

# Winning the Game

How Sport for Development supports the psychological well-being of adolescent refugees

A case study from Greece

REPORT SUMMARY

# Introduction

**Sport for Development (S4D) programmes can play a role in improving the psychological well-being of adolescents whose lives have been uprooted.**

This report summary summarizes how different programmatic elements contribute to achieving this outcome by studying the Barça Foundation's S4D programme, SportNet<sup>1</sup>. The research builds a mental health profile of adolescent refugees (ages 11-19) who participated in the programme during the summer of 2022 in two locations in Greece: Athens<sup>2</sup> and the island of Lesbos<sup>3</sup>. It highlights lessons learned from observing the programme in action, conducting a mental health survey and speaking with programme participants, their parents/caregivers<sup>4</sup>, coaches and implementing staff. The findings from the study have implications for S4D organizations that want to improve their programming (especially those working with adolescent refugees) as well as governments and donors that support S4D.

## Research questions

1. What is the mental health profile of adolescents in refugee camps in Greece?
2. What are the mechanisms in an S4D programme that influence the psychological well-being of adolescent refugees?

UNICEF Innocenti and the Barça Foundation have conducted research together since 2017 to generate evidence on S4D. In 2019, the two organizations launched [Getting into the Game](#), which examined global evidence on the impact of sports on children's well-being. The research review found that sport, appropriately delivered, can be a positive factor in four key areas of children's lives: education, social inclusion, child protection and empowerment. [Playing the Game](#) (2021) followed, providing an evidence-based, guiding framework on S4D programming which draws on ten in-depth case studies undertaken with S4D organizations. **Winning the Game** closes the circle by looking at how S4D can be used to improve the mental health of programme participants, thereby focusing on a crucial outcome of psychological well-being.

1 The SportNet programme was previously known as FutbolNet.

2 Implemented by the organization [CHEERing](#).

3 Implemented by the organization [Movement on the Ground](#).

4 For the rest of this report, 'caregivers' will be used as a catch-all term to refer to parents and caregivers.

## How the S4D programme works

The **SportNet methodology** uses this three-part structure:

### Part 1

Participants and coaches sit together in a circle, chat about how they feel and set the ground rules for the rest of the session.



### Part 2

Participants engage in sport activities, played following agreed upon rules.

### Part 3

Participants and coaches discuss how the session went, including what went well and what could be improved.



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All sessions revolve around the five core values of **Humility, Effort, Ambition, Respect and Teamwork.**

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The game, with its rules, aims to make the participants experience these values, while the discussion afterwards helps them reflect on these values. This programme targets young people from vulnerable groups, such as unaccompanied minors, refugees, those with disabilities, or living in difficult and violent contexts.

