How to ensure safe and healthy interventions

Moving Together

Promoting psychosocial well-being through sport and physical activity
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This book has been developed with funding from the EU Lifelong Programme and through a collaborative effort between:

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Front page photo: David Moss Photography
Design and production: Paramedia 1702
Translations by Lingo24 Ltd.
Printed in Denmark by KLS Grafisk Hus. First edition 2014

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Warm thanks to Michael Albert, Carline Brice, Amy Farkas, Cecile Fernandez, Anne Lomholt Rei Hansen, Jean-Pierre Heiniger, Pelle Kvalsund, Gaël Rennesson, Louise Vinther-Larsen and all other contributors who have provided valuable input during the development of this book.

This project has been funded with support from the European Commission. The publication reflects the views only of the authors. The European Commission cannot be held responsible for any use which may be made of the information contained therein.

Additional funding has been provided by the Swiss Red Cross and UK Sport.
The PS Centre is hosted by Danish Red Cross.

Please contact the PS Centre if you wish to translate or adapt any part of Moving Together: Promoting psychosocial well-being through sport and physical activity. We welcome your comments, feedback and questions at: psychosocial.centre@ifrc.org

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Foreword

Both Europe and the rest of the world are facing significant challenges, with psychosocial problems, lifestyle-related diseases and non-communicable diseases on the rise. However evidence shows that a physically active life can benefit psychosocial well-being in a number of ways, including reduced risk of depression and dementia and lower stress levels. Sport and physical activities are popular all over the world and can be a powerful tool for social inclusion, creating a strong sense of community and togetherness. This is particularly important in times of crisis, whether the cause is economic crisis, on-going poverty, natural disaster, conflict or a health crisis.

Combining psychosocial support and sport and physical activities can universally benefit diverse groups across cultures and geography. However, it is crucial that activities are conducted in a way that respects local cultures and traditions. A holistic, inclusive approach with attention to socio-cultural appropriateness is at the core of this handbook. A European focus with global outreach makes it applicable in many different settings and geographical contexts.

There are many organizations with strong competencies in the field of sport and physical activities, and many organizations with strong competencies in the field of psychosocial support. There is also a wealth of handbooks, training material, guidelines and research in both fields. There are, however, few organizations with knowledge about both, and no generic and best-practice-based materials that provide adequate tools for use of sport and physical activities in psychosocial interventions. Without the right knowledge and experience, interventions of this kind will have no effect, or in the worst case, do more harm than good.

Four different organizations, specialists in their fields, have come together to share and learn from each other, and the result is this handbook. It is the strong hope of all four organizations that Moving Together: Promoting psychosocial well-being through sport and physical activity will become a valuable tool for programmes combining sport and physical activities with psychosocial support.

This project has been funded as a Leonardo da Vinci Transfer of Innovation Project under the European Commission’s Lifelong Learning Programme. The transfer of innovation, knowledge and learning have been central elements in the work with this handbook. All project partners are happy to receive feedback on this book, to answer questions and to suggest further reading for specific areas in this field.

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Introduction to this handbook
Moving Together: Promoting psychosocial well-being through sport and physical activity has three parts:

- The first part of the handbook (sections two to eight) explains the theoretical framework for sport and physical activities in psychosocial support interventions.

- The second part (section nine) presents a series of activity cards that can be used directly or adapted in psychosocial interventions. The activity cards explain how to facilitate the activities, how they can be adapted to suit different circumstances and how they can be used for discussion and reflection.

- The third part (sections 10 and 11) explains how to facilitate psychosocial interventions with sport and physical activities and how to set up interventions and programmes from the initial assessment to the exit strategy.

Throughout the handbook, case stories and examples are used to show how sport and physical activities can be used in psychosocial support activities. The case stories and examples are of course by no means exhaustive. They are a small selection from a wealth of possible activities and programmes which can be adapted to various settings and target groups.

The target groups of this handbook are people working in sport and physical activities, social workers, pedagogues, volunteer coaches, teachers, psychosocial support practitioners and managers in European humanitarian and sports organizations, educational institutions and international NGOs.
Sport and physical activity improve well-being
Mental health and psychosocial well-being are closely linked to physical health and can be improved by physical activities. In most cases, even moderate physical activity can help reduce physical complaints and at the same time improve overall physical health and psychosocial well-being.

Sport and physical activities have various significant effects on human well-being. The positive effects on physical health are well-known, but sport and physical activities also have strong positive impact on cognitive and psychosocial well-being. This means that sport and physical activity in and of themselves have the power to improve people's lives. If combined with psychosocial support activities, the two approaches can complement each other and have the potential to bring about major improvements to individual and community well-being. Physical activities can be used as an introduction to a psychosocial programme or be included as a component of a psychosocial programme.

Examples of physical activities include sport, dance, meditation, and may even include physical work, such as building a structure or cleaning up a community and sometimes activities like gardening or cleaning a home.

**Bio-psycho-social model**

**Genetic disposition**
- Abilities or disabilities
- Physical health
- Temperament
- IQ

**Psycho-social**
- Coping skills
- Belief in the ability to change things

**Environmental circumstances and living conditions**
- Support networks
- Self-esteem

**Social**
- Interaction with family, peers, colleagues and others
- Communication skills
- Family circumstances

**Biological**
- Ability to interact with others
- IQ

Sport and physical activity improve well-being:

### Physical benefits

There is broad consensus about the link between physical activity and physical well-being. There are many examples of the physical benefits of exercise, such as keeping bodies and muscles strong, maintaining good sleep patterns and building up healthy appetites. Physical activities also help to reduce physical feelings of stress and anxiety. They can also help to reduce incidents of violence, by giving people an alternative physical outlet for pent-up frustration.

Physical activity improves physical health in many ways. It improves the efficiency of the heart and lungs and reduces overweight and obesity. Cardiovascular diseases such as blood clots, high blood pressure, strokes and coronary heart disease, are known to be the single largest cause of ill health and death around the world. Cardiovascular diseases affect the heart, lungs and blood systems and are to a large extent caused by inactivity.

### Bio-psycho-social

Biological, psychological and social factors are interlinked and are important with regard to promoting mental and physical health or causing disease. There is a close relationship between the mind and body. They should not be seen as independent and separate, but as connected and interdependent: What affects the body often also affects the mind and vice versa. Whether someone is well or ill is not simply a matter of someone’s physical state, but is also influenced by that person’s psychological and social status as well. The stress, anxiety and depression that are often felt in and after crises situations can be seen in physical symptoms like muscle tension, headaches, stomach aches, lack of energy and sleeping problems.

Sport and physical activity contribute to various aspects of physical, cognitive and psychosocial well-being:

### Sports and mental health problems

People with mental health and psychosocial problems often have many other health problems resulting in shorter life expectancy and the lower levels of well-being. Mentally ill persons who receive medication are often less physically active, more isolated and often have harmful eating and health habits. Contrary to the general understanding of these problems, people affected by mental health and psychosocial problems are interested in increasing their physical activity level, changing their eating habits and influencing their own general well-being. However, they need support to be able to do this. Sport and physical activities may be a useful starting point to engage this vulnerable group of people, provided that the appropriate referral systems are in place.

Physical activity leads to general physical fitness, which is the body’s ability to function properly. Physical activity builds muscles and strength, which are necessary to perform everyday activities, such as walking upstairs, going to work, lifting and carrying children or doing household tasks. It also improves the ability to coordinate the body, to balance and to manipulate things and helps people to function better in their day to day lives. All this is important for everybody and for some groups in particular:
• Children: The foundation of health is laid in childhood. Children and youth who develop their physical skills and lead a physically active life are more likely to live healthier lives as adults.

• People with mental health problems are at risk of developing physical diseases due to physical inactivity caused by medication or as a symptom of their psychological condition.

• People with conditions such as severe obesity, diabetes, high blood pressure, cancer and other chronic and/or life threatening physical diseases can also benefit from physical activities.

• For older people it is important to remain physically active in order to maintain good health and remain independent.

**Cognitive benefits**

Cognitive well-being is improved through physical activity. Cognitive functioning are mental processes such as memory, attention, and concentration, understanding language, learning, problem-solving and decision-making.

Sport and physical activity stimulates and challenges the brain. When physical activity is combined with rest and relaxation, the brain develops and functioning is sustained. This way the brain improves and is better able to respond to new challenges.
can become more efficient, the ageing process is slowed and functions such as attentiveness, concentration and mindfulness improve. Importantly, physical activity also provides genuine opportunities for developing planning and problem-solving skills which are used in many other parts of life.

The brains of school children benefit especially. It has been shown that physically active children are more likely to stay in school. Physical activity also has a positive impact on academic achievement; active children tend to get higher marks.

All these benefits are felt relatively quickly after physical activities start. However, the benefits are only sustained and developed if sport and physical activities continue.

Psychosocial benefits

Sport and physical activity also have the potential to let individuals and groups forget about their troubles for a while and enjoy themselves. These positive psychosocial benefits can in part be explained by the fact that physical activity releases hormones called endorphins in the brain. Endorphins make people feel happier, less anxious and generally good about life during and at least for some time after the activity.

However the benefits cannot be explained by biochemical reactions alone. Sport and physical activity develops the psychosocial well-being of individuals and groups in many different ways:
Sport and physical activity improve well-being

- increasing levels of self-esteem, or the ability to feel positive about oneself, one's body and physical abilities, when carried out in a way, where one feels comfortable
- increasing confidence in the individual's own abilities to relate to peers
- reducing feelings of depression
- clearing people's minds as they concentrate on the activities
- improving capacity to sleep well
- reducing headaches and other body pain
- reducing social isolation by spending time with others at play
- making new friends or strengthening existing friendships by meeting new people and spending time with friends doing activities
- strengthening social skills as people engage with one another
- learning about positive and negative emotions, such as winning and losing, and how to deal with them
- providing a positive and safe space for releasing tension and stress and for dealing with emotions such as fears and frustrations.

Consequently sport and physical activity is a way for individuals and communities to improve their psychosocial well-being and improve their psychosocial skills regardless of their starting point.

What are sport and physical activities?

The terms 'sport' and 'physical activity' have different meanings in various contexts. The word 'sport' often makes us think of games such as football, tennis or cricket. It is usually associated with competition, tournaments and rules.

However this handbook uses a broader, internationally accepted concept of sport as a starting point: Sport encompasses a wide range of human motives for being physically active. Competition is one motivation, but being physically healthy, forming relationships, having a sense of belonging, feeling joy, relaxing, taking a break from everyday worries, having an adventure and being challenged are equally valid reasons for being physically active.

Feeling bad about sport and physical activities

It is important that sport and physical activities are carried out in a manner that makes all participants feel comfortable and secure. Being physically active comes naturally to some people, but to others it may be linked with various negative feelings. For example, a person with poor hand-eye coordination may not be comfortable with games involving throwing and catching a ball. A person who is not physically fit may not feel good about exercising with others who are. A person who was harassed in school during gym classes may be scared to participate. Facilitators of sport and physical activities, especially when used in psychosocial support interventions, must take care to be aware of these types of issues and adapt activities so that they are inclusive and allow all participants to improve their well-being. In this context, it is often very helpful to ensure that movement is the main aim of the activity, rather than winning or losing a game. Personal progress is the focus and positive feedback is the basis for success.

Six groups of activities

In the handbook sport and physical activities are divided into six groups:

1. Warming-up and cooling-down exercises
2. Adapted international sport games
3. Local sport and traditional games
4. Group movement games or cooperative games
5. Simple physical activities or simple exercises
6. Relaxation techniques.
Physical activity is therefore used in this handbook in its broadest possible sense to promote psychosocial well-being. This includes fitness, swimming, traditional and international games, relaxation techniques, martial arts, gymnastics, and dancing. Some sport and physical activities are organized; others are not. Some are competitive; others are played in teams or as individuals. Some are well-known around the world; others are only known within a single community.

**Six categories of sport and physical activities for psychosocial intervention**

Crisis challenges both individuals and communities in different ways. The types of sport and physical activities that are used in psychosocial responses to crisis must therefore be carefully considered and matched to the needs and social settings, traditions and cultural values of the beneficiaries.

Some activities encourage excitement or promote certain physical abilities. Other activities focus on relaxation, trust-building, connectedness, communication or collaboration. The same activities can often promote several of these competences at once. They also help to develop psychosocial skills that can lead to better management of stress, emotions, and social relations. They can be powerful vehicles for bringing people together in relaxed, enjoyable settings. They therefore provide a helpful way of handling stress reactions following crises.

Although competitive sport are familiar and are very popular, they might not be best suited to contexts impacted by crisis. Sometimes a game of football is suggested, for example, and is appropriate to needs. However, sometimes other activities may be more suitable. In many cases, activities that come from within the community – traditional or modern – are well suited to meet psychosocial aims. These kinds of activities may strengthen social bonds, create a sense of stability or reduce stress. However, it is important that the chosen games are also inclusive. In some communities, for example, a game may traditionally only be played by males, making it difficult for girls and women to feel comfortable participating or vice versa. In a community too, where violence is a big concern, extra caution is required when conducting activities that involve physical contact such as contact sport or martial arts.

There are various ways to structure sport and physical activities for psychosocial outcomes. This handbook divides sport and physical activities into six different categories which are defined as follows:

**Category 1: Warming-up and cooling-down exercises**

Warming-up and cooling-down exercises are used before and after physical activities to allow the body to adjust to exercise, or to calm down at the end of a session.

The warm-up prepares the body for activity and helps to prevent physical injury. It is important that warm-ups are specific to the activity, so that the muscles to be used are activated. It aims at preparing the body and mind for the activity, increasing the body’s core temperature, heart rate and breathing rate. Warm-up exercises can also help to create a positive social space and to introduce participants to the psychosocial aim of a session.
The cool-down helps to return the body to normal after exercise. Similar to the warm-up, cooling down the body can be used as a way to close a session in a calm and positive way. Participants can evaluate the psychosocial lessons learnt by discussing outcomes with the group, while cooling down.

Stretching activities can be included in the warm-up and cool-down. Stretches should move the muscle groups through the full range of movement required in the activity being performed and can prevent muscle ache. Stretching increases body awareness and the participants’ sense of self.

Category 2: Adapted international sport games
International sport games are games like football (or soccer), basketball, tennis, etc. that are played all around the world. They are almost always played as competitive sports and have internationally accepted rules.

These sports present an interesting problem: They are hugely popular with some groups and very unpopular with others. Because of their competitive nature, these sports are often seen as exclusive activities that can only be played by those who can already play. Participants who were unsuccessful at these sports in childhood or youth or who do not feel they live up to the usual physical abilities and looks encouraged by the sport may feel very uncomfortable playing these types of games.

This obviously presents a serious problem for those wishing to use international sport games as psychosocial interventions. Adapting the games so that they do not focus on the type of competitiveness and aggressive behaviour that is often broadcast in the media is essential. See the section on the STEP model on page 52 for guidance on adapting sport, games and activities.

Category 3: Local sport and traditional games
These are activities that are played in and originate from local communities. Many local sport and traditional games have histories dating back many centuries. They offer individuals a link with their communities and culture, which is an important feature of effective psychosocial support. They also help in reinforcing the sense of ownership by the local people, ensuring that the activities will have a long-lasting effect after the project ends. However, some caution is required with regard to traditional games. They often originate from an ancient warrior culture and do not often have an inclusive or social approach. They can therefore be counter-productive. Suitable adaptations, caution, sensitivity, mutual respect and good communication are needed when implementing local sport and traditional games.
Category 4: Group movement games or cooperative games

Group movement games or cooperative games are games played either in teams or in a big group of individuals. The idea is to play for enjoyment (without winning and losing), while often solving tasks. In order to be successful in cooperative games, the players must work together towards a common goal. There is no reward for working alone or against one another. In these games, the emphasis is on the process of the game and not on the outcome. In many traditional dances, for example, the dancers often move together and coordinate their steps as a group. But the focus on the dancing is most often not to perform the perfect choreography, but to enjoy the music as well as the challenge of moving together to the music.

Category 5: Simple physical activities or simple exercises

Simple physical activities are a series of easy exercises which improve body balance, coordination, flexibility and concentration. They can be done while sitting down or standing up. Difficult coordination movement and power exercises are avoided. These activities are especially suitable for persons with severe disabilities, for those with movement difficulties, for older people and others who have problems with fast or extensive movements. Most people benefit from these exercises and they can therefore be a good way to introduce physical activity to participants.

Category 6: Relaxation techniques

The body’s natural relaxation response needs to be activated to manage stress and trauma. This can be done by practising relaxation techniques such as deep breathing, meditation, rhythmic exercise, or through stretching activities and yoga. Other relaxation methods include tai-chi, pilates and guided relaxation (where the facilitator guides participants to relax all parts of the body). These types of activities can help reduce stress, increase skills, and improve health and well-being. Relaxation techniques can easily be used in daily life.

There is no single relaxation technique that is best for everyone. Consider the specific needs, preferences, fitness level, and the way people tend to react, when introducing a relaxation technique to a group. The right relaxation technique is the one that resonates with the group, is culturally appropriate and is able to focus minds. Relaxation aims to bring calm and peace to participants, turning their focus away from everyday thoughts. In many cases, alternating or combining different techniques will keep the group motivated and provide the best results. It is of course important that the facilitator is knowledgeable and feels comfortable in teaching the techniques being used.

It is important that facilitators offer an inclusive sport and physical activity programme. All the activities described in these six categories need to be adapted to the specific group and context. Find out more about how to adapt activities using the STEPP model described on page 52.
Basic approaches: inclusive, holistic and playful

This handbook recommends that any interventions using sport and physical activities for psychosocial purposes are approached in an inclusive, holistic and playful manner.

Inclusive approach
In a narrow sense, inclusion refers to the vital importance of ensuring that everybody – men, women, children, youths, older people, persons with a disability and the socially marginalised –are able to play and participate in sport and physical activities. In a broader sense, inclusion also involves active local participation and programme involvement to ensure cultural sensitivity. These two issues are linked. Local ownership and equal participation often leads to more inclusive delivery of activities.

Sometimes it is helpful for people with specific needs to have the opportunity to work on something on their own for a certain period of time. For instance, those who find it difficult to catch a ball might benefit from practising in small groups to improve their skills before re-joining other participants for a game.

The STEP model is a useful tool for adapting activities and promoting inclusive behaviour with regard to Space, Tasks, Equipment and People. By adapting some or all of these parameters, activities can be tailored to most situations and abilities and therefore be inclusive. (See section 6 for more details).

Holistic approach
Every individual and community deals with the outside world in terms of various mental, physical, and social dimensions that are closely interconnected. Psychosocial interventions using sport and physical activities need to address all these dimensions to be meaningful to participants. A holistic approach to human development recognizes the numerous aspects of the individual, and tries to address each of them during activities. This approach complements the bio-psychosocial model introduced above (see page 13). Activities and projects that focus too narrowly on one of these dimensions at the expense of the others fail to engage and develop the person or the community as a whole.

Barriers to participating in activities
As a psychosocial practitioner, Barbara often facilitates trainings and workshops. A commonly used ice-breaker at the beginning of a session is tossing a ball back and forth between participants while they say their name. “I never, ever, use that exercise,” Barbara explains. “I have really poor eye-hand coordination, so I am no good at throwing or catching, and therefore I do not feel comfortable playing with a ball. Ice-breaker exercises are about creating a safe space and for participants to get to know each other. I would never ask them to participate in an activity that makes me feel so uncomfortable.” Instead, Barbara asks participants to stand up and form groups, for example, organized on the basis of birth month, age, seniority in the organization, shoe size, etc., depending on what is culturally appropriate.
Playful approach

A playful approach is achieved when an activity is carried out with pleasure and joy. It is characterised by an atmosphere of shared enjoyment. People tend to be smiling whilst they play, and there is a joy in doing something for the love of it. It is possible to do very important and very valuable tasks while keeping a spirit of enjoyment and enthusiasm.

Facilitators may promote a playful approach by adapting certain sport and physical activities – especially popular international games – to the needs of participants. However this does not mean removing any form of performance and competition. The experience and ability of ‘winning’ and ‘losing’ are valuable skills which can be taught through sport and physical activities. However, the primary focus in using modified rules and techniques is in participation and enjoyment, rather than striving for ambitious scores and medals at any cost.

Sport and physical activities should be defined and implemented in the broadest possible way, including fitness, traditional and international games, martial arts, gymnastics, dancing, walking in the countryside, etc. If activities take place outside designated play areas, extra caution is required to make sure that it is safe and all participants feel comfortable doing so.

Sport and physical activities need to be adapted to the local context in order to promote psychosocial well-being. The type of activities offered should enable everyone to participate regardless of their abilities, talent, age, gender, ethnicity, socio-economic status, sexual orientation, etc. This requires facilitators to plan and implement the activities thoughtfully, based on an inclusive, holistic and playful approach.
A playful approach to learning about body language

(20 minutes)

Body language can be tricky. Sometimes it does not reflect the way a person feels and thinks, making it difficult to understand. It is important, however, to be able to communicate in a clear way with others, not only in words but also with body language. The following activity is an example of a playful approach to learning about the relationship between how we feel and what our bodies reveal:

1. Divide the participants into groups of four.
2. Ask the participants to think of a situation that is emotional (but not distressing) for them.
3. Now ask them to concentrate on that situation and try to think how they would demonstrate the feeling through their body language.
4. Ask each participant to demonstrate their feeling to the rest of their group one after another. They should spend approximately one minute demonstrating the feeling.
5. The others now take turns sharing what they experienced whilst observing the first participant without interrupting each other.
6. The first person now shares the situation and reflects on the feedback from the group members.
7. The same procedure is followed with the other participants in turn.
8. Gather the whole group in plenary and take time to reflect on the activity. Ask the participants the following question: “Would anybody like to comment on something they experienced, learned or observed?”
Understanding psychosocial support
The term ‘psychosocial’ refers to the dynamic relationship between the psychological and social dimension of a person, where each one influences the other. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices. The term ‘psychosocial’ reflects something all people share. As human beings, we all have feelings and thoughts that affect how we react to life situations and how we relate to others.

Psychosocial well-being describes the positive state of being when an individual thrives. It is influenced by the interplay of both psychological and social factors. Promoting individual and collective psychosocial well-being before, during and after crises is the fundamental goal of any psychosocial intervention. Psychosocial well-being is experienced both in the personal individual and the social interactive domain, and is also influenced by external factors and basic human needs such as livelihood, shelter and physical health.

