values or the interpretation of a specific disability. The involvement of all groups and organisations concerned at all levels (preparation, implementation, evaluation) reduces this risk and allows at the same time the introduction of innovative approaches. Rehabilitation work, through sports or through other methods, always means to respect, involve and strengthen the community network in the same way as the individual person with a disability.

**Participation of parents**

Parents proved to be the main obstacle to the participation of children in sports camps in Cambodia as well as in Angola. Parents often have insufficient knowledge of the possibilities of rehabilitation. They fail to accept the disability of their child, experiencing at the same time a feeling of isolation, guilt and confusion. The inclusion of parents at the planning stage is crucial as their approval is an inevitable precondition
for the children’s participation. The concept of rehabilitation through sports requires much explanation and discussion, and the underlying concerns and misconceptions about disability need to be addressed. The same is true on the issue of girls and young women with disabilities participating in sports activities. Experience pleads in favour of identifying concerned parents who are willing to cooperate and let them address other parents.

**Incentives and Motivation**

Organised sports activities are generally a rare but welcome change in daily life. Even the planning and preparation stages usually meet great interest. Therefore, finding participants may be easy and incentives considered unnecessary. However, the lack of resources of families and the community very often limit the possibility for children to participate. Thus, organisers of sports activities should support the children’s participation. The level of support has to be adjusted to local conditions and the general environment. Too extensive material and monetary incentives may create envy in the community and it also risks destroying the authentic motivation of the participants. In the event that incentives are given it is important not to favour certain participants, for example exclusively the group of disabled children, as it may cause jealousy and be an obstacle to the process of integration. The organising teams in Cambodia and Angola provided means of transport, accommodation, food, soft drinks etc. Food and drinks are of utmost importance to directly compensate the energy used during physical effort and prevent children from losing strength.

The following elements can be considered as an alternative type of incentive and should be communicated on a large scale during the awareness and information campaign at the planning stage of any activity. Sports activities provide the opportunity to:

- enhance fitness and health.
- improve the physical rehabilitation reducing the risk of any further physical handicap.
- increase well-being and self-esteem.
- promote child-to-child interaction.
- improve recognition and appreciation.
- increase social attention and integration.

For parents, sports activities provide the opportunity to:

- experience their child positively.
- meet other parents.
Part II – THE HANDBOOK

- get a break from everyday life.
- increase their understanding of the abilities of their disabled child.
- improve the relationship between parents and children.

3.6 The constitution of groups
Preconditions
When participating in sport events, children and young people need to be divided into different groups. There are two basic preconditions influencing the forming of groups: either the members of a group know each other already, or they come together for the first time for this specific occasion.

An already established group can be a school class or a kindergarten group. It is important that this group already includes both disabled and non-disabled children to allow integration. With this group, there is no need for an amble phase of getting to know each other. Activities then should concentrate on new abilities and capacities and encourage a change of perspectives and attitudes, thus challenging established negative attitudes and misbehaviour within the group.

A new group may come together for a specific event or purpose. In this group nobody or very few participants know each other. Newly formed groups need sufficient time to get to know each other and start building trusting relations. In this case, easy, culturally well-known sports and games may serve as “ice-breakers”. Only after this phase, should trainers introduce activities that are new to the group.

Establishing groups
After having clarified preconditions regarding the participants, groups can be formed according to the recommended criteria listed above: disabled and non-disabled children, gender, age, type of disability and level of expectation, motivation and skills.
In general, participants can either be organised into homogenous or heterogeneous groups:

The advantage of a *homogeneous group* is that the participants have similar objectives, abilities and skills. There is no need to coordinate many different needs, thus the group can get started quickly.