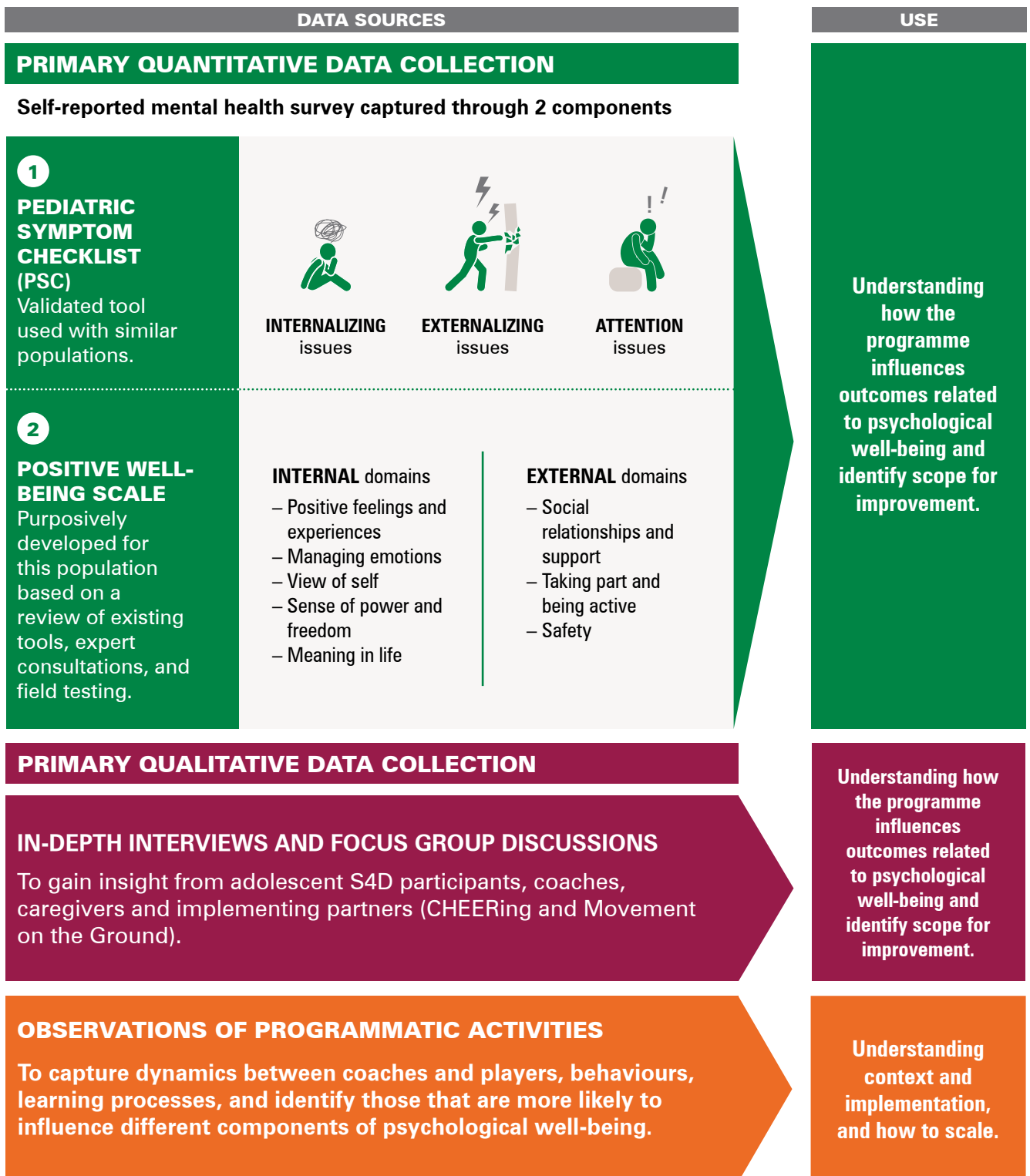
**This methodology is used to promote a culture of cooperation, give children an opportunity for integration and enable them to acquire life skills and values that will help them succeed.**



# Study design and sample

This study analyzed quantitative and qualitative data from two programmes utilizing the same methodology to understand how S4D influences various dimensions of well-being. A mental health survey, plus session observations and interviews with participants, their caregivers, coaches and implementing staff, painted a holistic picture of the challenges adolescent refugees face and shed light on how S4D can help them to cope with difficult realities.

**Figure 1. Mixed-methods data collection**



SAMPLE

PRIMARY QUANTITATIVE DATA COLLECTION

MENTAL HEALTH

Survey data collected with

**90 ADOLESCENT S4D participants**

**72 surveyed in Athens, 18 in Lesvos**

Ages 11-19, average age 14

**46% FEMALES**



**89% of respondents were from Afghanistan, others came from Iran and Somalia**



The designations employed in the maps contained in this report do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.

PRIMARY QUALITATIVE DATA COLLECTION

**In-depth interviews (IDIs) and focus group discussions (FGDs) with**

**62 respondents**

**IDIs**

4 Implementing Partners (CHEERING and Movement on the Ground)

6 coaches

11 caregivers

19 adolescent S4D participants

**FGDs**

2 with caregivers

4 with adolescent S4D participants



OBSERVATIONS OF PROGRAMMATIC ACTIVITIES

**17 SESSION OBSERVATIONS**

On average, **25 adolescents participated 2-4 coaches in each session**



This study grounds the results in a multi-level framework<sup>5</sup> to better understand what shapes the psychological well-being of adolescent refugees. Data collection from the sample below provides insight into adolescent refugees' influences and experiences, with a particular focus on how S4D can contribute to their perceived mental health status and outlook.

**Figure 2. Contextual framework**



5 UNICEF Office of Research – Innocenti, [‘Worlds of Influence: Understanding What Shapes Child Well-being in Rich Countries’](#), Innocenti Report Card, no. 16, Florence, Italy, 2020.

# Findings

## Over one quarter of adolescent refugees surveyed had psychosocial issues

The Pediatric Symptom Checklist (PSC)<sup>6</sup> identifies children with general psychosocial issues. From this sample, **27 per cent of respondents were flagged for psychosocial issues** (see Table 1). A smaller proportion were identified as having attention (13 per cent) and externalization (16 per cent) issues. Boys were more likely to be flagged for psychosocial issues than girls (29 per cent, versus 24 per cent). In particular, boys were significantly more likely to be identified as having internalization issues, which can relate to anxiety and depression (31 per cent of boys, versus 24 per cent of girls).