An individual’s experience of psychosocial well-being is determined by the internal and external factors which in total make up the context he or she lives in. Contexts change constantly, and as a result the experience of psychosocial well-being changes. This means that definitions of psychosocial well-being may differ not only from country to country, but also in different population groups within the same country or location. It is therefore very important to learn and understand what psychosocial well-being means locally for the particular affected population before planning a psychosocial response. Questions to ask could be: “How can you tell that people in your community are happy and doing well? What are the most common signs of well-being?” “How can you tell that people in your community are not doing well and are not happy?” “What are the most common signs of distress?”

Psychosocial support

Psychosocial support is a process of facilitating resilience within individuals and communities, enabling them to bounce back from the impact of crises and to deal with such events in the future. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure. This means that both individual and community empowerment is at the heart of psychosocial interventions.

Psychosocial support addresses the dynamic relationships existing between the psychological and social effects of crisis, and between individuals, families, and communities. It is important that psychosocial interventions are adapted to specific situations in order to meet local needs and to operate with and in respect of local resources and cultures.

A crisis is understood as one critical event or series of events that leads to major changes in the lives of those affected. It brings a sudden interruption of the normal course of events in the life of an individual or group or population that makes re-evaluation of modes of action and thought necessary. It is accompanied by a general sense of loss of the normal foundations of day-to-day activities. Examples of critical events are accidents, serious illness, acts of violence (to self or others), natural or man-made disasters and epidemics.

The nature and the intensity of the event itself, as well as the existing capacity of those affected to positively face difficulties, will influence and determine the psychosocial impact of a critical event.

People’s capacity to cope can be greatly challenged and diminished by the multiple losses experienced in the aftermath of crises. These losses can generate significant amounts of stress in affected individuals and communities.

Stress can be understood as a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping. At one end of the scale, stress represents those challenges which excite us and keep us alert. At the other end of the scale, stress represents situations where individuals are unable to meet the demands upon them and can ultimately suffer physical or psychological breakdown.

Psychosocial interventions are mainly designed for contexts in which both cumulative and critical stress can be experienced at an individual and community level. Loss and stress caused by critical events can lead to common reactions among the affected population.
• physical reactions, such as stomach ache, headache, tiredness
• cognitive reactions, such as difficulty in concentrating, making decisions and planning for the future
• emotional reactions, such as anxiety, sadness, fear, anger
• behavioural reactions, such as aggressiveness, substance abuse, withdrawal
• spiritual reactions, such as loss of hope, loss of trust in beliefs.

These reactions are common and most of them usually disappear within a few weeks after the critical event has taken place. However, if these signs continue and worsen for an extended period of time, it could be an indication of more serious reactions. In these cases, the psychosocial support described in this handbook may not be specialised enough and referral is needed (see page 38).

Loss and grief

Loss is common, particularly in crisis settings. There are many types of losses; the death of a loved one, destruction of property, loss of livelihood, the ending of an important relationship, physical injury, loss of security and social networks.

Grief is a response to loss. It is a natural but painful process, intended to release the affected person from what has been lost.

Complicated loss means that the grieving process is blocked and paralyses the bereaved. The affected person regards everything as hopeless, feels helpless and may not want to take part in any kind of activity or human interaction. If the situation does not improve over time, the person should be referred to professional help.
In situations of stress and grief and where feelings of powerlessness arise due to bereavement, loss of property and loss of livelihood, it is common that violence rates increase. This may include all types of violence – physical, sexual, psychological, deprivation – and the perpetrators involved can be individuals, groups and/or societies. Planning processes for psychosocial response therefore need to include the protection of individuals and groups, as well as offering assistance to those affected in crisis.

Coping

An important way of empowering a population affected by crisis is the acknowledgement and reinforcement of positive individual and collective coping mechanisms. Coping is the process of adapting to a new life situation – managing difficult circumstances, making an effort to solve problems or seeking to minimize, reduce or tolerate stress or conflict.

In general, coping can be seen as successful and positive, if it helps the affected people in the process of:

- admitting that something distressing happened
- finding a good balance between feelings and thoughts/knowledge about the incident
- expressing feelings and thoughts
- seeking support and connecting to (significant) others
- finding an appropriate language to think and talk about the events
- integrating the experiences into one’s life story
- active problem-solving
- eventually coming to terms with what has happened and looking to the future.

Individuals and communities may also have negative coping mechanisms. It is important to always acknowledge and respect coping strategies as a way of trying to survive, even when they are negative. In these cases the role of the psychosocial facilitator is to support individuals and communities to connect to their own strengths and resources and to support the use of other more positive coping mechanisms.

Examples of negative coping mechanisms include:

- aggressive or harmful behaviour towards self and others
- taking up smoking, drug use or (excessive) drinking
- isolation or avoidance behaviour. (Avoidance in this context would mean avoiding doing things or going places that may cause anxiety or be a reminder of an experience).
• a shattered worldview or a belief that “all is lost” and reactions of despair, futility and hopeless resignation.

Recovery takes time. Intense negative feelings are common after someone experiences an extremely distressing event. Loss, distress and negative emotions caused by critical events can sometimes prevent or slow the process of recovery. On the other hand, optimism, feelings of confidence, and positive expectations can be highly empowering in the aftermath of crisis and be strong predictors of resilience and successful coping mechanisms. Coping is about regaining the ability to manage these difficult feelings, and gradually being able to control them, not about making them suddenly disappear.

Psychosocial support is an approach which aims to promote the resilience of individuals, groups and communities in crisis. Psychosocial support includes a broad variety of interventions promoting the resources of individuals, families or groups as well as the community as a whole. It can prevent distress and suffering from developing into something more severe. It helps people overcome adversities, bringing them back to normality and recovery after crisis.

Psychosocial support activities can be planned for selected groups in need or for entire communities, focusing both on individual and community needs and on their resources to cope and recover. Such activities can help individuals, families and communities to overcome stress reactions and adopt positive coping mechanisms through community-based activities. Sport and physical activity can play an important role in this work. For instance, sleeplessness is a common stress reaction, but activities like playing, walking or running lead to better sleep and thus to reduced stress. Physical activities also provide opportunities to learn about positive coping. For instance, enjoying a group game helps participants to appreciate cooperation and creates a sense of belonging.

Psychosocial support activities of various kinds can be implemented at all stages of a crisis event. For example, psychological first aid is often used in the immediate response following a disaster. Psycho-education, sport and physical activities, family and community support are used after a crisis and more focused, non-specialised services such as special programmes for children and adolescents help those affected by the death of a caregiver. Positive emotions play a vital role in coping with crises including grief and trauma. When psychosocial support includes bringing out

**Psychosocial interventions**

Sleeping problems are common in children and adults in times of emergencies. In 2008 Myanmar was hit by a powerful cyclone, and the recovery took many months. During that time, the psychosocial needs of the affected population were assessed. Schoolteachers mentioned that they and the children were anxious whenever it rained and that many found it difficult to sleep. Children were unable to control their nervousness, and thus had problems concentrating on schoolwork. When people feel extremely anxious and their muscles are tense, it is vital for adults and children to relax before going to sleep. A folder with information about how to sleep well and with basic instructions for relaxation was developed and distributed to schools and health posts in the communities. This helped children and adults sleep better and as they had more control over routines in daily life, they regained a wider sense of control over life.
Moving Together • Understanding psychosocial support

Positive emotions like solidarity and thankfulness, it is shown to benefit affected people. A playful approach in sport and physical interventions promotes good psychosocial outcomes.

Resilience is increasingly understood as a social process that can be promoted by psychosocial support. Recent resilience research defines resilience not only as an individual ability or trait, but predominantly as a social process during which groups and communities make use of resources in order to return to normality after critical events. People can even benefit from these experiences, because social cohesion is strengthened and competence in dealing with future crises increased.

Psychosocial support can promote this process, especially in times of crisis and major change. Research has identified five core elements to psychosocial support: Promoting a sense of safety, connecting people, supporting efficacy in individuals and communities, calming and instilling hope. These five principles enhance resilience and should be taken into account in all psychosocial interventions.

Certain characteristics and skills can then be essential in helping individuals and communities to be resilient. These include:

Resilience
Resilience is the ability to react or adapt positively to a difficult and challenging event or experience. It is the ability to bounce back after something difficult has happened, or to get through difficult experiences in a positive way.
• being able to make realistic plans and carry them out individually and collectively
• having a positive image of oneself and others
• having the ability to adapt easily to new situations
• being able to deal with strong emotions in oneself and others
• being able to communicate feelings and thoughts and empathising with others
• believing that change can happen
• feeling self-confident and having confidence in the community
• having the ability to adapt easily to new situations
• participating in community activities.

It is crucial therefore that psychosocial interventions aim to facilitate and strengthen both collective support mechanisms as well as these kinds of positive individual characteristics and skills.

Case study: Sport and physical activities for former substance abusers
Many former substance abusers who have completed their treatment benefit from drug- and alcohol-free activities with other people who understand their specific situation. Danish Red Cross Youth facilitates sport and physical activities for this purpose. Activities range from football, badminton, climbing, swimming and yoga. There is free access to the activities for everyone who is interested – both former abusers and people who have never had an addiction. Volunteers, who include a number of former abusers, arrange activities that suit different abilities and needs. They focus on creating a safe environment that facilitates learning from each other’s experiences.

One of the volunteers is Michael. He is 45 years old and was a drug abuser for 12 years. He now coordinates the football activities: “We are about 30 guys who meet once in a while in a sports centre. Most of us used to be heavy drug users and now you see us running around playing football. It’s amazing. The support I received by participating in these activities when I stopped my treatment has been invaluable. Most of all, I’ve learned to be with other people. As an addict you’re very focused on providing for yourself, but through these activities I’ve learned that doing something for other people makes me feel capable and valued. But that’s not all. I’ve got new friends and a sense of strength and control over my body that I haven’t felt for a very long time. I have also regained hope, seeing other people managing their situation and it has helped me to structure my everyday life, which is so important.”

Understanding the principles of psychosocial support in the context of sport and physical activities
In 2007 a group of experts came to a consensus on five intervention principles to guide practice in relation to crisis events. These principles have become known as ‘the Hobfoll principles’ and state that psychosocial intervention must focus on the promotion of:
1. A sense of safety
2. Calming
3. A sense of self and collective efficacy
4. Connectedness
5. Hope.

When facilitators are planning a psychosocial intervention, it is helpful to keep all five principles in mind. This ensures that the intervention consists of a range of different activities with different focuses. The principles are all inter-related. Promoting calming, for instance, is not possible if people do not feel some sense of safety, and without a feeling of connectedness, promoting collective efficacy is not easy. At the same time, not all activities can cover all five principles. Doing yoga exercises, for instance, is good for promoting calming, but does not necessarily promote connectedness. Facilitators also need to bear in mind the specific situation they are working in. For instance, in a safe and non-threatening environment, promoting a sense of safety may not be the main concern.

**Promoting a sense of safety**

Crises can challenge individuals and communities by changing what is physically safe and unsafe and also what is understood or perceived as safe and unsafe. When faced with a dangerous situation, the body will react with heightened stress levels, making a person highly alert. This is known as the fight or flight response and is a necessary and appropriate biological reaction meant to ensure survival.

When a crisis continues or if heightened reactions to a past crisis do not decrease, chronic high stress levels may prevent or slow down recovery. Promoting a sense of safety is then essential in order to reduce biological responses such as sleeplessness, or difficulties in concentrating and reduced mood levels, and to help individuals and communities to better cope with adversity.

During and in the aftermath of crises, it is important to provide information about dealing with difficulties. This includes explaining ways of evaluating current and future threats in a positive and realistic manner. Supporting people to develop more adaptive coping skills and ways of thinking can help enhance their sense of safety.

**Child-friendly spaces**

Child-friendly spaces support the resilience and well-being of children and young people through community organized, structured activities conducted in a safe and stimulating environment. Child-friendly spaces aim to:

- mobilize communities around the protection and well-being of all children, including highly vulnerable children
- provide opportunities for children to play, acquire contextually relevant skills, and receive social support
- offer inter-sectorial support for all children in the realization of their rights.


It is essential that psychosocial interventions take place in ‘safe spaces.’ These spaces need to be both objectively safe (secure physical space that allows people to be protected from danger), and subjectively safe (creating a sense of safety and trust, and promoting positive bonds and solidarity).
Key points in promoting a sense of safety in sport and physical activities:

- Conduct sport and physical activities in safe and secure places. Environments should be free from physical, psychological and social harm (e.g. violence, racism, sexism, curious bystanders). If possible, organize activities inside so that there are no uninvited spectators.
- Ensure that the activities are safe for all participants, taking injuries, health issues, weather conditions and infrastructure into account.
- Activities should be planned to create a sense of normalcy. Try creating a regular routine (e.g. organized at the same time of day or day of the week) and using games and activities familiar to the community (e.g. traditional games, local sports).
- Ensure that a support system is developed. Allow time for participants to discuss and share reactions and feelings throughout the sessions. Develop a trust-based relationship with participants and develop a referral system for those that may need additional support.
- Provide quality training and adequate numbers of coaches and facilitators. Remember that facilitators may be volunteers who are also affected by the crisis and may need support and guidance as well.
- Make sure all participants are comfortable with the type of activities being planned and the manner in which they are to be carried out.
- Consider offering alternative activities for those who may not like to participate in the main activity.

Promoting calming

During a crisis it is common and natural for people to react with strong emotions. While most people return to manageable levels of stress within days or weeks, others may experience panic attacks, sleeping problems and other responses to extreme levels of stress. Helping the affected population to realize and acknowledge that certain stress reactions are common when exposed to extreme situations is a key intervention principle to promote calming. A wide range of strategies has been identified as useful to enhance calm. They include relaxation training, breathing control, problem-solving, positive self-talk, and physical activities.
Key points in promoting a sense of calm in sport and physical activities:

- Allocate time for sharing and learning throughout the sessions. For example, have a sharing circle at the beginning or end of each session where the facilitator leads a discussion on relevant issues (e.g., education, health, emotions, etc.).
- Plan time for relaxation exercises such as visualization, stretching, or yoga, in each session.
- Ensure that facilitators are both consistent and reliable and encourage trust-based relationship building amongst the group.

Promoting a sense of self and collective efficacy

Psychosocial interventions based on sport and physical activities can help to improve self-efficacy.

Self-efficacy is the belief in an individual in their ability to act in a way that improves their situation. This can be extended to collective efficacy, which is the ability of a group or community to collectively be able to improve the situation of the group and its members.

Through sport and play, participants are encouraged to challenge themselves and in return discover new skills, abilities and self-esteem. These skills and the confidence gained are often transferable to the participant’s daily life.

Problem-solving activities can be particularly useful in this regard, as they promote the development of skills to overcome difficulties. Sport and physical activities can be used to challenge participants to solve problems, starting first with easier challenges, and then moving on to more complicated problems. As participants solve these problems, they experience and develop efficacy. Facilitators may use reflection and discussions to encourage participants to understand how to use this feeling of efficacy in other parts of their lives.

The physical activity itself can also help improve the health and physical fitness of a person, which in turn makes them more able to deal with the challenges brought on by the crisis.

Key points in increasing individual and community efficacy in sport and physical activities:

- Set achievable goals and break big tasks into smaller parts so that participants feel more successful. Make sure to acknowledge accomplishments and ensure that no one gets left behind.
- Design activities to suit all abilities. Every participant should be challenged, but should also leave the session feeling successful.
- Allow time to reflect on activities and include teaching opportunities regularly. Ask questions that encourage reflection such as: “What did you learn from the activities you have just done?” “How can you apply what you have learned outside of sport?”
- Create an environment where facilitators and participants encourage and support self-esteem and learning.
- Use a variety of activities that promote both individual and team problem-solving.
Understanding psychosocial support

Promoting connectedness

Promoting connectedness of individuals, groups and communities is the foundation for psychosocial support programmes following crises. Interventions using sport activities and physical activities can offer a platform for community cohesion. Activities can have several functions: For instance they may give children and youth positive experiences with their peers, while allowing adults some free time to attend to community and personal business. They can also contribute to community rebuilding as a whole by giving the community something positive to talk about and regular events to look forward to.

Strongly interconnected communities are necessary for people to help and care for one another. A common consequence of crisis is that these social connections are broken or weakened. People may be physically separated or change their behaviour towards others. Promoting connectedness should thus be a priority in the design and implementation of psychosocial interventions.

Effective strategies in this area are those that bring people together, build and enhance bonds and reinforce support mechanisms. Fostering connections and linking people up immediately after critical events is essential. This is particularly important in contexts where natural support networks have collapsed as a consequence of a disaster or a long-term crisis.

Key points in promoting connectedness in sport and physical activities:

- Work in pairs, or with three or four people or with the whole group. Use any of the following activities to encourage connectedness and group cohesion: Examples include mirroring movements; helping each other to try out new patterns of movement; dancing in a group and taking turns to make funny or difficult movements.
- Use activities where participants have to rely on their team partners to develop trust and sharing, like building a human pyramid or “stiff as a board” (see activity card 19).
- Facilitate discussions and sharing in plenary, e.g. focussing on positive experiences during the session, things that participants appreciate about working together with others. Being part of the group strengthens feelings of connectedness.
- Create mixed teams. This is especially important when bringing together people from different communities, or from different ethnic or religious backgrounds. It is vital however that this is culturally appropriate. It is also important that the activities do not prompt violent or aggressive reactions.

Promoting hope

Hope is defined here as ‘a positive, action-oriented expectation that a future goal or outcome is possible.’ A good way of understanding hope is as the opposite of hopelessness. When a person is hopeful, they experience positive and good feelings, instead of depressed and negative feelings about life and the present situation.

Hope can be promoted by being with other people, by feeling cared for and loved, and experiencing good feelings. At a more concrete level, hope can be encouraged by helping people realize that they are not alone in their reactions. This reduces their sense of loneliness, even when they are facing big problems and adversities. Creating a trusting atmosphere in the group helps participants to feel that they belong and are included and can
Moving Together • Understanding psychosocial support

contribute to a hopeful state of mind. It can also be helpful to explain that most people gradually feel better. This is supportive, as it helps participants to believe in a future where they once again will feel good.

Key points in promoting hope in sport and physical activities:

- Plan for long-term sustainability and continuity of programmes. Try planning a cycle of activities in advance. Create a routine, but also keep activities new and exciting for participants so they are excited to join each session and have something to look forward to.
- Encourage meaningful relationships amongst participants and with facilitators.
- Include playful activities – every joyful moment contributes to feelings of hope.
- Highlight positive outcomes even if they are only small gains. For example, ask participants to describe one good thing that they have managed today, or to complete the sentence, “Over time I feel that I’m getting better at....”
- Ask participants to describe their vision of themselves and their body six months from now, and where they would like to see themselves.
- Encourage meaningful relationships amongst participants and with facilitators.
- Use positive role models to demonstrate how people overcome difficulties.
<table>
<thead>
<tr>
<th>Examples of programme goals</th>
<th>Key principles</th>
<th>Example activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote better cohesion amongst participants.</td>
<td>‘Promoting connectedness’</td>
<td>Team touch football</td>
<td>Divide the group into teams of 4-5 players. In short five-minute games, each player must touch the ball once in order to score. Mini fields and small goals are best for this game.</td>
</tr>
<tr>
<td>To provide an opportunity for participants to share feelings and emotions about the crisis they have experienced.</td>
<td>‘Sense of safety’</td>
<td>Sharing circle</td>
<td>At the end of each session, find a comfortable place, for example under a shady tree or in the corner of the gym. The facilitator introduces a relevant topic for discussion with the group (e.g. health, safety or emotional topics). Make sure everyone knows the basic ground rules for the group, e.g. everyone should have a chance to contribute to the discussion, no-one passes judgement on other people’s opinions, etc.</td>
</tr>
<tr>
<td>To create an atmosphere where participants feel relaxed.</td>
<td>‘Promoting calming’</td>
<td>Guided relaxation</td>
<td>Have each participant find a place to sit or lie down. Ask participants to close their eyes. Guide the participants through a visualization exercise. Remember to use a calm, soothing voice.</td>
</tr>
<tr>
<td>To give participants feelings of confidence.</td>
<td>‘Increasing efficacy’</td>
<td>Create order</td>
<td>Create a circle with as many chairs as there are participants. The chairs should be placed carefully: Participants should be able move from one chair to another without touching the floor, but this should only be possible with the help of another person. Ask the participants to stand on the chairs and explain to the participants that the goal of the game is to end up standing in alphabetic order by their first name (or height, or age, etc.). Follow-up by talking about what it was like to be in physical contact with each other and about the communication in the group. If physical contact is not appropriate in a group, the exercise can be done without chairs.</td>
</tr>
<tr>
<td>To give participants feelings of confidence.</td>
<td>‘Increasing efficacy’</td>
<td>Circus performance</td>
<td>Group participants into different teams. Each team rehearses and then performs a circus activity. This could be acrobatics, clowning, gymnastics, etc.</td>
</tr>
<tr>
<td>To facilitate positive and hopeful states of mind and contribute to good feelings about self and others.</td>
<td>‘Instilling hope’</td>
<td>Light physical contact</td>
<td>Ask participants to form pairs, based on height or gender. One person is “A” and the other is “B”. If possible, play some quiet, relaxing music to accompany this activity. Ask the pairs to stand or sit back to back. Ask them to find a balance, so that each person can feel the other’s back, without leaning on or carrying the weight of the other. Tell the participants to concentrate on their own back and skin for a while, then shift their attention and focus on sensing the other persons back. If there’s music, ask participants to find a common rhythm, and follow the music. Now, ask participants to concentrate on sensing the place where their backs meet, and to gently start swaying, finding a common rhythm. Ask “A” to take the lead first and then “B” follows. Finally, they try to find a common rhythm, where no one is leading and no one is following, and they do that for some minutes. Spend a few minutes sharing how the activity worked out. Second part: Gently massage each other’s shoulders. “A” will do it for 5 minutes and then “B” will do it for 5 minutes. Then spend a few minutes sharing three positive things about the movement exercise and the massage. “A” goes first and then “B”. Finally the participants thank each other and return to plenary. Invite each person to say one positive thing about the day’s activities.</td>
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</tbody>
</table>
Consider the timing of your interventions

It is important to consider the timing for interventions in relation to when the crisis occurred. Different types of interventions are needed at different points of recovery.