*Heterogeneous groups*, on the other hand, offer the only real opportunity for integration. Integrated sport groups bring together different demands, orientations and capabilities. This calls for mutual understanding, respect and tolerance. The degree of difficulty in a *heterogeneous group* must be adapted to the potential of each individual. Only then will real cooperation be possible. This approach offers interesting opportunities as well as considerable risks; the latter may be reduced by a good preparation, a long enough initial phase of getting to know each other and close attention from the trainers during the games. Within *heterogeneous groups*, where the differences are great, the trainer should try to individualise and differentiate the tasks according to all the children participating in this group. Soon after the start of a game, the trainer should accept a passive role and let the children find their own solutions together to any problems that arise. This approach strengthens the team spirit within the group.

### 3.7 Main criteria for the choice of activities

Disabled children can participate in games and sports activities:
- with the assistance of non-disabled children.
- in activities with modified and adapted rules, such as football with crutches, sitting volleyball and wheelchair basketball.
- in invented games and sports for disabled.

Non-disabled children should participate, not only in the first, but also in the other two types of games and activities. All sports and games must be feasible for all participants, no one should be excluded just because of his/her disability – or lack of disability!
The teams in Cambodia and Angola used the following criteria in selecting appropriate games and sports activities:

- suitability for physical, psychological and social rehabilitation
- social and cultural feasibility (low costs, e.g.)
- standardised rules, easily taught, learned, and adaptable to specific needs
- community-based capacity building

3.8 Equipment

The equipment used in sports activities needs to be easily obtainable, cheap, safe, available on a daily basis, durable and suitable for children of all ages. It ought to offer many possibilities of variation and its use should not require extensive explanations.

Before organising a single sports event, thought should be given to how the equipment will be used after the event: Where can the equipment be stored, who is responsible for it and who may use it, when, where, under which conditions, etc.? Often the equipment is made available to children in schools, rehabilitation centres or already established sports clubs.
Part III – SPORTS AND GAMES

1. Checklist

*Have you...???

- contacted relevant organisations, institutions, schools and rehabilitation centres?

- talked to both disabled and non-disabled children and young people
  (see also chapters 2, 3.4 and 3.5):
  - asked them about their expectations and desires?
  - discussed the typology of their disability?
  - and invited them to the camp / event / weekly training?

- talked to the parents (see also chapters 3.3 and 3.5):
  - about the disability and the needs of their child?
  - about the advantages of participating in the sports activities?
  - and invited them to the camp / event / weekly training?

Remember to talk to the parents again after the games, telling them about their child’s achievements and in what respect s/he benefited on a physiological, psychological and social level.

- discussed with a professional about (see also chapters 2 and 3.4):
  - the disabilities of each child participating?
  - recommended activities for the different disabilities?
  - the potential risks?

- organised the practical issues (see also chapter 3.1 and 3.2):
  - identified and discussed the distribution of roles and responsibilities with all actors concerned?
  - agreed on mechanisms of communication and decision making before and during the event?
  - planned the evaluation and documentation of the sports activities undertaken, partners involved, comments, problems, tips etc.?
Part III - SPORTS AND GAMES

2. Evaluation sheet (as used in the project)

Trainers used this sheet together with participants for the evaluation of games and sport activities.

**Title of the game / sport activity:**

*A) Main questions (please answer each question):*

1. How often was the game / sports activity tested?
2. Which of the 4 proposed target groups were most suitable for this game? Why?
3. Which disabilities had the participating children?
4. What age group do you suggest?
5. How many children should ideally be involved?
6. How was the game accepted by the participants?
   - very good - □ □ □ □ □ - very bad
7. How much time took the game average?
8. Which playground was suitable for this game?
9. Was the description of the game clearly formulated? What problems in understanding did occur?
10. Did you or the children create variations of the game? Which ones?
   (Please answer on next page.)
11. Experiences (strong points and risks of the game) / any other suggestions and comments (target group, materials, disturbing influences of the environment).
   (Please answer on next page.)