During the interviews, a male participant in Lesbos said: **"I will go and sit in my isobox and feel depressed. If someone comes to me, I will speak with them, but nobody will come to me. I will sit in the house and be lonely when the football session is cancelled."**

A slightly higher proportion of boys were flagged for attention issues while girls were identified for having slightly more externalization issues, which can be linked to disruptive behaviour. While the proportion of adolescents with possible psychosocial issues was the same among both younger and older age groups, the results for different sub-scales differ.

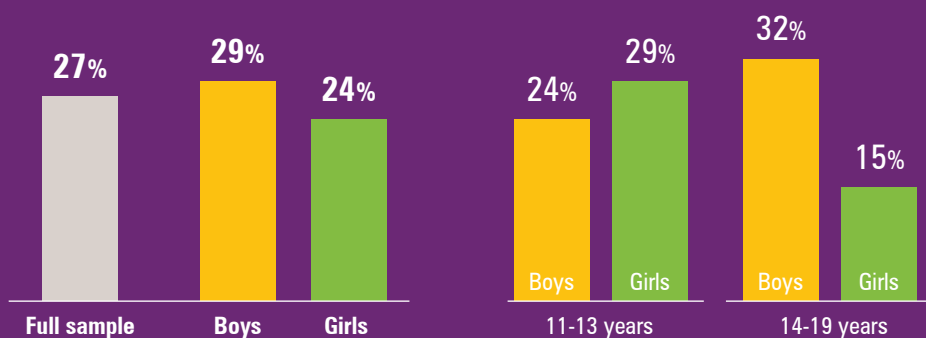
The proportion of younger adolescents (ages 11-13) identified for attention and externalizing issues was higher than the proportion of older adolescents (ages 14-19) with these issues. But older adolescents were more likely to be flagged for internalizing issues, which can manifest in individuals withdrawing from social situations or developing unexplained physical symptoms.



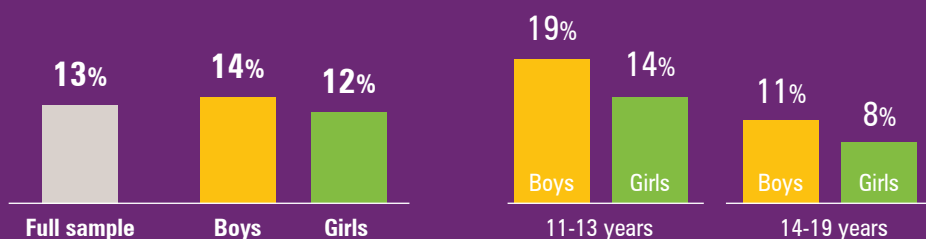
6 Jellinek, M. S. et al., 'Use of the pediatric symptom checklist to screen for psychosocial problems in pediatric primary care: A national feasibility study', *Archives of Pediatrics & Adolescent Medicine*, vol. 153, no. 3, 1999, pp.254-260.

**Table 1. Results from the Pediatric Symptom Checklist**

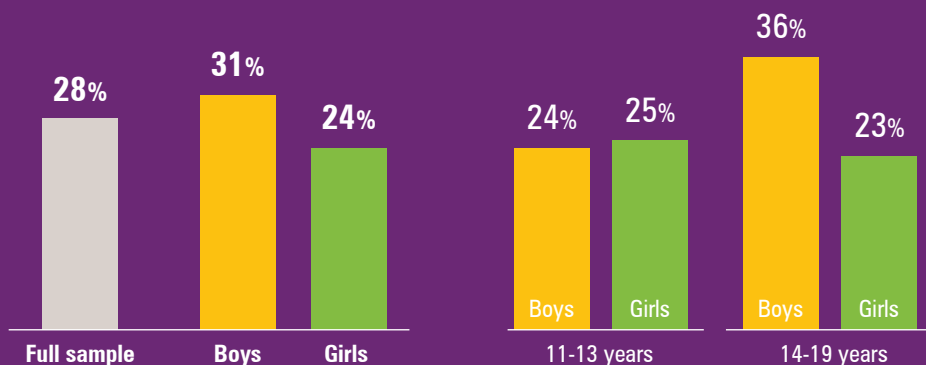
**Adolescents flagged for PSYCHOSOCIAL issues**