In the immediate aftermath of a disaster, people may be very shocked and experience intense anxiety or pain and grief. Psychological first aid helps people calm down by meeting them with empathy and care.

In the first few days and sometimes weeks after a crisis, the focus should then be on reactivating coping mechanisms and a sense of control. In-depth relaxation techniques are not advisable; they can be used when structured activities begin. Activities that activate people are those that help them to cope with the situation and focus on what needs to be done. These include activities that give them a sense of their body, providing good physical experiences and calming.

In the following weeks and months, structured activities and programmes, based on a needs assessment of the target groups, may be implemented. This is also the time to teach new skills like relaxation techniques, balance, games or body awareness that will empower participants and help rebuild individual and group resilience.

When and how to refer

Sometimes staff or volunteers become aware that a person has severe mental health problems, and is not getting gradually better. It is very important in these circumstances to understand when and how to refer the person to professional help. Referral in this context means recommending that a person in extreme distress should speak to a professional helper.

When to refer

Referral to professional help is needed when it becomes clear that a person is in extreme distress. Certain reactions can be overwhelming to all concerned. In such situations individuals may behave in ways that put themselves or members of their family at physical or psychological risk.

It is advisable to make a referral:

Psychological first aid

Psychological first aid is caring support offered to people who have experienced a distressing event or situation. It involves showing warmth and empathy and listening to them. These are skills and knowledge that staff and volunteers generally need to use in their usual tasks. However, psychological first aid also involves making the surroundings safe for those being helped and assisting them to deal with practical needs and problems related to the crisis event. With this support, people can get stronger and regain the capacity to think and take care of themselves and others.
• If, after three to four weeks, a person is still unable to sleep, is continuing to feel unwell, is either aggressive or withdrawn.
• If family members and others are seeking help, reporting that something is seriously wrong, and that are worrying that the person is losing his sanity or may commit suicide.
• If after a period of up to six months, a person is not showing signs of improvement even though they may not be in obvious distress.
• If a person is talking about not wanting to live anymore and has actual plans to commit suicide.
• When in doubt, always consult with your supervisor or manager.

How to refer
Referrals should always be made in consultation with a supervisor or programme manager. As a rule the individuals concerned should be informed about the intention to refer them to professional help. They need to know that they are being cared for, and to understand the reasons for the referral. If there are several options for referral, these should be explained. Practical matters such as fees, location, accessibility, etc. should also be made clear. In some situations there are no public health options for referral. When that is the case, identify local NGOs (non-governmental organizations) or international agencies that can assist with more specialised support. Individuals should feel assured that they will be supported throughout the process. If possible, someone (from whichever programme they are connected to) may accompany participants to their first referral visit.
How to ensure socio-cultural appropriateness
Any project in any location is embedded in a specific cultural, political, legal, economic and social context which has to be considered carefully. What makes sense for one region or one group will not necessarily work in another place. Different settings might also change over time.

A community-based approach to planning sport and physical activities can help ensure cultural appropriateness. This is based on the premise that the local communities know best what is appropriate and what is not in their own socio-cultural context. Activities that come from within the community itself – traditional or modern – may be particularly well suited to meeting psychosocial aims.

It is worth noting, however, that in some cultures certain sports may only be played by particular groups. Special considerations may have to be made when planning to include mixed groups in such activities. Some games and sports may be very aggressive or even violent in nature. Caution is required, for example, with regard to traditional games, which may be based on male-dominated hunting or war scenes. Even when certain games are commonly played in a particular community, they may not be suitable for psychosocial interventions.

Another important consideration is the socio-cultural status of sport and physical activities in a region or country. Find out what sports are commonly played in which community and who plays them. It is also important to find out what sport and physical activities can be played in public places.

Plans for a sustainable and inclusive sport programme should therefore take account of specific socio-cultural and socio-economic aspects in a particular location, including access to and control over resources, dynamics of power and different roles in society.

How to be sensitive to diversity

The main principles of using sport and physical activities for psychosocial interventions include participation, inclusion and empowerment. This means that sport and activities must be provided for everyone, regardless of abilities, age, sex, physique, ethnicity, sexual orientation, religion, socio-economic status or other demographic variables.

When people think about sport and physical activities, most think about competition and able-bodied boys and men. Sport is still considered ‘unfeminine’ and inappropriate for girls and women in many parts of the world.

The classic concept of masculinity includes physical strength, leadership, and power. Meanwhile, the classic concept of femininity includes grace, beauty, and being docile. As sport and physical activity is most often associated with being able bodied, having
physical strength and taking charge, boys and men fit into these ideals very easily. Not so for girls, women and persons with a disability. Being female or disabled is sometimes seen as the opposite of being physically active or athletic.

Disabled persons or older people too are often not considered in relation to sport. This means that certain groups are often marginalised, excluded or even discriminated against when it comes to being physically active or doing sport. However, universal ideals of masculinity and femininity or ‘the perfect body’ do not exist on their own. They are created by society and culture and depend on context.

Physically active girls, women and persons with a disability often have to break barriers both in their own minds and in society.

This means that boys and men are more likely to be attracted to psychosocial support with sport and physical activity. Yet girls, women and people with a disability stand to gain just as much as – or perhaps even more than – boys and men from participating. It can be difficult for girls and women to take part in physical activities without the acceptance of the community. It may then be necessary to work towards gaining the acceptance for the programme from key stakeholders in the community. It can be relevant to separate male and female participants and select activities that are socially acceptable for each group. Here again, factors like age and social status might also play a role.
Safety can be an issue in communities with a greater amount of opposition to girls and women being physically active. The participants may need to be sheltered from the gaze of curious bystanders or even protected from harassment. Safety when travelling to and from the activities must also be considered.

The UN Convention on the Rights of Persons with Disabilities states that disability must not be grounds for discrimination and that inclusion is the way forward. This sometimes creates dilemmas in how best to plan and implement activities: Persons with a disability may benefit from meeting and talking to others who their community consider disabled. This can be a forum to share experience and overcome difficulties. On the other hand, however, doing activities with able-bodied peers fosters inclusion and acceptance that is also important for psychosocial well-being.

Resources:
International Guide to Designing Sport Programmes for Girls (Women Win). This guide which was written collaboratively helps organizations to develop effective, sustainable, sport programmes that serve girls and women.
The UN Convention on the Rights of Persons with Disabilities. The Convention affirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. Their needs should be assessed holistically, and not just as a response to their specific impairment or medical condition.
How to ensure safe and healthy interventions
Interventions must be implemented in safe and healthy ways. The decision about whether or not to carry out a psychosocial intervention using a specific sport or physical activity ultimately rests on whether or not it promotes psychosocial well-being. However, the physical health and safety of the activities are equally important. Inappropriate, badly prepared sport and physical activities that potentially compromise safety are worse than none at all. Sport and physical activities require specific considerations and measures to be healthy and safe, both psychologically and physically.

Health and safety

Safety is about creating a positive space, in which people feel and are protected, and in which risks are properly managed. This means that safety has both a physical and a psychological dimension, and that both must be addressed for safety to be in place.

Psychosocial interventions using sport and physical activities can include a wide range of activities, from the very active and dynamic to the still and calming. Some activities by their nature involve a degree of challenge; whether physical, emotional or both. On a physical level, crises can result in damaged facilities, debris, and damaged materials. These clearly limit the spaces available for carrying out sport and physical activities and make potential spaces much more hazardous. Physical hazards often translate to feelings of insecurity and loss of psychosocial well-being. For these reasons, issues of safety and health must be managed at a programme level and in relation to each session, and in both the physical and psychological dimensions.

Risk assessment for sport activities

<table>
<thead>
<tr>
<th>Risk/hazard</th>
<th>Potential consequence</th>
<th>Control measure / safe practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damaged flooring</td>
<td>Injury from slipping, tripping or falling</td>
<td>Put up a temporary barrier until the flooring is repaired</td>
</tr>
<tr>
<td>Water</td>
<td>Drowning</td>
<td>Recruit trained life guards and provide life-saving equipment (e.g. lifebelts)</td>
</tr>
<tr>
<td>Heat</td>
<td>Heat illness</td>
<td>Provide drinking water, hats and shaded areas</td>
</tr>
<tr>
<td>Equipment</td>
<td>Injury from being struck by a ball or other equipment</td>
<td>As far as possible select suitable equipment for the groups using it</td>
</tr>
</tbody>
</table>

Make safety and health a priority:
- The guiding principle in planning and implementing activities must always be ‘SAFETY FIRST!’
- It is important to understand psychosocial and physical health and safety issues in sessions using sport and physical activities in psychosocial support interventions.
- Facilitators should ensure that the play space is safe and secure.
- Keep participants healthy before, during and after activities, for example, use warm-up and cool-down exercises at the appropriate points.
A health and safety checklist:
To ensure safety and manage risks check that:
• There is enough room for all of the participants.
• Equipment is available and appropriate.
• The sessions are properly supervised.
• Sessions are well-planned, and the activities are suitable for the participants.
• Facilitators are aware of pre-existing health conditions and limitations (e.g. asthma, diabetes), psychological/emotional problems or current illnesses or risk conditions (see below) of the participants.
• Facilitators are trained in risk management.
• Nobody is under threat or at risk of harm including psychological harm during sessions.
• It is safe to get to and from the playing field (e.g. no travelling in the dark).
• Changing rooms and bathrooms are available.
• First aid kits are available, and that facilitators are trained in using them.
• Locations are used that protect participants from being watched by strangers.
• Before each practice, game, or organized activity, all facilitators, helpers and participants do a safety check on the playing field. Dangers might include glass, garbage, plastic bags and wrappings, animal excrement, sharp rocks, wood or any other debris that could cause injury to participants.
• There are no dangers to users within the location of the facility (e.g. rivers, embankments, cliffs, roads).

Underlying all guiding standards and approaches to humanitarian assistance or development is that of ‘do no harm’. This is an approach which helps to identify unintended negative or positive impacts of interventions. This ensures that the intervention does not worsen the challenges faced as a result of the crisis, but rather contributes to improving it.

Humanitarian actors working in the psychosocial support and mental health field may reduce the risk of harm by:

• participating in coordination groups to learn from others and to minimize duplication and gaps in response
• committing to evaluation, openness to scrutiny and external review
• developing cultural sensitivity and competence in the areas in which they work
• staying updated on the evidence base regarding effective practices, and
• developing an understanding of, and consistently reflecting on, universal human rights, power relations between outsiders and emergency-affected people, and the value of participatory approaches.

For more information, see section 10 on how to be a good facilitator and section 11 on planning, monitoring and evaluation.

Keeping the body healthy during play
The risk of illnesses, accidents and injuries is inevitable in sport and physical activities. However, the vast majority of these can be avoided or are minor, and can be dealt with on the spot. It is rare that an injured player needs to receive professional medical attention. Adapting activities to the participants’ skill level and making sure that all participants warm up properly significantly reduces the risk of injury.
It is also crucial that the rules of the game are known by and followed by the players. Making sure that rules are respected is an important factor in injury reduction.

It is also important to take the weather into consideration when facilitating activities outdoors. Some games or activities may not be appropriate in wet, very hot, windy or snowy conditions, so the facilitator needs to review this when planning sessions. Heat can cause serious difficulties because excessive heat can develop slowly and take people by surprise. Proper preparations for avoiding heat-related illness includes providing hats, sufficient water, sun block, appropriate clothes and frequent breaks in the shade.

Apart from children as a group, people are at particular risk of heat-illness if:

- they rarely exercise
- they are overweight
- they have recently been sick, especially with diarrhoea, vomiting or a fever.

Cooler weather poses fewer problems, as the body is able to regulate itself well, even if people wear normal clothing in colder temperatures. Generally if people wear warm clothes and do a proper warm-up, cold weather is not a problem. However, at freezing temperatures there is a risk of frostbite and a greater risk of sprains. If participants do not have appropriate, warm clothes, it may be necessary for the project or programme to provide these. If this is not possible, outdoor activities in cold weather may not be safe and should be avoided.

Checklist for keeping the body healthy during exercise:

Before the activity
- The facilitator should always check the weather conditions, especially the temperature and the humidity.
- In hot weather, it is preferable to be active in the morning or evening, and to exercise in the shade, when if possible.
- It is always best to avoid the peak heat of the day.
- In cold weather, sessions should take place during the warmest time of day and activities adapted to the conditions of the ground, e.g. muddy conditions or frozen ground.
- It is advisable to drink enough water before, during and after any activity.

During the activity
- Participants should replace fluids every 10 to 15 minutes during an activity.
- Begin each session with an invigorating warm-up and end it with a calming cool-down.
- In hot weather, participants should wear suitable sun protection such as sunscreen and headwear, wear light clothing and take frequent breaks in the shade.
- In cold weather, participants must wear appropriately warm clothing.

After the activity
- Participants should continue to drink fluids after the activity in order to help the body replace fluids lost during exercise.
- In cold weather, participants must have additional warm clothes ready to put on between and after activity to avoid getting cold.
Physical contact and child protection

Physical contact is an integral feature of sport and physical activities. Players in a game may touch each other accidentally or as part of the game, for instance, in a game of tag. Adults may touch children in order to help them develop their skills, or to protect them from injury.

It is important to understand what appropriate touch means in each specific intervention setting. What an appropriate touch is, and who may touch whom is different from person to person, from community to community and from culture to culture. However, no community should be able to justify any form of child abuse through inappropriate touch.

Children are often among the most vulnerable members of a community. They can be separated from their parents or caregivers and may have lost their friends or relatives. Children are especially vulnerable to deteriorating health following crises. In addition, they are often excluded from decision-making and consultation by adults.

Unfortunately, sport and physical activities are not always the safe spaces they ought to be. Both during crises and at other times, sport has been a site of abuse and exploitation, for instance in the form of sexual activity and sexual relationships between children and those adults who hold a position of trust, responsibility or authority in relation to children.

This is a serious matter and demands attention and consideration by all persons involved with sport and physical activities as psychosocial interventions. Sport activities can also provide opportunities to identify children facing protection issues (e.g. children who are withdrawn, children with bruises etc.). It is therefore important that facilitators know what to do and how to report if they suspect that a child needs protection.

Basic principles to ensure the protection of children include:

- Physical contact during sport should always be intended to meet the child’s needs, NOT the adult’s. The adult should only have physical contact, if the aim is to develop sport skills or techniques, treat or prevent an injury.
- The adult should always explain the nature and reason for physical contact to the child.
- Unless the situation is an emergency, the adult should always ask the child for permission to touch their body.

**Child**

The word ‘child’ refers to every person below the age of 18 years, unless adulthood is reached earlier, under the national law applicable to the child. The United Nations International Convention of the Rights of the Child states that children have the right to education, safety, security and protection. The Convention applies to all children equally, with special protections for particularly vulnerable groups.

**Child protection**

The definition of child protection (in emergencies) is “the prevention of and response to abuse, neglect, exploitation and violence against children.”

• Contact should never involve touching genital areas, buttocks, breasts or any other part of the body that might cause a child distress or embarrassment.
• Physical contact should always take place in an open or public environment and not take place in secret or out of sight of others.
• An adult should not usually be alone with a child or group of children. Facilitators and others who are in contact with children should work in pairs or groups.
• Background checks must be made for all staff, before they work with children.
• In the case of a child with a disability or injury, specific support or assistance may be required. For those who require assistance with intimate personal care (e.g. toileting, feeding or changing), arrangements should be agreed in partnership with the child and parents/caregivers before the activity commences. When children with disabilities are lifted or manually supported, the individual child should be treated with dignity and respect.
• People who suspect that an abuse of a position of trust has occurred, is occurring or may occur must report their concerns to the person responsible for child protection (or senior manager).

Grooming
Perpetrators of abuse often use a process called ‘grooming’ to make the child dependent on them. Grooming starts by the perpetrator pretending to be a friend. After the person has made a connection, they begin to engage in sexual acts. They convince the child that everything is normal. They might give gifts. They might say things like, “This is our secret – no one else should know.” They might threaten to hurt the victim or the victim’s family and say that it is the child’s fault.

SOURCE Understanding children’s well-being, IFRC Reference Centre for Psychosocial Support
A formal code of conduct for child protection helps to protect children and other vulnerable people from abuse, excessive demands or violence. A code of conduct sets out the rules and procedures that should be understood and followed by organizers, facilitators and participants. It is good practice for everyone to sign the code of conduct, if possible. All staff must also be made aware of the appropriate procedures for addressing any suspicions of abuse and for reporting incidents of abuse.

In some places relevant authorities already have systems in place for referral. In other places it may be necessary to establish a neutral agency or group where any offences or concerns may be reported anonymously and addressed. In international programmes staff for psychosocial interventions are usually recruited from the local community, for instance to work as facilitators. Local staff work with the community to design culturally appropriate activities and are particularly well suited to do so because they are part of that local community. However, sometimes local norms for child protection are not in line with that of the international organization. In such cases, care must be taken to ensure that local staff work according to the child protection standards laid out by the international organization.

All staff, both local and expatriate, need to be aware of child protection measures, so they are able to identify and react to violations against children in an appropriate and safe manner and know how and when to refer to other services or relevant authorities. Regular child protection training for all staff is an essential part of all psychosocial programmes.
Learn more about child protection and the psychosocial needs of children

To learn more about child protection, please see:
- The RespectED material developed by Canadian Red Cross
- Child protection policy, International Federation of Red Cross Red Crescent Societies, 2013

To learn more about the psychosocial well-being of children, consult:
- Understanding Children’s Well-being, IFRC Psychosocial Centre and Save the Children, 2012
The STEP model
All types of sport and physical activities can be used in psychosocial interventions. There are no ‘bad sports’ or ‘good sports’ as such. What matters is the way sports and physical activities are delivered and this depends on good planning and implementation.

When sport or other physical activities do not match the needs of beneficiaries, they must be adapted. The STEP model outlined below helps facilitators think through the modifications needed for a psychosocial intervention using sport and physical activities.

STEP stands for ‘Space, Task, Equipment, and People.’ It focuses on four key aspects of any sport or physical activity. Each aspect can be modified alone, or several or all of them can be modified together. The modifications can either apply to individuals, to part of a group or to the whole group. The purpose of the modifications is to make the activity more inclusive, enjoyable and emotionally and physically safe, making it more suitable for psychosocial support.

Space

Space refers to a playing field, a gym, or the room or outdoor place where an activity takes place. Possible modifications to space include:

• increasing or decreasing the size of the playing area. Less space often makes the activity easier, but sometimes also more intense. Larger space often makes the game more challenging.
• varying the distance to be covered in activities to suit different abilities.
• using zoning, e.g. where participants are matched by ability and play against others of similar ability. This increases the opportunity to participate.

Here is a practical example of how to modify a space: A relay or a race may include participants with different levels of fitness and speed, for example a mixed group of younger and older people. By modifying the distance participants must run, the differences can be levelled out. It is also possible to make it more difficult for the more physically fit, by asking them to run twice or double the distance. By levelling the space, the game is made more interesting, inclusive and motivating.
Task

Task refers to the rules of a game or the way activities are carried out. Possible modifications to tasks include:

- ensuring that everyone has equal opportunity to participate, e.g. in a ball game, give all the players the chance to dribble, pass or shoot the ball.
- breaking down complex skills into smaller component parts if this helps players to develop skills more easily.
- ensuring there is adequate opportunity for players to practise skills or components individually or with a partner before moving on to a team game.

Here is a practical example of how to modify a task: Children of different ages are told to run a distance as fast as possible. Some of them are very slow; some of them are extremely fast. This is not funny or motivating for anybody. An alternative to this is that everybody gets a piece of newspaper which they must keep on their chest without using their hands for the whole race. With this modified task, everybody is running and is individually challenged, but the pace does not matter anymore.
Equipment

Equipment refers to balls, rackets, nets, etc. that are needed to play a game, sport or do an activity.

- In ball games, increase or decrease the size of the ball to suit the ability of the participants or the kind of skill being practised. For instance, small and soft balls are easier to catch, especially for children or others with smaller hands.
- Provide options that enable people to send or receive a ball in different ways, e.g. using a chute or gutter to send a ball, or a catching mitt to receive a ball.
- Using bells or rattle balls can assist the inclusion of players with a visual impairment. Alternatively, use a piece of tape to wrap an ordinary ball in a plastic bag so that it makes a crackling sound when it is used.
- If a net is to be used in a game, it does not necessarily have to be at the regulation height. The height can be changed according to the capability of the group playing the game.
- In strength training, weights should be adapted according to the strength of the person using them. In many strength training exercises, just using one's own body weight is enough.

Here is a practical example of how to modify equipment: A group of young men and women are playing volleyball. Some of them are beginners; some of them are more experienced. Some of them can only use one arm because of injuries or impairments. In this case, a soft ball or even a balloon could be used instead of a hard leather volleyball.

People

The category ‘People’ refers to the participants in an activity and to their characteristics such as age, gender, impairments or skills. Possible modifications to people groupings include:

- matching players of similar characteristics and let them play together or against each other in teams.
- mixing people from different groups (such as ethnicities, social groups or gender) in the same team as much as is culturally and socially acceptable. Take care that activities do not enforce unwanted divisions between groups.
- creating teams with different numbers of players to even out differences in ability. For example, a team of five experienced players against a team of seven less experienced players.

Here is a practical example of how to modify the people aspect: Two teams of 12 people each are playing a ball game. Only the most talented, fastest and skilled persons are able to catch and play the ball. Most of the players are just standing waiting for the ball. Here, the two big teams could be divided into four teams of six more evenly matched players. The teams can then play against each other on two smaller pitches.
The STEP model will often have to be used several times before the best modifications for an activity are found. Ask participants how an activity can be improved using questions like, “How can this be made more enjoyable?” “How can we all take part?” “How can we make this activity easier/more difficult/calmer/more exciting?” Participants will often have different or more suitable ideas for modifications and in this way the modification itself becomes a psychosocial exercise. They practise their problem-solving skills; they learn to take part in discussions; they empathise with others and work together in a group. It can also foster self- and group efficacy and creates a sense of ownership over the activity and the programme.

Modifications can be tried out for a short time. If the group agrees that the modification is an improvement, it can be kept and the activity can continue in the modified form. If not, discuss with participants what modification to try next. Remember to write the modifications down, as they could be useful for other groups or for another session with the same group.

Sometimes groups using the STEP model find that an activity cannot be modified in a useful way for a particular session. Accept this and suggest another activity.