*B) Supplementary questions:*

1. What approach was more successful in implementing the game:
   - a) the given approach (playing according to a fixed framework) or
   - b) the flexible approach (children participating in the planning of the game)? Why?
2. How did you integrate initially timid children or marginalized groups (girls, severely disabled, younger children) into the activities?
3. Do you agree with the given objectives of the game? Which ones don’t you agree with? Are there any other objectives you would like to add?
4. Notes / Comments / Observations:

This manual is intended to provide practical advice on the organisation of sports events for disabled children. However the manual is only a first step in documenting experiences and further feedback from similar projects is needed. So please, add to our knowledge and contact us at: info@handicap-international.de
3. Detailed descriptions

This chapter presents the list of recommended sports and games. The description of each of the twelve tested activities includes the rules of the game where possible; games with complicated rules refer to the relevant references in the internet. Descriptions also include comments and recommendations from the sport camps in Cambodia and Angola. The idea is that this part of the book should be used out on the field as a practical guide including the description of the activities and providing at the same time space to write down own observations, comments and improvements. The list is a recommendation of feasible sports and games. Because of the variety of disabilities and their gravity, it is not possible to prepare a list valid for everybody. Every child is an individual and a ready-made solution is evidently not possible. The trainers and multipliers must therefore be flexible and able to adapt games and sport activities to the need of each individual child.

*Suggested sport activities* (selected games for sports camps are underlined)

<table>
<thead>
<tr>
<th>Ball games:</th>
<th>Badminton</th>
<th>Wheelchair basketball</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burning ball</td>
<td></td>
<td>Football with crutches</td>
</tr>
<tr>
<td>Goal ball</td>
<td></td>
<td>International game</td>
</tr>
<tr>
<td>Rescue ball</td>
<td></td>
<td>Table tennis</td>
</tr>
<tr>
<td>Tennis</td>
<td></td>
<td>Sitting volleyball</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competition:</td>
<td>Cycle race</td>
<td>Marathon (short-distance)</td>
</tr>
<tr>
<td></td>
<td>Crutch-runners race</td>
<td>Wheelchair race and slalom</td>
</tr>
<tr>
<td></td>
<td>Athletics – Relay races</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games:</td>
<td>Wizards and fairies</td>
<td>Bowling</td>
</tr>
<tr>
<td></td>
<td>Boccia</td>
<td>Drawing knots</td>
</tr>
<tr>
<td></td>
<td>Chess</td>
<td>Halma</td>
</tr>
<tr>
<td></td>
<td>Darts</td>
<td>Gulf</td>
</tr>
<tr>
<td></td>
<td>Ox on the Hill</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Fitness:</td>
<td>Gymnastics and acrobatics</td>
<td>Rhythmic gymnastics</td>
</tr>
<tr>
<td></td>
<td>Climbing/crawling</td>
<td>Free dance</td>
</tr>
<tr>
<td></td>
<td>Robot program</td>
<td>Martial arts – Self-defence</td>
</tr>
<tr>
<td></td>
<td>Swimming</td>
<td></td>
</tr>
</tbody>
</table>
Wheelchair basketball


Target group: Disabled (all disabilities) and non-disabled in wheelchairs (the non-disabled must play seated in a wheelchair)
Girls and boys (heterogeneous)
Age 12–18
Five players per side plus substitutes for each team

Material needed: Basket, ball, wheelchairs

Basketball court: The court should measure 28m by 15m and be marked with lines denoting boundaries for free throw lanes and the 3-point field goal area. The basket is placed at a height of 3.05m.

Time needed: Four 10-minute quarters with a 10-minute break after two 10-minute periods.