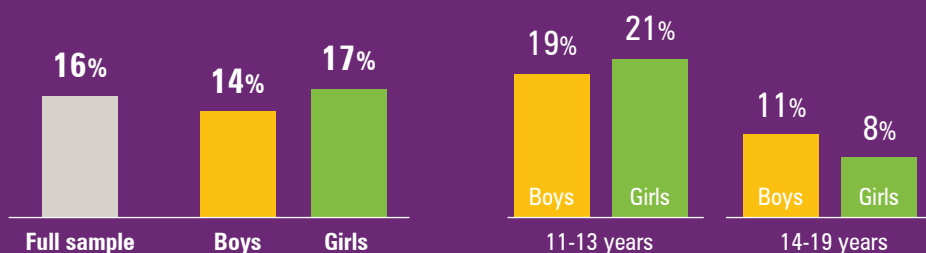
**ATTENTION issues**



**INTERNALIZING issues**



**EXTERNALIZING issues**



**Note:** Each item of the PSC receives a score of zero, one or two points, with the scores for all 17 items summed for the total score. A child is then flagged for psychosocial issues if the total score is above the validated cut-off of 15 points. For the three subscales a similar process is followed but using different cut-off points and only adding up points for subsets of questions. This implies that it is possible for a child to be flagged for one of the sub-scales but not for the overall psychosocial scale.

The PSC captures psychosocial issues, which are not surprising considering the difficult situations adolescent refugees are in. However, this doesn't take away from the adolescents' abilities to cope with hard situations, and this resilience is captured in the following section.



## Across all indicators of mental health, the adolescent refugees surveyed scored fairly high

Through the positive well-being scale, it is possible to calculate scores for eight mental health domains that relate to good mental health.

As seen in Table 2, respondents scored fairly high (around three out of four) across all domains. Interestingly, the domain in which respondents scored highest relates to having a sense of meaning or a sense of purpose. While we cannot directly attribute this positive observation exclusively to S4D, qualitative evidence from the interviews suggests that the adolescents' commitment to the S4D programme is giving a sense of purpose and meaning in their life.

A parent in Lesvos said that, since her children joined the sessions, **"they are energized, like they have a plan for their life"**. Echoing this, an adolescent in Athens said: **"I can learn from football, I can learn from my coaches, and it is good for my future. It has an effect on my life."**



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**Table 2. Results from the positive well-being scale**

Mental health domain	Full sample	Boys	Girls	11-13 years		14-19 years	
				Boys	Girls	Boys	Girls
Social relationships and support	2.9	2.9	2.8	3.0	2.8	2.8	2.9
Positive feelings and experiences	3.1	2.9	3.2	3.1	3.2	2.8	3.4
Safety	2.9	2.6	3.1	2.9	3.1	2.5	3.2
Sense of self	3.4	3.4	3.4	3.7	3.3	3.2	3.4
Taking part and being active	3.1	3.1	3.2	3.2	3.2	2.9	3.2
Managing emotions	3.0	2.9	3.1	3.1	3.0	2.7	3.2
Sense of power and freedom	3.1	3.1	3.2	3.4	3.2	2.8	3.2
Meaning in life	3.7	3.6	3.7	3.7	3.6	3.6	3.9

**Note:** The scores can range between 0 and 4, with 0 indicating the lowest score in the mental health domain and 4 indicating the highest.

## By consistently participating in S4D, adolescent refugees report feeling enjoyment, safety and a sense of belonging – and the key ingredient is effective coaches

The observations and qualitative investigation found that refugee adolescents are relaxed and feel enjoyment while participating in S4D sessions. Each study respondent was asked if they would make any changes to the programme, and 46 per cent of the interviewed adolescents and/or their caregivers requested either longer or additional sessions. It should be noted that **making friends** was mentioned in interviews nearly as much as **learning physical tactics around sports** as the main reasons why adolescents enjoy the sessions.