Inclusive sport and physical activities

Inclusion is an important principle, and many programmes and activities bring individuals of different abilities, genders and ages together. However, this raises some causes for concern in sporting settings. One of these concerns relates to the physical implications of mixed aged and mixed ability groups, in which strength, performance and ambition may differ greatly. Another concern is possible bullying of younger or less able children.

Careful planning is needed to ensure safe practice. This includes considering the following:

- Inclusion activities should be appropriate to the cultural or social setting. For instance, can men and women take part in the same activities? Might women or girls be stigmatised for taking part in physical activities where others are able to watch them?
- All staff need to be made aware of the implications of younger and older people being involved in the same activity, such as appropriate language, different levels of maturity and cognitive development, physical contact, differing levels of skills.
- Inclusive activities must ensure that the psychosocial needs of all involved are met. For instance, children, women, persons with a disability and older people are population groups that are particularly vulnerable in crisis and therefore may need psychosocial support tailored to their specific needs.
- An assessment of possible risks to participants in engaging in an activity with different age or ability groups should be undertaken. For example, comparatively well-built younger persons may be able to compete physically with older participants, but they may struggle with other aspects of their involvement, such as the way to behave towards each other.
• People who do not enjoy participating in organized sport activities may enjoy other forms of physical activity (providing that such activities are safe). This could include riding bikes, going for walks or engaging in physical activities with a practical purpose such as helping older community members with garden work, walking dogs at a pet rescue centre, picking berries in a forest, etc.
• It should be clear to all parties how any concerns could be raised.
How to adapt games
here are countless numbers of established games and activities from around the world, each serving different purposes and giving participants different experiences. Well-known traditional and international games can bring a great deal of pleasure and learning to people who have experienced crises. At other times a modified version of a well-known game is more appropriate. Learning and creating something new can in itself be a good experience. The process of modifying a game can become an empowering exercise itself, and making it possible to ensure that the game is perfectly suited to the specific context and group of players. The act of creation can be a powerful expression of individual and community efficacy, and the outcome can be an activity that is new and unique to the local community.

Creating new rules and adapting games

There are many benefits of including an element of game-making within sport and physical activities in a psychosocial interventions programme. The process allows for participants to be more involved in their own learning, as well as developing decision-making and problem-solving skills. They can construct a new game out of an old one, which is then new and genuinely theirs. They find out for themselves why rules are important and what purpose they serve. They can share ideas and work co-operatively. They can communicate and explain how their game developed, and teach others including the teacher.

Remember – games are not sacred! If a game is not appropriate for even a single player, it is worth examining and altering the game to accommodate that player. Games and activities can be modified or developed to include anyone, embracing a wide spectrum of abilities, interests, needs and resources (see the STEP model in section 6). Games should fulfil participants’ needs and promote their psychosocial well-being.

Every game has the following basic elements:

- An aim – which gives participants a sense of purpose
- Barriers or a set of rules – which inspire strategic and creative solutions
- A feedback system – such as points or progress indicators, which provide motivation to keep playing
- Voluntary participation – so that all participants accept the agreed framework of the game.

These elements apply to all games – tennis and tag, soccer and races of any kind. They can be used as a starting point for discussions about game-making.
Creating new games or rules or modifying existing ones can be done in discussion between the facilitator and the participants or by the participants on their own. This approach is very important in engaging the participants. The activities themselves are then more likely to be fit for the given context and use the equipment available. Modifying an existing game by adjusting the rules or the scoring system, for example, helps participants because there is a structure to work from. Without a structure for game-making, participants, especially children, may tend to develop games that are overly competitive, violent or exclusive.

Starting with a game-making strategy can help to ensure a positive result. A very basic approach is to simply ask participants what they would change to make a game more enjoyable, active and inclusive.

A range of elements can be used to modify an activity in order to change it completely and create a new game, including those already mentioned in the STEP model and in the following section. For example, a relay run can be modified to suit a group with participants of mixed physical ability by adding a quiz into the activity. The quiz is done during the relay by the ones who are not running. They collect extra points by completing the quiz so that everyone plays an important role in the team, even if they are not fast runners.

Modifying a game for a psychosocial activity

The facilitator plays a key role in helping participants to modify a game to give it a more psychosocial focus. The list below includes planning questions for facilitators and participants:

- Why should the game be modified (do we want to make it easier, make it less competitive, make it more playful, foster more cooperation, etc.)?
- Do the activities activate unwanted feelings?
- How can participants make sure no-one feels left out in the game?
- How can all participants express their thoughts and ideas in the process?
- Should the game should be competitive, focus strongly on team work, or perhaps empower individuals by learning new skills?
- Are there some moves or techniques that are not allowed or should be discouraged?
- How can participants support each other?

The next task is to focus on one element of the game and to find out how a new rule could positively influence the game. Use the questions above to test out the impact of the new rule. For example, new rules could be about doing the scoring differently, or introducing different ways of passing a ball, or a different use of the playing area. Discussions about how a new rule would affect the feelings of all the players offer the most valuable outcomes in the game-making process.

For example, a normal game of football is the most fun if all participants are relatively equal in ability. If however a few players are much better or much more physically fit than the rest, they will tend to dominate the game, making it less enjoyable for the rest. But if the group decides to change the rules by saying that everyone needs touch the ball before
the team can score, even the ones that are not so good in football will get the ball. The team will need to work very closely together and include all members in order to win the game.

Later, the idea is to encourage the participants to modify different aspects of a game in order to make it theirs. The list of elements of a game that could be changed is almost endless. Here is a useful diagram that could be shown to participants to help their decision-making:

What is the aim of the game?

What are the rules?

How many players are there and what are their roles?

What equipment do we need?

Where do we play the game?

How do we do the scoring?
How to develop and use equipment
Equipment is an important component of almost all sports and of many games. Safe and appropriate use of equipment is central to ensuring enjoyable and positive sessions. It is very rare for programmes to have all the specialised equipment needed for every sport, game or activity available. Fortunately, most equipment can be adapted and used for many different activities, or new equipment can be made. Adapting or making equipment with participants is a very useful opportunity to improve psychosocial well-being, for instance by increasing feelings of efficacy, building cooperation skills and creating a sense of belonging.

**Safe and appropriate use of equipment**

A general rule for the safe and effective use of equipment in sport is to make sure the equipment in use is appropriate for the activity and for the participants.

Another basic point is to ensure that equipment is stored safely so that it does not deteriorate or get stolen or vandalised between uses. This is of particular importance in settings when equipment is limited. Wind, rain or heat can all damage equipment, so covering it between uses is also important.

Any equipment can become a source of dispute. Being in possession of equipment may be the source of prestige in some communities, particularly in resource-poor settings. Access to equipment can also reinforce pre-existing groupings within communities, for instance if only one group has the keys to where the equipment is stored.

Using, sharing and storing equipment is therefore not only a practical consideration. It may have negative implications for interpersonal or inter-communal relations in a community. What is fair and safe differs from setting to setting and defines the way equipment is handled and stored. At the beginning of a project, the best option may be to collect and count all equipment directly after use and store it in as neutral a space as possible, for instance in the project offices.

Finally, less than ideal or broken equipment should not be thrown away. If available equipment is not suited to the planned activities, it is very often possible to change or adapt the activities, or to adapt the equipment. For example, a tennis racquet can be used as a cricket bat, or a football as a basketball. Broken equipment can also often be mended using simple tools. Take the degree to which equipment can be repaired into account when buying or accepting donations. The easier the equipment is to repair, the higher value it will often have to a project.
Adapting and making equipment

Equipment can be adapted for people with disabilities to improve opportunities to participate. For example, people with visual impairments can be assisted by putting bells in balls, or by wrapping them in newspaper. People with cerebral palsy or other physical impairments can use ramps to throw a ball. Participants with hearing impairments can work with hearing partners. Sometimes games can be made more inclusive by creating barriers for all the participants. For instance, everyone can be blindfolded so that all sighted and visually impaired participants are then playing and having the same experience.

Adapting equipment is important to ensure that activities can take place, and that the maximum number of people can participate. To do so, the following issues need to be considered:

• the abilities of participants
• the interests of participants
• the aims and objectives of the activity
• the safety and durability of the adapted equipment.

Equipment can be adapted in terms of size, speed, support, surface and sound:

Size – by increasing or decreasing the size of the equipment (e.g. increase the surface area of the tennis racket), the goal of the activity and the challenge of the activity for the user can be changed.
Speed – by increasing or decreasing the weight of the equipment (e.g. using a balloon or adding weights), the challenge of the activity can be increased or decreased.

Support – by adding support (e.g. a tee in baseball or suspending a ball on a rope), the difficulty of the activity can be decreased and basic skills improved, building self-efficacy and self-esteem.

Surface – by adding a tactile or visual dimension (e.g. bumps on a ball or a bright colour on a net), participants with visual impairments may see and feel the equipment.

Sound – by adding sound (e.g. beeper in a ball or on a target to show the direction where to walk), participants with visual impairments may be able to play a game more independently.

Here are some examples of equipment that has been adapted:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Sport</th>
<th>Problem</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large ball</td>
<td>Football/soccer,</td>
<td>Young children struggle to kick or throw an adult-sized ball</td>
<td>• If possible, use a child-sized ball&lt;br&gt;• Slightly deflate a full-sized ball&lt;br&gt;• Make a ball</td>
</tr>
<tr>
<td></td>
<td>basketball, netball</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult-sized balls can be too hard for some participants to catch</td>
<td>• Use child-sized ball&lt;br&gt;• Slightly deflate full-sized ball&lt;br&gt;• Make a ball</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Balls can move too quickly for some participants</td>
<td>• Use a soft ball, deflate a ball or use a balloon</td>
</tr>
<tr>
<td>Small ball</td>
<td>Cricket, baseball,</td>
<td>Some small balls are very hard (especially cricket and baseballs), which can put off many participants and can cause injuries</td>
<td>• If possible, use specially designed softer balls&lt;br&gt;• Make a softer ball</td>
</tr>
<tr>
<td></td>
<td>softball</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fast-moving small balls can be extremely difficult to hit</td>
<td>• Use different ways of throwing (e.g. under-arm throw, rolling throw, bouncing throw)&lt;br&gt;• Use a tee or rope to support the ball</td>
</tr>
<tr>
<td>Racquet</td>
<td>Tennis, badminton</td>
<td>Full-sized racquets can be too heavy for children and older adults</td>
<td>• If possible, use specially designed light racquets&lt;br&gt;• Shorten the length of the handles of adult racquets to increase control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>It can be difficult to consistently hit a moving ball with a racquet</td>
<td>• Different sized racquet heads make it easier or more difficult to play successfully</td>
</tr>
<tr>
<td>Bats</td>
<td>Cricket, baseball,</td>
<td>Full-sized bats can be too heavy for children and older adults to use</td>
<td>• If possible, use specially designed light bats&lt;br&gt;• Make a bat</td>
</tr>
<tr>
<td></td>
<td>Softball</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Making or improvising equipment is an important part of sport and physical activities. Some strategies are simple and familiar, such as using items of clothing to form goals, bins as nets, marks on walls for targets, or mattresses instead of mats for gymnastics. It is important to think creatively, while not compromising on the safety of the participants. Adapting or making equipment can add variety to a session and challenge the participants to be creative. This fosters psychosocial well-being by increasing a sense of efficacy.

Work out the quantity and range of items needed:

- What equipment is needed to help achieve the goals of the session?
- How many items are needed; for example, how many balls or posts?
- Is any of the equipment readily available?

If items are not at hand and need to be made, work out what materials are needed and how the items will be made:

- What materials are needed and where can they be accessed? For example, plastic bags, wood, string, etc.
- Are there any costs involved?
- Who has the time and expertise to make the equipment?
- How long will the items take to make?
Simple pieces of equipment such as balls can be made out of rags or old newspapers. They are often more valuable than one bought item that has to be shared between a large number of participants.

Examples of how to make simple equipment:

- A simple kite can be made by tying string or yarn to the handles of a plastic bag.
- Bottles or other empty containers can be filled with sand or water to make markers or goal posts.
- Tree trunks or poles can be used to make posts for activities such as netball and basketball. Cut the pole to the required length depending on the ability and age of the participants. Put one end of the pole in the ground or in a cement-filled tyre. Attach a metal ring at the other end for the hoop.
- Cricket bats and hockey sticks, etc. can be made from tree branches. For cricket and hockey, flatten one side of the bat. Hook one end of the hockey sticks.
- Visit www.pecentral.org for more ideas.
Activity cards
his handbook divides sport and physical activities into six categories. The categories are described in detail in section 2.

They are:
1. Warming-up and cooling-down exercises
2. Adapted international sport games
3. Local sport and traditional games
4. Group movement games or cooperative games
5. Simple physical activities or simple exercises
6. Relaxation

This section features 28 activity cards. They are sorted into the six categories. Each activity card gives the following details:

- A short explanation of the activity
- The number of participants
- A description of the preferred environment and any necessary equipment
- The basic rules of the activity
- Other important issues regarding the activity
- Possibilities for adaption of rules, equipment and space to suit specific contexts
- Reflection points for psychosocial awareness to be carried out after the activity.

On each activity card there are three to four suggestions for reflection themes. Reflections can be done individually, in pairs, in small groups or in plenary. The facilitator chooses one theme and asks questions such as: “When you think about today’s activities, [chosen theme] played an important role. What are your thoughts about [chosen theme]?” “Is it one of your strengths or weaknesses, and why do you think so?” “What could be the benefits of developing your [chosen theme] skills further?” Afterwards, participants can discuss the answers in pairs and/or share in plenary. Make sure not to pressure anyone to share if they do not feel comfortable doing so.
An overview of the activity cards

The overview below indicates how the 28 games and exercises described in the activity cards fulfil Hobfoll’s five principles. Facilitators may find it helpful in choosing the most appropriate activities to meet session aims.

Please note that both warm-up and cool-down activities should be used in each session.

### Activity overview

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<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>6.</td>
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<td>8.</td>
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</tr>
<tr>
<td>9.</td>
<td>Tree in the wind</td>
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<td>Turi-Turi</td>
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<td>28.</td>
<td>Breathing exercise</td>
<td></td>
</tr>
</tbody>
</table>

### Warming-up and cooling-down

Please note that both warm-up and cool-down activities should be used in each session.
## WARMING-UP AND COOLING-DOWN

### 1. Whistle freeze

**Small group (2-6 participants)**  
**Medium group (7-14 participants)**  
**Large group (over 15 participants)**

- Any safe terrain/space (as flat and clean as possible).  
- Area markers such as cones, discs, stones, sticks, bottles, etc.

The session facilitator asks the participants to move around the space, but everyone must ‘freeze’ (stand completely still) when the facilitator blows the whistle or shouts ‘freeze’. This is a good warm-up game to start with, as it teaches participants to respond to the facilitator’s instructions, which is an important safety mechanism.

- Participants must stand completely still when the facilitator signals ‘freeze.’  
- Participants can only move when the facilitator says so.  
- If one participant moves after the facilitator shouts ‘freeze,’ he/she will have to do a specific task, depending on the group and their abilities (e.g. move around like a certain animal; show a dance move; do five push-ups or sit-ups).  
- The facilitator should be relaxed about rules in the beginning but become more strict as the game moves on.  
- There is only one leader at a time.

- The facilitator may also choose a participant to play the role of the leader.

- Instead of shouting, the leader indicates ‘freeze’ by raising his/her right arm; if the leader raises his/her left arm, participants have to lie down on the floor.  
- Try the game without a leader – anyone can shout ‘freeze’. In this version of the game, if two participants shout at the same time, they have to do a specific task or they are eliminated, if the group has made this the rule.  
- Persons with visual impairments can have a guide for this game.  
- Try moving around in pairs or in small groups holding hands.

**Suggested themes for discussion include:**  
- Listening  
- Discipline  
- Leadership  
- Non-verbal communication
## WARMING-UP AND COOLING-DOWN

### Shadow run

<table>
<thead>
<tr>
<th>Small group (2-6 participants)</th>
<th>Medium group (7-14 participants)</th>
<th>Large group (over 15 participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any safe terrain/space (as flat and clean as possible)</td>
<td>Area markers such as cones, discs, stones, sticks, bottles, etc.</td>
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</tr>
</tbody>
</table>

Participants pair up and number themselves “1” and “2”. “1” follows “2” wherever “2” goes within the marked area. After a minute, or whatever time period is decided, roles are reversed. This is a popular game for young children. Older children and young adults can focus on specific sporting movements if desired (e.g. kick an imaginary ball, jump to head it, side step, etc.).

- Participants play in pairs
- There is always one participant leading and the other following.
- Roles are reversed after a set period of time.
- No bodily contact is allowed between pairs.

- If there is an uneven number of participants, three people can be grouped together. In this case “1” leads, and “2” and “3” follow.

- The leader walks behind the partner instead of in front and gives instructions from behind their partner.
- When the facilitator indicates, pairs can be swapped and “1” finds a new “2”.
- Instead of moving forward, participant “1” mirrors “2” by walking backwards.

**Suggested themes for discussion:**

- Discipline
- Leadership
- Non-verbal communication
**WARMING-UP AND COOLING-DOWN**

### 3 Stuck in the mud

#### Preparation

- **Medium group (7-14 participants)**
- **Large group (over 15 participants)**

- Any safe terrain/space (as flat and clean as possible)
- Area markers such as cones, discs, stones, sticks, bottles, etc.
- A ball can be used instead of tagging.

#### Activity

One person is the catcher and has to run after the others and try to “tag” them (touch them gently) on the shoulder. When participants are tagged, they have to stand still where they are, without moving, and with their arms stretched out to the side. The catcher then tries to tag the other participants. Tagged players can be released by another player running under their outstretched arms (or between their legs).

#### Rules

- There is one catcher and all the other participants are free.
- The catcher catches them by tagging them.
- It is forbidden to push or tackle any participant.
- The game ends when all the participants are tagged.

- The facilitator chooses the catcher.
- Any violent behaviour must be immediately stopped and dealt with by the facilitator.
- If participants do not want to be touched directly on the body, a soft ball or a balloon may be used to touch.
- Safety issues need more consideration if not all participants are able to move at the same pace.

- There can be more than one catcher.
- Instead of standing still, tagged players go to a specific area for a time and then they are allowed to join the game, or they have to do an exercise while waiting. This keeps everybody moving.
- Tagged players have a ball that can only be passed between tagged players. If one of them passes the ball successfully, this player will be released.

#### Suggested themes for discussion:

- Cooperation
- Honesty
- Planning
## WARMING-UP AND COOLING-DOWN

### Octopus tag

<table>
<thead>
<tr>
<th>Medium group (7-14 participants)</th>
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<tbody>
<tr>
<td>Large group (over 15 participants)</td>
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</table>

Any safe terrain/space (as flat and clean as possible)
Area markers such as cones, discs, stones, sticks, bottles, etc.

One person (the octopus) stands in the middle of the marked playing area. The other participants line up at one end of the marked area. When the octopus gives a sign or says “go”, all the other participants run to the other side of the area. The octopus moves around, trying to tag as many people as possible. When someone is tagged by the octopus, they have to stay put. They then have to help the octopus in the next round, by trying to tag other people using only their arms. This goes back and forth until the last person is left; he or she then starts the next round as octopus.

- There is one octopus and all the other participants are free.
- The octopus catches them by tagging them.
- It is forbidden to push or tackle any participant.
- When someone is tagged, they become part of the octopus team.
- Octopus team members can only tag with their arms – they are not allowed to move.
- The game ends when all the participants are tagged except one.
- Any violent behaviour must be immediately stopped and dealt with by the facilitator.
- The octopus has a limited tag area.
- Instead of running to the other side, participants move in different ways (e.g. crawling, jumping, leaping, etc.), depending on their abilities.
- Some participants carry a ball. Those players with a ball can’t be tagged by the octopus.

Suggested themes for discussion:
- Cooperation
- Honesty
- Planning
## WARMING-UP AND COOLING-DOWN

### Handshakes

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<tr>
<td>5</td>
<td>Handshakes</td>
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</table>

**Medium group (7-14 participants)**

**Large group (over 15 participants)**

- Any safe terrain/space (as flat and clean as possible)
- Area markers such as cones, discs, stones, sticks, bottles, etc.

Participants run around a designated playing area. When the facilitator calls out “Number 1”, participants must find a partner and shake hands. This is partner handshake “Number 1”. The participants leave their partner and run around the area once more, and this time the facilitator calls out “Number 2” and the participants must find a different partner and shake hands. This process is repeated up to “Number 5”. The numbers are then called out at random. The participants must then find the partner again that corresponds to that number.

- Participants begin when the facilitator gives a sign, not before.
- All participants have to run in the designated area.
- If a participant does not find the correct partner, they are given a specific task to do (sing a song, five sit-ups, etc.).
- If there is a participant left unpaired, they shake hands with the facilitator.
- This game can also be used as an ice-breaker by asking participants to introduce themselves at the same time they shake hands.
- Give extra tasks to prompt more interaction between participants (e.g. when they shake hands, ask participants to talk about famous people).
- When the facilitator calls out a number, participants have to look for their partner and then hide from them.
- When the facilitator calls out a number, participants pair up and introduce each other to another pair.
- Instead of a handshake, other forms of greetings are possible (e.g. touching knee to knee). Ask participants to suggest other forms of greetings.
- If not all participants are able to run, the game can be played by asking some participants to walk (backwards), move on the ground or in wheelchairs.

### Suggested themes for discussion:
- Meeting new people
- Respect
- Communication
### WARMING-UP AND COOLING-DOWN

<table>
<thead>
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<th>Head it or catch it</th>
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</thead>
</table>

**Small group (2-6 participants)**

**Medium group (7-14 participants)**

**Large group (over 15 participants)**

**Any safe terrain/space (as flat as possible and very clean, as participants may be asked to lie down on the ground)**

**Ball or other item**

Players stand in a circle around one person holding a ball. This person throws the ball to someone standing in the circle, calling “Head it” or “Catch it” when the ball is in the air. The receiver has to do whatever instruction is given. If the receiver does the wrong thing or the ball is dropped, the receiver gets a forfeit: first he or she has to drop to one knee; after another mistake, to two knees, then onto their bottom and then to their stomach. However, whenever the receiver performs the task correctly, the player gets to move back up, one stage at a time.