Objectives: Strengthening self-confidence, sport skills, team spirit, coordination, agility, orientation in space

Rules: (short version, for the complete rules see www.iwbf.org)
The rules of wheelchair basketball are similar to those governing running basketball. To begin each quarter of the game a tap-off is conducted in the centre circle of the court, where a player from each team faces off for possession of the ball. As in running basketball, a goal from a free throw counts for one (1) point. A goal from the field counts for two (2) points. A goal from the 3-point field goal area counts for three (3) points. The player may push on the wheels of the wheelchair no more than twice, before dribbling, passing or shooting the ball. Three pushes on the wheels of the wheelchair, constitutes a violation. A player is considered out-of-bounds if s/he or any part of her/his wheelchair is in contact with the floor on or outside the boundary lines. Likewise the ball is out-of-bounds. In such cases it is awarded to the opposing team for a throw-in from the boundary lines at the closest point to the infraction. A closely guarded player who is holding the ball must pass, shoot, roll or dribble the ball within five seconds. Similarly, a team must bring the ball from its back court to its front court within eight seconds.
Fouls are infractions of the rules involving personal contact with an opponent or unsportsmanlike behaviour. A foul is charged against the offender and the penalty may be either a loss of possession of the ball to the opponents, a free throw shot or a series of free throw shots awarded to the opponents, depending on the nature of the foul. A personal foul is charged to a player who blocks, holds, pushes, charges, or impedes the progress of an opponent with either his body or wheelchair. A technical foul is charged when a player exhibits deliberate unsportsmanlike conduct, when a player raises off the seat of the wheelchair or when a player removes his feet from the footrests or uses any part of his lower limbs to gain an unfair advantage or to steer the wheelchair. After five fouls, the player is excluded from the game.

Experiences of the project:
According to the project, strictly following the rules obliged the trainers to stop the games too many times, consequently the rules were made easier and sometimes completely dropped. The games were considered amusing and really exciting. It permitted the non-disabled children to recognise directly the difficulties faced by disabled children.

Comments and notes:
Part III – SPORTS AND GAMES

Football with crutches

For amputee football see, www.amputeefootball.co.uk

Target group: Disabled and non-disabled (heterogeneous)
All disabilities (this description is for people with amputations, however football can be played by deaf and blind persons or people with other disabilities)
Girls and boys (if possible; girls may be difficult to persuade and should first try within a homogenous girls-only group)
Age 12–18
6 players per side, plus keeper

Material needed: Ball, goal, shoes

Playing field: Plane surface; outdoors: 50 meters x 30 meters

The goal: 2 meters high x 3 meters wide

The ball: Standard FIFA

Time needed: 2 periods of 25 minutes each, with a 10 minute halftime break

Objectives: Strengthening coordination, agility, flexibility, orientation in space, cooperation, self-confidence, team and fighting spirit

Rules:
Amputee football is basically the same as the two-legged version, with some minor adaptations:
- Outfielders may have two hands but only one foot.
- Goalkeepers have two legs, but only one hand.
- The game is played without prosthesis, on crutches.
- Incidental contact between the ball and a crutch is allowed. But crutches may not be used to advance the ball. Blocking, trapping, or advancing the ball with a crutch is considered the same as a handball.
Part III – SPORTS AND GAMES

- Residual limbs may not be used to advance the ball. That keeps it a fair game, since someone with longer residual limbs would have a distinct advantage over those with shorter residuals. Incidental contact is ok, but a player may not use the residual limb to trap, block, or pass the ball.
- The offside rules do not apply in amputee soccer.
- The goal keeper is not allowed to leave the penalty area; if this occurs and is deliberate, a penalty is awarded to the other side and the goalkeeper dismissed from the field of play.
- Substitutions of players may be made at any time and shall be unlimited.

Variations:
It is permitted to touch the ball with hands, football in wheelchairs etc.

Experiences of the project:
Football is a common sport all over the world and well-known to the children in Cambodia and Angola. Therefore the game quickly got started after the trainers and children had refreshend the rules and tactics. In Cambodia the girls could not be persuaded to participate in football, because it was considered too tough.

Comments and notes:
Part III – SPORTS AND GAMES

Table tennis


Target group: Disabled and non-disabled (heterogeneous)
In international competitions the participants are divided into three groups according to their disabilities. The groups constitute of players who compete standing, sitting in wheelchairs and a group of people with mental disability.
Girls and boys
Age 8–18
Singles (2 players) or doubles (4 players)

Material needed: Table, net, rackets and ball

Time needed: One match consists of five sets each being played until eleven points have been reached.