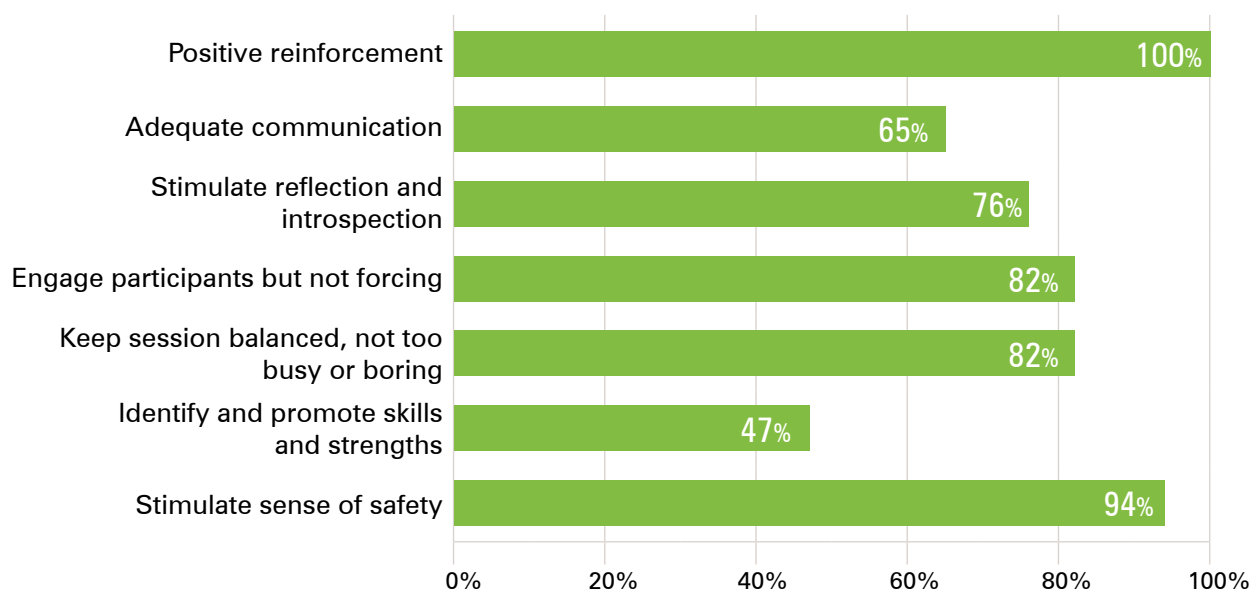
One of the reasons behind the adolescents' enjoyment is that S4D creates a **physically and emotionally safe environment**, which can be particularly important for young refugees. In both locations, it was observed that the session pitches provide a safe space because they are relatively shielded from outside factors. Most players reported feeling safe when participating or traveling to a session. However, caregivers in both locations had mixed feelings, as there was nearly equal reporting on feelings of worry and safety. Being surrounded by **coaches and staff, friends and other players** was the top reason caregivers and adolescents gave for feeling safe; **injury** was the primary cause for concern, named by multiple caregivers (and one adolescent). In both locations, adolescent girls are less likely to participate in S4D than adolescent boys. According to the interviews, this may be due to either caregivers or the adolescent girls themselves feeling that mixed-gendered sessions are unsafe or undesirable based on their cultural beliefs or backgrounds. Implementing partners in Lesvos responded by creating female-only sessions to reassure and encourage female participants.

In addition to the physical environment, **coaches are key**<sup>7</sup> to the success of any S4D programme, and in this case they were key to the adolescents' emotional safety. Coaches in both locations were observed implementing clear rules and structure most of the time. Beyond the methodology, both implementing organizations reported that, for coaches to be effective, they must have patience and good communication skills. As one implementing partner in Lesvos said: **"You need to be communicative. Even with body language. If a kid is talking to you, you show your attention to this child. You are present and you are there for them."**

Under the guidance of a trustworthy coaching staff, adolescents reported that sessions provided them with emotional safety and opportunities to be seen and heard. Observations show that the S4D programme offers **stability and predictability** and confirms that the coaches consistently **respond to adolescents' needs**, supporting them in multiple, positive ways (*see Figure 3*). Additional observational notes of the coaches' actions revealed that coaches were engaged and present, consistent and maintained positive relationships with the participants. As a result, adolescents sought advice from the coaches and felt free to express and address issues with them. One coach in Athens explained: **"When they are coming to the field I try to make them forget and enjoy the moments with us, to make them relaxed. We help them understand the situation...when you come here, you have to be like a family. You have to follow the rules and we have to talk to each other."**

7 This builds on earlier research on S4D, details as follows: UNICEF Innocenti, [Playing the Game: A framework for successful child focused sport for development programmes](#), Florence, Italy, 2021.

**Figure 3. Percentage of sessions where desirable actions by coaches was observed**



Note: Total number of observed sessions: 17



## During sessions, adolescents engage most when it is time to move and play, but less so when conversations take place

As discussed previously, SportNet consists of three building blocks – **opportunities to speak and listen, move and play, and reflect on actions** – and players can recognize these blocks every time they show up. Figure 4 shows engagement during the session, by type of activity.