- The person throwing the ball has to call out “Head it” or “Catch it,” as soon as they release the ball.
- The sequence after mistakes is: one knee on the floor, kneel on both knees, sit on one’s bottom, and lie down on one’s stomach.
- The game ends when all the participants are lying down.

- The facilitator chooses the person standing in the middle.
- If participants do not feel comfortable heading the ball, the game can be changed to “Drop it or catch it.”

- When someone completes the task correctly, he or she changes places with the one standing in the middle.
- If participants know each other’s names, the one in the middle can say the name of someone standing in the circle and then throw the ball up in the air. The person in the circle then has to move into the centre of the circle and catch the ball before it bounces.

**Suggested themes for discussion:**
- Self-confidence
- Respect
- Concentration
## Frozen beanbag

**Small group (2-6 participants)**
**Medium group (7-14 participants)**
**Large group (over 15 participants)**

**Any safe terrain/space (as flat and clean as possible)**
Beanbags or equivalent items

### Activity Details

Everyone balances a beanbag (or piece of clothing or small hoop) on their heads. They move around the space. Hands cannot touch the beanbag. If a player drops his or her beanbag, the person must “freeze”. Other players can free the frozen player by picking up the beanbag and placing it on the other player’s head again. They must do this while continuing to balance their own beanbag on their head.

### Rules

- The beanbag must be carried on the participant’s head.
- They are not allowed to touch the beanbag with hands or arms.
- They are not allowed to stand still with the beanbag on their head.
- Whenever a beanbag falls on the floor, participants have to freeze and wait for someone’s help.
- Only participants with a beanbag on their head can help other participants.

### Tips

- Young children might find it difficult to carry a beanbag on their head. The game can be changed to carrying the beanbag on their forearm or shoulder.
- Use different ways of carrying the beanbag (head, shoulder, forearm, leg, foot).
- Use different ways of moving (walking forward, backwards, sliding, crawling).
- Suggest the idea of catching the beanbag before it drops to the floor.

### Suggested themes for discussion:

- Body awareness and control
- Concentration
- Cooperation
### WARMING-UP AND COOLING-DOWN

#### 8 Pass the squeeze

<table>
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<tr>
<th><strong>Small group (2-6 participants)</strong></th>
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</thead>
<tbody>
<tr>
<td>Medium group (7-14 participants)</td>
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<tr>
<td>Large group (over 15 participants)</td>
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<th><strong>Any safe terrain/space (as flat and clean as possible)</strong></th>
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Everyone forms a circle. Make a chain by linking hands with left hands turned upwards and right hands turned downward. Participants close their eyes, breathing deeply and gently for at least five deep breaths. Someone in the group squeezes the left hand, and it is passed around the circle. The last person to receive the squeeze nominates the next person to pass the squeeze.

- No-one may break the chain.
- Before starting the game, all participants have to take five deep breaths at the same time.
- The goal of the game is to “pass the squeeze” around the circle until it reaches the person who started.

- The facilitator should try to mix up all participants.
- This game can be played standing, sitting or lying down.

- Introduce signals with the number of squeezes used. One squeeze means pass it to the partner on your right, but two squeezes means change the direction. The person receiving the signal squeezes the hand of their partner on the left. They also call out “change of direction.”
- When a person’s hand is squeezed, they have to bend over or stand on one leg.

- Suggested themes for discussion:
  - Trust
  - Body awareness
  - Body contact
WARMING-UP AND COOLING-DOWN

9 Tree in the wind

Small group (2-6 participants)
Medium group (7-14 participants)
Large group (over 15 participants)

Any safe terrain/space (as flat and clean as possible)

Everyone stands with both arms out, feet placed wide apart, and knees slightly bent. They gently wave their arms from side to side and forwards and backwards like a tree in the wind.

- Stand on the same spot.
- Keep eyes closed.
- Take deep breaths.
- No talking in this exercise.

- Participants have to focus on their own body, sensations and feelings.

- The facilitator tells a short story to introduce the game.
- Participants can choose to stand up or lie down.
- Participants stay still, and when the facilitator says “the wind is blowing”, they move softly as if the wind is blowing through the trees.
- Winds can blow with different strength.
- There can be imaginary sunshine, rain or stormy weather.

Suggested themes for discussion:
- Creativity and imagination
- Trust
- Self-awareness
### Slow leak

**Small group (2-6 participants)**
**Medium group (7-14 participants)**
**Large group (over 15 participants)**

Any safe terrain/space (as flat and clean as possible)

Participants pretend they are balloons floating in the air. They stand with their arms forming a big circle over their heads. Slowly, the balloon starts leaking air. Participants gently move down towards the floor, until the balloon is completely empty and participants are lying on the ground.

1. Stand in the same spot.
2. Keep eyes closed.
3. Begin the exercise by asking participants to take a deep breath in, and then the balloon starts to leak air by releasing the breath out slowly.
4. No talking in this exercise.
5. Participants have to focus on their own body and their feelings.
6. Once the balloon has no more air, participants remain on the floor for a while.

- Participants with breathing problems can do this activity at their own pace.

- Create new situations: first they start as a balloon, then when they are on the floor, they become balls that roll from one side and to another, etc.

- Do the exercise in pairs.

**Suggested themes for discussion:**
- Calm
- Imagination
- Creativity
- Self-awareness
ADAPTED INTERNATIONAL SPORT GAMES

11 Football/soccer

Small group (2-6 participants)
Medium group (7-14 participants)
Large group (over 15 participants)

3 to 11 participants on each side, depending on the number of participants
Football pitch (or any flat and safe ground)
Goalposts (or other items to represent goalposts)
Ball
Markers for each team

• Form two teams with the same number of players (if possible), depending on the number of participants.
• The main aim is to score more goals than the other team.
• Goals are scored with feet/legs or heads – no accidental handball (only the goalkeepers of each team are allowed to use their hands during the game).

• There might be a mix of people – some with a lot of experience of the game and others without any. Support those that have less experience by modifying the rules.

• If playing in a mixed group, inexperienced players have to touch the ball before a goal can be scored.
• When playing with players of very different levels, ask skilled players to kick the ball using their weaker (usually left) foot.
• Play using crutches or play sitting down.
• Change the size of the goals or the pitch.
• Change the number and/or size of the ball(s).

Suggested themes for discussion:
• Team-building
• Fair play
• Trust
**ADAPTED INTERNATIONAL SPORT GAMES**

### Volleyball rotation

<table>
<thead>
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<tr>
<td>Large group (over 15 participants)</td>
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</table>

- Volleyball court or other space (divided by net/rope)
- Volleyball or other suitable ball
- Markers to outline the playing area

Usually there are six players in each team. The aim of the game is to hit the ball over a net towards the other court and make the ball bounce on the floor. Every time it hits the ground, the team scores a point.

1. One player of the team starts a rally, serving from the back of the court. He/she has two attempts. If after two attempts the ball does not go to the other side of the court over the net/rope or it goes out, the other team gets a point and serves.
2. When the ball is hit or thrown to the other side of the court, the thrower’s team has to rotate positions. They rotate clockwise.
3. The receiving team has to play/catch the ball before it bounces on the ground. The receiving player tries to hit or throw it back over the net to the other side of the court. Once thrown, the team has to rotate. This goes back and forth until the ball bounces or goes out of the court.
4. Before starting a game, agree on all the rules and the direction of rotations.
5. If playing on a hard surface, knee protectors should be provided to avoid injuries.
6. Young people may have difficulties hitting the ball. A new rule could be to allow the ball to bounce once before it is hit back.
7. The first serve can be done as in regular volleyball. For the second attempt the ball could be thrown using both hands.
8. Vary the height of the net (or rope).
9. Use balls of different sizes and/or density (e.g. balloons).
10. Change the rules to make the game easier or more difficult, depending on the group.
11. Make the court bigger/smaller (depending on objectives and skills).
12. Each time a team bounces the ball on the opposing team’s court, one of the opponents’ team is eliminated. When all the players of one team are eliminated, the other team wins one point. The team that gets 21 points first is the winner.
13. Play sitting down.

**Suggested themes for discussion:**
- Cooperation
- Team work
ADAPTED INTERNATIONAL SPORT GAMES

Track & field: adapted heptathlon

Small group (2-6 participants)
Medium group (7-14 participants)
Large group (over 15 participants)

Any safe terrain/space (as flat and clean as possible)
Area markers such as cones, discs, stones, sticks, bottles, etc.
Timer (on a phone or use a watch)
Blindfolds.
Beanbags (or similar useful items to be thrown).

There are 7 exercises:

1. 60 metres/yards running:
   Participants have to run 60 metres as fast as possible.

2. Time estimation:
   Participants have to run in a 20 metre circuit and for example for 20 seconds. They stop when they think that the 20 seconds are over. The participant who is the closest one to running exactly 20 seconds is the winner.

3. Beanbag throw:
   Participants stand with their legs shoulder width apart. They then throw the beanbag backward between their own legs as far as possible.

4. Long jump:
   Participants stand with their feet together. They have to jump forwards as far as possible. They can touch the floor once with any part of the body (except their feet) before landing with both feet together at the same time.

5. 20 metres/yards backwards:
   Participants have to run 20 metres backwards as fast as possible.

6. 10 metres/yards blindfolded:
   Participants are blindfolded and have to walk until they estimate they have walked for 10 meters. Same exercise, but participants have to run 60 metres as fast as possible.

- Participants do each exercises once. There is no opportunity to practise beforehand.
- The winner is the participant who performs the best in all the disciplines.
- Participants can compete at the same time or one after the other.

Suggested themes for discussion:
- Self-esteem
- Self-confidence
- Body-awareness
- Competition
Kabaddi

Small group (2-6 participants)
Medium group (7-14 participants)
Large group (over 15 participants)

Playing field (any safe terrain/space, as flat and clean as possible)
Area markers such as cones, discs, stones, sticks, bottles, etc.

Kabaddi (meaning “holding your breath”) is a traditional game from Pakistan. This version is a simplified version of the official adult game. Participants stand in two teams on opposite sides of a rectangular space (about the size of a badminton court in the original game). The basic idea of the game is to score points by entering the opponents’ half of the area, touching as many of their players as possible without getting caught. The participants who are touched by the attacker must try to catch him/her before he/she returns to his/her side of the court. All of this is done in a single breath whilst chanting “Kabaddi, Kabaddi, Kabaddi”. The attacker scores a point for every person on the opposite side touched. If participants run out of breath or are caught, then no points are scored.

- No pushing.
- Consider that in some cultural settings, bodily contact can be inappropriate.
- It can become quite physical, so caution is needed when considering it for a mixed group.
- Suggest walking instead of running.
- All participants run (or walk) in pairs holding hands.

Suggested themes for discussion:
- Fairness
LOCAL SPORTS AND TRADITIONAL GAMES

15 Turi-Turi

Small group (2-6 participants)
Medium group (7-14 participants)
Large group (over 15 participants)

Playing field (any safe terrain/space, as flat and clean as possible)
Rope (ideally more than one)

“Turi-Turi” is the aboriginal name for the skipping rope made from the long roots of the Queensland bean tree. The game is an Australian aboriginal skipping game. It requires a rope about 6 metres/yards long and about 6 participants. Two participants swing the rope from side to side, but not overhead. The rest of the participants jump into the rope one at a time. After exiting the rope, each player waits for his or her next turn.

- Everyone jumps the way he/she wants.
- Do not have more than 12 participants per rope. Otherwise participants have to wait too long to have their turn.
- The rope needs to be swung regularly and not too fast.
- Wheelchair users can try to navigate underneath the rope without getting caught.
- The first person to skip does it in a particular way and the others have to copy them.

Suggested themes for discussion:
- Timing
- Teamwork
- Creativity
- Coordination
### LOCAL SPORTS AND TRADITIONAL GAMES

**Catch the chicks**

- **Medium group (7-14 participants)**
- **Large group (over 15 participants)**

<table>
<thead>
<tr>
<th>Playing field (any safe terrain/space, as flat and clean as possible)</th>
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<tbody>
<tr>
<td>Area markers such as cones, discs, stones, sticks, bottles, etc.</td>
</tr>
</tbody>
</table>

This is a game from Taiwan where teams of three with three different roles work collectively to maintain their team.

One of the players is an eagle, another is a hen and the rest of the players are the hen’s chicks. The eagle’s main aim is to catch the chicks, which the hen tries to prevent. Chicks line up behind the hen, each holding on to the shoulders of the person in front of them. When the eagle strikes, the hen tries to block the way. The chicks have to move flexibly to avoid being caught. If the eagle catches a chick, that chick becomes the eagle in the next game.

- Don’t let go of the person in front of you.
- Chicks should pay attention and follow the hen’s movements.

- Depending on motivation, group type, age or general atmosphere, participants could be asked to make noises and movements corresponding to an eagle, hen or chick.
- The game can be played very fast. Take care with participants of different speed levels, age, height, etc. Weaker and/or smaller persons must be looked after.

- This game can be played at a walking pace.
- Wheelchair users can play the role of the hen or the eagle.

**Suggested themes for discussion:**
- Solidarity
- Team-work
Circus performance

All ages
Any number of participants
Any safe terrain/space (as flat and clean as possible)
Balls, scarf, music, anything the groups want to use

The group is divided into smaller groups, and each group is asked to rehearse for a circus performance. This could be acrobatics, juggling, dancing or clowning, etc. Each performance has a timeframe of maximum 5 minutes. The groups should have at least three to four sessions to rehearse for their performance. The facilitator is mainly there to help support the groups and to organize the show at the end.

- Everybody in each team has to be involved in the performance.
- Don’t choose anything that could be dangerous!
- Stay within the given timing.

- Be aware that bodily contact might be difficult for some people who experienced severe distress.
- Be aware that some communities will require males and females to work separately.
- Make sure that expectations are not too high from the group and from the audience.

- Adaptation is not needed, since everything is open anyway.
- If persons with a disability are included, the group might need some support in working creatively and safely.

Suggested themes for discussion:
- Trust
- Team-work
- Self-awareness
### Dance circuit

**All ages**  
**Any number of participants**

- **Any safe terrain/space (as flat and clean as possible)**  
  - Music (tape recorder, CD, radio, etc.), singing, instruments

The group stands in a circle. Music/drumming/singing starts and people start moving to the rhythm. When a person feels confident, he/she steps forward into the circle and demonstrates a certain move. Everyone in the circle imitates the move. Then the next person enters the circle. The different moves that have been used can then be put together and developed into a group dance.

- Everyone should be dancing (or at least moving) to the music, but not everyone has to perform on his/her own in the middle of the circle.
- Laughing at someone else’s dancing style is unfair, unless the move is meant to be funny.

- Touching other people while dancing (e.g. holding hands) or body contact might make some participants feel uncomfortable.
- Be aware that some communities will require males and females to dance separately.
- The dancing style needs to be culturally appropriate.

- Adaptation is not directly needed, because the participants choose the movement, and almost any style could be imitated by the group. Dancers in wheelchairs can also be included.

**Suggested themes for discussion:**  
- Body-awareness
- Self-awareness
- Team-work
### Stiff as a board

**Medium group (7-14 participants)**  
**Large group (over 15 participants)**  

**Playing field** (any safe terrain/space, as flat and clean as possible)

Participants stand in a circle. One moves into the middle of the circle, and the others shuffle in very closely, shoulder to shoulder, leaving no space in between. The player in the middle has to completely let go and fall in any direction, remaining as stiff as a board. The circle has to prevent him/her from falling on the ground, but they cannot move their feet! They can only lean forward or sideways, or use their hands collectively to save him/her from falling. The player in the middle has to have complete faith in the others. Repeat the same process with all members of the group.

- No joking is allowed, for example, scaring the person in the middle by pretending not to catch them.
- Concentration is needed.
- Be aware that some communities will require males and females to play separately.

- This game can only be played by participants who know each other well and trust one another.
- Make two or more different circles, if the group is too big.
- Be aware that bodily contact might be difficult for some people who have experienced severe distress.

- Participants who are in the middle can close their eyes, if they fully trust the people forming the circle.

#### Suggested themes for discussion:
- Reliability
- Trust
- Responsibility
<table>
<thead>
<tr>
<th><strong>GROUP MOVEMENT GAMES OR COOPERATIVE GAMES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blob tag</strong></td>
</tr>
<tr>
<td>Medium group (7-14 participants)</td>
</tr>
<tr>
<td>Large group (over 15 participants)</td>
</tr>
<tr>
<td>Any safe terrain/space (as flat and clean as possible)</td>
</tr>
<tr>
<td>Area markers such as cones, discs, stones, sticks, bottles, etc.</td>
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</tbody>
</table>

This is a simple tag game. Participants move around a marked area and try to avoid the chaser. The people who are caught join hands with the chaser to form a growing ‘blob’. The more people are caught, the bigger the blob becomes.

- Develop (group) tactics.
- Find the right spot for each person’s abilities.
- It is a good idea to limit the playing area so the blob does not have to run everywhere.
- Try walking instead of running.
- Only one person in the ‘blob’ is allowed to speak.
- Only one person in the ‘blob’ is allowed to have his/her eyes open.

Suggested themes for discussion:
- Cooperation
- Leadership
<table>
<thead>
<tr>
<th>Activity cards</th>
<th>Moving Together</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROUP MOVEMENT GAMES OR COOPERATIVE GAMES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>21</strong> Human knot</td>
<td></td>
</tr>
</tbody>
</table>
| | About 10 participants  
Medium group (7-14 participants) |
| | Playing field (any safe terrain/space, as flat and clean as possible) |
| | Participants stand in a circle and close their eyes. Everyone puts their hands in the middle and takes hold of the hands of two people who are not immediately next to them. The group then works together to try to untie the knot that has been made without letting go of their grasp. |
| | • Never let go of the hand that you grasp at the beginning.  
• Hands need to hold onto each other, but allow for movement. |
| | • Touching other people (holding hands with other people) might not be comfortable for some participants.  
• Be aware that bodily contact might be difficult for some people who have experienced severe distress.  
• Be aware that some communities will require males and females to play separately. |
| | • Change the group size (the fewer the people, the easier the knot).  
• One person can try to undo the knot (without the group speaking).  
• The whole group can untie the knot without speaking. |
| | Suggested themes for discussion:  
• Team-work  
• Trust  
• Group planning |
### Simple Movement Activities or Simple Exercises

**Gentle exercises**

- **Small group (2-6 participants)**
- **Medium group (7-14 participants)**
- **Large group (over 15 participants)**

- **Clean, safe floor/ground**
- **Towels or small mats, if needed and available**
- **Chairs or pillows (arranged in a circle)**

These exercises involve simple, light movements of the hands, legs, fingers, toes, etc. The facilitator gives the following instructions:

**Hand exercises:** Simply open and close your hands as quickly as possible. While opening the hands, try to stretch your fingers as much as you can, and when you close them, try to make the fists tight. Continue to open and close your hands 10 times. Now that the hands have done some exercises, your hand muscles will be slightly taut. Now relax them by shaking both hands together. Imagine that their hands are wet and they need to dry.

**Feet and leg exercises:** Start in a sitting position and raise both feet together a few inches above the ground. Then move the toes in any direction. Place feet back onto the ground as soon as it feels uncomfortable to keep them in the lifted position.

Another exercise for the legs: Sitting down, lift both legs as much as possible in a V-shape. Slowly bring the legs together and lower them. This process is repeated 5-6 times.

- **Always breathe deeply when moving.**
- **Repeat the exercises, but not too many times.**
- **Use light stretching and shaking to relax afterwards.**

- **Every participant can decide when to stop.**
- **Be aware to not overstretch. There should be no pain or discomfort.**
- **Do all the exercises while sitting or standing, or with eyes closed.**

**Suggested themes for discussion:**
- **Calming**
- **Body-awareness**
### Chair exercises

**Small group (2-6 participants)**
**Medium group (7-14 participants)**
**Large group (over 15 participants)**

- Clean, safe floor or ground
- Chairs or pillows (arranged in a circle)

Chair exercises are ones which can be done sitting on a simple straight back chair. They are particularly good for those who find it difficult to move the body. A lot of exercises can be carried out while sitting such as strengthening muscles, throwing a ball in different ways, rhythmic gymnastics or boxing movements.

- Intensity should be adapted to the group’s abilities.
- These exercises are suitable for everybody, but those who have difficulties standing will benefit especially.

- Sitting on boxes/crates
- Sitting on large balls filled with air
- Sitting on the floor (on towel or mat)

Suggested themes for discussion:
- Supporting each other
- Body-awareness
- Body contact
Mobility exercises

Small group (2-6 participants)
Medium group (7-14 participants)
Large group (over 15 participants)

Clean, safe floor/ground

Each participant sits on a chair or box. The facilitator gives the following instructions:
Hold the feet slightly above the ground and stretch your legs out in front. First point the toes towards forward. Hold this position for a few seconds. Then bring the feet back to their original position without touching the ground. Now point toes upwards. Hold this position for a few seconds. Now put feet back on the ground to relax.
This exercise is a good leg stretching exercise. Squeezing the knees while keeping them together will help in stretching the muscles of upper legs.
Or:
Place hands together palm to palm. Gradually raise the elbows and push hands together as hard as possible. Hold the position for about 10 seconds. Feel the tension in the muscles of arms, shoulders and chest.
This type of exercise is helpful in stretching the entire upper part of the body.

- To improve muscle tone, it is important to hold the positions for a few seconds.
- There should be no pain or any discomfort when doing the exercises.
- Sitting on a chair or a big ball
- Lying on the floor (on a towel or mat)

Suggested themes for discussion:
- Relaxation
- Body-awareness
- Calmness
### Back exercises

| Small group (2-6 participants) |
| Medium group (7-14 participants) |
| Large group (over 15 participants) |

| Clean, safe floor/ground |
| Chairs or pillows |

These exercises mainly involve the head and the neck. All movements need to be done in a very slow and gentle manner.

Participants sit up straight on their chair and slowly bend their heads forward so that their chin touches the chest. The head stays in that position for a few seconds and then returns to the original position. Similarly, participants can try to tilt their heads backwards and keep it in that position for few seconds. Then the head is gradually returned to the original position. These movements help to increase the flexibility down the neck to the spine.

- The backbone is a very delicate area of the body. Therefore, participants have to be very careful doing any back exercises.
- There should be no pain or discomfort.
- Participants can also turn their heads from left to right. They can lift their shoulders, hold a few seconds, then release and drop the shoulders.