Objectives: Improving the individual strength, concentration, reaction speed, coordination, agility

Rules:
The general rules for table tennis also apply to table tennis for disabled with slight modifications for wheelchair athletes: A game includes 5 sets with 11 points in each. The player, or doubles team, who first scores 11 points wins the set. However the set must be won by two points, which means that the game goes on until one of the players gains a lead of two points. When serving, the player stands behind her/his end of the table. The server throws the ball straight up in the air. As the ball falls, s/he hits the ball so that it lands on her/his half of the table, makes one bounce, and lands on the other side of the table. If the serve touches the net, it is a let, and must be served again. The server serves until five points have been scored, and then the other player gets to serve for the next five points. In the event of 10 to 10, the serve alternates after each point until one of the players gains a two-points lead. The ball must not bounce twice on one side of the table and it can not be hit more than one time per return. The adjustment for wheelchairs includes, among other things, a reduction of the playing area and if the receiver strikes the ball before it crosses a sideline or takes a second bounce on his side of the playing surface, the service shall be considered good.
Variations:
Playing without a net or allowing double rebound of the ball for all participants.

Experiences of the project:
Some children, especially paraplegic and polio affected, had some problems with handling the racket. Table tennis required good technical approach and physical condition, nevertheless the children really appreciated the game. The trainers of the project formed doubles, which created a good interaction and stimulated a positive sense of fighting spirit.

Comments and notes:
Part III – SPORTS AND GAMES

Sitting volleyball


Target group: Disabled and non-disabled (heterogeneous), everybody sitting
All disabilities
Girls and boys
Age 10–18
Two teams with 6 players in each, plus substitutes

Material needed: Ball and net

Playing court: In sitting volleyball, the net is about 1.15 m high for men and
1.05 m high for women. The court is 10 x 6 meters with a
2-meter attack line.

Time needed: 5 sets are played, to win, 3 sets must be won. 25 scores are
made within each set.

Objectives: Improving individual strength, balance, agility, coordination,
tactical skills and team spirit, easy integration of able and
disabled players

Rules:
Disabled volleyball follows the same rules as its non-disabled counterpart with a few
modifications: the reduction of the surface and the net’s height. The ball should be hit
with the hand or other parts of the arm. The game is played in rallies: a rally is a se-
quence of playing actions from the moment of the hit by the server until the ball is out
of play. The team is entitled to a maximum of 3 hits of the ball, before returning it. A
team scores a point by successfully grounding the ball on the opponent’s playing court.
If the serving team wins a rally, it scores a point and continues to serve, if the receiving
team wins a rally, it scores a point and it serves next. When the receiver team has won
the right to serve, its players rotate one position clock-wise. A player may not touch the
net during the action of playing the ball. Players in the front-row are allowed to block
the ball, but the buttocks must remain in contact with the floor. A block is not counted
as a team hit.
Variations: It is permitted to touch the ball with the feet.

Experiences of the project: In order to improve the approach to the game and to facilitate the comprehension of the rules, the trainer changed some restraints, such as the impediment to touch the ball with the feet. Some difficulties occurred caused by the lack of knowledge of the rules but the game was generally appreciated, especially among boys.

Comments and notes:
Wheelchair race and slalom

**Reference:** Special Olympics Kentucky, www.soky.org

**Target group:** Disabled and non-disabled (heterogeneous)
All disabilities
Girls and boys
Age 8–18
Approx. 4 children per race

**Material needed:** Wheelchairs, cones
The use of shoes and gloves is highly recommended.

**Running lane:** Flat surface. Wheelchair race: 25 m and 100 m. Wheelchair slalom: 30 m.

**Time needed:** Varying

**Objectives:** Improving individual strength, cooperation, coordination, agility, self-esteem and spirit of competition

**Rules:**
The participants start with all wheels of the wheelchair behind the start line at the sound of a whistle. Hands and feet may be used to move the wheelchair. The winner is the one first crossing the finishing line with the first two wheels. Each wheelchair should run in a lane demarcated with cones, stones, sticks, etc. A stopwatch can be used to time the participants.