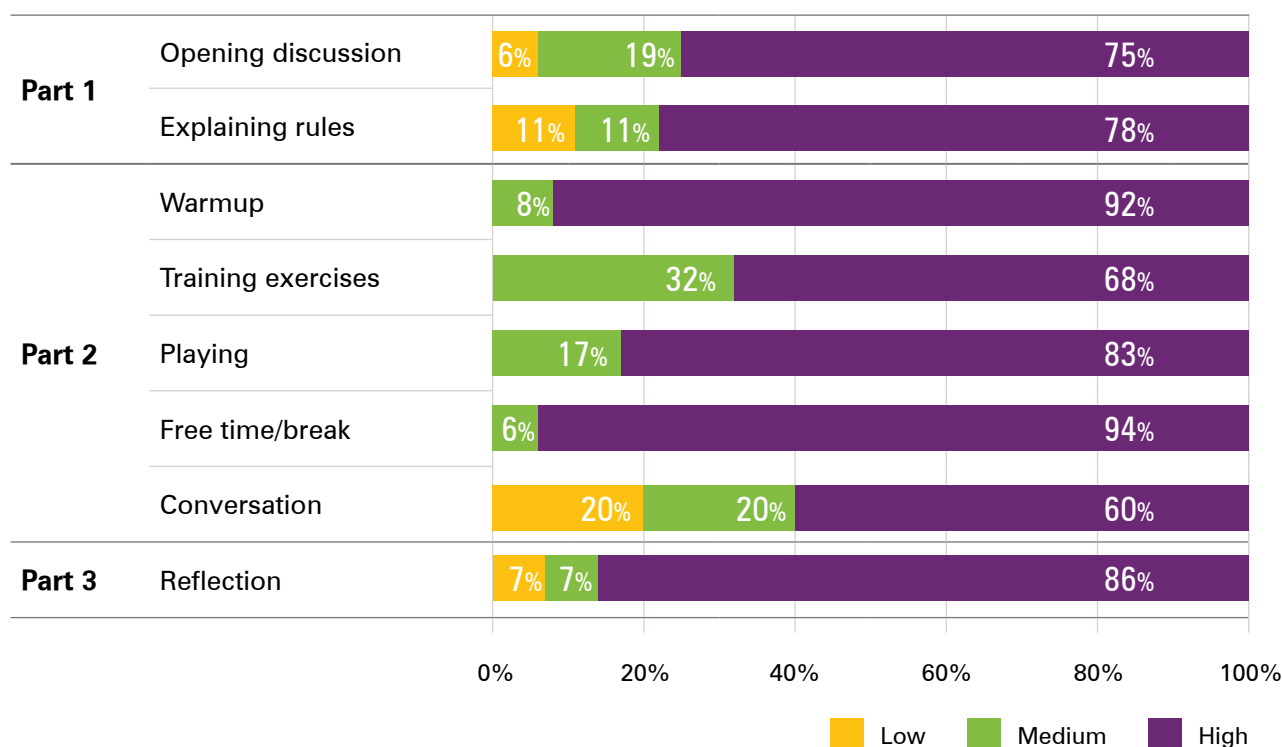
Observations of the sessions found that, **when movement of the body was involved, adolescents were most engaged**, and there was no low engagement during these periods. **Being active** during a session makes the adolescents focus on the activity in-hand, which can provide a mental break from the difficulties of life outside of the pitch. Since each session requires adolescents to concentrate on what is in front of them – a ball, developing a skill, reflecting on their actions etc. – their minds are focused on the moment. Adolescents and caregivers in both locations spoke about how physical movement generates **positive feelings** both during and after sessions, and is one of the main

reasons why adolescents return to the pitch or are encouraged to do so by their caregivers.

As one adolescent said: **“Sometimes we are sad and sometimes our mind is busy, and we are thinking a lot. When we are going to play, they change the mood that we have.”** These feelings were often associated with adolescents experiencing physical improvements and developing tactical skills.

**Engagement is lower during conversations**, which often happen during a break from the game when participants might be distracted. But, recognizing that it is important not to overtrain, moments of downtime are needed in a session. Lower engagement during this time may also be due to **language barriers** between the adolescents and coaches. Due to the evolving refugee population, the coaching staff and players do not always speak the same languages, so important messaging around values and/or reflection can be lost on some participants.