**Suggested themes for discussion:**
- Body-awareness
- Calmness
Yoga

Small group (2-6 participants)
Medium group (7-14 participants)
Large group (over 15 participants)

Clean, safe floor/ground
Chairs or pillows
Towels, mats, etc.

Yoga helps people become more balanced and relaxed in body, mind and spirit. It can be one of the most effective antidotes to the stresses and strains of life. It is suitable for any age, ability, mobility, gender, state of health (both physical and mental) and for all levels of fitness.

- Child’s pose (Balasana): The child’s pose is a resting pose in yoga, which serves to calm the mind as well as the body, while gently stretching the back.
- Corpse pose (Savasana): Often used to conclude a yoga session, the corpse pose is an ideal way of putting body and mind at ease. Participants should lie flat on their backs with their arms next to their bodies, palms facing upwards, and breathe deeply.

- Silence and a certain degree of privacy are important.
- Be aware that not all relaxation exercises are suitable for traumatised persons.
- No one should be pressured to do the exercises if they don’t feel comfortable.

Chair yoga: This form of yoga was adapted for people with limited mobility or injuries, for rehabilitation and for older age groups. Chair yoga modifies traditional yoga poses so that they can be done while seated. These modifications make yoga accessible to anyone.

Suggested themes for discussion:
- Deep relaxation
- Self-confidence
- Inner balance between body and mind
**Progressive muscle relaxation**

**Small group (2-6 participants)**  
**Medium group (7-14 participants)**  
**Large group (over 15 participants)**

**Clean, safe floor/ground**  
**Chairs if needed**

Progressive muscle relaxation is a technique focusing on shifting between tensing muscles and relaxing muscles to improve body awareness and control. Participants should stand comfortably and breathe deeply before they start the exercise. Muscles are relaxed, first by tensing them for a few seconds and then by releasing them. Participants should tense and release muscle groups in turn, starting with the facial muscles, then the shoulder, arm, hand, stomach, back, leg and foot muscles.

- Silence and a certain degree of privacy are important.  
- The facilitator guides the exercises with a calm, soothing voice.

- Progressive muscle relaxation is an effective tool for stress relief.  
- Be aware that not all relaxation exercises are suitable for traumatised persons. No one should be pressured to do the exercises if they don’t feel comfortable.  
- Signs of distress include having difficulties gaining control, crying all the time, shaking, or having difficulties managing stress, especially in the immediate aftermath of a disaster.

- This exercise can also be done while sitting or lying on the ground.

**Suggested themes for discussion:**

- Deep concentration  
- Body-awareness  
- Relaxation  
- Calmness  
- Inner balance
# RELAXATION

## Breathing exercise

| Small group (2-6 participants) |
| Medium group (7-14 participants) |
| Large group (over 15 participants) |

- **Clean, safe floor/ground**
- **Chairs**

The key to deep breathing is to breathe from the abdomen, so as to get as much fresh air as possible into the lungs. More oxygen is inhaled when taking deep breaths from the abdomen than taking shallow breaths from the upper chest. The more oxygen one gets, the less tense, short of breath, and anxious one feels.

Participants should sit comfortably with straight backs, one hand on their chests and one on their stomachs. Ask participants to breathe in through their nose. When breathing through their nose, their hand on their stomach should rise, while the other hand on their chest should move very little. Now ask them to breathe out through their mouth. Participants should push out as much air as possible, and at the same time pull in their stomach muscles. This time their hand on their stomach should move in, while the hand on the chest moves very little. Repeat this exercise with participants counting slowly on every exhale.

- Silence and a certain degree of privacy are important.

- Be aware that not all relaxation exercises are suitable for traumatised persons at all times. No one should be pressured to do the exercises if they don’t feel comfortable.
- Signs of distress include: having difficulties gaining control, crying all the time, shaking or otherwise having difficulties managing stress, especially in the immediate aftermath of a disaster.
- If the facilitator notices any of these signs, the activity should be stopped or changed. It helps to sit up to regain control.
- The facilitator guides the exercises using a calm, soothing voice.

- This exercise can also be performed while sitting or lying on the ground.

**Suggested themes for discussion:**
- The ability to focus
- Relaxation
- Body-awareness
- Concentration
- Self-confidence
How to be a good facilitator
acilitating sport and physical activities in a psychosocial context calls for a range of skills on the part of the facilitator. The facilitator needs to be trained in setting up the interventions, but also in creating a safe environment where participants feel acknowledged, heard and understood.

Facilitators’ ability to develop a trusting atmosphere, present information, discuss issues in a non-judgmental way and support relationship building is essential and will help to stimulate empowerment, self-efficacy and connectedness.

Supporting participants

The facilitator must ‘walk the talk.’ He or she must demonstrate good listening skills to reassure participants and to activate emotional support within the group. This is especially important when dealing with sensitive issues, as it is often the case in psychosocial programmes.

Participants will often have a number of challenges that need to be taken into consideration by the facilitator. They may be survivors of disasters or conflicts, living in adverse situations and going through times of grief, stress and crisis. Some may have survived with poor health prospects or will have to live with a disability which may make their lives even more complicated.

Additionally, some adult participants may have had difficult childhood experiences with sport. They may not have learned the skills needed. They may have been shy. They may have had physical difficulties or had negative feelings about their body or the way they look. These experiences might have been heightened by discrimination and harassment from other children and sometimes from their teachers as well. All these factors in combination make it extremely important to provide a caring and supporting environment for participants. This will allow them to feel welcome and protected and provides opportunities for personal development and joyful experiences.

If two or more facilitators are working as a team, they should decide in advance who will take on which role in the sessions. Sometimes it makes sense for a facilitator to be the lead person for a particular activity, for example, or for an experienced person to support participants with special needs.
Creating a participatory learning environment

Sport and physical activities should be learner-centred, and build on and include the participants’ own experiences. Participants will be engaged in many ways. They will think about issues presented, discuss the topics with other participants and engage in activities. This helps participants apply what they have learned to their daily lives.

Setting individual goals involves participants and enhances learning. Learning goals are most useful when they are clear and unambiguous. For example, “I want to learn to relax physically and speak calmly even when I am angry.”

Use these or similar questions with participants either before the start of the programme or at the beginning of the first session:

- What do I see as my main challenges in relation to doing sport and physical activities?
- What would I like to learn to overcome these challenges?
- Where would I like to see myself after these sessions?
- How will I contribute to the learning environment?
- What will I do to make good use of the skills I have learned?

At the end of the programme, participants can use these goals for self-evaluation.

Participants

Information about the individual participants, including their skills and knowledge and their needs and expectations, helps shape programme planning. Often, however, sessions are planned by programme managers before the individual participants are identified. It is then the responsibility of the facilitators to ensure that the planned sessions are implemented in a way that is adapted and tailored to the participants.
Complement the general knowledge about the target group from the project planning phase (see below) with knowledge about the individuals that are actually going to participate. For instance, the target group may be people who are grieving, but the needs of a grieving child are different from the needs of their grieving mother. In the same way, an amputee who has lost a leg requires different physical activities from one who has lost a hand.

The size of the group should also be considered. From a psychosocial angle, groups should not be too large, as this makes it difficult for everyone to be heard or feel emotionally safe. Groups of 10-25 participants are preferable. The group size must also fit the activity and vice versa; too many or few players make it harder to play a game successfully.

**Ground rules**

Ground rules set out what is acceptable and how to behave during sessions. They help to build trust and feelings of connectedness. These rules apply all the time to all participants, facilitators and others that may be part of the session. Ground rules should be defined together with the participants, so it is important to take time at the beginning to facilitate this.

A positive social and motivational climate in a group is important for the success of the intervention. If the social climate is negative or inappropriate, the potential benefit of the activities may be lost or even become counter-productive. An aggressive facilitator can ruin an otherwise joyful game, or some participants may feel excluded if a game is very competitive. The opposite is also true. Activities that first appear very simple or uninspiring can become thrilling and joyful in the hands of competent and motivating facilitators.

Everyone benefits when both participants and facilitators cooperate in achieving participants’ individual learning objectives. A task-oriented approach is useful in creating a positive motivational climate. It is based on mutual appreciation of effort, enjoyment and the feeling of making progress. It includes a culture of constructive feedback and frequent praise, even for smaller achievements. Mutual respect and acceptance among participants and a spirit of supporting and helping each other in the group are important elements. By contrast, promoting a ‘winning is everything’ mentality and only focussing on external motivations such as competitiveness, favouritism and individual achievement creates a performance-focused climate which is often associated with negative outcomes.

A well thought-out psychosocial intervention using sport and physical activities has to integrate several important elements:

**An example of ground rules**

In this group we agree to:

- learn to trust each other by keeping stories we share confidential and within the group
- respect each other
- be on time
- focus on each other by turning our mobiles off during the session
- let each other speak and not to interrupt
- only to shout when it’s part of a game
- keep each other safe.
knowledge about the needs of the participants, and how they can be met
considerations about the most appropriate sport and physical activities to meet these needs (use the six categories mentioned above as a starting point)
building and maintaining good relationships between participants so that a positive social and motivational climate is ensured.

Guiding principles to promote a positive social and motivational climate

Good sport and physical activities strive for high behavioural and ethical standards. In practice these can be hard to achieve, but it is important to aspire to certain aims as a common direction and mind-set:

- Everyone enjoys themselves.
- The activity or game has a motivating objective.
- Everybody needs each other to reach the objective.
- Everyone is accepted and valued for all their abilities.
- There is no judgement or criticism.
- Everyone participates actively.
- Everyone experiences success.
- Nobody is excluded or eliminated from the game.
- Nobody is made to stand out.
- Everyone is responsible for himself or herself and for the group.

It is good to look at these principles with participants (and in some cases other stakeholders) to discuss what they mean in practice.

The success of an intervention does not simply depend on the selection of relevant sport and physical activities, which correspond to the needs and interests of the target group(s). Activities cannot succeed without establishing a positive social and motivational climate. An appealing and positive atmosphere not only attracts people and invites them to join; it also promotes feelings of safety and connectedness among participants. This creates a safe space for participants to develop, practise and use their skills and for them to recognize, how these skills can be used in other parts of their lives.
Supportive communication

When difficult issues are brought up and emotions such as grief, anger and frustration surface, it is important to respond in a supportive way. Take time to listen but don’t probe or pressure the person to share more than they are comfortable with. When relevant, follow up with the participant after the session is over. Check if any further action is necessary, or if the participant should be referred for further assistance or professional help.

Facilitating emotional support from the group is a powerful way of reducing the sense of being alone or isolated. It provides a bond for the group members. Emotional support is achieved when group members are able to recognize and share common experiences and feelings. When a participant shares a difficulty or talks about symptoms, it is helpful to ask the group: “Does anyone here recognize this problem?” “Does anyone know of a helpful way to handle these symptoms?”

The ultimate goal of the activities is to empower participants to learn from the sessions in order to handle future stress and difficulties constructively. Self-help and self-efficacy develops in various ways. It comes as a result of learning new skills and knowledge and practising them. It also develops as a result of observing others coping with difficulties in new ways.

Active listening
Active listening means giving full attention to the speaker. This means not only listening to what is being said, but also listening to the ‘music’ behind the words, and registering movements, body language, tone of voice and facial expressions. Active listening in support situations requires an ability to focus on the speaker and allow them space to talk without voicing one’s own thoughts, feelings and questions while they are speaking. Active listening makes the speaker feel that he or she is taken seriously, is respected and is being treated as a valued individual.

Psycho-education

Psycho-education is a good tool for supporting participants and enabling them to understand and cope with their difficulties. In its simplest form, psycho-education is sharing information and knowledge about common psychological reactions in a way that can be understood by the participants. It offers information to people in distress about common reactions to a challenging situation. It is also a way of learning practical strategies to deal with difficulties. For example: “I understand that you are very sad and frustrated. This is a common reaction for a person who has experienced something as shocking as you did. Over time you can expect your mood to gradually get better again. If you take time to exercise, sleep and spend time with friends, you will feel better sooner.”

Simple psycho-education related to sport and physical activities
In a sport and physical activity context, simple psycho-education could focus on informing people about the benefits of physical activities on well-being. One aspect could be to explain that physical reactions such as headaches and stomach aches, muscular tension and sleeping problems are common during and following stressful situations and that these symptoms can be reduced through sport and physical activities.
By sharing information and helping participants realize that they have resources to successfully cope with difficulties, psychosocial interventions can help participants gain hope for a better future. A good way of introducing psycho-education is by inviting participants to share thoughts and challenges and discuss helpful coping strategies in the group.

**Preventing and resolving conflict between participants**

From time to time, unplanned situations such as minor conflicts between participants need to be addressed during a session. It is very important that facilitators help the participants resolve the conflict before it becomes a full-blown dispute.

A useful place to start may be to remind the participants that they have agreed on ground rules and ask them to look at them again. If the participants feel safe and comfortable in doing so, their conflict situations are also opportunities to learn valuable life lessons. In this case it might be useful for participants to share thoughts on what the conflict is about and why it occurred. If possible invite them to come up with suggestions on how to resolve the conflict and keep it from happening again. More generally ask the participants involved in the conflict to reflect on understanding other people’s perspective.

Sometimes conflicts are a result of a specific feature of a game that the participants are playing. In this case identifying this feature and testing alternative ways to play the game can be a constructive way of resolving a conflict.

In other cases, it may be better to talk about conflict in a more general way. An example is to talk about how sport has both the power to divide and bring people together. On the one hand, sport can be the source of competition, aggression and conflict. On the other, it can bring different kinds of people together to learn about their differences and commonalities, to learn respect for others, and to listen to others.

**Tools to promote learning**

Facilitators can use a range of tools to promote learning and emotional support. These include reflection, group discussion, testimonials or role models and homework. Choose the most appropriate tools for each session depending on the activities planned and the learning objectives set.
Tools to promote learning from sport and physical activities and how to use them

<table>
<thead>
<tr>
<th>The tool</th>
<th>How to use it</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>During reflection participants are asked to consider for themselves what they think or feel about a certain topic. This can either be done alone or in pairs of two.</td>
<td>Ask participants to sit quietly and reflect on the chosen topic. If they are working in pairs, ask participants to speak quietly so as not to disturb other group members.</td>
<td>After a game, participants reflect in pairs on which roles they played during the game. This could be “I defended the goal” or “I made my team feel good by clapping when we scored a goal”. They then reflect individually on how and if they play similar roles in other parts of their lives.</td>
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<tr>
<td>In group discussions participants talk about certain topics or answer certain topics in pairs, smaller groups or plenary.</td>
<td>Divide participants into groups and ask them to discuss a topic for a set period of time. Provide questions for discussion. Ask small groups to appoint a spokesperson for their group. This person can then report back to the plenary (large group). The facilitator chairs the plenary, making sure everyone has a chance to speak.</td>
<td>After a relaxation exercise, participants get into groups to discuss how they felt before and after the exercise. They then discuss what was good about the exercise and how/when they can use the exercise another time.</td>
</tr>
<tr>
<td>Role models or testimonials are personal stories reflecting real life situations. Positive role models can inspire participants to overcome difficulties in a positive way. Testimonials are often about a specific event while role models represent a way of life, a way of handling difficulties or coming to terms with adversities.</td>
<td>1. Role models Meet with the person who represents a positive role model before the session. Learn their story and agree a plan for the session. This keeps the session safe for everyone. Often role models tell their story first and then answer questions and have a discussion with the group. 2. Testimonials Testimonials can be done in person or as a video or audio recording or in a written description. If it is done in person, a question and answer session can be part of the activity. Testimonials can also be used for group discussions or as a basis for role play.</td>
<td>A female athlete is invited to a girls programme as a role model for the participants. She talks about her sport, why she enjoys it and how the people around her react when she exercises. She then leads an exercise session to demonstrate how enjoyable physical activity can be. There is then a question and answer time. Topics include gender roles, relations to parents and peers, standing up for oneself, being different or excluded, being good at something, special friendships, and visions for the future.</td>
</tr>
<tr>
<td>Homework is a task that participants are asked to carry out in the time between two sessions.</td>
<td>Homework is done by participants between sessions. Agree the task and deadline for homework during the session. Make sure the homework is achievable in the time set. Participants can have the same or individual tasks. Follow up on homework at the agreed point in the programme.</td>
<td>Homework could be to go for a walk, to do a relaxation exercise every evening before going to sleep or to reflect on a certain issue. It could also be preparing questions for the following session (e.g. to ask a role model during their visit).</td>
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</tbody>
</table>
Managing time and content during a session

Good time management gives the participants a feeling of structure and preparedness that is reassuring and calming. The session should start and end at the announced time. In between it should be clear to the participants how much time has been planned for each activity.

When planning the timing of sport and physical activity sessions, it is important to take both the participants and the type of activity into account. A group of physically fit young people will enjoy playing a fast-paced game for a longer period than a group of less physically fit participants. Children have shorter attention spans than adolescents and adults and activities for them should not be too long.

A session often consists of many activities, so remembering to make time for the transition from one activity to the next by introducing and explaining the content of the next is important. This gives a feeling of structure and helps calm participants.

Flexibility is key, as some activities may take a longer or shorter time than anticipated. It is important to plan for the unexpected by thinking about how to control the time spent on each activity. The length of a game can be adapted on the spot by decreasing or increasing the amount of time it is played or the number of goals it takes to win a game. Keep a few shorter games in mind that can be used if time runs out. Also prepare extra activities that can be used if activities take less time than expected.
Manage discussions carefully, otherwise they may go off topic and it will take longer than planned to reach the intended goals. However, sometimes discussions go off topic but lead to important or unexpected results. If this seems to be the case, let the discussion continue. At other times, off topic discussions are irrelevant. In these cases, pose a question to re-orientate the discussion, for example. “Thank you very much for your input. It has given us something to think about. Let’s now move forward to the next point on the list/next session/rounding off.”
How to plan and manage interventions
A successful project usually follows a programme cycle taking into account different elements of planning and implementing activities. Good planning is essential for ensuring successful project delivery. Managing a project from assessment to planning, from implementation to evaluation, from evaluation back to planning the project again is a cyclical activity.

This section sets out the specific considerations for planning the programme cycle of a psychosocial intervention with sport and physical activities. Good tools and guidelines for basic planning in general already exist and will not be repeated here.

Designing a successful psychosocial intervention with sport and physical activities means specifying goals, designing the project rollout and identifying potential problems. It includes assessment, planning the project, managing human resources, monitoring and evaluation, implementation and exiting.

Assessment clarifies the needs of a particular group or population and helps to identify and select the most important activities for the planned intervention. Planning sets out the aims and methods of doing the intervention. This helps in negotiating with internal and external stakeholders to ensure that the intervention actually takes place. Sometimes it makes best sense to integrate sport and physical activities into other programmes such as shelter or special provisions for older people. Careful planning identifies what change a programme intends to bring about and how it contributes to meeting higher goals. Monitoring and evaluation during and after the intervention measures whether the activities have met these intended goals. Monitoring and evaluation documents processes and results which can then be reported to stakeholders, donors and other important supporters in order to gain long-term sustainability. Identifying intended change and contribution leads to a good understanding of what resources are needed for the project, when they are needed and how to organize them.

**Good tools and guides for planning**

Some useful guides to learn why and how to plan include:

- Psychosocial Interventions. A handbook. International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support
- Sport and Physical Activity in Post-Disaster Intervention, second edition, A handbook prepared in conjunction with ICSSPE’s International Seminar, ICSSPE, 2008.
- Planning and Monitoring in Results-based Management of Projects and Programmes, Swiss Agency for Development and Cooperation SDC, 2011
How to identify main stakeholders:

- Which agencies, organizations, groups and individuals will influence and be influenced by the project, directly or indirectly?
- Who has a significant interest in the success or failure of a project?

The diagram below shows the programme cycle that is used in this handbook to illustrate the underlying process of managing an intervention. The cycle consists of assessing, planning, building capacity, implementing activities, evaluating process and progress and exiting. All elements denote overlap and feed into each other.

Assessment and exiting are very important parts of the cyclic process often forgotten. They are, however, very relevant and should be carefully prepared. The diagram also clearly shows that monitoring a consistent process that needs to be performed parallel to all steps taken.

Observing the cycle you will constantly learn from your programme. Monitoring and evaluation will lead to new insights, which then lead to re-planning and further capacity building, which in turn may lead to new insights etc.
Participatory approach
Psychosocial interventions may concern entire communities, and so it is important to involve a range of stakeholders from the beginning. Every project phase should be conducted using a participatory approach. Interventions should ideally be done together with individuals or a community, rather than for them. This allows for a sense of ownership to develop for the project which increases the probability of a long-term impact. The community members themselves are the experts on their needs and resources. They may also offer appropriate solutions to the problems of the affected population. Genuine community participation means that the community owns the programme and its activities, and that professional or voluntary outsiders adopt the role of facilitators.

It is beneficial to include stakeholders in the entire planning, implementing and evaluating process. Consider the direct beneficiaries in particular. They may be less vocal or more vulnerable than others in the project and may need time or support to be able to express their opinions. Use the knowledge gained in the assessment phase to identify who to include and for what purpose. Consult with community leaders or other qualified stakeholders. Discuss the activities and implementation with, for example, facilitators and volunteers.

Ask stakeholders what they need. They are the ones who are most knowledgeable about their needs and desire for change. Some planners assume that they know the stakeholders’ needs. This may ultimately lead to failed projects because then no change or the wrong one is brought about.

Some of the questions about needs and the desire for change are simple but deliver significant information. They include:

- What do you need?
- What are your priorities and why are they your priorities?
- What does your community need? Why and what are its priorities?
- How could your everyday lives be improved?
- What do you wish for in the future? For yourself and for your surroundings?
- What are the obstacles to a better everyday life? How could they be overcome?

If stakeholders are consulted early and genuinely in the assessment, planning, implementation and evaluation of the project, the project is more likely to be a success. It will be sustained by a wide range of people who are committed to the overall objectives.
Assessment

The main purpose of an assessment is to collect the information needed to plan a good project. This section sets out the most common elements of assessment and what this means in a psychosocial intervention using sport and physical activities context.

A broad range of stakeholders should be identified and consulted in order to gain insight into the needs and resources of the targeted group(s). Focus group discussions in advance of the programme planning, for example, will make the planning more realistic and relevant to the specific needs of the target group. Often, the target audience and the community are not consulted sufficiently before the onset of the programme. They should be key players in the planning process. If the programme targets children, let children and their parents or caregivers be an essential part of the planning by asking age-appropriate questions and building trust with their guardians. Other valuable information can be accessed through different institutions e.g. (statistical departments of municipalities, municipal registers, public files, libraries and archives, surveys, local media) and by spending time on location beforehand in order to see and evaluate conditions.