Wheelchair slalom follows the same basic rules as wheelchair race. For each participant 5 cones are placed at five meter intervals. The cones should be placed in the middle of each lane. The participants must go around the cones, knocking down a cone constitutes a violation and a three-second penalty will be assessed.
Variations:
Able-bodied children can compete by pushing children in wheelchairs, the child in wheelchair and the able-bodied child thus form a team. Able-bodied can also compete seated in wheelchairs. Blind children can be guided by verbal cues of a seeing “partner” child.

Experiences of the project:
The wheelchair race appeared as one of the most appealing sports, both among girls and boys. The rules were easy to understand; however the children, who had never before used a wheelchair, needed some training time to get used to the wheelchair. The children raced everyday of the camp and the trainers observed growing skills each day.

Comments and notes:
Part III – SPORTS AND GAMES

Athletics – Relay races

Athletics include a number of different activities; trainers in charge of the sports camps decided to test and evaluate relay races. Other athletic events are:

- Track events: 100, 200, 400, 800, 1 500, 5 000, 10 000 meters
- Field events: Long Jump, Triple Jump and High Jump
- Throwing events: Shot Put, Javelin and Discus
- Marathon

**Reference:** IPC athletics, http://www.ipc-athletics.org

**Target group:** Disabled and non-disabled (heterogeneous)
People with visual disabilities, learning disabilities, cerebral palsy, ambulatory athletes and athletes in wheelchairs.
The activity must be modified according to the type of disability
Girls and boys
Age 8–18
Mixed (disability, age, sex) teams with 4 children in each team

**Material needed:** Baton

**Running lane:** 100 m or 400 m (other distances are of course possible), with a take-over zone of 20 meters.

**Time needed:** Varying

**Objectives:** Self-esteem, team spirit, cooperation, coordination, agility, orientation in space

**Rules:**
The runners in each team exchange a baton while running: The first runner runs her/his part of the race (25 m or 100 m) and hands-over the baton to the next team member waiting in the take-over zone. In order to facilitate the hand-over the second person should start running while the first is approaching. A fair exchange is established when the incoming runner passes the baton to the outgoing runner within the take-over zone. Each team needs two running lanes to be able to manage the exchange of the baton.
Experiences of the project:
The activity started off with some individual races, but because of shyness and diffi-
dence it was not successful. Given the above mentioned circumstances it proved to be
very difficult to involve the children in any individual athletic activity. Therefore it was
decided to set-up mixed teams and organise relay races. The relay races within teams
were much more appreciated. The involvement of girls proved especially difficult initial-
ly, but the creation of well-balanced heterogeneous groups solved the problem.

Comments and notes:
Wizard and fairies

Reference: DRS - Deutscher Rollstuhlsport

Target group: Disabled and non-disabled (heterogeneous).
Able bodied children help the children in wheelchairs
All disabilities
Girls and boys (heterogeneous)
Age 4–14
8–10 participants

Material needed: None

Playing field: All kinds of plane surface, or slightly sloping.

Time needed: 15–25 minutes

Objectives: Agility, creativity, coordination, teamwork, concentration, self-confidence

Description (told as a story understandable for children):
All children are gnomes, except for 2 or 3 who are wizards, all living in a gnomes-land. Everybody runs around freely. The wizards are the catchers and they try to turn the gnomes into stone by touching them and calling out „Simsalabim“. Gnomes that have been caught, must stand still and raise one arm to show that they have been caught. Among the gnomes there are 2 fairies who can free the gnomes by tipping them on the back secretly. The fairies are chosen beforehand without the wizards being present. A caught fairy should pretend to be turned into stone just as the gnomes to avoid being identified as a fairy by the wizards. To free a gnome, a fairy can only move slowly in order not to be revealed. As soon as a wizard identifies a fairy, the fairy is turned into stone for the rest of the game. If the game is finished because all gnomes have been turned into stone, the wizards must try to identify the fairies afterwards.
Variations:
The children created their own variations, for example, able bodied and amputee children helped the children in wheelchairs when they had difficulties in moving fast.