Figure 4. Engagement, by activity type

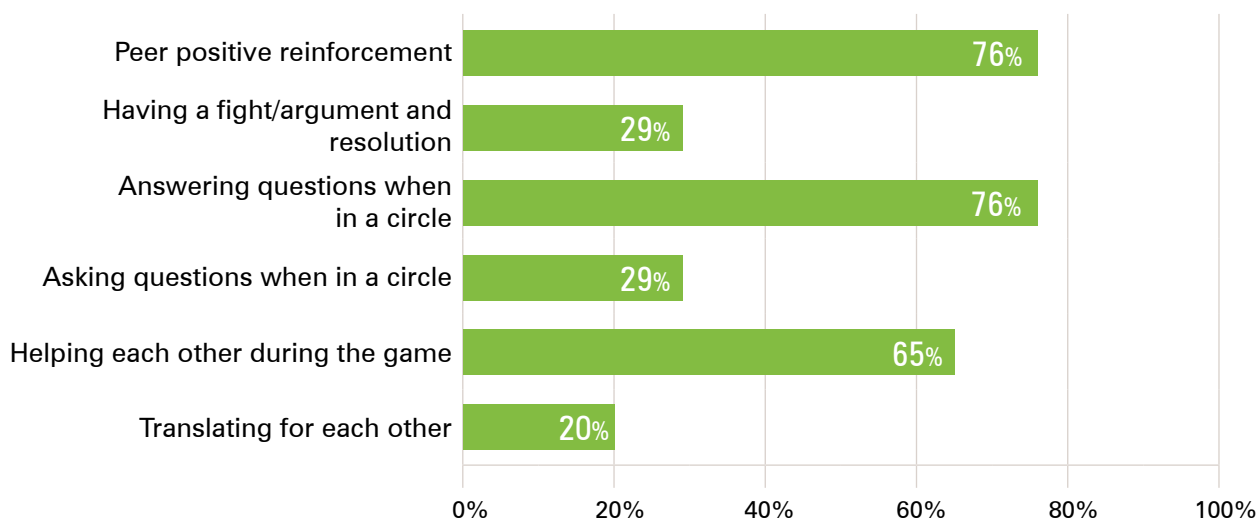


## Participants display pro-social behaviour, on and off the pitch

The five core values provide adolescents with an opportunity to act and reflect on their behaviours. While each session can cover more than one value, the predominant value captured during the research period was **Teamwork (41 per cent)**, followed by **Humility (29 per cent)** and **Effort (18 per cent)**. **Ambition and Respect** were the main values in one session (**6 per cent each**). Coaches were often observed prompting the players to connect the value being taught in that session to examples both on and off the pitch. This seemed to create a sense of connection for the participants, who expressed that the lessons learned in training are also applicable to other areas of life. As a female player based in Athens said: **“When I learn the values, I use the values in life. I am helping my mom, I respect more my sister, and at the sessions I respect the other players as well.”**

Researchers observed interactions among participants that captured some of the core values. Figure 5 reflects the number of sessions in which adolescents demonstrated a series of pro-social behaviours. When it comes to teamwork and humility, participants described the importance of relating to others from different backgrounds and **helping each other** during a session. The observations also revealed how often adolescents offered each other **positive reinforcement**. At times, participants could see the value of putting others ahead and working together. As one player reflected: **“Even if you make a goal, it is not really important. So, it is better to play teamwork and to give the ball, the opportunity to everyone to play, not just one person.”**

**Figure 5.** Percentage of sessions in which prosocial behaviour by participants was observed



**Note:** Total number of observed sessions: 17.

A relatively low number of occurrences may be that a certain behaviour was not needed or applicable.



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S4D participants also frequently reported that learning about respect is reinforced throughout the sessions through speaking and listening with coaches and other players and **asking and answering questions**. All adult respondents (caregivers, coaches and implementing parents) described this value as important, as they emphasized the need for young people to demonstrate respect towards themselves and others, especially the older people in their lives. Respect and **conflict resolution** go hand-in-hand. When emotions are high, S4D participants are encouraged to manage their feelings by using various strategies to control themselves and work through disagreements with others. Adolescents mentioned the ability to ignore negative behaviour, such as bad language or physical aggression, during a session. Others relied on coaches intervening to help resolve issues. While retaliating behaviour still occurs

(kicking or hitting back were mentioned three times by participants), one 16-year-old male player from Athens said: **"I cannot control others or the problems, but I can control myself."**

Interestingly, none of the caregivers interviewed knew that the adolescents were learning about specific values in the sessions. However, they did notice behaviour changes among the adolescents which reflect the values that being discussed during sessions. Implementing partners and caregivers mentioned how the sessions encouraged adolescents to be responsible and gave them structure and a schedule (especially in the summertime when school or other activities are on break), and how they became more disciplined in relation to being on time and preparing to play.