Understanding the socio-cultural environment
Understanding the social and cultural setting that the project will be a part of is important. It is vital for projects to be appropriate and accepted by the community they aim to support. Focus on what psychosocial well-being means locally and identify sport and physical activities that are accepted in the setting, but also take time to understand the general aspects of this environment.
Some of the questions to guide an assessment include:

- What are traditional ways of dealing with problems (strengths, resources, support networks)?
- How do people enjoy themselves and spend their leisure time?
- What does psychosocial well-being mean in the specific context?
- Which traditional and popular sports and games are played? How are they played?
- Is it acceptable for boys and girls to play together? Do adults play any games? What activities are appropriate for women?
- How do people normally talk about and express their feelings?
- What is appropriate in terms of physical contact and clothing?
- Does ethnicity or social class determine who plays which games?
- Do the sports and activities identified have other purposes or meanings (e.g. finding spouses, betting, settling disputes, part of religious practices)?

**Understanding the crisis event(s) and the resulting problems**

The type of crisis event determines the psychosocial aims and activities, because different crisis events influence psychosocial well-being differently. For instance, promoting a sense of safety is important after an earthquake or a nuclear crisis. But after an earthquake, participants might feel safer outside; during a nuclear crisis, being indoors may feel safer.

Questions to use in an assessment of crisis event(s) include:

- Does the crisis event influence the entire community or specific individuals or groups?
- Is the crisis onset slow or sudden, expected or not?
- Is the crisis man-made or natural?
- Which types of psychosocial reactions can be expected?
- Has the crisis affected individuals’ physical health in a particular way? For example, are there many amputations or is there malnutrition?
- Are there other symptoms to consider, such as tiredness, stomach aches, sleeplessness, etc.?
- How long has the crisis been a reality and how long can it be expected to continue?

**Understanding stakeholders**

- International
- National
- Regional
- Local
Stakeholders are institutions, groups or individuals who stand to gain from, have power over, influence or may be harmed by a planned intervention. They bring both risks and opportunities to a project and it is therefore important to actively reach out to them and to understand them. Stakeholders include beneficiaries, communities, donors, partners and opponents. They can be categorised into local, regional, national and international stakeholders and are all relevant to the project’s success.

Beneficiaries have different needs, opportunities and capacities, depending on who they are. It is essential to know their characteristics and needs. Often it is not possible to provide services for everyone, and identifying those most in need is important. However, it may be necessary to target secondary groups, such as parents and caregivers, in order to make the project a success for the primary beneficiaries, such as children. Involving local community leaders, regional or district school authorities, national governmental decision-makers, and representatives from international organizations is also important. The project will gain visibility, support and sustainability if stakeholders are sought out with care, and are kept informed and consulted.

Stakeholders such as donors, partners and opponents differ from project to project and have varying power to influence the project. The following questions may identify stakeholders that are important to the project:

- Which parts of the public system e.g. (council, ministries for education, sport or health and politicians) need to support the project or would like to?
- Who might damage the project?
- Who in the community needs to know about and support the project? For instance religious and community leaders, parents, or organizers of existing sports organizations or clubs.
- Who will gain from the project? What will they gain financially, socially or otherwise?
- Who might be affected negatively by the project?
- Who is not directly involved in the project, but would like to be part of or benefit as well?
- Which individuals and groups are essential to the success of the project?
- Does the project manager have a steering committee?
- Who is on the steering committee (which organizations or individuals)?
- How does the project relate to its donors? How do the donors relate to each other?
- How does the project cooperate with any existing sports organizations or clubs?

Once the surrounding stakeholders have been identified and consulted, it is important to look at the characteristics and needs of the beneficiaries. The following questions may help to assess their needs:

- What demographic information is available about the target group e.g. age, sex, education, religion, ethnicity, language, literacy?
- What are the social, cultural and family situation(s) of the beneficiaries?
- Are there any mentally or physically disabled individuals among the beneficiaries?
- Are beneficiaries particularly vulnerable? How and why?
- How are beneficiaries affected by a crisis event?
- Who do beneficiaries depend on for support?
- Have beneficiaries previously taken part in organized sport or physical activity?
- Will the same group of participants come to several sessions over a set time or will each session be open to newcomers?
The needs and wants of stakeholders set the vision for the project and define its overall objectives. They are the reason that the project must be implemented.

**Identifying the most appropriate approach**

Benefits and disadvantages exist for all types of projects. Knowing if and how an intervention will meet the needs of the stakeholders will clarify where the focus of the project should lie. This is done by identifying several possible interventions and determining which is the most appropriate.

Some of the questions to ask to understand benefits and disadvantages include:

- Is a psychosocial intervention with sport and physical activities among the most needed interventions at this point in time?
- Could physical activities and psychosocial support be integrated with other interventions that already exist or are being planned?
- What should be the main psychosocial benefits from the intervention? For example, conflict resolution, building self-esteem, relaxation, (re)-establishing social cohesion, sharing experiences, building a sense of structure in day-to-day activities, etc.
- How can sport and physical activities be used to achieve these benefits?
- What are the disadvantages of the planned intervention and how can they be managed?

**Planning**

After completing the assessment and identifying the general approach, the next major step is to plan the project. Before activities can be planned and rolled out, a strategy to achieve the desired results needs to be clearly defined. A project strategy describes what change the project intends to bring about. It specifies the actions that an intervention can control or influence and clearly outlines the desired results. It also describes the assumptions and the external factors beyond the project’s control. It also involves detailed implementation planning including budgeting and developing the project timeline.

**The project planning process**

A good planning process is holistic. It looks at the project from all angles and, most importantly, it involves the affected community. In this way, the planning process is a ‘conversation’ between the reasons for carrying out a project, the objectives that were identified together with the potential participants and other important stakeholders, and all other elements of the project.

Holistic planning for psychosocial interventions means ensuring that basic psychosocial principles are reflected throughout, from assessment and goal setting to implementation of the activities in the field and in the monitoring and evaluation processes. Holistic planning also means taking into account the context in which the intervention is taking place. If the primary focus is on planning and implementing activities for children, for example, then their caregivers, teachers and others in the community who have influence on their well-being also need to be involved in the planned activities.
Understanding the problem

In a sport programme, the coaches kept attendance records at the start of each session. After three months an analysis of the lists revealed a dramatic drop in attendance during this period. Focus group discussions were arranged to find out the reasons for the change in attendance patterns. The discussions showed that one team felt tense and stressed out, with frequent conflicts amongst themselves. They felt that the coach was very competitive and put a lot of pressure on the participants.

The programme managers were aware of the problem based on the analysis of the attendance records. But the focus group discussions identified the reason for the problem. A meeting was subsequently set up with the programme managers, the coach and some of the participants. They made a new plan for activities together and set new ground rules for interaction. After this, the attendance rate remained steady and the participants were happier with the activities.

This is a good example of using quantitative (the attendance records) and qualitative (focus group themes) data in planning during the implementation phase of a project.

Planning takes place at the beginning of a project and also during each phase of the cycle. The project plan is not a static document that must be followed at any cost. The plan can be changed as many times as needed, as long as no harm is done and a positive change can be documented.

In the beginning all project elements should be planned. As the project is implemented, the project plan must be adjusted to reflect any changes in the situation or as a result of learning objectives being met.

Check the project plan continuously while monitoring and after every data collection and evaluation. Monitoring may reveal that too many or too few beneficiaries are participating in the sessions. It may indicate that the desired effects of the sessions have not yet been reached. Actions to counter this must then be introduced. Monitoring and evaluation offers the opportunity to take a step back from day to day work and adjust the plan, based on the learning from evaluation.
Defining objectives

It is crucial to specify clearly defined objectives, in order to be able to measure what change the project intends to bring about. Most project planning tools feature different types and levels of objectives. The terminology of different levels of objectives we are using is based on a traditional logical framework approach, i.e. impact, outcome, output, activities and inputs. They will be explained in detail below.

Impact:
Project impact is a statement of the high level goal the project will contribute positively to. Other interventions may also contribute to the overall goal.

Be careful to stay realistic when stating what a project impact will be. A project cannot solve a general problem of humanity, but it can contribute to addressing it. Examples of overall goals include:

- To contribute to improving the quality of life of Roma children.
- To contribute to enhancing the academic achievements of school children in France.
- To contribute to reducing the number of HIV infections in young men in Kenya.
- To contribute to promoting children’s holistic development and the acquirement of age-appropriate competencies in Viet Nam.

Outcomes:
There should be a fair chance that the project outcomes are realized by the intervention. Outcomes include the new capabilities, skills, advantages or support that the beneficiaries get from the project and use in their daily lives.

For psychosocial support interventions using sport and physical activities it is suggested that outcomes are defined in relation to one or more of the three different dimensions of the bio-psychosocial model presented in section 2: The biological (body), the psychological (mind and emotions), and the social (relationships) spheres.
Examples of project outcomes include:
The biological dimension refers to the physical health, physical fitness, and physical abilities and symptoms:

- improved football skills in participating women
- improved physical health perceived by migrants
- decreased somatic complaints, such as headaches and backaches among youth.

The psychological dimension (mind and emotions) is related to knowledge, thoughts, spiritual and emotional well-being and coping skills:

- increased self-efficacy in internally displaced persons (IDPs)
- improved ability in school children to complete group-based assignments
- increased knowledge about bullying and its effects in school children
- better ability to handle anger expressed by participating parents
- greater satisfaction with life expressed by children affected by armed conflict.

The social dimension is seen as reflecting relationships with peers and family, social support network, sense of belonging to family, relatives and the community, and children’s attachment to caregivers:

- enlarged social network of former soldiers
- increased quality and amount of social support for older people affected by the crisis
- enhanced community acceptance of Roma families
- improved support among family members.

Outputs:
Outputs are products and services that are created in a project. A service can be carried out with one specific outcome in mind, but often several outputs contribute at once to reaching an outcome.

Examples of outputs include:

- weekly sport and play sessions offered in target communities
- individuals affected by HIV/AIDS participate in weekly sport and play sessions
- a mentor/mentee system for bullied school children established
- awareness raised through social workers visiting Roma camps
- a sporting event covered through media
- coaches trained in the delivery of sport and play based psychosocial curriculum
- safe playgrounds constructed
- opportunities for sharing bullying experiences provided at schools
- sport and play-based psychosocial curriculum and trainer manuals developed.

Activities:
Consider what activities are needed to achieve the desired outputs. Examples of activities include:

- provide sport and play training to project staff and volunteers
- inform, sensitize and mobilize target communities
- organize educational inputs
- design sport and play based curriculum
How to plan and manage interventions

Moving Together

- rent space for sport and physical activity
- provide transportation for participants
- facilitate snacks and drinks
- purchase equipment.

Inputs:
Inputs are all the things that the project consumes to carry out the planned activities. Examples of inputs include:

- Human resources (monitoring and evaluation staff, coaches, project manager, etc.)
- Financial means
- Equipment (sport and play materials, office supplies, etc.)
- Time.

Identify assumptions and risks for the project
Sometimes circumstances or events happen outside the control of the project manager and facilitators and endanger the success of the project. It is therefore important to identify assumptions and risks for the project to prevent or to reduce negative effects. It is then possible to make plans for risk reduction. This makes the project less vulnerable to external circumstances or events. Risks converted into positive statements are called assumptions.

Examples of assumptions include:

- Parents allow their children to participate in activities.
- School leaders accept and support the project.
- The political situation remains quiet and peaceful.
- Politicians support the project.
- The affected community will not re-locate during the project period.

Implementation planning
Implementation planning moves the project from development to implementation. It includes detailed listing of activities, resources, and costs that are required to achieve the
objectives of the strategy plan. Refer to the objectives when developing the implementation strategy. Detailed activity planning determines the timeline and budget of a project and specifies the following aspects of the implementation phase.

A timeline defines as closely as possible when specific project activities are to be carried out during the project period. Refer to the implementation plan to develop the timeline. Consider when and how often the activities and the monitoring and evaluation of a project should take place and how long they will take. Think about training and administration too, and add them to the timeline as a recurrent or permanent activity. Bear in mind broader considerations such as religious events or public holidays.

The timeline for a psychosocial intervention using sport and physical activities also needs to take account of the following elements:

- How many beneficiaries will there be? When and how often will beneficiaries be mobilized (meetings, TV/radio/shows, posters, etc.)
- How and when will the play area be selected and prepared?
- When and how often will sport and physical activities be carried out and over what period of time?
  - Is time needed between activities for physical recovery?
  - Is time for individual reflection of practice needed between activities?
  - Could extended periods between activities or a break due to other external factors harm progress or make beneficiaries vulnerable?
  - Which time of day will allow for the best weather for the activities?
  - Will seasonal weather influence the project?
- Is additional time or preparation needed for the transportation of beneficiaries or equipment?
- What kind of training is needed? When and how often do facilitators need training and refresher training?
- What equipment will be needed? When must it be bought?
- Will religious or other cultural events or behaviour influence the project?

Session planning
The overall project plan, objectives, timeline, budget and monitoring and evaluation plan set the frame for the detailed planning of the actual sport and play activities in the intervention. This section focuses on planning sessions with sport and physical activities for the participants.

Sport and physical activity as psychosocial support sessions usually consist of the following structure and types of activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm-up</td>
<td>Preparing the body for exercise. Warm-up times also includes introducing today’s session and setting the tone.</td>
</tr>
<tr>
<td>Sport, game, physical activity, or play</td>
<td>Carrying out one or more exercises. Includes setting up the space and equipment, practice, learning new skills or rules, the exercise itself and tidying up afterwards</td>
</tr>
<tr>
<td>Cool-down</td>
<td>Cooling the body down and stretching after the exercise</td>
</tr>
<tr>
<td>Skill building and evaluation</td>
<td>Facilitating sessions to discuss the sport and physical activities and learn psychosocial skills. Time should also be given to evaluating the sessions and for participants to say goodbye at the end of the programme.</td>
</tr>
</tbody>
</table>
The activities take place in this specific sequence in order for participants to gain the most from the session and for the session to be emotionally and physically safe. Sometimes changing the order of activities can be beneficial, e.g. by breaking up a game with a shorter discussion activity or introducing individual reflection during the cool-down. However, repeating the beginning and end to each session is of value in itself. The routine gives a sense of structure and control to participants and helps to promote psychosocial well-being. Ensuring that beneficiaries are warmed up before and cooled down after an activity is important for the physical health and safety of participants and must therefore always take place.

**Setting objectives for each session:**
Define the purpose of each session by setting objectives. Set sport-related objectives (e.g. learning to pass a ball) and psychosocial objectives (e.g. learning about how to work together with others or how to benefit from team work) for each session. Think about how many sessions are needed and work out which activities would be best achieve these objectives.

Plan what the lessons of the session should be. What can participants learn from the activities and which questions should be asked to bring this learning out? A post-sport activity discussion is very important to make participants aware of the effects the sport intervention has on their perception of their surroundings and their fellow community members. Participants should be also given the opportunity to talk about positive as well as negative emotions triggered during the session. This helps keep a focus on the psychological and social dimensions of the activities.
Timing in a session:
Keeping a session to time has a big impact on its success. It is important for participants to be able to trust that the session will take the time they have planned for. An effective way to manage time is to tell participants how much time is planned for each activity in advance. They can then manage time themselves and are ready to accept that an activity will stop at a given point, even though they feel they could continue.

Planning a series of sessions
Planning a series of sessions needs to be done well in advance of the implementation phase. It is recommended that this is done by making a long term plan. A series of sessions incorporate continuity and progress between sessions so that participants develop their sport and life skills and make progress.

Each session should build on the preceding session. Key points are revisited to reinforce what participants have already learned. This kind of repetition gives participants a chance to improve and to notice progress and thereby enhances self-esteem. At the same time, make sure that new elements are also added at regular intervals to prevent boredom or oversimplified patterns of activity.

A long-term plan for a series of session must therefore feature repetition and innovation. Bear in mind that the plan may need to be revised based on the needs of the participants. Objectives and activities may change depending on their interests and how quickly they learn.

Managing human resources
The most important resources in sport and physical activities in psychosocial support are the human resources. The success of a programme is highly dependent on having the right staff and volunteers with the right competencies and understanding of both the psychosocial and the sport and physical activities aspects of the intervention. This requires careful recruitment, a good training plan and attention to the importance of managing human resources. The nature of working with people who are in need of psychosocial support can also in itself be stressful for staff and volunteers. In order to ensure the well-being of programme staff and volunteers, a framework for supporting them should also be set up.

Recruiting and managing human resources
At some point in the process the time comes to recruit staff and volunteers for the project. The people working in the project should not only have the right skills, but also the right attitudes and track record. It is advisable to have clearly defined roles and tasks and keep these in mind during the recruitment process. Staff and volunteers need to be aware of their tasks and responsibilities. Detailed job descriptions are an important tool to ensure
this, and should also be given to volunteers. It is the responsibility of the project manager to assign daily tasks and to coordinate between staff and volunteers.

Consider the following questions in setting up good internal project systems for managing human resources:

- How are qualified staff recruited (e.g. newspaper, radio, community meetings)?
- What requirements for the job need to be included in job advertisements (e.g. education, soft skills, should facilitators be familiar with the community, psychosocial and/or sports background)?
- Are tasks and responsibilities clearly defined?
- Are all necessary administrative functions fulfilled by qualified staff?
- Which staff can be considered technical experts in either the field of psychosocial support or the field of sport? Or in both fields?
- How are the volunteers organized and who is responsible for their coordination?
- Who needs which training to meet the requirements of the job description?
- How can internal learning take place?
- Who is responsible for the well-being of staff and volunteers?
- Which networks do team members link with and how can the they be used for the benefit of the project?

**Building capacity**

Ideally the staff and volunteers in the programme are people with field experience. Depending on the context, staff and volunteers can be either a mix of international and local people or only local people. Often there are psychosocial support practitioners and
staff well equipped to roll out physical activities, but very few staff have worked on using sport and physical activity as a tool to improve psychosocial well-being. Volunteers often have even less experience working in this area, so the skill level of both staff and volunteers must be carefully considered.

A training plan should be developed to ensure that all involved in the intervention have the right knowledge and skills. The training plan should take into account what skills and knowledge is already present in the programme, so that existing resources are used to maximum effect. The training session should be run in an atmosphere of trust and constructive collaboration. This helps members of the project team to openly ask questions and thereby build their capacity to complete their respective tasks.

Collaboration between the sport facilitators and the psychosocial specialists helps ensure that the physical activities can achieve the psychosocial objectives. It is good practice in fact for all project staff to contribute to developing a programme that to achieves the stated objectives. As an end result, project staff should come up with a curriculum clearly outlining the choice of games, the time dedicated to physical activity and reflection with the participants, the locations and the availability of equipment. All members of the project team involved in the interaction with participants should be clear on the underlying logic of the curriculum and on the objectives of the individual training sessions. Crucial aspects such as gender equity and interethnic dialogue should be discussed in relation to local traditions and cultural norms and international staff members should be advised on local expectations in relation to behaviour, dress, forms of address, etc.

Caring for project staff and volunteers
The psychosocial well-being of staff and volunteers and the quality of their work can be affected when stress from work is not addressed. It is therefore very important for organizations to create a framework for support and protection. Everyone should understand the risks of the job and actively supports resilience and well-being, both in beneficiaries and in fellow staff and volunteers.

How each person responds to stress – whether they develop psychological problems or show resilience – is influenced by many factors. This includes the nature and severity of the crisis event, their personality and personal history, and the available support systems. However, emotional stress among volunteers and staff should never be an individual responsibility. It is possible to create conditions that foster resilience in individuals and teams by:

• encouraging reasonable working conditions through policies and strategies
• providing accessible guidance and support from managers and peers, and normalizing responses
• providing psycho-education regarding emotionally stressful work
• creating an organizational culture where people can talk openly and share problems while respecting the principle of confidentiality
• arranging regular meetings which bring all staff and/or volunteers together and foster a feeling of belonging to a team
• creating a work culture where getting together after a critical event is the norm, e.g. a peer support system.

One of the most important support measures that managers can put in place is a supportive and open atmosphere for their teams. Staff and volunteers will then feel more comfortable in asking for support when they need it. Talking openly about stress (without forcing anyone to talk), allowing for individual ways of coping, being available for supervision and creating a safe environment by respecting confidentiality are all practices that will go a long way towards creating a culture of mutual support.

It is important that staff and volunteers use good self-care strategies while working in stressful situations. Being aware of signs of stress and being proactive about self-care will help staff and volunteers to endure the challenges in their work, enabling them to more effectively help families affected by separation.

**Self-care reminders:**

• Focus on routine tasks.
• If you feel overwhelmed by the situation or your duties, try focusing on simple tasks and routines.
• Communicate with others.
• Let peers and supervisors know how you feel and be patient with yourself.
• Talk about your experiences and feelings (even those that seem frightening or strange) with colleagues or a trusted person.
• Talking with someone about your thoughts and feelings may help you to process the event and come to terms with any unpleasant experiences.
• Listen to what others say about how the event has affected them and how they cope. They may share useful insights.
• Keep in touch with loved ones.
• Take care of your own body and mind.
• Get enough rest and sleep. If you have sleep difficulties or feel anxious, avoid caffeine, especially before bedtime.
• Consciously try to relax by doing things you enjoy, like meditation or yoga.
• Limit your intake of alcohol and tobacco.
• Exercise to relieve tension, eat healthy foods and keep regular meal times.
• Play and take time for fun.
• Express your feelings through creative activities, like drawing, painting, writing or music.

To learn more: See Caring for Volunteers, IFRC Reference Centre for Psychosocial Support, 2012.
Monitoring and evaluation is a central feature of the project cycle management. The monitoring and evaluation system should be developed from the outset in conjunction with project planning, and integrated into each stage of the cycle. Establishing monitoring and evaluation at the beginning helps to clarify the project’s objectives and monitors the project as it is rolled out to check that the project plan is implemented adequately. With a monitoring and evaluation system it is possible to know if something unexpected or fundamentally different is happening, to learn what improvements can be made and to find out if the intended change is taking place.

Monitoring and evaluation addresses the following questions:
- What does the project intend to change?
- Who is it benefitting?
- Is the project on track?
- How do I know if there is something wrong in my project?
- What do I need to adjust and to improve it?
- How do I know if the project is bringing about the change I want?

Monitoring and evaluation are two different processes that are interconnected and complementary. Monitoring is the process of routinely, regularly and continuously collecting data on all aspects of the project to keep track if the project’s activities are implemented as planned. Monitoring means being aware of the state of the project by finding out answers from various sources to the questions, “What is going on and how?” and “Are we doing things right?” Evaluation is the systematic, objective and periodic assessment of an on-going or completed project or programme. Evaluations are time-bound and should provide information on the relevance, effectiveness, efficiency, impact and sustainability. Evaluations answer questions such as “Are we achieving the intended effects?” and “Are we doing the right things?”

Criteria for evaluating programmes and projects:
- **Relevance.** Consider if the goals of a project are relevant to the target group and the setting. Is a psychosocial intervention using sport and physical activities actually needed and who needs it?
- **Effectiveness.** Consider if activities meet the goals of the target group. Which activities are needed to reach the goals? Is there a risk that the activities could do harm?
- **Efficiency.** Consider if resources (financial, human, social, or cultural) are spent in the best way. Are the selected activities the best suited to reach the goal? Could more be done or better with the same resources by changing the project plan?
- **Impact.** Consider the changes produced by a project. Changes can be positive and negative, intended or unintended, direct or indirect. What will happen and what change will the project make? Is the change greater than the sum of the activities planned?
- **Sustainability.** Consider whether the benefits of the project can continue beyond the project period and funding. What will influence whether the project will be sustainable? What does sustainability mean for the project?

These concepts are based on OECD’s DAC criteria for evaluating development assistance. See The DAC Principles for the Evaluation of Development Assistance, OECD (1991).
A monitoring and evaluation system does not have to be complex to be good. A well thought through simple monitoring and evaluation system can answer the most relevant questions without being difficult to implement.

Getting support for measuring psychosocial change
Developing a good monitoring and evaluation system and analysing the results requires some skill, so it may be a good idea to get the help of a specialist. A specialist can help with:

- developing questionnaires and analysing them
- contributing with knowledge of a broad range of methodologies and ideas for relevant indicators
- designing the system in an inclusive and appropriate way
- defining indicators that can be supported scientifically by the data collected
- guarding against unreasonable claims to be made with regards to the monitoring and evaluation process.
- communicating the findings from the evaluation process, drawing conclusions and acting on them.

Indicators – what is measured?
A project is measured by using indicators. Indicators are the measures that show to what extent the objectives of a project have been fulfilled. Indicators are used at the four different levels of objective, i.e. impact, outcome, output, input. Looking at these as a continuum, input indicators are most readily accessible, whereas impact measurements are very difficult to accomplish.
Most organizations routinely integrate input monitoring into their information systems (e.g. quarterly and annual progress and financial reports, bank transfers, lists of equipment, receipts, list of names and contact details for facilitators). As these activity measurements are commonly practiced, we do not provide guidance on them here. On the other hand, measurement at the impact level is hardly ever undertaken because it is more time-consuming and complex to observe change at this level, and often changes cannot be attributed to the project alone. Many factors contribute to defining impact, and setting indicators to measure impact is a very intricate process. Recommendations on measuring on the impact level are outside the scope of this handbook.

This handbook focuses on monitoring and evaluating the outputs and outcomes of a project. Outputs and outcomes provide key information for project management. Outcomes are particularly important in strengthening the evidence base for the effectiveness of psychosocial interventions using sport and physical activities.

Indicators are based on the output and outcome objectives set for the project. For each output and outcome it is necessary to define one or more indicators. A one-size-fits-all indicator does not exist. Indicators measure the specific results and effects of the project and therefore have to be developed especially for it.

Indicators fall into two basic categories: quantitative and qualitative. Quantitative indicators can be measured using numbers or percentages that can be compared during different stages of implementation. Qualitative indicators are based on observations, interviews, or focus groups, etc., which capture the views and understandings of the beneficiaries.

Psychosocial indicators are intrinsically linked with the social and cultural context of the project. This is because psychosocial change and well-being is embedded in the community that the beneficiaries live in. For instance, a retired male farmer in Greece will behave and express himself very differently from a small girl on a housing estate in the United Kingdom when asked about their well-being after a certain intervention. The differences between their lives mean that it is necessary to ask different questions to get the information about their well-being.

Indicators should therefore be developed in a participatory process jointly with key stakeholders to make sure they are relevant to the local context and prevailing cultural norms. For outcome indicators, ask, “What would success (regarding the objective) look like?”

A good indicator should be:
- valid – the indicator actually measures what is intended to be measured.
- reliable – the indicator is consistently measurable over time regardless of observer or respondent.
- precise – the more defined an indicator, the less room there will be for later confusion or complications.
- programmatically relevant – indicators should be specifically linked to a project input, output or outcome.

Examples are given below showing how indicators can be developed to measure objectives at the output and the outcome level. As described earlier, the examples of the outcome objectives are related to the three dimensions of the bio-psychosocial model: biological, psychological, and social well-being.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>People affected by HIV experience less stigmatization</td>
<td>• percentage of target group reports less stigmatization compared to pre-intervention data</td>
</tr>
<tr>
<td>Increased self-esteem Women are empowered and more pro-active in making decisions about their lives</td>
<td>• Percentage of surveyed women reporting that they feel more confident • Percentage of surveyed women reporting that they are better able to make decisions about their lives</td>
</tr>
<tr>
<td>Refugees has improved physical health on five basic health indicators (e.g. blood pressure, lung capacity and other relevant indicators, as defined)</td>
<td>• Percentage of surveyed refugees who feel their overall health has improved • Percentage of surveyed refugees who report improved somatic complaints (most prevalent symptoms as defined through previously conducted focus group discussions)</td>
</tr>
<tr>
<td>Ex-child soldiers experience decrease in traumatic stress symptoms</td>
<td>• Percentage of ex-child soldiers report diminished symptoms of traumatic stress • Percentage of caregivers observe and report reduced distress in their child (relates to behaviour and emotional changes, eating and sleeping habits, difficulties at school, problems relating to others)</td>
</tr>
<tr>
<td>Youth experience improved peer relationships</td>
<td>• Number of youth reporting a greater number of close friends (defined as someone you trust in and can talk about everything) • Percentage of youth perceive improved quality of relationships to peers and friends (reflecting local understandings of relationship quality)</td>
</tr>
<tr>
<td>Weekly sport and play sessions delivered</td>
<td>• Number of sessions carried out</td>
</tr>
<tr>
<td>Sessions were attended regularly</td>
<td>• Attendance rates</td>
</tr>
<tr>
<td>Mentor/mentee system for bullied schoolchildren established</td>
<td>• Number of mentor/mentee partnerships</td>
</tr>
<tr>
<td>Coaches trained in delivering sport and play activities as psychosocial interventions</td>
<td>• Number of coaches trained</td>
</tr>
<tr>
<td>Information meetings in camps implemented to increase acceptance of project</td>
<td>• Number of information meetings</td>
</tr>
<tr>
<td>Sporting event conducted with media coverage</td>
<td>• Number of mentions in media</td>
</tr>
<tr>
<td>Playgrounds prepared in all target villages</td>
<td>• Number of playgrounds built</td>
</tr>
<tr>
<td>Facilitators apply child friendly learning methodologies in their training</td>
<td>• Number of facilitators applying child friendly learning methodologies</td>
</tr>
<tr>
<td>Youth have increased knowledge of stress and coping</td>
<td>• Number of youth participates in awareness raising sessions and indicates increased knowledge on stress and coping skills</td>
</tr>
</tbody>
</table>
Measuring at the output level:
Evaluations at the output level are also called process evaluations. Process evaluations focus on documenting the development and operation of a programme, how it is implemented, and whether the project has implemented what it set out to do it in accordance with its original plan. They answer questions on how many and which participants receive the intervention, whether activities are being carried out as planned and how resources are distributed. Process evaluations can be implemented relatively quickly and cost-effectively.

Examples of output indicators include:

- how often a certain activity is carried out
- what kinds of activities are carried out
- what psychosocial topics and objectives the beneficiaries discussed
- how many beneficiaries attend once and how many attend regularly
- how many coaches are trained
- how many trainings are carried out
- how many coaches have adequate knowledge and skills following training.

Scales
Programme staff often rely on psychometric scales in order to understand and measure change in psychosocial well-being and behaviour. A scale is a group or sequence of questions, statements or items designed to get information from a beneficiary in a standardised format. A scale has often been developed, tested, validated and revised over several years to ensure that the data it delivers is insightful, reliable and comparable. Scales are always developed for specific cultural and linguistic settings and need adaptation before they can be used in a different setting.

The main disadvantage of using only scales is that they only measure what the research expected to be relevant. Therefore, scales – mostly delivered via a questionnaire – should be combined with methods that will allow for the unexpected, for instance interviews or focus group discussions.

Developing useful scales is complicated and requires high-level familiarity with quantitative research methods from social sciences or psychology. It is advisable to seek support from experts who can advise on the choice of an adequate scale, a potentially necessary adaptation to a local setting and culture and the rollout of the data collection and data analysis process.

To learn more about what to consider when using scales read:

Measuring at the outcome level:
Evaluating the outcomes is more challenging than monitoring outputs. Measuring outcomes means investigating whether the outputs accomplished by the project have had any effect on the lives of participants, their families, or their communities. All psychosocial interventions face the challenge that it is difficult to measure the psychosocial change they aim to produce.

Psychosocial changes are changes in biological, psychological, and social well-being; areas of human life that are subject to highly individualised interpretation. Measuring psycho-
logical or social change is more complicated than measuring, for example, if a fitness programme to improve upper body strength in swimmers is working (by using a physiological measurement) or if a newly built playground is used (by finding out the number of children and adults using the playground). Psychosocial change is always influenced by a multitude of factors within and outside the control of the project. It can be hard to know if changes can be attributed directly to the project or whether they are caused by external factors such as changes in relationships or life circumstances.

Furthermore, the change itself can be hard to document because it is subjective. The subjective nature of psychosocial change stems from the fact that the change is mental and personal or interpersonal. This means asking questions about how people feel, behave and think, and how this has changed. What individuals feel and how relations between people and groups have changed must be considered.

When developing indicators, it is important to be specific. For example, ask what exactly is meant by ‘increased support?’ What kind of support? Or how many more friends represent an ‘extended social network?’ If the questions are not specific, the answers will not allow for relevant and reliable conclusions on whether the project activity actually had a positive effect on ‘increased support’ or ‘improved well-being.’

**How to measure**
Indicators need to be measured and verified. Not surprisingly the process for doing this is called ‘means of verification.’ It relates to identifying the appropriate source of information and the best possible method to collect the information.

For example an objective could be ‘improved sleep at night for children.’ The first step in the means of verification is to find the best source of information about the children’s sleep patterns. In this case there are two obvious sources – the children and their care-
givers. Determining the most reliable source depends on factors such as the age of the children, etc. The next step is to consider how best to collect the information. If the caregivers are the source of information, they could be invited to the project venue to be interviewed about their children. If they have internet access, they could be asked to fill in an online questionnaire or volunteers could go to their homes to interview them. Again, this depends on the specific situation.

Often one source of information (e.g. parents) can be used for more than one objective (e.g. improved sleep, improved school attendance, reduced level of conflicts with siblings and caregivers). Other sources of information can be used too. Data that is collected by schools or local government agencies may be relevant to project indicators, for example, school enrolment rates or arrest statistics from local police records.

Methods of collecting information should be defined as soon as project objectives and corresponding indicators are developed. Ideally, objectives, indicators and means of verification should be developed at the same time, as one determines the other. Indicators are useless, if the means of verification has not been thought through. Thinking about how to measure an indicator raises questions about what to measure. This, in turn, may lead to modifications in the objectives. Identifying the indicators and the means of verification will also help to ensure that the project objectives are specific, realistic and measurable.

There are a wide variety of methods and tools available as means of verification. Each tool is able to shed light on different aspects of a project. Means of verification can differ widely depending on the indicators used, but may include:

Here is a selection of useful data collection methods:

<table>
<thead>
<tr>
<th>Level</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Structured questionnaires</td>
</tr>
<tr>
<td></td>
<td>Transcripts of focus group discussions</td>
</tr>
<tr>
<td></td>
<td>Transcripts of key informant interviews</td>
</tr>
<tr>
<td></td>
<td>Observation</td>
</tr>
<tr>
<td></td>
<td>School records</td>
</tr>
<tr>
<td></td>
<td>Police reports</td>
</tr>
<tr>
<td></td>
<td>Health ministry statistics</td>
</tr>
<tr>
<td>Output</td>
<td>Monthly monitoring reports containing overview of number of trainings, community activities</td>
</tr>
<tr>
<td></td>
<td>Attendance lists at meetings, trainings, sessions</td>
</tr>
<tr>
<td></td>
<td>Activity diaries</td>
</tr>
</tbody>
</table>

**Attendance lists** are used to answer important questions with regards to participation of the beneficiaries in the programme, and may include:

- the number of participants registered in the programme at the beginning; in every session; in total
- the average attendance over the course of the programme and over the past three months
- the number of participants attending on average per playground per session
- the drop-out rate
Make sure to include reasons for not attending in attendance lists. Regular attendance often proves difficult due to many reasons that are specific to the local context. Assuming that participants do not attend, because they do not like the activity, may not be correct. It is important to understand the underlying reasons for non-participation and drop-out in order to improve participation.

**Activity diaries** are an important tool to keep track on what is going on in the programme. Activity diaries are used by coaches as a record for each session. To make it as straightforward as possible for the coach, provide a list of activities to tick and space for comments. Make sure to only include what is relevant for the project. Don’t just collect information to keep busy. Activity diaries may include:

- date and duration of the session
- name and number of coaches
- aims and objectives (related to sport and psychosocial aims) and whether they were achieved
- the sport and play activities that were done during the session
- a record of how psychosocial goals were addressed
- other activities included in the session
- a record of the challenges or problems encountered.

**Structured questionnaires** can measure progress and changes in a project. They are used before (as a baseline), during and after the project. The baseline level is used at the end of programme to evaluate if and what changes have occurred over time.
When a change is measured, it is not always easy to know if it happened because of the intervention or if it would have happened anyway. Sometimes changes are due to the intervention. Sometimes they are due to the natural healing process and the resilience of the beneficiaries. Sometimes it is due to external factors, like an unexpectedly good harvest means that the community is less worried about the coming winter. As a result of this, people feel more secure and less anxious and so they report enhanced psychosocial well-being.

A comparison group is a good method to find out whether a change is due to the intervention or an external factor. A comparison group is a group outside the programme who doesn’t receive the intervention, but is as similar as possible to the beneficiaries receiving the intervention. The selected comparison group should consist of individuals who will be invited to enrol in the programme at a later point in time.

It is recommended to combine baseline and comparison groups in the evaluation design. The baseline helps to identify changes occurring over time, and the comparison group makes it possible to conclude if the changes link to the intervention. Sometimes it is not possible to establish a baseline, for example in rapid onset disasters like hurricanes or

**Ethical considerations**

Ethical considerations are important in the evaluation of psychosocial interventions using sport and physical activities, as almost all evaluation activities involve direct interaction with people. Here is a list of key principles:

- **Right to service**: Using comparison groups is a good tool for evaluation, but it raises ethical considerations about equal right to service. Comparison groups should therefore be offered the intervention at a later date.

- **Do no harm**: Participant confidentiality must be guaranteed to protect them from any harm as a result of the evaluation. Identifying information should not be made available to or accessed by anyone who is not directly involved in the evaluation. If interviews are conducted, a safe location must be chosen to maintain privacy. These issues need to be especially addressed when dealing with sensitive issues such as sexual and gender-based violence or other traumatic experiences.

- **Principle of voluntary participation**: This means that individuals are not coerced to participate. They have the right to refuse to participate or withdraw from the evaluation at any time without any negative consequences and without being asked for an explanation.

- **Informed consent**: Participants must be fully informed about the evaluation and give their consent to participate. They need to be made aware of the purpose of the evaluation, how the findings will be used, and if there are any potential risks or benefits of their participation. The participant must be able to make an informed decision as to whether they want to participate in the evaluation or not. Evaluation reports and other information about projects often include photos. Remember that the principle of informed consent also applies to taking and publicizing photos.

- **Act professionally**: Always be friendly, polite, non-judgemental and respectful. Make sure not to raise expectations that cannot be met. Be aware that many factors can influence the way people respond. The evaluation process itself can enhance well-being by being shown interest in asking someone what their views are. It is important that the evaluation processes are carried out as objectively as possible and that the people involved remain as neutral as possible (clothes, behaviour, language). Make it clear that there are no right or wrong answers and that the questions should be answered honestly. It should be stressed that the answers respondents give have neither negative nor positive consequences to them.
earthquakes. In those circumstances only, a comparison group can be used without the baseline. Ethical issues or practical restrictions may make comparison groups impossible. In such cases there may already be reliable data available to use for comparison. For example, local statistics for school enrolment can be compared to the school enrolment of participants in a programme enhancing access to school.

The number and selection of respondents is an important consideration in data collection too. There must be enough respondents to be able to draw general conclusions and they must be representative of the entire population of beneficiaries. Evaluators need to ensure there is an adequate number of participants to draw valid conclusions. There are software and mathematical formulas that can be used to calculate the correct sample size.

**Focus group discussions**: Focus group discussions are structured discussions guided by a facilitator. A focus group consists of five to ten people with similar characteristics or common interests. Open-ended questions encourage participants to express their views and elaborate on their experiences. The facilitator encourages the participants to create a more detailed picture by discussing and building on the responses of the group. Including the right participants in the group is crucial to the quality of data. Focus groups should be representative of the different people and communities that participated in the programme. The composition of each group should also be carefully considered. For example, teenagers may be less likely to speak freely in front of members of the opposite sex. Most often it is preferable to form groups consisting of participants with the same ages and gender.

**Narrative interviews**: Key informants such as beneficiaries, coaches, teachers, programme staff, or local government representatives, may be interviewed individually to collect as much information about a topic as possible. It is recommended to conduct a series of interviews and to use different sources to get a broad range of perspectives and an in-depth understanding of the topic. Narrative interviews are usually conducted in addition to other methods.

**Self-recording video**: This method allows participants to speak freely while recording themselves on video. They are in full editorial control and can choose to be alone during the recording. As a result they may feel more at ease about speaking. This contrasts with being filmed by someone else while being asked questions. A self-recording video gives the participant the opportunity to tell his or her story without being distracted or influenced interviewer or camera person. There is a chance that hidden stories may be captured. The participant should be informed about who will have access to the recording and the things said in the recording, and to what extent anonymity is guaranteed.

**Creative self-expression**: Creative self-expression can be used, especially with children, to describe the impact of the programme. Drawing, drama, or singing, for example, may provide a less invasive and threatening way of collecting information than asking direct questions. It is crucial, however, that the children themselves explain the drawings or songs, instead of the evaluators trying to make sense and interpret the content.

A monitoring and evaluation system of quality uses a variety of data collection methods to gain information. We recommend a mixed method approach, using both quantitative (i.e. using a structured survey and focusing more on numbers) and qualitative methods and indicators (i.e. focused on description).
Who does the monitoring and evaluation?

The project manager is responsible for ensuring that monitoring and evaluation takes place, but most often the actual work takes place at all levels of the project. It is most important to note that monitoring and evaluation always involves the beneficiaries.

A monitoring and evaluation system is designed for all levels of the project. This is important to ensure that the right people in the organization carry out the data collection. For example, the finance officer is likely to be the person responsible for ensuring the project is financially on track. Facilitators are usually the people responsible for keeping attendance records.

Data management, analysis and reporting findings (internally and externally) are also very important. Identifying people with the relevant skill sets is vital at an early point in the process. It is also worthwhile considering if and how the local community can be involved in these aspects of the monitoring and evaluation process. This can cut costs and helps to build a more sustainable project.
Exit

When a programme is co-implemented by an international partner, there may come a time to exit and hand over to local organizations. Without a plan of how and when to hand the programme, it may not be possible to sustain the activities locally. Handover and exiting must be planned and communicated right from the beginning of the project.

Responsibilities of the international partners to make the handover a success include:

• Agreeing with local partners the length of the intervention
• Being transparent that the engagement of the international partner (managerial, financial) has a time limit
• Training the local partners in overall project management, if needed
• Building local capacity in fundraising
• Building up local, national, and international donor contacts in collaboration with the local partners
• Using a participatory approach from the start
• Encouraging local stakeholders to create ownership for the programme
• Handing over as much detailed knowledge, documentation and networking opportunities as possible
• Making sure that withdrawing support is discussed frequently and does not occur suddenly
• Encouraging specifically identified local individuals and leaders to take on the responsibilities and to request support
• Conducting an exit workshop at the end of the project to ensure proper handover
• Providing a resource person who is available for selective support if needed for a short period of time after the project has ended.

As psychosocial interventions using sport and physical activities in crisis situations are mostly planned as temporary interventions, it is crucial to incorporate an exit strategy into project planning. Handover can also take place step by step over the several years of intervention, allowing local stakeholders to take on more and more tasks and responsibilities over time.
How to ensure safe and healthy interventions

Moving Together
Sports and physical activities can be a powerful tool for social inclusion, creating a strong sense of community and togetherness. This is particularly important in times of hardship, whether due to economic crisis, health crisis, poverty, natural disaster or conflict. When combined with psychosocial support, various sports and physical activities can universally benefit diverse groups across cultures and geography.

Moving Together: Promoting psychosocial well-being through sport and physical activity is a handbook designed to enable practitioners and experts in sociology, psychology, social work, sport and physical education to provide psychosocial support programmes to people in crisis situations. The included carefully-planned sport activities create a safe and friendly setting for expressing and addressing problems and fears, while helping participants gain confidence, resilience, coping skills and hope. At the core of the handbook is a holistic, all-inclusive approach with attention to socio-cultural relevance, so the activities are appropriate for use in many different cultural and geographical contexts.

The first part of the handbook explains the theoretical framework for sport and physical activities in psychosocial support interventions. The second part presents 28 activity cards that explain how to facilitate the activities, how they can be adapted to suit different circumstances, and how they can be used as a basis for discussion and reflection. The third part explains how to facilitate psychosocial interventions with sport and physical activities and how to set up interventions and programmes from the initial assessment to the exit strategy.