Experiences of the project:
Wizard and fairies was a warm-up game, which allowed interaction and confidence building in a good ambience. The game gave the children a chance to use their imagination. Most interested in the game were the younger children (7–12).

Comments and notes:
Part III – SPORTS AND GAMES

Boccia


Target group: Disabled and non-disabled (heterogeneous)
All disabilities, especially recommendable for children with cerebral palsy
Girls and boys
Age 6–18
2–6 participants

Material needed: A set of Boccia balls consists of 1 small ball (white) and 6 red and 6 blue larger balls (the colour can differ). Boccia balls are made from different materials: they should be soft enough to grasp but hard enough to roll well on the court surface.

Playing court: It can be played on any larger open ground, with a hard surface, 8–10 meter length.

Time needed: Varying

Objectives: Physical and mental training, concentration, strategic thinking, team spirit, cooperation, coordination, agility

Rules:
Boccia can be played one-on-one, in pairs, or with teams of three. The game begins with a player throwing the white target ball onto the court. Opponents then take turns trying to throw their game balls as close as possible to the target ball. The goal of the game is for players/teams to get their Boccia balls as close as possible to the target ball. The person who gets their ball closest to the small ball is the winner.

Variation:
People with cerebral palsy can use ramps to launch the ball into the playing area. Instead of building ramps, children can also use their body as the launching ramp. They do this by sitting on a chair with their legs together, stretched out straight and slightly elevated – toes are pointed to the white target ball. The Boccia ball is then held at the chest and it rolls down the body. Children will have to move their legs (angle and direction) to aim the ball.
Experiences of the project:
Boccia was very appreciated by the children, especially among the girls because the game did not require physical strength.

Comments and notes:
Part III – SPORTS AND GAMES

Chess


Target group: Disabled and non-disabled (heterogeneous)
All disabilities, especially for children with severe physical impairments
Girls and boys
Age 10–18
2 participants

Material needed: Chess board and pieces

Time needed: Varying

Objectives: Critical thinking, problem solving skills, concentration,
self-discipline, requiring to assume responsibility for decisions,
raising the self-esteem

General rules:
The ultimate aim in the game of chess is to win by capturing the opponent’s king. The rules are complex and each type of piece has its own method of movement. For rules please check the references or engage a specialised teacher. Participants and trainers in countries who are not acquainted with this game need to allow ample time for explaining and learning the rules of this game.

Experiences of the project:
The game is well-known in Cambodia, however it took some time explaining the rules for the children; some cultural variation and adaption of the rules were allowed. Especially the children with sever physical disabilities appreciated the game, as it provided an opportunity to defeat an able bodied opponent.
Part III – SPORTS AND GAMES

Comments and notes:
Part III – SPORTS AND GAMES

Darts


Target group: Disabled and non-disabled (heterogeneous)
All disabilities
Girls and boys
Age 6–18

Material needed: 3 darts per participant / team and a dartboard

Time needed: Varying

Objectives: Concentration, orientation in space, team spirit and cooperation (when played in teams), self-confidence

Rules (simplified):
A throw consists of three darts. All darts are to be thrown, one at a time. Any dart bouncing off or falling off the dartboard are not to be thrown again. A dart scores if the point remains in the dartboard, until the score has been called and recorded. The score is counted from the side of the segment wire in which the point of the dart enters the face of the dartboard. The dartboards shall:
- be of a 1–20 clock pattern.
- have an inner centre ring, “Bull”, that scores ‘50’ points.
- have an outer centre ring that scores ‘25’ points.
- have an inner narrow band, ‘Tripple Ring’, which scores tripple the segment number.
- have an outer narrow band, ‘Double Ring’, which scores double the segment number.