# Lessons learned and recommendations<sup>8</sup>

The following recommendations are relevant for **S4D organizations** that want to improve the effectiveness of their programming, particularly when working to improve the psychological well-being of adolescent refugees:

## **1 Bring additional coaches/assistants to ensure language translation capacity during a session.**

S4D's value-based methodology teaches adolescent refugees important lessons through physical play and reflection. However, opportunities may be missed due to language barriers between coaches and players, and coaches and caregivers. Language barriers can prevent players from fully engaging in discussions around values and prevent families from understanding the aims of the S4D programme.

## **2 Provide adequate information-sharing between staff/coaches and caregivers.**

From the beginning, lines of communication need to be open to communicate programmatic expectations, structure and safety. This can be done by organizing information-sharing sessions, where everyone can receive the same information and listen to others' feedback and questions. It is also useful to invite caregivers to observe S4D sessions, as this may further reassure them that the programme is safe. With staff/coach support, caregivers can be great allies in reinforcing the values and pro-social behaviours learned through S4D.

## **3 Provide training opportunities, including training for staff and coaches on psychological well-being.**

Due to the evolving refugee situation, many coaches may be new to camps and need training on the S4D methodology. To address this issue, consider providing frequent face-to-face trainings. This may dually benefit the programme and provide a potential career path for the coach in training. Coaches are also a likely entry point for adolescent refugees to share their thoughts and feelings, so consider partnering with mental health professionals for additional support (likely to be sourced from within the refugee camp). If capacity allows, mental health professionals can observe sessions to identify programmatic strengths and areas for improvement and/or ensure the correct referral protocols<sup>9</sup> are followed when mental health support is needed for individual players.

## **4 Develop an explicit gender strategy, which includes recruiting female coaches.**

In both locations, adolescent girls were less likely to participate in S4D than adolescent boys. Closing the gender gap in S4D participation means creating an environment that is respectful and welcoming to all, and recruiting more female leaders in coaching positions could attract more female players. It is also important to identify other things that may increase girls' participation. For example, consider combining S4D sessions with academic/language tutoring; for many refugee families<sup>10</sup> educational opportunities are attractive as they may have been limited in their country of origin. When educational opportunities are combined with S4D, a more holistic approach to addressing development and well-being can be taken which may appeal to adolescent refugees (especially females) and their families.

<sup>8</sup> More detailed guidance and additional recommendations can be found in the main report

<sup>9</sup> Referral protocols contain a series of actions or steps to take when identifying and providing a child or adolescent in need of psychological support. Protocol pathways are unique to each context, depending on available resources. For example, within Lesvos' Mavrovouni camp, Medecins du Monde leads these efforts and works in close cooperation with the S4D implementing partner, Movement on the Ground, to identify and support vulnerable young people and their families.

<sup>10</sup> The majority of participants from this study originated from Afghanistan, where opportunities for girls to engage in education and sporting activities are limited.



The following recommendations will support **governments and donors** to harness the power of S4D:

### **1 Advocate and support S4D programmes as a key tool for adolescent well-being.**

As outlined in this report, S4D is linked to several cross-cutting outcomes that affect the well-being of adolescents in refugee populations, including social, health and educational determinants.. Incorporating sport in policies and agendas can help support feelings of peace and stability among young people, who may otherwise be lacking positive experiences in their lives.

### **2 Make longer-term investments to support what the targeted population needs.**

All S4D programmes need to build in crucial monitoring and evaluation components so that programme staff can learn how effective implementation is and improve it. When gathering evidence on programmes that work with refugee children, adolescents and their families, specific methodological, ethical and logistical issues need to be considered to protect these vulnerable populations. Tailoring monitoring and evaluation systems to the context and the participants requires resources, but this process is essential for learning what works and what does not to increase the resiliency of the programme and to guide scale-up efforts.

### **3 Facilitate clear communication among the coordinating organizations that support (young) refugees.**

The movement of people in and out of camps is constantly evolving, as are the organizations that provide support to refugees. Formal and informal communication among the ecosystem of key actors, including government ministries, UN agencies and NGOs, is needed in each unique camp context. There is a need for improved coordination around the structures and resources in place, clear organizational roles and responsibilities, harmonized approaches and reduced duplication of efforts to ensure that adolescents and their families get the psychological support and services they need.



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