According to competition rules the dartboard shall be placed so that the centre of the 'Bull' hangs 1.73 meters from the floor. Especially for smaller children it can be adjusted at a lower height. The minimum throwing distance shall measure 2.37 metres, but can be adjusted as well.

Experiences of the project:
Easy to understand and learn, highly accepted and appreciated. To avoid injuries, the teams set up a no-entry zone.
Part III – SPORTS AND GAMES

Comments and notes:
Part III – SPORTS AND GAMES

Gymnastics and acrobatics

**Target group:** Disabled and non-disabled (heterogeneous)
All disabilities
Girls and boys (heterogeneous)
All ages
4–10 participants in each group

**Material needed:** Balls or boxes and rope, a beam or a roll board

**Playing field:** All plane surfaces – indoor and outdoor

**Time needed:** 20–30 minutes

**Objectives:** Coordination, agility, flexibility, orientation in space, creativity,
teamwork, communication, cooperation, concentration, self-confidence, social integration, sense of perception, balance

**Description:**
Acrobatics: The children build figures and pictures by using their or the other children’s bodies. When high figures are formed, arms and legs have to be in a vertical position so that the weight of the person on top of the group or partner is pressed directly onto the ground. The knee joints must always be kept in a slightly bowed position. The children should never bear more than their proper weight. Figures should quickly be built up and removed, although sudden movements should be avoided. Children who consider themselves too weak or heavy to take part can be charged with other tasks like controlling the figures of the others, or helping them build up the figures etc. One can create the figures in combination with pantomime, music and cultural symbols.

**Variations:**
Forming geometric figures (triangles etc.) following the signals of a whistle.

**Juggling:**
With (three) balls or small boxes.

**Magic balance:**
The children should try to balance on a line painted on the floor, on a roll-board, rope or a beam.
Experiences of the project:
Artistics require some grace and physical skills and concentrates on the observation of the body. Such a precondition could induce the problems of shyness and a feeling of inferiority. The trainers of the project tried successfully to overcome the shyness by letting the children play in groups instead of individually on their own. The children needed time to get used to feeling their own body and to be in physical contact with others. Especially younger girls seemed attracted by artistics.

Comments and notes:
Part III – SPORTS AND GAMES

Martial arts


Target group: Disabled and non-disabled (heterogeneous)
All disabilities, although special attention needs to be paid to the actual abilities and restrictions of the various disabilities. The physical contact is a potential stress factor that for some groups may be difficult to handle.
Girls and boys
Age 10–18

Material needed: Possible Protection for head, arms and/or legs, punching-bags

Time needed: Varying

Objectives: Martial arts is the training of both body and mind; increasing the strength, endurance, coordination, flexibility, self-esteem, confidence, self-discipline, respecting others, empathy, team work and cooperation.

Various types of Martial Arts:
Tae Kwon Do, Karate, Kung Fu, Judo, Ju Jitsu, Aikido, Wushu and Thai boxing

Rules:
Since there are so many different types of Martial Arts, all with complex rules, it is not possible here to describe briefly the rules and moves. Tae Kwon Do, for example, is a traditional Korean martial art, which means "the way of kicking and striking." It involves breakfalls, stances, arm strikes, kicks, blocks, and steps. Without sufficient knowledge of the rules the practice can result in injuries. Therefore only a specialised trainer who is experienced in the art of self-defence should teach other children. In respect to the availability of trainers and the acceptance of the children, it is advisable to choose an art that is culturally known.
Experiences of the project:
As the workshop only lasted a few days, the trainers decided that the risk of injuries was too high to let the children fight against each other. Instead they used punching-bags. In Cambodia the female role is closely linked with beauty and a kind of passivity. Therefore the initial interest for this activity was low among the girls. However, as mentioned before, after the first embarrassment, they really enjoyed kicking and slapping their trainers and/or the punching ball.

Comments and notes: