Scientific Report

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CONTENTS

INTRODUCTION

RESEARCH

From January to June 2017, our research partner, the International Council of Sport Science and Physical Education (ICSSPE) has undertaken research through needs assessment, a rapid literature review and identification of best practices in order to ensure our project activities are evidence-based and to gain a better understanding of the context and needs of refugees and sports organisations. The research has resulted in the:

- ASPIRE Delphi Survey,
- ASPIRE Literature Review - Key Terms
- ASPIRE Literature Review - Findings

ASPIRE DELPHI SURVEY

The needs assessment has been carried out with the help of a DELPHI survey, a systematic way of reaching consensus on a certain subject that has not been the topic of a lot of scientific research. The Delphi technique is a "widely used and accepted method for gathering data from respondents within their domain of expertise" (Hsu & Sandford, 2007).

In order to find out what experts believe about sport for refugees and to explore priorities and gaps, ICSSPE has set up an Expert Group in cooperation with ASPIRE project partners, and gathered opinions and feedback in 3 rounds through online questionnaires (11 experts in the first round + 16 additional experts in the second and third round). After analysing findings and identifying consensus, **Katrin Koenen**, ICSSPE Director of Scientific Affairs, and **Richard Bailey**, ICSSPE Senior Researcher, has revealed areas where there are the greatest needs for support for those using sport with refugees.

The findings have been incorporated into the development of the ASPIRE training module in order to cover all important strategies that represent best practice in engaging refugees through sports clubs.

13 STRATEGIES:

- Including refugees in project development planning and delivery
- Education and support for sports coaches and trainers
- Planning for sustainability
- Cultural sensitivity and openness to diversity
- Principles of inclusion in sport and physical activity
- Listening to refugees
- Collaboration between organisations and agencies
- Collaboration between areas of expertise
- Breaking down stereotypes about refugees
- Child protection
- Understand the cultural and historical backgrounds of refugees
- Funding and financing programmes
- User-friendly information sharing

ASPIRE LITERATURE REVIEW – KEY TERMS

When starting a project, it is always very important to be clear about the main terms used, since a lack of clarity can be the cause of unnecessary misunderstanding and confusion. Especially for ASPIRE with key words like health, well-being, physical activity, and sport, it is worthwhile clarifying how they will be used since their meanings matter, and misunderstandings can lead to confusion and misapplication of strategies. This is to assure that all project partners in their work, agree, and stick to shared understandings. An important innovation of the project is the definition of accessibility, which led to a unique working definition of accessible activity, sport and play.

For the purposes of the ASPIRE project, a series of clusters of important terms are considered:

- Health
- Sport, Physical Activity, and Play
- Sport PLUS and PLUS Sport
- Psychosocial Development
- Migrants and Refugees
- Integration and Inclusion
- Accessibility

So, when reading the whole document the reader is requested to understand what follows as suggestions, not answers to what are quite often complicated debates!

ASPIRE LITERATURE REVIEW – FINDINGS

Sport has been proposed as a possible way of helping immigrants deal with different challenges. The social integration of immigrants depends on two core strategies: firstly, the attitudes and actions of the immigrants, themselves, especially about their group characteristics – age, gender, educational level, and most importantly, their origin and generation – which determine the possibilities and efforts made to adapt to new surroundings; and secondly, the receiving society, and the steps it takes to incorporate the different cultural groups. Both forces can result in either hostility or hospitality. The ways in which sport and physical activity might mediate these challenges, and foster and facilitate positive outcomes for all, are discussed in the Findings of the ASPIRE Literature Review.

The ASPIRE Literature Review consists of two sections. First, the results of a rapid review search are presented. Methods used are explained and results of the relevant publications are run through the framework of questions developed for the needs of this review. Second, a narrative review on the state of immigration in Europe and potential of sport as a context to helping immigrants is presented.

ACKNOWLEDGEMENT

LITERATURE REVIEW KEY TERMS

IMPRESSUM

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ENGSO

Activity, Sport and Play for the
Inclusion of Refugees in Europe

INTRODUCTION

"When I use a word,' Humpty Dumpty said, in rather a scornful tone, 'it means just what I choose it to mean — neither more nor less.'
'The question is,' said Alice, 'whether you can make words mean so many different things.'
'The question is,' said Humpty Dumpty, 'which is to be master — that's all."
(Lewis Carroll, Through the Looking Glass, 1871)

It is always useful to be clear about the terms we use, and lack of clarity can be the cause of unnecessary misunderstanding and confusion. This has not always been the case with the current topic with phrases like health, well-being, physical activity, sport, sometimes employed by researchers with casual abandon. So, it is worthwhile spending a little time clarifying how some of the key terms will be used here, if only to save potentially wasted time later.

It is worthwhile being clear from the very beginning of our discussion that there has not been a consensus on the definitions many of the terms used within the ASPIRE project, even though they are central not only to spot development, but also to broader concerns of health, medicine, education and so on. In addition, important words are sometimes misunderstood or misapplied. On other occasions, pairs of words are confused with each other. For example, to borrow a case from a topic closely related to the interests of the ASPIRE project, many scientific studies of the outcomes of 'physical education' use that term to refer to an extremely wide range of settings, including those beyond the school curriculum. The result of this linguistic promiscuity is that it becomes very difficult to know if the findings of these studies tells us anything about physical education, at all. Or consider the concept of 'health', which is a central concern of the ASPIRE project. The World Health Organisation's famous definition of 'health' is understandably used widely in the policy and advocacy literatures, despite concerns from numerous commentators that it does not, in fact, describe health at all!

So, Humpty Dumpty is mistaken: the meaning of words matter, and they are not merely personal interpretations. It is less important that partners in the ASPIRE project accept the suggestions offered in this paper than they reflect on the meanings of the key terms of their work, agree, and stick to shared understandings. So, the reader is requested to understand what follow as suggestions, not answers to what are quite often complicated debates.

For the purposes of the ASPIRE project, a series of clusters of important terms will be considered:
• Health
• Sport, Physical Activity, and Play
• Sport PLUS and PLUS Sport
• Psychosocial Development
• Migrants and Refugees
• Integration and Inclusion
• Accessibility

HEALTH & WELL-BEING

The WHO famously defines health as *"a state of complete physical, mental and social well-being and not simply the absence of disease or infirmity"* (WHO 1948, p. 100). The definition is positive, holistic, and it presents three major interrelated components of health (see Figure 1).

Figure 1: A Visual representation of the World Health Organisation's Definition of Health

Physical: this is the physiological or biological component of health. It simply implies the maintenance of homoeostasis, or a healthy state of the body.
Social: this represents the ability to connect and function as a member of society
Mental: this indicates the psychological, emotional, and mental status of the individual

The WHO's definition has been heavily criticised since it was conceived in 1946 (e.g., Callahan 1973; Üstün, & Jakob, 2005). Most of these criticisms centre on the claim that the WHO set an unattainable standard for health, and what they have really defined is 'well-being'. So, for example, it is doubtful whether everyone really needs to have a rich network or friends and community to be classified as healthy. But a network like this might well be necessary for the achievement of the broader and more ambitious 'wellbeing'. In a similar vein, some critics have observed that the definition equates health with happiness, and consequently that a disruption of happiness could be regarded as a health problem, which seems to stretch the concept too far. In addition, some have claimed the definition is too inflexible and unrealistic (Awofeso, 2012). The inclusion of the word "complete" in the definition makes it unlikely for anyone to be healthy for a reasonable period of time. It is often difficult, if not impossible, to gain complete contentment in all aspects of one's life. A definition of health that excludes EVERYONE in the world is probably questionable!

So, a more modest working definition of health seems in order. Philosophers of health tend to define health in terms of the absence of pain, suffering, illness and disease (in other words, in precisely the opposite way of the WHO!) (e.g., Boorse, 1975; Fulford, 1989; Kingma, 2007). Christopher Boorse, probably the most influential contributor to this debate, defines health positively as "normal functioning" and negatively as "absence of disease" (Boorse, 1977). These two definitions are intended to be equivalent, as 'disease' is itself defined by Boorse as 'functional abnormality', and 'absence of functional abnormality' is, of course, equivalent to 'functional normality'. The difficulty facing Boorse, however, is how to determine what normal functioning is. The idea of 'normal' only applies within a specific reference group, for instance, someone's age or sex (Kingma, 2007). A high heart rate may be normal for teenagers but pathological for the elderly, just as some blood values are normal for women but abnormal for men. Moreover, it is difficult to consider which groups should be counted. If a whole country is destroyed by civil war, do the survivors of that conflict count as a group? If they do, then trauma becomes normal, and, therefore, healthy.

Research into people's ideas of health shows that they recognise it to be complex and multi-dimensional (Blaxter, 2004), and this gives a clue to the difficulties with simple explanations. These studies also stress that an important feature of health is subjective and based on people's own assessments and judgements of whether they are healthy or not. Indeed, the most "usual way of measuring self-perceived illness, as distinct from the presence or absence of disease, is by means of symptom lists" (Blaxton, 1990, p. 40). In other words, for most people, absence of symptoms means health. From this perspective, Blaxter (1990) identified the three "states" of health: freedom from illness, ability to function, and fitness. In this regard, health is also perceived as energy and vitality in terms of fitness to perform everyday tasks. This last point might be stated more clearly as the ability "to pursue vital goals, and to function in ordinary social and work contexts" (Callahan, 2003, p. 87).
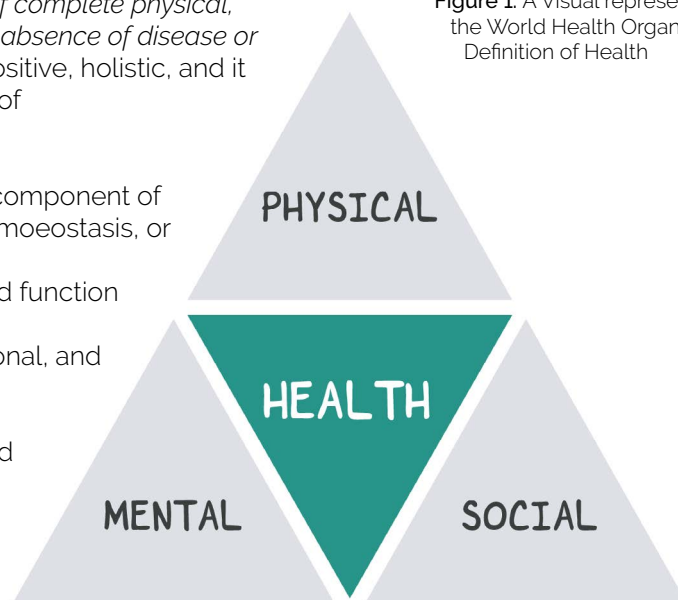
Perhaps it is not possible to define health clearly; it may simply be too complex and multifaceted. However, the discussion above hints at two conditions necessary for someone to be considered healthy. The first is a negative goal: the absence of disease or illness. However, this might usefully be matched with the more positive ambitions, such as to be able to pursue important goals and operate in day-to-day settings.

Proposed definition:
HEALTH is a combination of the absence of disease or illness, and the ability to pursue important goals and operate in day-to-day settings.

SPORT, PHYSICAL ACTIVITY & PLAY

Matters are barely simpler when we turn to the language of sport and physical activity. Many governmental and non-government agencies adopt the definition of sport in the Council of Europe's European Sports Charter (CoE, 2001):

"Sport means all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming relationships or obtaining results in competitions at all levels." (Article 2)

This is a broader and inclusive definition, which might explain its political use. However, this is not how most people understand sport, and it would seem to allow numerous activities - jogging, gardening, folk dance, indoor exercise to a DVD - that would intuitively fall outside of the boundary around of the concept of sport. Moreover, if such a broad conception of sport is used, what is the need for the concept of physical activity? If we follow the Council of Europe definition, both terms would mean the same thing. A stronger definition of sport comes from Coakley (2001), namely organised and competitive physical activities. Specifically, Coakley identifies four attributes of sport that are characteristic of sport: physical activity, competition, institutionalization and the desired outcome. The latter may be anything from enjoyment to health and other instrumental values. This reflects the ways in which the term is used in the literature (especially when drawing a distinction with other concepts), and it adds two important qualifications for some activity to count as sport: some sort of organisation, whether it is informal by the players themselves (such as in street games), or formal (such as at sports clubs). Sport encompasses a range of activities, including individual, partner and team forms, contact and non-contact, placing different emphasis on strategy, chance and physical skills. People can play sport for a wide variety of reasons, and the inclusion of competition as a defining element does not at all mean that competition is the primary reason players play (Collins, Bailey, Ford, et al, 2012).

Clarifying the definition of sport as a sub-type of physical activity helps make the broader concept of physical activity clearer, too. Despite its title, the Council of Europe's definition of sport is really a definition of physical activity. However, as has been seen, its implication of guiding aim of such activities unnecessarily confuses matters; many people, especially children, do not take part in these activities with the intention of "expressing or improving physical fitness and mental well-being, forming relationships or obtaining results in competitions". A much stronger definition of physical activity comes from the World Health Organization (2010), which understand it as any form of exercise where bodily movements are involved. Physical activity is usually described in relation to intensity, duration, frequency, and type, which together constitute the volume of activity. Here, the World Health Organization interprets physical activity very widely, such as when referring to the recommended amount of activity per day:

> *"This level of activity can be reached through a broad range of appropriate and enjoyable physical activities and body movements in people's daily lives, such as walking to work, climbing stairs, gardening, dancing, as well as a variety of leisure and recreational sports."*
> *(World Health Organisation, 2003, p. 3).*

The World Health Organization (2010) recommends that school-aged children accumulate at least 60 minutes in moderate-to-vigorous physical activity (MVPA) every day. It also specifies that vigorous-intensity activities (VPA) should be incorporated, including those that strengthen muscle and bone, at least 3 times per week. This activity can take place in different contexts, such as travelling to and from school, leisure time activity, physical education classes, and sports participation. Health-enhancing physical activity (HEPA), as the name suggests, is any form of physical activity that benefits health and functional capacity without undue harm or risk (Foster, 2000). So, sport does not necessarily qualify as HEPA. Nor does it follow that people always engage in such activity primarily with health in mind, and a great deal of physical activity is incidental to other tasks. For example, people walk to work or the shops, cycle to school, run for a bus or train; and stretch, lift and carry as they do housework. Children participate in sport for a number of reasons, such as fun and enjoyment, the satisfaction of learning new skills, and the pleasure of being with family and friends. In many cases the enhancement of the health is not a significant motivating factor driving physical activity (Cope, Bailey and Pearce, 2013). Any health-related benefits of participation in sport are incidental to these other values. Figure 2 suggests one way of thinking about the relationships between physical activity, and sport.

INFORMAL : FORMAL

school : elite

streets : competition

parks : recreation

home

PHYSICAL ACTIVITY
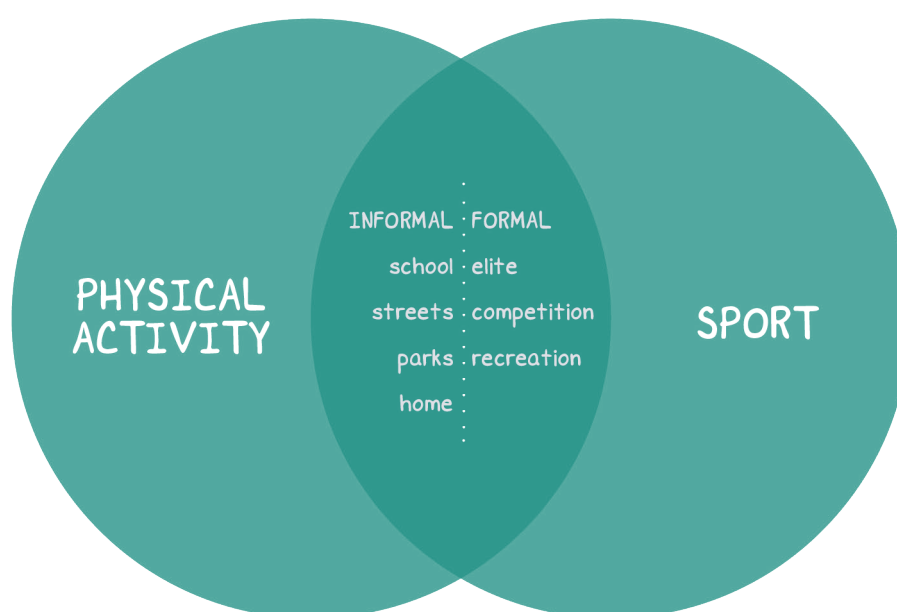
SPORT

Figure 2: Relationships between physical activity and sport

Finally, we turn to play, which is a notoriously difficult concept to define precisely. Indeed, most books on play begin with some sort of disclaimer that there is no shared definition! Nevertheless, there do seem to be some shared characteristics. Most researchers of play would acknowledge that its characteristics have to do with motivation and mental attitude, not with the overt form of the behavior (Lindon, 2001). For example, two people might be throwing a ball, or chasing a third child, or hiding, and one might be playing while the other is not. To tell which one is playing and which one is not, it is necessary to infer from their facial expressions and the details of their actions something about why they are doing what they are doing and their attitude toward it. So, an apparent paradox, pointed out by the great Russian psychologist Lev Vygotsky (1933), is that

play is serious yet not serious, real yet not real. In play one enters a realm that is physically located in the real world, and yet in some way is mentally removed from the real world.

Play is not neatly defined in terms of necessary criteria. The Austrian philosopher Ludwig Wittgenstein (1953) argued that some concepts do not have universally true features, but rather a patchwork of related 'family resemblances' that may or may not fit to each application. Play is probably one such concept; it is too fuzzy to succumb to a simple declination and requires a confluence of several characteristics. Peter Gray (2015) has suggested that certain characteristics are especially common in accounts of play: (1) play is self-chosen and self-directed; (2) play is activity in which means are more valued than ends; (3) play has structure, or rules, which are not dictated by physical necessity but emanate from the minds of the players; (4) play is imaginative, non-literal, mentally removed in some way from "real" or "serious" life; and (5) play involves an active, alert, but non-stressed frame of mind.

Proposed definitions:
- SPORTS are organised and competitive physical activities
- PHYSICAL ACTIVITY is any form of exercise where bodily movements are involved
- PLAY is an imaginative, active, non-stressed, self-chosen and self-directed activity, in which means are more valued than ends, with structure emanating from the minds of the players

SPORT PLUS & PLUS SPORT

In the light of traditional international development endeavours failing to reach their goals, sport has been identified as a "pure and non-political vehicle" that could support developmental aims (Levermore, 2008). As the discussion on sport for development evolved, many have tried to identify and categorise different approaches (e.g., see Kidd, 2008; Levermore & Beacom, 2009), with Coalter's suggested model proving to be the attractive to many: he differentiated between 'sport plus' and 'plus sport' programmes (2010). Both approaches assume that doing sports has inherent developmental benefits for the participants (Coalter, 2010), but they differ in their priorities.

SPORT PLUS

These activities are led by organisations that have sport as their core activity and that use sport in different ways in order to achieve developmental goals (European Commission, 2016). In this approach, the major aim is to develop sustainable sporting organisations to achieve a range of objectives.

Typical objectives include:
• The removal of barriers to sports participation among the general population or particular target groups
• The training and support of leaders and coaches
• The development of physical literacy and basic sporting skills
• The provision of opportunities to progress and to develop sporting skills and expertise

In sport plus programmes, "sports are adapted and often augmented with parallel programmes in order to maximize their potential to achieve developmental objectives" (Coalter, 2010).

Sport as the core.

Possible objectives:
• Sport-for-all
• Training of coaches
• Physical literacy

PLUS SPORT

These are development-focused activities that integrate aspects of sport. Although these programmes also aim to reduce barriers and increase participation, they place much greater emphasis on sport as a means to an end - using sport's ability to bring together large numbers of young people to achieve the aims of social and health programmes (Coalter, 2008). These programmes are often used by developmental organisations that deal with particular social issues (European Commission, 2016). Social issues (e.g. youth employability, sexual behaviour change) are more urgent than sustainable development of sport

Development as the core.

Possible objectives:
• Youth employability,
• Healthy sexual behaviour change

Of course, the two approaches are really two ends of a continuum of programmes and activities, and the differences are not always clear-cut (Coalter, 2008).

Proposed definitions:
• SPORT PLUS – activities led by organisations that have sport and other physical activities at their core activity and that use sport in different ways in order to achieve developmental goals and other physical activities
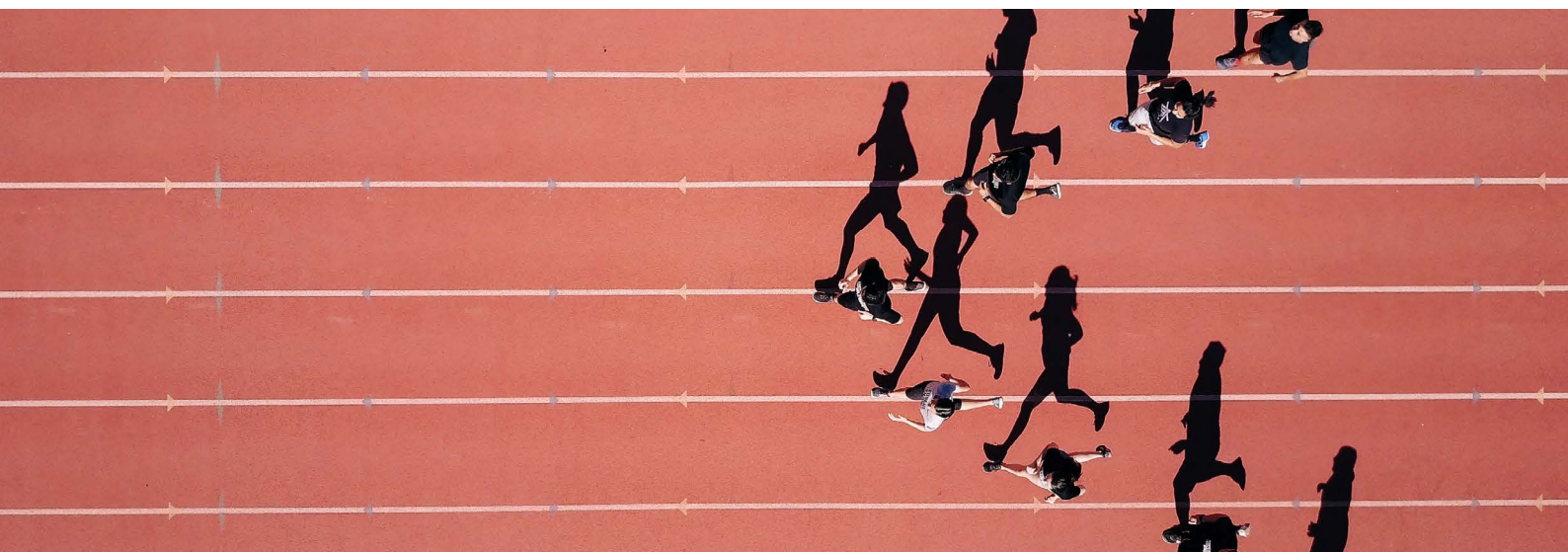• PLUS SPORT – development-focused activities that integrate aspects of sport and other physical activities

PSYCHOSOCIAL DEVELOPMENT

From its inception, ASPIRE has explicitly associated itself with a 'psychosocial' perspective. It seems sensible to discuss briefly what this term means. The term 'psychosocial' has attracted a large number of interpretations and definitions (Redman, 2016). At its simplest, psychosocial refers the importance of recognising both psychological and social aspects of human development, health, and well-being. Typically, writers using this approach seek to make the point that humans are social animals, and attempts to treat or support them are likely to be more effective if this is acknowledged.

So far, so good, but most theorists who use the language of psychosocial envisage a more dynamic relationship between the psychological and social dimensions of a person, one influencing the other, and the fact that each continually interacts with and 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. This definition is useful, and captures the essence of the matter: that the psychological and social aspects of human behaviour can be considered a connected, interacting whole, and should be treated as such in interventions and policies with vulnerable people.

A recent discussion presents this in a little more detail when it states that psychosocial approaches look at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental well-being and their ability to function (Woodward, 2015). The psychosocial well-being of individuals and communities can be defined with respect to three core domains: human capacity, social ecology, and culture and values. Psychosocial wellbeing is dependent on the capacity to draw on resources from these three domains in response to the challenge of crises and complex emergencies. These issues define the context within which individuals, families and communities exist (see Figure 3).
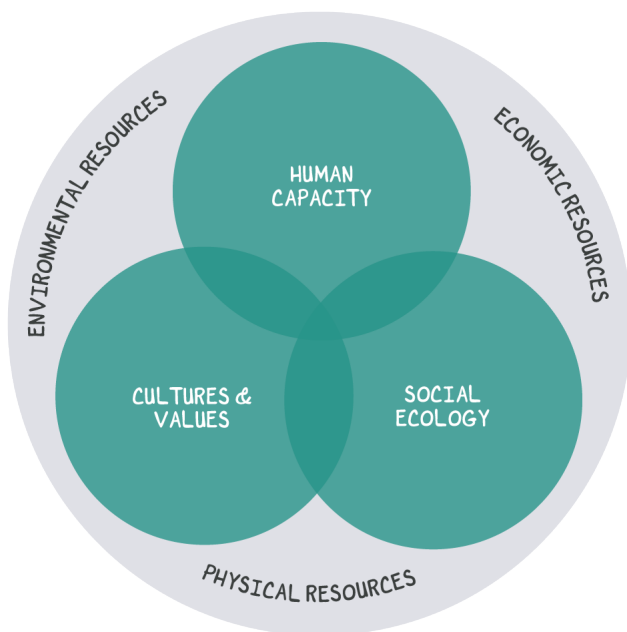
'Human capacity' refers to physical and mental health and specifically considers individuals' knowledge, capacity and skills. Identifying an individual's own human capacity is the same as realizing his or her own strengths and values. 'Social ecology' refers to social connections and support, including relationships, social networks, and support systems of the individual and the community. Mental health and psychosocial well-being are dependent on cohesive relationships that encourage social balance. Finally, 'Culture and values' refers to cultural norms and behaviour that are linked to the value systems in each society, together with individual and social expectations. Both culture and value systems influence the individual and social aspects of functioning, and thereby play an important role in determining psychosocial well-being (Ager, 2002; Psychosocial Working Group, 2003).

Figure 3: Factors influencing psychosocial well-being

Proposed definition:
- PSYCHOSOCIAL refers to the dynamic relationship between the psychological and social dimensions of a person, one influencing the other. The psychological dimension includes internal, emotional and though processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

MIGRANTS, IMMIGRANTS & REFUGEES

In times of crisis or political tension, words can be used and abused for different reasons. That has certainly been the case with the terms "migrant" and "refugee", which have frequently been used to mean one and the same thing. Each term, however, has a distinct meaning that carries different international obligations and consequences. If conflated, it can mean the difference between life and death. In theory, at least, the term

'migrant' is a neutral and descriptive word. It means someone who moves, either temporarily or permanently, from one place, area or country of residence to another. There are various reasons for migration, such as those who move to work or seek a better life, generally termed 'economic migrants', but the term can also be used to refer to people for professional and personal reasons. Despite its original meaning, the world 'migrant' is often perceived negatively. For example, the broadcaster Al Jazeera said it would stop using the word migrant to refer to people trying to cross the Mediterranean because: "The word migrant has become a largely inaccurate umbrella term for this complex story" (Al Jazeera, 2015).

Some people migrate to escape conflict or persecution, which is where the definition converges with the term 'refugee'. Refugees are people who have been forced to leave their home country in order to escape war, persecution or natural disaster. The Convention relating to the Status of Refugees describes a refugee as: "A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unstable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it." (UN General Assembly, 1951)

Proposed definitions:
- MIGRANT refers to someone who moves, either temporarily or permanently, from one place, area or country of residence to another.
- REFUGEE is a person who has been forced to leave their home country in order to escape war, persecution or natural disaster.

Proposed use:
- 'Migrants and refugees'

INTEGRATION, INCLUSION & SOCIAL INCLUSION

The difference between integration and inclusion continues to be hotly contested, and the matter is made more complex by the fact that the question can be answered in different ways according to the context, language and audience (Schrover, & Schinkel, 2013). In some countries and contexts, such as the German-speaking world, the two terms are often used interchangeably. In French, 'integration' can mean 'inclusion' or sometimes the word 'integratrice' is used to mean inclusion. However, in Anglophone education circles integration and inclusion are very different:

- INTEGRATION – means individuals from marginalised groups are able to access mainstream support and opportunities, such as schools, social care and health care. The individual is accepted, but is often taught in a separate setting and engagement is in terms set by the majority group;
- INCLUSION – means that the whole community considers what measures it must take for schools, social care, health care and other aspects of everyday life to be accessible to everyone (including refugees and migrants). Inclusion takes a systematic approach to change, and both the host community and the migrant population are expected to change.

Anglophone people rarely like to push their cultural practices of others (!), but in this case, it might make sense. Enforcing a distinction between merely allowing people into a community and welcoming them to such an extent that the community changes, too, seems to be a difference worth emphasising. This approach reflects a number of international statements, such as the highly influential Salamanca Statement on Inclusive Education, from UNESCO: "Inclusion and participation are essential to human dignity and to the enjoyment and exercise of human rights. Within the field of education, this is reflected in the development of strategies that seek to bring about a genuine equalization of opportunity. Experience in many countries demonstrates that the integration of children and youth with special educational needs is best achieved within inclusive schools that serve all children within a community. It is within this context that those with special educational needs can achieve the fullest educational progress and social integration."

Inclusion also emphasises "a sense of belonging, which includes feeling respected, valued for who you are, feeling a level of supportive energy and commitment from others" (Miller, & Katz, 2002). So, inclusion cannot be separated from a commitment to embrace difference and value the contributions of all participants, whatever their characteristics or backgrounds. The illustration below offers a visual representation of this way thinking.

EXCLUSION

SEGREGATION

INTEGRATION

INCLUSION

There is one more term worth considering. Social exclusion was defined by the UK's Social Exclusion Unit (2001) as "a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown" (unpaged). Exclusion, according to this conception, can take different forms, such as lack of access to power, knowledge, services, facilities, choice and opportunity.

Some have argued that there may be conceptual difficulties with this interpretation of exclusion, since it confuses symptoms with causes (e.g., Long et al., 2002). Alternative definitions, such as that offered by the Commission of the European Communities, draw greater attention to the processes of exclusion, rather than simply the product of exclusion: "Social exclusion refers to the multiple and changing factors resulting in people being excluded from the normal exchanges, practices and rights of modern society" (Commission of the European Communities, 1993, p. 1). According to this logic, measures taken to reduce indicators of exclusion—health, education, employment, and so on—will not necessarily succeed in promoting inclusion if they fail to address the
processes of exclusion.

Bailey (2005) highlights a series of connected dimensions of social inclusion/exclusion, namely:
*   SPATIAL: social inclusion relates to proximity and the closing of social and economic distances
*   RELATIONAL: social inclusion is defined in terms of a sense of belonging and acceptance
*   FUNCTIONAL: social inclusion relates to the enhancement of knowledge, skills and understanding
*   POWER: social inclusion assumes a change in the locus of control

Claims made on behalf of participation in sporting activities suggest that it has the potential to, at least, contribute to the process of inclusion by: bringing individuals from a variety of social and economic backgrounds together in a shared interest in activities that are inherently valuable (spatial); offering a sense of belonging, to a team, a club, a programme (relational); providing opportunities for the development of valued capabilities and competencies (functional); and increasing 'community capital', by extending social networks, increased community cohesion and civic pride (power).

Claims of this sort, hypothetical or not, are mediated by children and young people's access and opportunity to participate in sporting activities. This will, of course, be discussed later in this paper.

Proposed definition:
*   INCLUSION means the host community considering what measures it must take to be accessible to everyone
*   INTEGRATION can refer to individuals from marginalised groups being able to access mainstream support and opportunities

Proposed use:
*   'Inclusion'

ACCESS & ACCESSIBILITY

One final term needs to be discussed, which relates closely to the question of inclusion. Donnelly, & Coakley (2002) state the connection very clearly when they say: "Inclusion is, first and foremost, an access issue, and the first thing that is necessary to promote inclusion is to overcome the structural/systemic barriers that prevent participation."

Access and accessibility are terms that are obviously related, with the latter referring to the ability to achieve the former! Surprisingly, however, despite their widespread use in discussions of inclusion and participation in sport and physical activity, there are few formal definitions available. It can be said that, while inclusion generally refers to general philosophies or mindsets, accessibility tends to refer to more practical issues of making changes to activities or environments, and in doing so making them more inclusive (Darcy, Cameron, & Pegg, 2010). So, discussions of access are typically concerned with barriers to participation, including physical access negative attitudes, and lack of adequate information (Eichhorn, & Buhalis, 2011). Physical barriers are the most apparent issues, and it is this aspect of access ability that has become most associated the development of what is often called 'Universal Design'. These are well-practiced principles for the inclusion of people with access concerns (Darcy, Cameron, & Pegg, 2010). The Center for Universal Design (1997) defines universal design as "the products and environment to be usable by all people, to the greatest extent possible …" (Center for Universal Design,1997). There seems to be no reason why this cannot apply to sport. The original Universal Design model suggests seven principles. Our suggestion is that these principles could be used as a springboard to form a very rough first draft of sport- and physical activity-specific principles.

These principles capture some of the practices and environments needed to ensure access and accessibility in sport and physical activity, although further discussion and analysis should help to refine, define, and elaborate on these.

S

SIMPLE & INTUITIVE USE
easy to understand, regardless of the user's experience, knowledge or language skills

A

ACCESS INFORMATION
communicates necessary information effectively to all users regardless of language ability

F

FLEXIBILITY IN USE
accommodates a wide range of individual preferences and abilities

E

EQUITABLE USE
useful and attractive to people with diverse abilities and from different backgrounds

Proposed definition:
- Accessible Activity, Sport and Play are collaborative processes between stakeholders
- that enable people to participate and engage with equity and dignity through the
- delivery of universally designed activities and environments.

CONCLUSION

"I state my case, even though I know it is only part of the truth, and I would state it just the same if I knew it was false, because certain errors are stations on the road to the truth. I am doing all that is possible on a definite job at hand." (Robert Musil, The Man Without Qualities)

This working document has suggested definitions for many of the concepts that run through the ASPIRE project. It has also attempted to offer some insight into the reasoning behind those definitions. This has been deliberate, as a vital function of a document like this is to encourage further discussion. So, this report should NOT be read as a final statement of the key terms used within the ASPIRE project; it is just the beginning!

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LITERATURE REVIEW FINDINGS

IMPRESSUM

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ENGSO

Activity, Sport and Play for the
Inclusion of Refugees in Europe

INTRODUCTION

Immigration is an enormously important issue in today's world of mobility and culturalclashes.[1] The early twenty-first century has been defined as the "age of migration".[2] International migration, from developing countries in particular, is considered an essential part of globalization because it affects many places around the world, from major metropolitan areas, like Melbourne (Australia), Birmingham (UK) and New York, to smaller towns and districts, such as Slavonski Brod, Croatia, Salzgitter, in Germany, and Russellville, Alabama, USA. Today immigrant integration is a prominent issue in most Western democracies and, even more so in all those "countries in which the historic population itself is deeply divided – particularly those with sub-state nations and multiple political identities".[3] In such contexts, where sub-national groups have traditionally sought to defend their identities against the challenge of globalization, permanent immigration constitutes an exceptional challenge and, at the same time, a formidable opportunity for developing original and progressive forms of collective identities. Immigrants, in fact, can alter the population balance of these places in such a fundamental way that their integration raises a dilemma for elites engaged in sub-state nation-building processes.

The inclusion of newcomers in the construction of a unified sub-national identity could reduce the cultural homogeneity, but to exclude them could represent an illiberal move that might undermine the ability of the national minority to present itself as a legitimate international actor, and also reduce the demographic force of the region. Severalscenarios are therefore conceivable. Although oversimplifying the position:

- Immigrants may be forced into a one-way homogenizing assimilation process in which they are expected to do all the adapting to join the national majority; or
- they may be integrated through a more pluralistic two-way process in which society accepts some duty to recognise and accommodate immigrant diversity even as the process aims to inculcate a shared overarching identity.

Kymlicka was among the first to propose a study of the linkage between immigrants' and national minorities' cultural claims. The challenge he offered to the political agenda of sub-national polities was whether "the claims of immigrants [are] in conflict with the aspirations of national minorities, and [whether] they [are] compatible or even mutually reinforcing".[4]

Sport has been proposed as a possible way of helping immigrants deal with these challenges[5]. The social integration of immigrants depends on two core strategies: firstly, the attitudes and actions of the immigrants, themselves, especially about their group characteristics – age, gender, educational level, and most importantly, their origin and generation – which determine the possibilities and efforts made to adapt to new surroundings; and secondly, the receiving society, and the steps it takes to incorporate the different cultural groups.[6] Both forces can result in either hostility or hospitality. The ways in which sport and physical activity might mediate these challenges, and foster and facilitate positive outcomes for all, are discussed in this document.

This document consists of two sections. First, the results of a rapid review search are presented. Methods used are explained and results of the relevant publications are run through the framework of questions developed for the needs of this review. Second, a narrative review on the state of immigration in Europe and potential of sport as a context to helping immigrants is presented.

[1] Piccoli, L. (2013). Redrawing Identity Boundaries through Integration Policies: Strategies of Inclusion/Exclusion of Immigrants in Québec and South Tyrol. European Diversity and Autonomy PapersEDAP, 1(1), 1-32.
[2] Castles, S. & Miller, M.J. (2003). The Age of Migration: International Population Movements in the Modern World. London: Macmillan.
[3] Banting, K., & Soroka, S. (2012). Minority nationalism and immigrant integration in Canada. Nations and Nationalism, 18(1), 156-176, p. 156
[4] Kymlicka, W. (2001). Immigrant Integration and Minority Nationalism. In M. Keating and J. McGarry (Eds), Minority Nationalism and the Changing International Order. Oxford: Oxford University Press, p. 65
[5] Amara, M., Aquilina, D., Argent, E., Betzer-Tayar, M., Green, M., Henry, I., Coalger, F., & Taylor J. (2005). The Roles of Sport and Education in the Social Inclusion of Asylum Seekers and Refugees: An Evaluation of Policy and

Practice in the UK. Loughborough: Loughborough University; Bertram, C., Diep, M., Fox, T. Pelka, V., Ruitinga, C., & Sennett, J. (2016). Mapping of good practices relating to social inclusion of migrants through sport - Final report to the DG Education and Culture of the European Commission, June 2016. Strasbourg: European Commission; Forde, S., Lee, D., Mills, C., & Frisby, W. (2015). Moving towards social inclusion: Manager and staff perspectives on an award winning community sport and recreation program for immigrants. Sport Management Review, 18(1), 126-138.
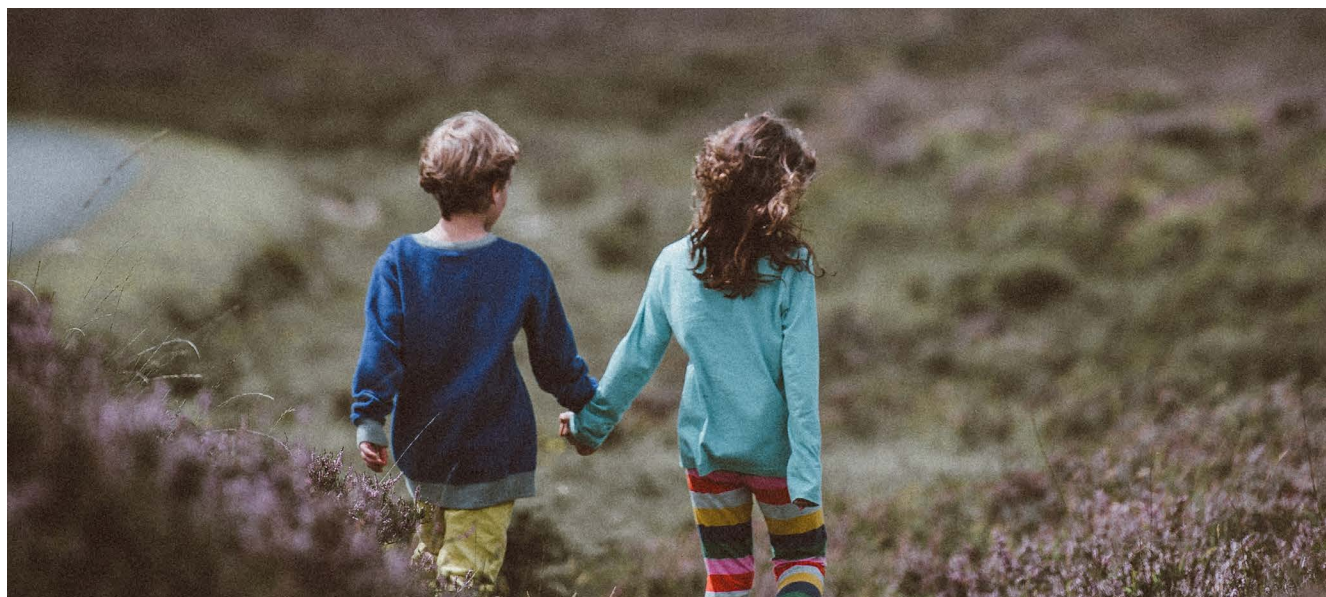
RAPID REVIEW

For this review, the method called rapid reviewing was used because of the limitations due to the project timeline. Unlike systematic reviews that usually take at least six months to complete, the rapid reviewing method speeds up the process by putting certain limitations on the literature searches[7]. These limitations as well as the exclusion criteria are acknowledged.

In this rapid review 14 research terms were used in various combinations (see Table 1). Each of the key terms from group 'A' were combined with each of the terms in groups B and C, and then the process continues until the search has involved every word in every combination (for example, 'Refugees' was combined with 'Sport*' and 'Psycho-social', and then with 'Sport' and 'Psycho social', then with 'Sport' and 'Health', and so on).

A. REFUGEES, MIGRANTS, IMMIGRANTS
B. SPORT*, PHYSICAL ACTIVITY*, PLAY
C. PSYCHO-SOCIAL, PSYCHO SOCIAL, PSYCHOSOCIAL, HEALTH, TRAUMA, WELL-BEING, WELL BEING, WELLBEING

Table 1: Research terms (* indicates that every ending of that word will be included in the search; for example, 'Sport*' will elicit results for 'Sport', 'Sports', 'Sporting', 'Sportsmanship', etc.)

Searches were carried out in four specialist research databases, namely:
•   PsycARTICLES - behavioural science and related fields;
•   PsycINFO - behavioural science and mental health;
•   SPORTdiscus - sports and sports medicine;
•   CINAHL Complete - nursing and allied health professionals.

Only articles written in the English language were included in this review[8]. Duplicate articles were removed as researchers progressed through the search. Two researchers searched simultaneously for the articles and after accumulating 172 articles they stopped the search.

[7] Ganann, R., Ciliska, D., & Thomas, H. (2010). Expediting systematic reviews: methods and implications of rapid reviews. Implementation Science, 5(1), 56.
[8] Partners are invited to submit additional, non-English sources of information.

For all 172 studies, author/date/ title, activity, sample, methods/goals and findings were classified taking the information provided in the abstracts. From that battery, 111 articles were identified as relevant and were chosen for the next stage of reviewing. In the next stage, all non-empirical articles published before 2012 were excluded (with one exception, namely Amara, et al, 2005, which was retained due to its particular relevance to this project), which left the researchers with 61 articles. These articles were then analysed in detail and all articles that did not refer to the interventions aiming at social inclusion or psycho-social benefits of immigrants and/or refugees through sport programmes were excluded.

These articles were then analysed against a bespoke framework of questions:
- References
- Setting (Where the study took place)
- Rationale (Why the study was carried out)
- Activities (What took place)
- Leaders (Who teaches or coaches the sessions)
- Participants (Who experiences the sessions)
- Implications (What has been recommended for future work)
- Good practice (How the study relates to the Hobfoll principles)
- 'Hobfoll score'

The 'Hobfoll score' is a simple scale, developed for this project, giving a quick indication of the extent to which studies adhere to the principles of best practice in trauma relief. It is named after Stevan Hobfoll, who was the lead author of an influential consensus review published in the journal 'Psychiatry'. It is generally accepted to be the most authoritative statement of best practice in this area. Hobfoll and his colleagues identified five key essential elements that ought to characterise immediate and mid-term trauma intervention: 1) a sense of safety; 2) calming; 3) a sense of self- and community efficacy; 4) connectedness; and 5) hope.

A score was awarded according to the following criteria:
1. Full reference or use of Hobfoll principles (even if implicitly)
2. Partial reference - inclusion (implicitly or explicitly) of 3 or 4 principles
3. Minimal reference - inclusion (implicitly or explicitly) of 1 or 2 principles
4. No reference

The analysis of sources of information is followed by a narrative-style review based on the identified source.

REFERENCE 1	JEANES, R., O'CONNOR, J., & ALFREY, L. (2015). SPORT AND THE RESETTLEMENT OF YOUNG PEOPLE FROM REFUGEE BACKGROUNDS IN AUSTRALIA. JOURNAL OF SPORT AND SOCIAL ISSUES, 39(6), 480-500.
Country (Where the study took place)	Australia
Rationale (Why the study was carried out)	The study was seeking to work with young people from refugee backgrounds to explore settlement and sport experiences within their local community
Activites (What took place)	Both 'mainstream' and 'ethno-specific' sports
Leaders (Who teaches or coaches the sessions)	Sport development and resettlement service staff responsible for supporting the participation of young refugees within sport
Participants (Who experiences the sessions)	Young refugees
Implications (What has been recommended for future work)	A belief that while mainstream voluntary sport is not inclusive, it still provides the most effective mechanism for encouraging participation among diverse groups; Sport participation needs to take place in a structured, formal club setting to be valued; and Ethno-centric clubs promote further exclusion and have limited role in the resettlement process
Good practice (How the study relates to the Hobfoll principles)	If sport policy makers, governance associations, and voluntary clubs are to move beyond basic notions of the uniting potential of sport, they need to problematize their understandings of integration, sport, and how they consider young people from refugee backgrounds should "experience" sport
Hobfoll score	1

REFERENCE 2	AMARA, M., AQUILINA, D., ARGENT, E., BETZER-TAYAR, M., COALTER, F., GREEN, M., & TAYLOR, J. (2005). THE ROLES OF SPORT AND EDUCATION IN THE SOCIAL INCLUSION OF ASYLUM SEEKERS AND REFUGEES: AN EVALUATION OF POLICY AND PRACTICE IN THE UK. LOUGHBOROUGH: INSTITUTE OF SPORT AND LEISURE POLICY, LOUGHBOROUGH UNIVERSITY AND STIRLING UNIVERSITY.
Country (Where the study took place)	UK
Rationale (Why the study was carried out)	This project seeks to identify and evaluate ways in which sport has been used, for the purposes of promoting the social inclusion among asylum seekers and refugees. The project has involved case studies of organisations serving particular refugee and asylum seeker communities in three UK locations in the East Midlands (England), the Glasgow (Scotland) and Cardiff (Wales).
Activites (What took place)	A variety of sports were used in the project, including football and netball.
Leaders (Who teaches or coaches the sessions)	Local government-employed staff, charity and NGO volunteers, professional sports club coaches.
Participants (Who experiences the sessions)	Refugees and immigrants in three large UK cities

Implications (What has been recommended for future work)	'Bonding' social capital refers to the informal realm, the close ties that help people to get by. These are usually with family, friends and neighbours, or more broadly within the context of refugees and asylum seekers in a foreign context, with members of the same national group. The use of sport to develop bonding capital is evident especially in numerous examples. 'Bridging' social capital refers to the civic realm, and involves the development of weaker ties with networks of different groups (e.g. multicultural groups), building bridges between refugee and asylum seeker groups and other bodies in civil society. 'Linking' social Capital refers to the institutional realm, building links to organisations and systems that can help people gain resources and bring tabout broader change.
Good practice (How the study relates to the Hobfoll principles)	There is a central focus on social inclusion. Great emphasis is placed is connectedness with ethnic groups, local ethnic associations, and civil society. Self-efficacy and community efficacy are also stressed in many of the projects reviewed.
Hobfoll score	2

REFERENCE 3	SCHOTTELKORB, A. A., DOUMAS, D. M., & GARCIA, R. (2012). TREATMENT FOR CHILDHOOD REFUGEE TRAUMA: A RANDOMIZED, CONTROLLED TRIAL. INTERNATIONAL JOURNAL OF PLAY THERAPY, 21(2), 57.
Country (Where the study took place)	USA
Rationale (Why the study was carried out)	Children are assumed to be an underserved, vulnerable and neglected population in the mental health field, with refugee children making up a high portion. It is assumed that approximately 50% to 90% experience PTSD symptoms. Many scholars hold view that children who are not treated for PTSD are impacted negatively in their academic performance, cognitive development, and social and familial relationships. Children reported that they do not feel taken seriously by their parents and therefore do not talk to them about their feelings. Mental health services should be available for refugee children which are best placed in schools. They are important to help the children but in many cultures therapy is not common, especially with children. Therefore, it is important to explain the purpose to the parents and include them in the therapy. There are no evidence-based treatments for traumatized refugee children.
Activites (What took place)	Trauma-focused cognitive-behavioral therapy (TF-CBT) and child-cantered play therapy (CCPT), with multicultural toys and instruments.
Leaders (Who teaches or coaches the sessions)	School Teachers were asked for referrals for participation. Therapists who were second- or third-year graduate students enrolled in a master's level counsellor education programme
Participants (Who experiences the sessions)	Traumatized refugee children aged 6 to 13 (n=31) who did not receive any other counselling elsewhere.
Implications (What has been recommended for future work)	The small sample size limited the statistical power and the participants were primarily from Africa. Hence, future research should include larger sample sizes and a more diverse refugee sample. It should also attempt to utilize licensed professionals with supervised experience providing the interventions as well as include more parent participation, because in this study parent's participation was low and independent. Results indicated that both CCPT and TFCBT were effective in reducing trauma symptoms.
Good practice (How the study relates to the Hobfoll principles)	TF-CBT includes safety planning (safety), relaxation skills (calm), parent-child sessions (connection), cognitive coping (efficacy), and mastery of trauma reminders (efficacy). CCPT includes a counselling relationship that helps facilitate change for children (connection), and includes parents (connection).
Hobfoll score	2-3

REFERENCE 4	FEARN, M., & HOWARD, J. (2012). PLAY AS A RESOURCE FOR CHILDREN FACING ADVERSITY: AN EXPLORATION OF INDICATIVE CASE STUDIES. CHILDREN & SOCIETY, 26(6), 456-468.
Country (Where the study took place)	Lebanon, Romania, Brazil, and Columbia
Rationale (Why the study was carried out)	It is believed that children are able to develop important attributes to deal with stress through play. Play may serve as a resource that influences children's ability to meet intellectual and emotional challenges. Furthermore, authors hold view that during play, children can experience primary emotions without losing control. Within the context of play, children can mediate their emotions and experience effective selfregulation of attention, arousal, emotion and acting out behaviour. The authors considered how therapeutic intervention can nurture, restore and support children's ability to play, and help them to realise benefits for themselves.
Activites (What took place)	For each case a different intervention was set up. Refugee children in Beirut received a structured play and dramatic play intervention. Abandoned children in Romania received a non-directive therapeutic play intervention. Street children in Rio and Cali received provision of safe houses, human rights education and macro programmes that address social attitudes 13 towards the children. Play included: improvisation games, where all children agreed to pretend and to accept the rules. Children received responsibilities towards each other and the theatre environment. Performances in front of families and friends and play environments were offered that were flexible and responsive to the individual needs.
Leaders (Who teaches or coaches the sessions)	N/A
Participants (Who experiences the sessions)	Children in analysed countries, al at risk of being overwhelmed by adversity.
Implications (What has been recommended for future work)	The authors suggested that there is a need to explore further how providing opportunities for play, and therapeutic interventions that restore children's ability to play, can improve adaptive functioning, support selfregulation and reintegrate children into their wider communities. Also, they suggested that, as play is children's preferred medium of interaction with their environment, it provides the context in which we can observe, nurture and support children's development. It is of key importance that all professionals who work with children are trained in the developmental and therapeutic potential of play so that they understand how play develops, and what children gain from different types of play experiences.
Good practice (How the study relates to the Hobfoll principles)	The importance of good attachments and a sense of belonging; exposure to moderate risk to give children opportunities to learn from experience; and play that supports the development of empowering children and social effectiveness was mentioned. Interventions resulted in space to rest, time and space to express emotions safely as well as the ability to relax. Development of trusting relationships and social play contributed to the better connection between participants. Regaining of autonomy and self-control, empowerment and social effectiveness contributed to the self-efficacy. Potential to become agents of change 14 in their social domain gave them hope, and raised their perception of self-efficacy.
Hobfoll score	4

REFERENCE 5	NORDBRANDT, M. S., CARLSSON, J., LINDBERG, L. G., SANDAHL, H., & MORTENSEN, E. L. (2015). TREATMENT OF TRAUMATISED REFUGEES WITH BASIC BODY AWARENESS THERAPY VERSUS MIXED PHYSICAL ACTIVITY AS ADD-ON TREATMENT: STUDY PROTOCOL OF A RANDOMISED CONTROLLED TRIAL. TRIALS, 16(1), 477.
Country (Where the study took place)	Denmark

Rationale (Why the study was carried out)	Treatment of traumatised refugees is one of the fields within psychiatry, which has received little scientific attention. Evidence based treatment and knowledge on the efficiency of the treatment for this complex patient group is therefore scarce. This leads to uncertainty as to which treatment should be offered and potentially lowers the quality of life for the patients. In clinical studies, physical activity has shown a positive effect on psychiatric illnesses such as depression and anxiety and for patients with chronic pain. However, scientific knowledge about physical activity as part of the treatment for traumatised refugees is very limited and no guidelines exist on this topic.
Activites (What took place)	All three groups received psychiatric treatment as usual for the duration of 6–7 months, consisting of consultations with a medical doctor including pharmacological treatment and manual-based Cognitive Behavioural Therapy (CBT). The first group only receives treatment as usual (TAU) while the second and the third groups receive either Basic-Body Awareness Therapy (BBAT) or mixed physical activity (MPA) as add-on treatments. Each physical activity is provided for an individual 1-hour consultation per week, for the duration of 20 weeks.
Leaders (Who teaches or coaches the sessions)	Doctors, psychologists and physiotherapist.
Participants (Who experiences the sessions)	Participants were all adult (≥18 of age, n=310) traumatised refugees or traumatised persons.
Implications (What has been recommended for future work)	N/A
Good practice (How the study relates to the Hobfoll principles)	Treatment as usual group received psycho-education including topics such as symptoms of PTSD, breathing and relaxation exercises that can be linked to the principle of calmness.
Hobfoll score	2

REFERENCE 6	MOHAMED, A. A., HASSAN, A. M., WEIS, J. A., SIA, I. G., & WIELAND, M. L. (2014). PHYSICAL ACTIVITY AMONG SOMALI MEN IN MINNESOTA: BARRIERS, FACILITATORS, AND RECOMMENDATIONS. AMERICAN JOURNAL OF MEN'S HEALTH, 8(1), 35–44.
Country (Where the study took place)	USA
Rationale (Why the study was carried out)	Immigrant and refugee populations arrive to the United States with healthier cardiovascular profiles than the general population, but this advantage tends to decline with increasing duration of residence. Although little is known about physical activity behaviours among Somali immigrants and refugees, qualitative work among Somali women and youth suggest suboptimal physical activity levels after resettlement to the United States. One difficulty in designing interventions to promote physical activity and nutrition is that the reasons for suboptimal behaviours are multiple, complex, and poorly understood among immigrant and refugee populations
Activites (What took place)	Community-based participatory research (CBPR) Fitness Programme
Leaders (Who teaches or coaches the sessions)	Focus group questions were written by community and academic partners working together to elucidate the multiple influences on the decisions of men in their communities to be physically active.
Participants (Who experiences the sessions)	Somali men ranged in age from 24 to 65 years.

(continued overleaf....)

Implications (What has been recommended for future work)	Barriers to physical activity: 1. Not a priority (employment is the highest priority); 2. Embarrassment to exercise; 3. Uncomfortable in wearing the standard exercising attire; 4. Fear of harassment; 5. Costs of workout and transportation. Facilitators to physical activity: 1. Knowledge about physical activity and its importance; 2. Motivated by other Somali men who are physically active (exposure to success stories in their community); 3. Community cohesion towards a common goal; 4. Offering a variety of sports; 5. "Buddy system" whereby individual men were accountable to a group of men for attendance would promote participation and socialization.
Good practice (How the study relates to the Hobfoll principles)	Lack of safety (emotional and physical) impedes refugees to participate in physical activity. Somali like doing activities in a group, so connectivity has to be put in the centre of physical activity. And activities must involve groups of men. That pertains to the principle of connectedness.
Hobfoll score	2

REFERENCE 7	KOEHN, S., HABIB, S., & BUKHARI, S. (2016). S4AC CASE STUDY: ENHANCING UNDERSERVED SENIORS' ACCESS TO HEALTH PROMOTION PROGRAMS. CANADIAN JOURNAL ON AGING/LA REVUE CANADIENNE DU VIEILLISSEMENT, 35(1), 89–102.
Country (Where the study took place)	Canada
Rationale (Why the study was carried out)	The Seniors Support Services for South Asian Community (S 4 AC) project was developed in response to the underutilization of available recreation and 17 seniors' facilities by South Asian seniors. The initial focus of the project was on improving access to existing facilities to encourage exercise among South Asian seniors.
Activites (What took place)	Aquacize classes at the wave pool, chair exercises, yoga.
Leaders (Who teaches or coaches the sessions)	Fitness instructors and interviewers, who were involved in planning and/or implementing of the project.
Participants (Who experiences the sessions)	Senior South Asian immigrants
Implications (What has been recommended for future work)	Offer low costs of participation, create a culturally supportive environment, put special emphasis on including women in the programme, since they are often isolated the most.
Good practice (How the study relates to the Hobfoll principles)	Cultural supportive environments were created for the exercises, to allow women to wear outfits of their choice. An ethno linguistic congruence of service was delivered. The physical activity itself had a positive effect on their stress levels and overall well-being. One goal was to teach self-care. Participants were empowered, particularly women, to expand their horizon. It was recognized, that opportunities to meet and connect with friends and neighbours are important. Isolation was tackled. Also, field trips were organised and the like. The participants engaged in meaningful socialization and relationships.
Hobfoll score	4

REFERENCE 8	**ROSSO, E., & MCGRATH, R. (2016). PROMOTING PHYSICAL ACTIVITY AMONG CHILDREN AND YOUTH IN DISADVANTAGED SOUTH AUSTRALIAN CALD COMMUNITIES THROUGH ALTERNATIVE COMMUNITY SPORT OPPORTUNITIES. HEALTH PROMOTION JOURNAL OF AUSTRALIA, 27(2), 105-110.**
Country (Where the study took place)	Australia
Rationale (Why the study was carried out)	Recently arrived migrants and refugees from a culturally and linguistically diverse background (CALD) may be particularly vulnerable to social exclusion. Participation in sport is endorsed as a vehicle to ease the resettlement process; however, in Australia, this is often thought as a simple matter of integration into existing sport structures (e.g. clubs). This approach fails to place actual community needs at the centre of sport engagement efforts.
Activites (What took place)	Soccer activities
Leaders (Who teaches or coaches the sessions)	Coaches were recruited among volunteers from the communities (primarily by community leaders) and the university (primarily students, recruited by university staff through internal promotion).
Participants (Who experiences the sessions)	Young people, with over 50% refugees; target cohorts of participants were identified by key local stakeholders (e.g. a local refugee organization) in close partnership with the local leaders. Participants were recruited by local community leaders and school teachers.
Implications (What has been recommended for future work)	The consultation process highlighted the need for community based alternatives to participation in traditional sport (e.g. clubs). The decrease in participants and the increase in volunteers reflected feedback from volunteers and community leaders stressing the importance of a high volunteer–participant ratio during both soccer activities and special events to help volunteers accommodate a diverse range of participants' needs (e.g. different sport skills levels) and respect the scheduling of activities. A community development approach can benefit both communities and other partner organizations. For instance, a community group working in partnership with a university to deliver a sport programme can build its capacity to gain access to volunteers while at the same time the university can offer its students innovative avenues to develop employability skills. Lessons learnt: (a) The formation of a regional partnership action group; (b) The selection of appropriate communities according to needs and preparedness; (c) The engagement of a 'community champion' in each location; (d) The establishment of an on-going consultation framework relative to each location and linked to the regional action group; (e) The co-design of culturally appropriate and agerelevant activities in collaboration with local stakeholders; and (f) The consideration of sustainability issues.
Good practice (How the study relates to the Hobfoll principles)	Participants were able to negotiate any aspect of the project at any time of its implementation. The importance of reaching out to the actual target participants in a design phase was recognised as important in order to maximize the sense of control and empowerment. Special events, including both community-building activities (e.g. themed mini-tournaments with invited guests, community barbecues and formal gala days) were organised. Participants indicated general appreciation of health promotion and community development activities that took place in association with the sport activities.
Hobfoll score	1

REFERENCE 9	**SCHINKE, R. J., BLODGETT, A. T., MCGANNON, K. R., & GE, Y. (2016). FINDING ONE'S FOOTING ON FOREIGN SOIL: A COMPOSITE VIGNETTE OF ELITE ATHLETE ACCULTURATION. PSYCHOLOGY OF SPORT AND EXERCISE, 25, 36-43.**
Country (Where the study took place)	Canada

Rationale (Why the study was carried out)	The focus of this manuscript is the challenges associated with newcomer athlete acculturation within a sport system. What acculturation challenges do immigrant athletes have to work through as they attempt to integrate into new sport environments and facilitate their athletic careers within shifting cultural dynamics?
Activites (What took place)	Boxing, swimming, badminton, judo, karate, basketball, rugby, soccer, racquetball, and bobsleigh.
Leaders (Who teaches or coaches the sessions)	Coaching fraternity of nationally accredited coaches and to executive directors from national sport organizations.
Participants (Who experiences the sessions)	24 national and international level elite athletes who had immigrated to Canada during their teenage years.
Implications (What has been recommended for future work)	One conclusion of this project is that methodological approaches reveal the complexities of acculturation as continuous, highly social, messy, rich, and as opportunities for personal and social development process. From this project, it is proposed that acculturation projects be positioned in research methodologies that open a space for the richness of athletes' experiences, and in this case, their challenges, and show how they are storied and unpacked, so that sport psychologists can better understand how acculturation is navigated. A second conclusion is that an amateur elite athlete, who is also a newcomer to a second country, undergoes various challenges as parts of an acculturation process. There are unique complexities associated with each challenge that the athlete might encounter. When the athlete first begins to explore the receiving community, this process seems to be isolating, without much support from the receiving culture.
Good practice (How the study relates to the Hobfoll principles)	N/A
Hobfoll score	N/A

REFERENCE 10	**HERR, L., & KURTZ, H. (2016). A SYSTEMATIC REVIEW: EFFECTS OF PSYCHOSOCIAL INTERVENTIONS ON OUTCOMES IN REFUGEE ADOLESCENTS RESETTLED IN THE US, CANADA, AND THE UK.**
Country (Where the study took place)	USA, Canada, UK
Rationale (Why the study was carried out)	To describe and appraise evidence about the effects of psychosocial interventions in resettled refugee adolescents.
Activites (What took place)	N/A
Leaders (Who teaches or coaches the sessions)	N/A
Participants (Who experiences the sessions)	Adolescent refugees.
Implications (What has been recommended for future work)	Accessible, community-based organizations specific to refugee populations, such as athletic and after-school programmes should be increased in areas of high refugee populations. Because language barriers can present problems with interventions, "foreign-language-friendly" and culturally aware professionals should be utilized, as well as peer support groups. In addition, these programmes should incorporate consistent one-on-one mentoring, as well as group activities, all of which have been found to promote increased quality of life, self-esteem, selfefficacy, and overall well-being. The effects of any interventions should be monitored over time to ensure their success. Nurses and health care providers working in schools with refugee students should incorporate mental health counsellors and professionals who can build rapport in the students and adequately focus on improving student psychosocial health and support. Although adolescents are the focus of these interventions, researchers have consistently found that families play a significant role in psychosocial outcomes in refugee adolescents. Therefore, nurses and health care providers should provide family teaching about assimilation, coping, and available resources. Providing life coaches or case workers for each new refugee family may also improve outcomes of refugee adolescents, as well as the family unit as a whole.

Good practice (How the study relates to the Hobfoll principles)	Importance of self-efficacy and connection was mentioned explicitly, and hope and safety to some degree (it was recommended to provide nurses and health care providers to teach families about assimilation, coping, and available resources.)
Hobfoll score	3

REFERENCE 11	ALBARRAN, C. R., HEILEMANN, M. V., & KONIAKGRIFFIN, D. (2014). PROMOTORAS AS FACILITATORS OF CHANGE: LATINAS' PERSPECTIVES AFTER PARTICIPATING IN A LIFESTYLE BEHAVIOUR INTERVENTION PROGRAM. JOURNAL OF ADVANCED NURSING, 70(10), 2303–2313
Country (Where the study took place)	USA
Rationale (Why the study was carried out)	The objective of this study was to describe immigrants' perspectives of a lifestyle behaviour intervention, focusing on their interactions with and perceptions of the deliverers of the intervention programme called Promotoras.
Activites (What took place)	Walking
Leaders (Who teaches or coaches the sessions)	Promotoras are trusted community members similar to target participants. They enhanced the appropriateness of programmes, receptivity among participants, recruitment and retention.
Participants (Who experiences the sessions)	18 overweight Latinas
Implications (What has been recommended for future work)	Promotoras provided the backbone of the intervention and were crucial in motivating Latinas to implement lifestyle changes. Future lifestyle behaviour interventions should include a strong component of mental and emotional well-being
Good practice (How the study relates to the Hobfoll principles)	Promotoras gave the Latinas the sense of connectedness through formalized support. Participants reported additional support because Promotoras fostered a sense of companionship that was shared among many women in the programme. One woman pointed out that an important component of the programme was sharing relationships and building trust among women. Calming principle was reflected in using exercise that further helped some participants to ease the symptoms of depression. Self- efficacy was increased through the use of the pedometer and setting the achievable goals of the daily steps count. Setting positive goals was also linked to giving participants hope in their goal – weight loss.
Hobfoll score	4

REFERENCE 12	VAHABI, M., & DAMBA, C. (2015). A FEASIBILITY STUDY OF A CULTURALLY AND GENDER-SPECIFIC DANCE TO PROMOTE PHYSICAL ACTIVITY FOR SOUTH ASIAN IMMIGRANT WOMEN IN THE GREATER TORONTO AREA. WOMEN'S HEALTH ISSUES, 25(1), 79–87.
Country (Where the study took place)	Canada
Rationale (Why the study was carried out)	The study was carried out to address the following objectives: 1) To assess South Asian (SA) women's participation in Bollywood dance classes offered for a 6- week period, 2) to examine the impact of Bollywood dance on physical, mental, and social health, 3) to explore SA women's views and satisfaction with the intervention, and 4) to explore perceived barriers and facilitators in utilizing the dance classes.

Activites (What took place)	Dance Fit - Bollywood Dance exercise programme across 6 weeks of duration of 1 hour, in total 12 dance classes were delivered.
Leaders (Who teaches or coaches the sessions)	Female South Asian instructor
Participants (Who experiences the sessions)	27 South Asian immigrant women of which the majority were from India
Implications (What has been recommended for future work)	Important programme aspects to consider in designing culture- and gender-specific dance programmes include engaging the target population in planning and implementation of the programme, providing a fun and supportive environment, facilitating ease of access through suitable locations, and removing other barriers such as costs. The findings can inform the design of future larger and more rigorous studies with control groups and longer duration that can allow the assessment of the effects of this strategy on physical, mental and social health and well-being of SA immigrant women and further explore its sustainability. Findings from this study can also be of use in designing culture and gender-specific physical activity programmes for other immigrant/minority groups.
Good practice (How the study relates to the Hobfoll principles)	Calming principle was mirrored in the mental health benefits of SA participants in the programme. Women reported that the programme helped them to reduce stress by lifting their mood, giving them a break from routine daily activities and diverting their minds off related worries of everyday life. Connectedness was achieved through social component of the programme. The majority of the participants felt that they derived social benefits from the programme. Through participants' aim to improve their lifestyle to be more active and healthy with additional considerations such as watching their diet and walking more, and through that setting of the goals the principle of hope was reflected.
Hobfoll score	3

REFERENCE 13	**KIM, J., KIM, M., HENDERSON, K. A., HAN, A., & PARK, S. H. (2016). SERIOUS ENGAGEMENT IN SPORT AND HEALTH BENEFITS AMONG KOREAN IMMIGRANTS IN THE USA. INTERNATIONAL JOURNAL OF QUALITATIVE STUDIES ON HEALTH AND WELL-BEING, 11(1), 31340.**
Country (Where the study took place)	USA
Rationale (Why the study was carried out)	A dearth of information exists about ethnicity and serious leisure among immigrants who are members of ethnic sports-club activities. The purpose of the study was to explore experiences from the perspectives of serious leisure and capture the health benefits of participation in recreational activities among Korean immigrants who are part of club activities.
Activites (What took place)	Participants were actively involved in a sport club playing badminton, tennis or table tennis
Leaders (Who teaches or coaches the sessions)	Coaches in the clubs
Participants (Who experiences the sessions)	The criteria for identifying and selecting participants were as follows: (a) legal immigrant status, (b) current membership in a Korean sports club, (c) self-admittance as a serious-leisure participant, (d) no participation in outgroup sports as serious leisure, and (e) being 18 years of age or older. There were 16 total participants: 10 males and 6 females. They ranged in age from 34 to 64 years.
Implications (What has been recommended for future work)	Based on the identified qualities of serious leisure, three salient themes associated with serious-leisure benefits were identified: (a) coping with acculturative stress, (b) creating ethnic strength, and (c) personal benefits. These identified themes indicated that serious engagement in sports can contribute to social and psychological benefits.

Good practice (How the study relates to the Hobfoll principles)	Connectedness was achieved through obtaining social and emotional support through sports clubs. Calming principle was associated with sport being some participants' means to escape from negative experiences they associated with trying to fit in the new society.
Hobfoll score	2

REFERENCE 14	WHITLEY, M. A., COBLE, C., & JEWELL, G. S. (2016). EVALUATION OF A SPORT-BASED YOUTH DEVELOPMENT PROGRAMME FOR REFUGEES. LEISURE/LOISIR, 40(2), 175-199.
Country (Where the study took place)	USA
Rationale (Why the study was carried out)	The purpose of this exploratory evaluation was to assess the participants' perceptions and experiences in a sport and physical recreation programme that was based on the Teaching Personal and Social Responsibility (TPSR) Model, with the conceptual framework for acculturation developed by Ha and Lyras (2013) serving as the theoretical background for this study.
Activites (What took place)	TPSR Model guided the programme structure: Relational Time, Awareness Talk, Sports Activities, Group Meeting, Reflection Time, and a final Relational Time (Hellison, 2011). The Refugee Sport Club (RSC) goals focused on the potential for physical, psychological, and socio-emotional development, beginning with the participants having fun, experiencing and learning different sports, feeling valued as members of a team, and developing strong relationships with adults.
Leaders (Who teaches or coaches the sessions)	N/A
Participants (Who experiences the sessions)	Participants for this study were recruited from two RSCs during a single semester. Criteria required for inclusion in the study were attendance in at least two-thirds of the RSC sessions, the ability to speak and understand conversational English, an interest in participating in the study, and the ability to obtain informed consent from a parent or guardian.
Implications (What has been recommended for future work)	The interviews demonstrated the participants' positive experiences in the programme, including general enjoyment, experiencing and learning new sports, and feeling a sense of belonging. The participants also described the TPSR concepts of respect, teamwork, and leadership, along with transference of these concepts into their everyday lives. This highlights the need for such programmes to aid the resettlement and acculturation of young refugees into a new society.
Good practice (How the study relates to the Hobfoll principles)	Calming effect was achieved by providing sporting activities that distracted participants from the previous trauma and fostered positive emotions that included joy and humour. 15 participants shared how they liked being part of the team and developing relationships with adults. Therefore, connectedness was achieved in the programme.
Hobfoll score	2

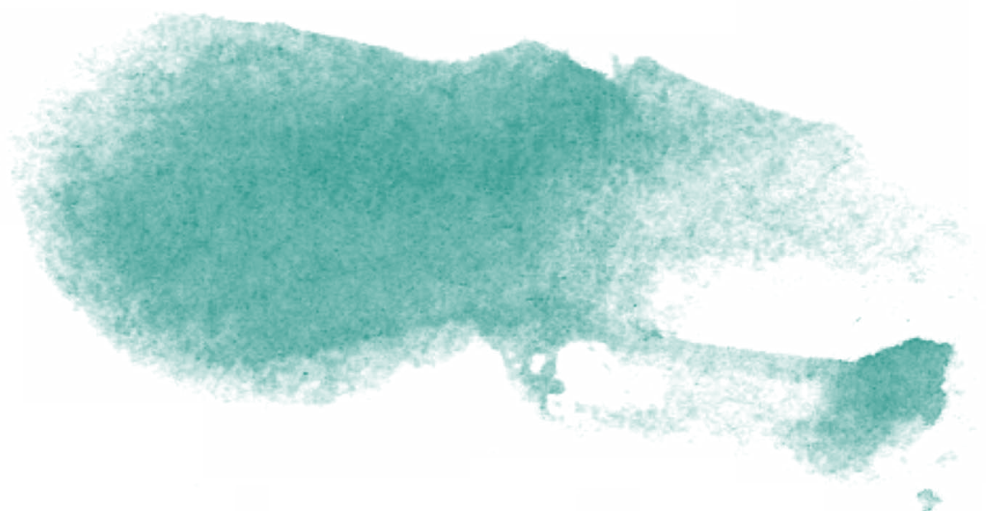|	
REFERENCE 15	SPAAIJ, R. (2015). REFUGEE YOUTH, BELONGING AND COMMUNITY SPORT. LEISURE STUDIES, 34(3), 303-318.
Country (Where the study took place)	Australia

Rationale (Why the study was carried out)	This article has examined community sport as a site where refugee youth negotiate belonging. This negotiation process was conceptualised as a dynamic dialectic of 'seeking' and 'granting', with a particular focus on social boundary processes that separate 'us' from 'them' in particular contexts. This article shows that the belonging constructed by Somali Australian youth in community sports clubs is multi-layered, dynamic and situational. It operates at varying scales of experience from the sports team and local community through to the global Somali diaspora and cosmopolitan belonging. Yet, these different scales vary considerably in terms of how permeable social boundaries are.
Activites (What took place)	Football
Leaders (Who teaches or coaches the sessions)	N/A
Participants (Who experiences the sessions)	Young people aged 16–25 who immigrated from Somalia to Australia.
Implications (What has been recommended for future work)	Multi-ethnic sports clubs in which refugee youth are a minority group may facilitate greater opportunities for relationship building between themselves, other minority ethnic groups and the majority ethnic group, thereby potentially producing new forms of belonging (Stodolska & Alexandris, 2004). The perception that multi-ethnic sports clubs open up opportunities for new modes of multicultural belonging strongly informs policy-making in this area. However, this article shows that in these clubs refugee youth are also likely to be confronted with particular exclusionary discourses and practices that impede their ability to claim belonging.
Good practice (How the study relates to the Hobfoll principles)	The article showed that the Somali youth engaged in the football club develop different ways of belonging. Clan boundaries, usually exercised in Somalia, in this context disappear. Sporting encounters are perceived by many respondents to enhance the internal cohesion of the Somali community in Melbourne. Somali youth "belong" to a club. Sporting context helps them to become "at home" in Australia and provides them with an opportunity to travel abroad and get to know other Somali and African refugees. This all pertains to Hobfoll's principle of connectedness.
Hobfoll score	2

REFERENCE 16	**STONE, C. (2017). UTOPIAN COMMUNITY FOOTBALL SPORT, HOPE AND BELONGINGNESS IN THE LIVES OF REFUGEES AND ASYLUM SEEKERS. LEISURE STUDIES, 1–13.**
Country (Where the study took place)	England
Rationale (Why the study was carried out)	This study is based on a three year research programme exploring the role of football in the lives of refugees and asylum seekers in the UK. It aimed at examining the concept of belonging and providing the evidence for the role of community based sport in social development. The author concluded with a call for practitioners to maximise their belief in concrete utopian ideals without losing the inherent critical approach.
Activites (What took place)	Football
Leaders (Who teaches or coaches the sessions)	N/A
Participants (Who experiences the sessions)	Participants were all male, aged between 18 and 52 (the majority being in their 20s). They have lived in UK for between 3 months and 10 years and were either asylum seekers, refugees or former refugees who received British citizenship.

Implications (What has been recommended for future work)	Communities are client bases; community work the production of programmes that fit funding criteria. Funding that is led by seeking out new ways of reaching (creating?) new communities of need. Identifying a problem and an innovative solution within the limited period that the funding remains available. If community sport needs to move beyond sporting evangelism in terms of motivation it needs to retain the utopian form that inspired 'the providers and visionaries who sought a case for leisure' and provides hope for an alternative social structure. It also relies on the 'evangelical' attitudes allied with healthy scepticism that permeate many community (sport) organisations and the individuals who operate within them.
Good practice (How the study relates to the Hobfoll principles)	Football programme facilitated the sense of belonging through momentary connections at the cultural, communal and personal level. It provided participants with a "temporary substitute for aspects of a previous life that may have been lost or a continuation of one particular aspect that helped define a previously more solid identity". Furthermore, provided a pre reflective base from which to proceed with more demanding aspects of life. Community sport enabled the presence of hope, which role is to "balance the utopian compensatory desire for a different life with the possibility of shaping the realities of everyday lives to be closer to that which is hoped for". The practice of football created the "possibility for community empowerment through a desire to compete on the same level as the majority".
Hobfoll score	2

THE CONTEXT OF EUROPEAN MIGRATION

There was an estimated 65.6 million persons-of-concern to United Nations High Commission for Refugees (UNHCR) at the start of 2017[9]. These include:

- 22.5 million refugees, persons in refugee-like situations, and returnees
- 40.3 million internally displaced persons and returnees
- 2.8 million asylum-seekers
- 10 million stateless persons
- 870.740 other persons-of-concern

The UNHCR estimated that there were 33.9 million persons-of-concern to the agency in 2010, so there has been a rapid increase in recent years of the number of dispossessed people seeking help[10]. The number reached its high-point in the summer of 2015. Since then, Europe struggled to cope with the arrival of around 1.5 million people by sea, and there has been the change in the pattern of migration, from Eastern Europe and Asia to Africa. In an effort to stem this flow, many European countries have tightened their policies and borders. In 2016, the European Union forged a controversial 'one in, one out' deal with Turkey to stop the tide of migrants and refugees fleeing to the continent from the Middle East. And, this year, Italy has adopted an aggressive approach to halting migration across the Mediterranean from North Africa, and restricting non-governmental organizations operating off the country's coast. So, there has been a changing pattern of migration in Europe during the last two years.

These figures include refugees, asylum seekers (those in the process of claiming refugee status), repatriated refugees, internally displaced persons, and stateless persons[11]. Of those of concern to the agency, 44% are children indicating that more than 15 million children around the world are suffering from the consequences of war, persecution, or environmental catastrophes resulting in displacement from their homes, families, and communities.

The conflict in Syria continues to be the biggest driver of migration. But the on-going violence in Afghanistan and Iraq, abuses in Eritrea, as well as poverty in Kosovo, are also leading people to look for new lives elsewhere.

Figure 1 summarises the pattern of asylum-seeking by country.

TOP 10 ORIGINS OF PEOPLE APPLYING FOR ASYLUM IN THE EU
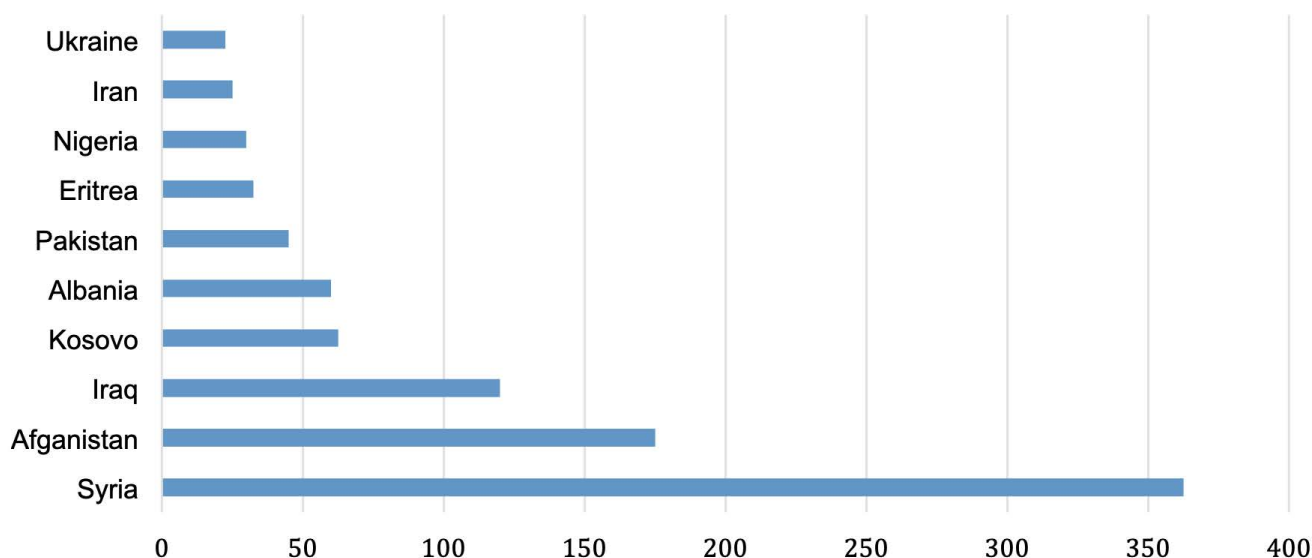First-time applications in 2015, in thousands | Source: Eurostat

Figure 1: Top 10 origins of people applying for asylum in the European Union[12].

The reception of migrant and refugee groups is an issue which faces all European Union Member States. Most EU member states have become the final destination of new migrant flows, such as economic migrants, asylum applicants, or people who have been forced to leave their country because of a combination of factors (e.g. social deprivation, political instability, violation of human rights). However, while some Western European countries have had a longer experience of developing mechanisms and policies for integrating migrants and refugees into their host societies (such as the UK, Germany and France), others are facing a new and unfamiliar challenge (see Figure 2, below). In fact, six of the ten countries in the world accepting the most permanent immigrants are in the European Union, led by Germany and the UK. Other states, particularly in Eastern and Central Europe, such as Poland, Latvia, Lithuania, and Hungary, have historically been known as providers of labour migrants and for these states the reception of economic migrants and asylum applicants in such numbers is likely to be a recent phenomenon[13].
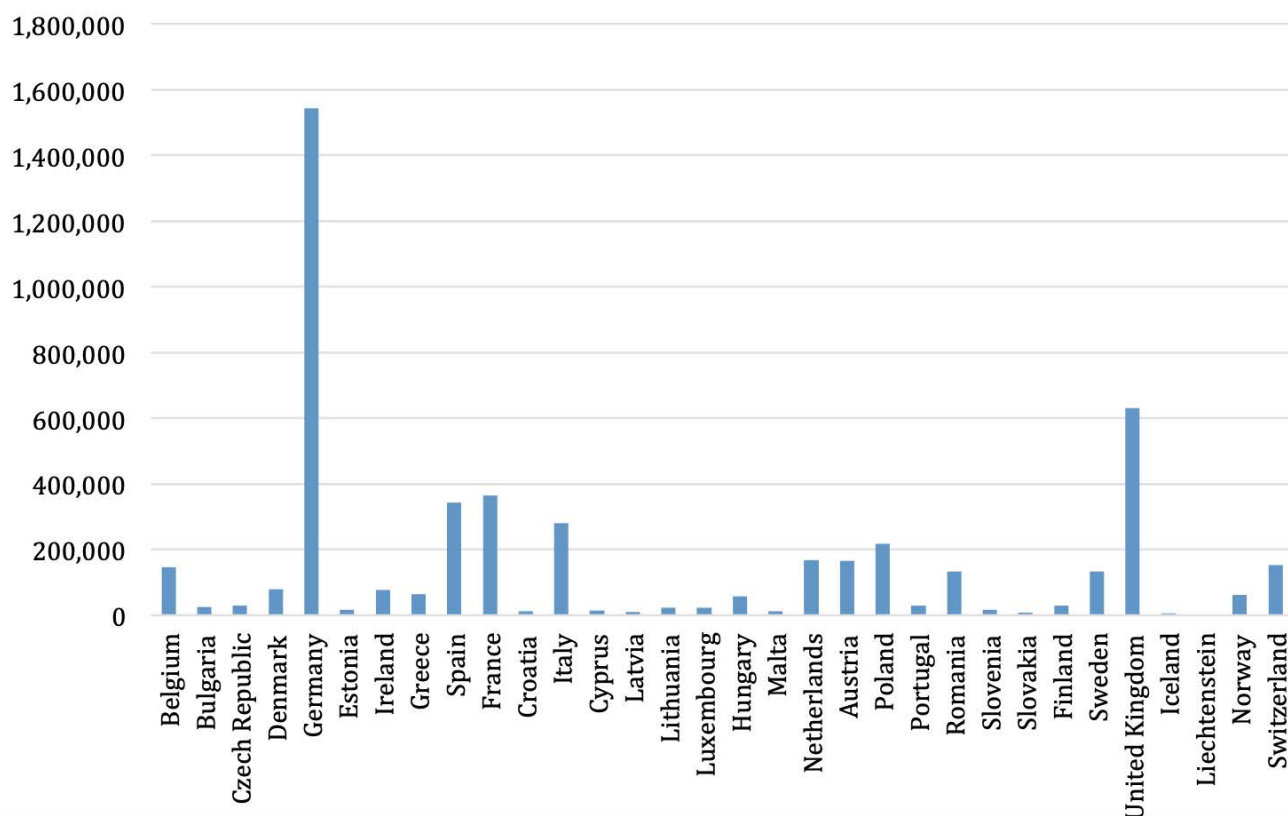
Figure 2: Immigrants into European countries[14].

Although not all of those arriving in Europe choose to claim asylum, many do. Germany received the highest number of new asylum applications in 2015, with more than 476,000, although many more people have arrived in the country (German officials estimate that more than a million had been counted in Germany's 'EasyPASS' system[15]). Hungary moved into second place for asylum applications, as more migrants made the journey overland through Greece and the Western Balkans. It had 177,130 applications by the end of December[16]. Figure 3 summarises total asylum claims in Europe.

[9] UNHCR (2017). Population Statistics: persons of concern. Geneva: United Nations High Commissioner for Refugees.
[10] UNHCR (2012). The state of the world's refugees: In search of solidarity. Geneva: United Nations High Commissioner for Refugees.
[11] UNHCR (2012).
[12] Eurostat (2017). Asylum Statistics. Luxembourg: European Commission, Eurostat.
[13] Eurostat (2017).
[14] Eurostat (2017).
[15] Deutsche Welle, 2017
[16] Eurostat (2017).

Asylum claims in Europe, 2015

Total EU claims*
1,321,560

Number of asylum claims

No data

* Map also shows claims for non-EU members Norway and Switzerland

1,000 10,000 100,000 500,000

Source: Eurostat

BBC
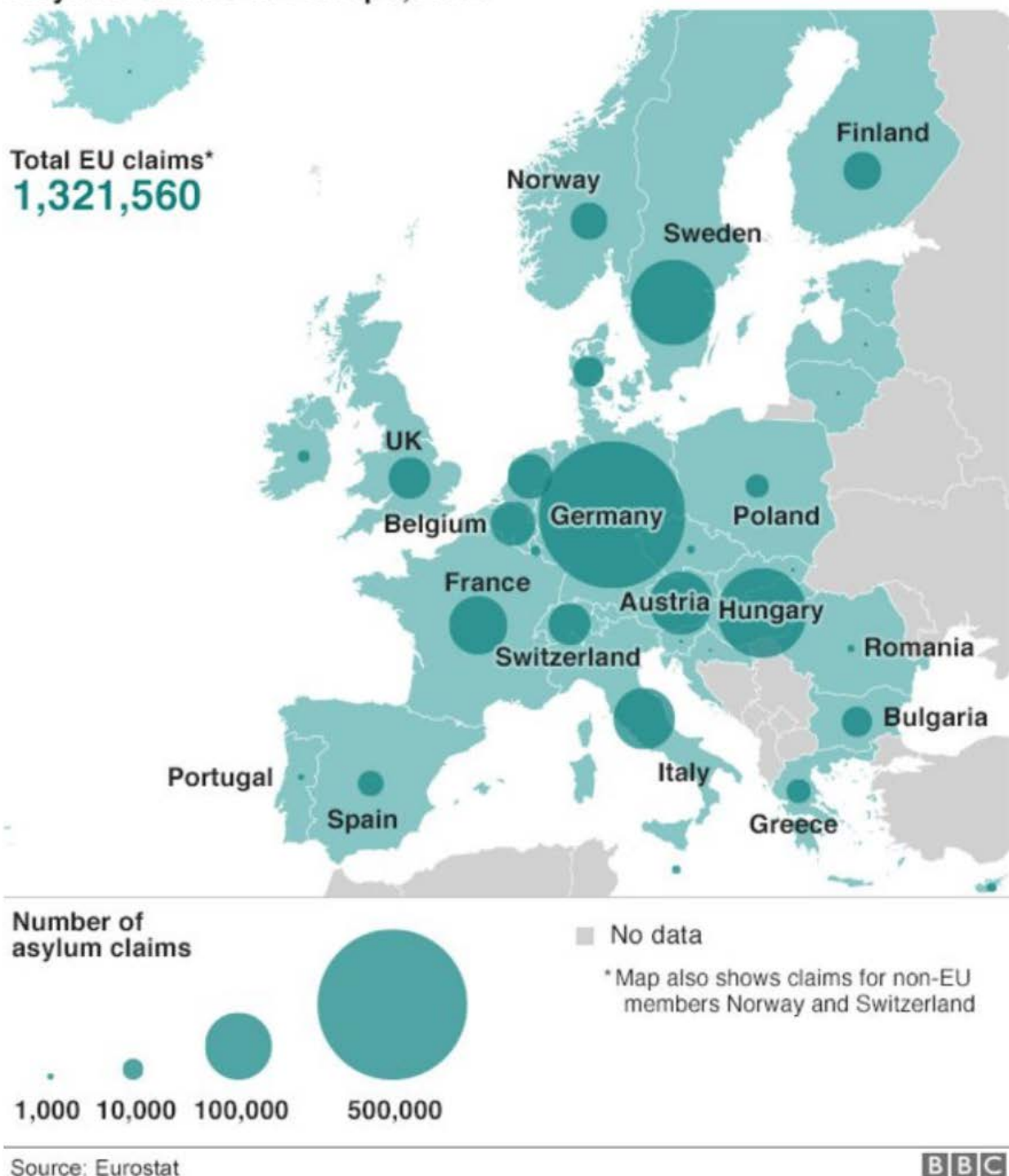
Figure 3: Asylum claims in Europe [17].

Germany has received the most asylum applications; however, Hungary had the highest in proportion relative to its population, despite having closed its border with Croatia in an attempt to stop the flow in October 2015. Nearly 1,800 refugees per 100,000 of Hungary's local population claimed asylum in 2015. Sweden was the next most affected country, with 1,667 asylum applications per 100,000. The figure for Germany was 587 and for the UK it was 60 applications for every 100,000 residents. The EU average was 260. Figure 4 shows the number of asylum applications as a proportion of European countries' populations.

[17] 7 BBC News (2016). Migrant crisis: Migration to Europe explained in seven charts: (http://www.bbc.com/news/world-europe-34131911)

Asylum applications per 100.000 local population, 2015

Country	Value
Croatia	5
Portugal	8
Lithuania	11
Slovenia	13
Czech Republic	14
Latvia	17
Estonia	18
Spain	32
Poland	32
UK	60
Ireland	71
Iceland	105
France	114
Greece	122
Italy	138
EU Average	260
Netherlands	266
Cyprus	267
Bulgaria	283
Denmark	370
Belgium	397
Liechtenstein	401
Malta	430
Luxembourg	445
Switzerland	479
Germany	587
Finland	591
Norway	602
Austria	1027
Sweden	1667
Hungary	1799

Figure 4: Asylum applications per 100,000 local population, 2015

TRAUMA, RESILIENCE & REFUGEES

By definition, the refugee experience is traumatic, and "characterized by persecution, displacement, loss, grief, and forced separation from family, home, and belongings"[18]. Children and young people who become refugees can experience many psychosoci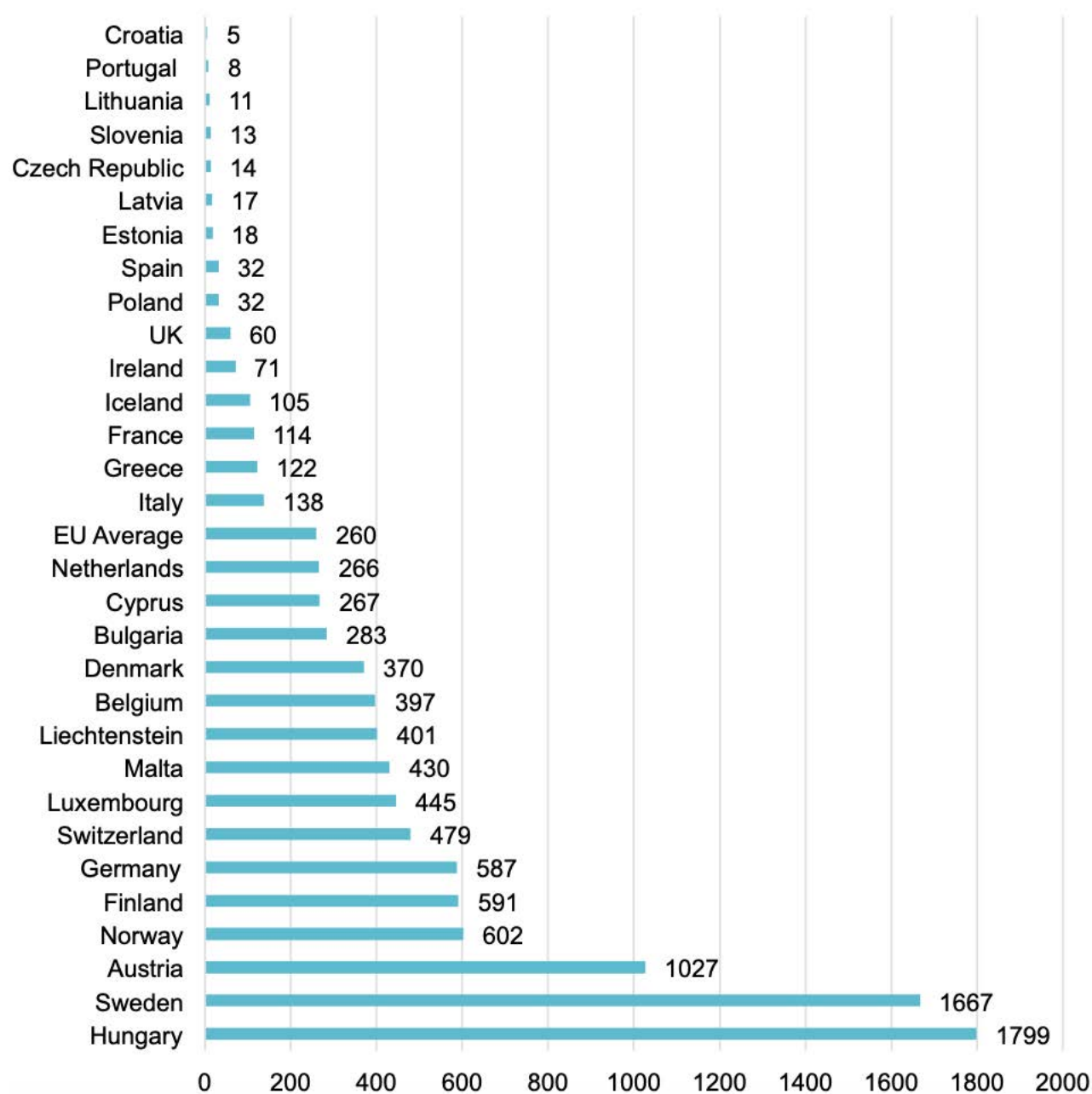al disorders and conditions. These include mental health concerns, such as depression, anxiety, post-traumatic stress disorder, as well as difficulties with social integration and inadequate schooling[19]. These further compromise vulnerable populations already struggling to adjust to displacement and consistent turmoil in their lives, and in turn adversely affect personal experiences and social outcomes. More positively, many of the psychosocial disorders and conditions among refugee youth are preventable and treatable. For example, school-based extracurricular, and community-based interventions have been found to decrease psychosocial problems in displaced refugee young people and their families[20].

A criticism of the research literature and policy and practice initiatives with respect to refugee and migrant children and young people is that they are disproportionately concerned with trauma while paying insufficient attention to other issues and challenges these people face[21]. There may be some justification for this criticism as research with refugees and migrants themselves suggests that they are more interested in issues such as education and training, employment, and accommodation than mental health[22]. In addition, several commentators have warned against an uncritical acceptance of the 'trauma discourse'[23]. Derek Summerfield, for instance, wrote:

"One of the features of 20th century Western culture - particularly in the last 50 years - has been the way medicine and psychology have displaced religion as the source of explanations for the vicissitudes of life, and of the vocabulary of distress. These new understandings have become part of the shared beliefs of contemporary Western culture and thus come to be experienced as natural and selfevident. Terms like stress, trauma and emotional scarring have come into commonplace usage by the general public, used both metaphorically and as an indication for professional help." (p. 1449)

In other words, post-traumatic stress is as much a socio-political as it is a medical response to the problems of a particular group at a particular point in time. The idea that it represents a universal and essentially context-independent 'thing' is highly contested, and it would amount to claiming to say that, from the beginning of history, people exposed to shocking experiences had been liable to a psychiatric condition which only in 1980 had been fully discovered and named. The reality is that, before that time there was unhappiness, despair and disturbing recollections, but no traumatic memory in the sense that we know it today. The search for a biological marker has so far proved unproductive [24].

It is easy to see why a link between PTSD and refugees seems plausible. Given that refugee status is defined by having a well-founded fear of persecution and that many of the world's refugees have been subjected to, or witnessed, human rights violations, it is not difficult to see why a hypothesis developed that many were suffering from trauma and its after effects. But there remains a danger of 'psychiatric imperialism'[25]. Summerfield[26] has argued that the near-universal acceptance of the link between migration and trauma has resulted in the imposition of Western value systems, interests, and treatments on populations in the developing world. In so doing it undermines traditional models of support in times of difficulty, and fails to engage with the refugees themselves in finding out about what they themselves might view as most important.

[18] Olliff, L. (2008). Playing for the future: The role of sport and recreation in supporting refugee young people to 'settle well' in Australia. Youth Studies Australia, 27, 52–60
[19] Larrance, R., Anastario, M., & Lawry, L. (2007). Health status among internally displaced persons in Louisiana and Mississippi travel trailer parks. Annals of emergency medicine, 49(5), 590-601; Nguyen, H., Rawana, J. S., & Flora, D. B. (2011). Risk and protective predictors of trajectories of depressive symptoms among adolescents from immigrant backgrounds. Journal of Youth and Adolescence, 40(11), 1544-1558; Merrill Weine, S., Ware, N., Tugenberg, T., Hakizimana, L., Dahnweih, G., Currie, M., ... & Levin, E. (2013). Thriving, managing, and struggling: a mixed methods study of adolescent African refugees' psychosocial adjustment. Adolescent Psychiatry, 3(1), 72-81
[20] Daud, A., Klinteberg, B., & Rydelius, P. A. (2008). Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. Child and Adolescent Psychiatry and Mental Health, 2(1), 1-11; Weine, S. (2011). Developing preventive mental health interventions for refugee families in resettlement.

A second area of research centres on issues of risk and, more latterly, resilience. The cumulative potential of risk factors on refugee children's well-being is reflected in policy formulations and academic studies in "which refugee children are often characterized as assailed by multiple risks"[27]. While an emphasis on risk is common in the literature on refugees, recent decades have seen a growth in emphasis on refugee children's resilience[28]. Resilience is the psychological capacity to adapt to stressful circumstances and to bounce back from adverse events[29]. The risk factors of being a refugee are obvious: experience of war, famine, persecution, violence, flight, loss of home, family, friends, a way of life, and involuntary migration. Research into resilience focuses on the ability to deal with such events. The environment is viewed through a lens of numerous potential threats or resources to individual well-being. Resources that support resilience include good schools, connections to "prosocial" organizations such as clubs or religious groups, the quality of the neighbourhood through public safety, collective supervision, the presence of libraries and recreation centres, and good-quality health and social care[30].

Settlement is "a long-term dynamic, two-way process through which, ideally, immigrants would achieve full equity and freedom of participation in society, and society would gain access to the full human resource potential in its immigrant communities"[31]. Settlement into a new country encompasses change in almost every aspect of daily life, placing a range of societal demands and expectations on new arrivals[32]. While the process of adjustment to life in a new country can be demanding for anyone, the particular challenges of adolescence are greatly compounded by the stresses of settlement[33]. Young immigrants and refugees face physiological and psychological developmental issues specific to adolescence, and they have the added challenge of facing a socialization process that will inevitably lead to a shift in their ethnic identity[34]. Research supports the notion that while "problems of adjustment are not inevitable among new immigrants, adolescents who immigrate are at greater risk for problems in psychological adjustment"[35]. Successful adaptation of adolescents involves balancing heritage culture and the culture of the society of settlement[36]. These stresses are influenced by the newcomer's place of origin, age at arrival, family and socio-economic context of settlement, and their personal resilience[37].

Stevan Hobfoll proposed a theory of stress and trauma that seems to bridge the potential divide between trauma and resilience. According to the Conservation of Resources (COR) Model[38], individuals try to acquire and maintain resources, including objects (e.g., homes, clothes, food), personal characteristics (e.g., self-esteem), conditions (e.g., being married or living with someone provides social support, more financial security), and energies (e.g., time, money, and knowledge). Stress occurs when there is a loss of resources, or a threat of loss. The key features of this theory are outlines in the following box.

[21] Watters, C. (2014). Well-being of asylum-seeking and refugee children. In A. Ben-Arieh, F. Casas, I. Frones, & J.E. Korbin (Eds), Handbook of child well-being: theories, methods and policies in global perspective. Dordrecht: Springer Netherlands.
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[36] Sam, D.L. (2000). Psychological adaptation of adolescents with immigrant backgrounds. Journal of Social Psychology, 140, 1–25. 37 Hirschman, C. (2001). The educational enrollment of immigrant youth: A test of the segmented-assimilation hypothesis. Demography, 38, 317–337; Scott, W. A., & Scott, R. (2013). Adaptation of immigrants: Individual differences and determinants. Elmsford, NY: Elsevier.
[38] Hobfoll, S. E. (1998). Stress, Culture and Community. The psychology and philosophy of stress. New York: Plenum.

> **CONSERVATION RESOURCE THEORY (COR)** Basic premises:
> - People strive to protect and increase their resources
> - (Potential) loss of resources is stressful, leading to resource-loss spirals
> - "Resource caravans": more resourceful people, and people from more resourceful environments, are better able to prevent and stop loss cycle

As Quick and Gavin wrote in their review of COF, "the key function of the stress response is defence against loss, especially loss of life; it is the survival response at our physiological core"[39]. Hobfoll led the drafting of what is generally regarded at the most authoritative statement of best practice when dealing with post-traumatic situations, and his COR theory obviously informs that statement[40]. That document neatly summarised the literature in several different fields - psychology, sociology, public health, psychiatry, emergency disaster medicine - as five evidence-based key principles:

- a sense of safety
- calming
- a sense of self- and community efficacy
- connectedness
- hope

The principles do not provide a strictly defined intervention model because traumatic events are very diverse and require a high degree of flexibility of the intervention and adaptation to specific circumstances. Hobfoll and his colleagues indicated the necessary conditions for and effective and evidence-based intervention.

Table 2 summarises the five principles identified by Hobfoll, et al., and considers some of the practical implementations of them.

	MEANING	IMPLICATIONS
PROMOTE SENSE OF SAFETY	When a disaster has affected communities and the threat is still on-going, the post-traumatic symptoms among the community will not diminish. However, by taking away the danger and threat, the symptoms start to decrease gradually. So, individuals who can maintain a sense of safety will suffer less from PTSD, even though the threatening conditions continue. Since it is not always possible to provide total safety, it must at least be approached relatively.	Social support is a fundamental resource. However, there are dangers with social support, too, as those with strong social and intimate relationships are more exposed to rumours and "horror stories" about the disaster or attack. Therefore, such negative social relationship should be limited. Many people regard the safety of their loved ones as more important than their own. That is why first interventions should provide information about the conditions of relatives and friends and to identify what has happened to them. Including the media in the intervention process and convincing them to focus more on the reconstruction, publicizing the event or disaster in a less frightening way, helps moderate the harmful effects of media- and political-led scaremongering.
PROMOTE CALMING	Anxiety is a normal response to disaster and is typically characterised by a higher level of arousal or numbing. Individuals that show these reactions strongly are in danger of suffering panic attacks, disassociation, or later PTSD. It is possible that the hyper-arousal and higher level of anxiety impedes normal life rhythms such as sleep and eating. People who are too anxious start to avoid stimuli that are perceived as dangerous, and the severity of this behaviour increases over time, unless it is addressed.	To promote calming: include anxiety management techniques, including relaxation training, breathing retraining, positive thinking and self-talk, assertiveness training and thought stopping. Furthermore, problem-focused coping promotes calming. There are also negative and harmful calming techniques, such as: the use of benzodiazepines and the consumption of alcohol. Alcohol might bring soothing effects in the beginning, but there is an inherent risk of misuse as well. Spreading false information concerning the disaster, which might be done with good intentions, but lying to vulnerable people tends to increase their anxiety.

(continued overleaf....)

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	MEANING	IMPLICATIONS
PROMOTE SENSE OF SELF AND COLLECTIVE EFFICACY	Perceived self-efficacy is the belief in the capability to produce affects that influence events that, again have an impact on their life. People with a strong sense of their own efficacy have a stronger personal well-being, and they can approach difficult challenges believing that they can be mastered. On the other hand, people with a low sense of selfefficacy tend to shy away from difficult tasks and challenges, and avoid them. Collective efficacy can be considered an extension of individuals' efficacy and refers to the shared belief that a group can meet demands effectively and through joint action they can improve their lives. Traumatic events can cause a feeling of powerlessness and loss of control in the individuals exposed to it. Therefore, it is important that they regain their strength and control over their own life. So, the third principle is that individuals or community need to feel in control to positively influence an outcome.	Interventions should remind individuals and the wider community about their abilities and efficacies before they were exposed to disaster, because most communities were strong and living a normal, healthy life, before the disaster affected them. Promoting self-efficacy cannot be done in a vacuum, but needs partners with which to collaborate. To promote a sense of community efficacy it is advisable to let the community itself contribute to the conceptualization and implementation of activities. Such activities include religious activities or the restoration of a school community. A commonality in developing countries and especially rural areas is that families function as the substitute for professional care and not just as a component to it. So, intervention programmes should focus on strengthening and empowering all levels of social support, especially the family.
PROMOTE CONNECTED-NESS	Social support and social ties to loved ones and social groups can reduce trauma symptoms and help to overcome them. Since a traumatic event has the potential to deeply shatter interpersonal relationships, so there is a danger of socially isolated that will impede healing, focus on rebuilding individuals' social networks is vitally important. Also, connectedness helps by simply providing information about basic sources of water, food, shelter, etc.. Overall, social connectedness is probably the key principle of trauma recovery.	Intervention programmes should be implemented in a way that identifies, and includes individuals who lack friends and social support. It is especially crucial to promote connectedness through organised activities so they are not alone when their time is not supervised. Negative social support practices happen when others minimise problems or needs and the individual's pain is not taken seriously. It is recommended to address and minimise social influences such as mistrust or in-group and out-group dynamics in the intervention.
INSTILLING HOPE	Hope can be defined as the perceptions of a positive sense of agency related to meet goals successfully. Hope is believed to be able to generate successful plans, to meet positive goals. Those individuals who were able to retain their hope and optimism are more resilient to trauma symptoms. Retaining hope in times of disaster is challenging since the effects of it are detrimental, and there is a tendency to resign into hopelessness.	On an individual level, it is advised to reduce feelings of blame and guilt and rather foster the feeling that the individual was not personally responsible. Interventions should aim at building strengths, teach ways of positive thinking, reduce negative messages, and elevate a sense of hope. Local government, churches, media, schools, clubs, and the like can and effectively promote hope on a community level. Together, they may be more effective in setting positive goals and assessing the actual current risk. Hobfoll et al. mention the great potential groups in the community possesses. Groups, such as religious institutions or business organizations, can implement hope-fostering interventions such as the assistance of others.

Table 2: Practical applications of the five principles identified by Hobfoll, et al.

The five principles were developed for interventions at the immediate and mid aftermath of a disaster, and can be applied to individuals, as well as to the community. There is no order of sequence or prescribed recipe for their use to apply any of the five intervention principles. They correlate and influence each other. The five principles interact strongly with one another and mutually define each other. Therefore, one activity can often promote several principles at once.
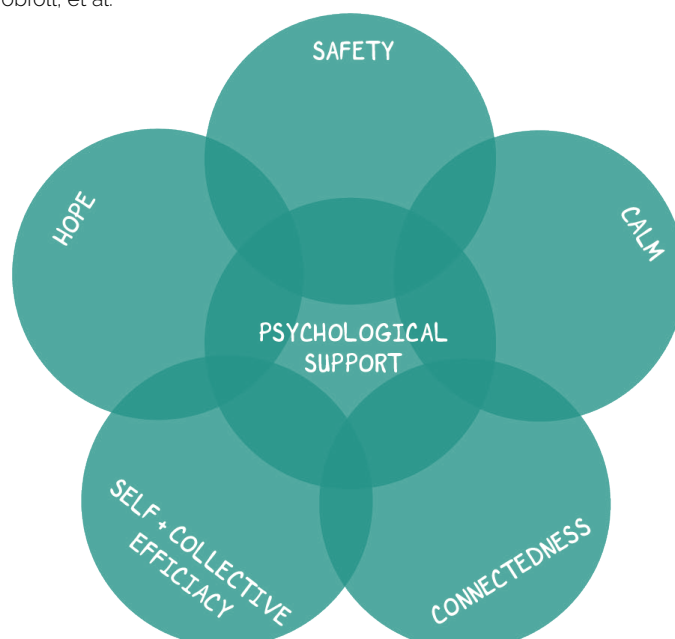

Figure 5: The Hobfoll Principles

ADAPTING TO THE NEW HOST COMMUNITY

Based on the results of a longitudinal study of immigrants to Australia, and an analysis of studies of immigrants in the UK, USA, and Canada, Scott and Scott proposed a model outline important predictors and outcomes of immigrant adaptation and settlement[41]. The outcomes of adaptation focus on:
• national identity
• life satisfaction
• role performance

National identity is one's identity or sense of belonging to one state or to one nation. Life satisfaction is an indication of internal adjustment, and reflects such attitudes as satisfaction with our circumstances, friends, job, family, and recreation. Role performance is an indication of external adjustment, and reflects states such as economic well-being, job performance, academic performance, use of community offerings, and contribution to one's community.

The research also identified several predictors of these outcomes: environmental stressors and facilitators in the immigrant's new setting;
• demographic and background characteristics the immigrant brings to that setting
• relations among members of the migrating family
• cultural skills brought and developed during the immigrant's settlement process (including language)
• the immigrant's personality (e.g., optimism, hardiness, locus of control)
• personal reactions to one's new community (including friends, work, school, and activities)

Notably, language and other cultural skills of the immigrant's new country are seen as mediating other outcomes, rather than as the ultimate adaptation outcomes themselves.

As stated above, young immigrants represent a distinct group, with unique challenges. Adolescent immigrants tend to express less satisfaction with their lives and more alienation from their community[42]. Young people are already in the middle of shifting identities as they approach adulthood, so learning to identify with the new country would seem destined to magnify any difficulties they are likely to experience, such as family routines, schooling, and friendships. Helping young people to deal with the inevitable pressures of adolescence, along with the challenges of the cultural transition, are likely to be highly valuable for immigrant youth[43]. Young people, themselves, identify key factors that promote successful settlement[44]:

KEY FACTORS FOR EFFECTIVE SETTLEMENT, AS IDENTIFIED BY ADOLESCENTS	EXAMPLES OF WAYS IN WHICH SPORT AND PHYSICAL ACTIVITY MIGHT SUPPORT THESE FACTORS
Learning to fit in mainstream society	
Learning the language of the host country	
Dealing with prejudice and discrimination	
Finding effective role models	
Maintaining their home culture, while adapting to the new country	
Sharing projects	
Building friendships with other immigrants, first, then with mainstream peers	
Supportive adults	

Table 3: Key factors for effective settlement

BELONGING

A sense of belonging has been identified as an important goal of programmes for immigrants and refugees by several experts in the field[45]. Belonging is often a feature of social inclusion, as can be seen in this widely used definition:

*"... the way newcomers are included in specific sectors of society such
as the labour market, housing, education, health and social services,
(sic) neighbourhood life. Inclusion refers to how immigrants and
refugees have access to, use, participate in, benefit from and feel a
sense of belonging to a given area of society."*[46]

This definition challenges narrow instrumental views of how sports participation enables or impedes people from refugee or immigrant backgrounds to settle in a new community[47], to consider sport as a site where refugee youth can construct a sense of belonging[48]. At the most general level, belonging refers to an emotional attachment that relates individuals to other people, places or modes of being[49]. Belonging can be understood as a personal, intimate feeling of feeling at home, or as a sense of being part of the social fabric[50].

Sports groups and clubs are well-suited to act as everyday shared spaces in which a sense of belonging can be developed[51]. Many sports clubs act as natural settings for discussions of integration, multiculturalism and immigration politics[52], and the forms of belonging produced in sports clubs "mediate and express the experiences people have from face-toface interaction in other everyday arenas as well as from their interpretations of the images of ethnic minorities created in the media and politics"[53]. In other words, sports clubs are places where the everyday experience of belonging and the politics of belonging intersect.

ACCULTURATION

Acculturation refers to the process by which the behaviours, attitudes and values of individuals from different societies are altered following contact with a host society[54]. Compared to most newcomers to society (e.g., international students, employment immigrants), refugees suffer from more severe psychological, educational, and financial problems[55], in the acculturation process. This is mainly due to the fact that refugees tend to move to a host society involuntarily, following traumatic life experiences in their homeland[56].

[41] Scott, W. & Scott, R. (2013).
[42] Ullman, C., & Tatar, M. (2001). Psychological adjustment among Israeli adolescent immigrants: A report on life satisfaction, self-concept, and self- esteem. Journal of Youth and Adolescence, 30, 449–464.
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[51] Spaaij, R. (2015).
[52] Vermeulen, J., & Verweel, P. (2009). Participation in sport: Bonding and bridging as identity work. Sport in society, 12(9), 1206-1219.
[53] Andersson, M. (2002). Identity work in sports. Ethnic minority youth, Norwegian macro-debates and the role model aspect. Journal of International Migration and Integration/Revue de l'integration et de la migration internationale, 3(1), 83-106, p. 85.
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[55] Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., ... & Saxe, G. N. (2004). Review of child and adolescent refugee mental health. Journal of the American Academy of Child & Adolescent Psychiatry, 43(1), 24-36.
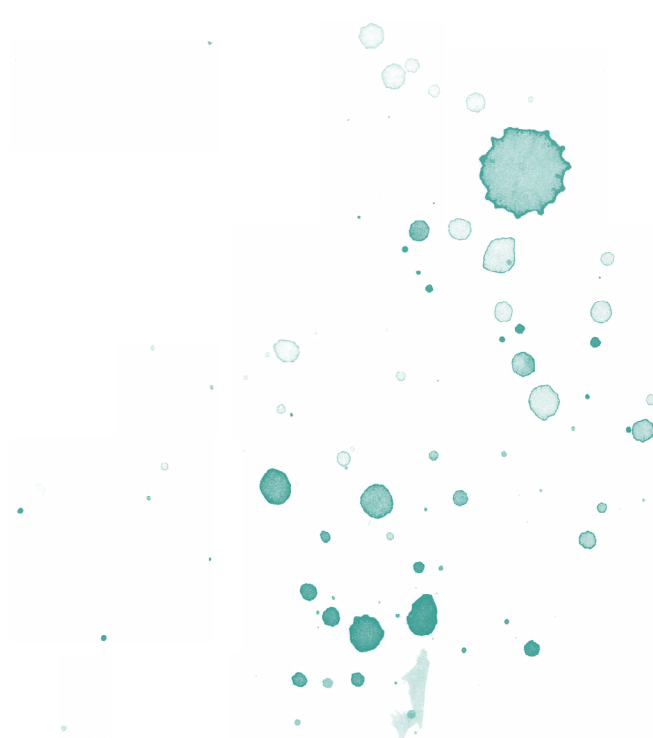[56] McBrien, J. L. (2005). Educational needs and barriers for refugee students in the United States: A review of the literature. Review of Educational Research, 75(3), 329-364.

Several factors influence an individual's acculturation as a newcomer. These factors are related to the individual and the wider context. Individual factors are summarised below[57]: situational factors form the other part of acculturation, and will be addressed a little later.

AGE	• people migrating to a host culture at an early age are most likely to adapt to the host culture • immigrant youth in the period of adolescence are likely to experience significant problems, such as identity confusion and emotional and behavioural disorders
GENDER	• females generally have more difficulties in the acculturation process than males • may depend on different treatment and relative status of females in the host and native cultures
LEVEL OF EDUCATION	• the higher level of education an individual has the fewer problems he/she has in the process of acculturation
LENGTH OF TIME IN HOST COUNTRY	• the longer an individual resides in the host country, the higher the level of acculturation
MOTIVATION	• 'pull' motives (voluntarily) - most likely to acculturate successfully • 'push' motives (involuntarily) - least likely to acculturate successfully

Table 4: Individual acculturation factors

The point to understand here is that the politics, economics and values of the society of origin all influence the adaptation to the host country. There can be considerable differences between the context of the two places, and this can interfere with settlement. For example, while some host societies accept cultural pluralism based on integration policies, others attempt to get rid of cultural diversity through assimilation policies. Cultural distance between the two societies can also be a situational factor for acculturation. Another example is different attitudes associated with the behaviour, clothing and activities of women. The greater the difference between a host and a native country, the poorer the adaptation.

[57] Leão, T. S., Sundquist, J., Johansson, S. E., & Sundquist, K. (2009). The influence of age at migration and length of residence on self-rated health among Swedish immigrants: a cross-sectional study. Ethnicity & Health, 14(1), 93-105; Lopez-Class, M., Castro, F. G., & Ramirez, A. G. (2011). Conceptions of acculturation: A review and statement of critical issues. Social science & medicine, 72(9), 1555-1562; Yoon, E., Chang, C. T., Kim, S., Clawson, A., Cleary, S. E., Hansen, M., ... & Gomes, A. M. (2013). A meta-analysis of acculturation/enculturation and mental health. Journal of counseling psychology, 60(1), 15-30.

WHY SPORT & PHYSICAL ACTIVITY?

Sport plays a significant role in the everyday lives of many young people. It has been identified as one context to helping vulnerable populations, including immigrants and refugees[58]. In fact, some writers have suggested that sport's importance may even greater for those from refugee backgrounds than the general population[59]. It has been claimed that immigrants can bolster new communities by adding new opportunities for participation in different types of sport and physical activity[60]. In cities experiencing high levels of immigration, community sport and recreation providers are becoming increasingly aware of how difficult it is for recent immigrants to participate in existing programmes. This is because they are largely expected to fit in and find out what is available in a system with which they are likely to be unfamiliar[61]. Research has shown, however, that local sport and recreation services are primary sites for recent immigrants to connect with neighbours to reduce social isolation, participate in health-promoting activities, and learn more about their new communities[62]. The Office of the United Nations High Commissioner for Refugees (UNHCR) also acknowledged "the power and importance of sport"[63] and noted that sport can play "a particularly important and healing role" for refugees[64].

Young people within these communities are much more likely to experience unhealthy developmental outcomes, such as learned helplessness, lack of personal meaning and purpose, low self-esteem, feelings of inadequacy, frustration, mild-to-moderate depression, fear of failure, problems with identity formation and destructive relationships[65]. It has been argued that sport provides the setting in which young people can develop physical, psychological and social well-being[66], and that they can express themselves through their bodies, experiment with new social identities, build friendships and emotional closeness, and acquire new skills and competences[67]. Watching, coaching and playing sport are often activities that young people do willingly or enthusiastically, present opportunities to socialise and escape from harsher aspects of life; and being good at sports is generally regarded as socially prestigious: "being good

at sports may be perceived by new arrivals as a way to 'make it' in a new country, especially in host societies where sport is a key site of culture production and social prestige"[68].

So, it is not surprising that policy makers and advocacy groups have turned to sport as a setting where the resettlement of young refugees can be promoted[69]. Yet, "despite the growing interest in issues of immigrant leisure, this strand of research remains in an early stage of development[70]", and further work is needed.

[58] Doherty, A., & Taylor, T. (2007). Sport and physical recreation in the settlement of immigrant youth. Leisure/Loisir, 31(1), 27-55.
[59] Spaaij, R. (2015). Refugee youth, belonging and community sport. Leisure Studies, 34(3), 303-318; Whitley, M. A., Coble, C., & Jewell, G. S. (2016). Evaluation of a sport-based youth development programme for refugees. Leisure/Loisir, 40(2), 175-199.
[60] Tirone, S. (2010). Multiculturalism and leisure policy: Enhancing the delivery of leisure services and support for immigrants and minority Canadians (pp. 149–174). In S. M. Arai, H. Mair, & D. G. Reid (Eds), Decentring work: Critical perspectives on leisure, social policy and human development. Calgary: University of Calgary Press.
[61] Forde, S., Lee, D., Mills, C., Frisby, W. (2014). Moving towards social inclusion: Manager and staff perspectives on an award winning community sport and recreation program for immigrants. Sport Management Review. 18(1), 126-138.
[62] Vancouver Foundation. (2012). Connections and engagement: A survey of metro Vancouver. Vancouver: Vancouver Foundation; Amara, et al (2005).
[63] United Nations High Commissioner for Refugees (2008). Sport for Refugees – Let's Play! Geneva UNHCR, para 4.
[64] United Nations High Commissioner for Refugees (2008), para 1.
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[66] Bailey, R.P. (2008). Youth sport and social inclusion (pp. 85-96). In N. Holt (Ed.) Positive Youth Development through Sport. London: Routledge; Bailey, R.P., Hillman, C., Arent, S., & Petitpas, A. (2013). Physical activity: An underestimated investment in human capital? Journal of Physical Activity and Health, 10(3), 289-308.
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SPORT AND SOCIAL INCLUSION

Claims of the power of sport to extend beyond the physical domain, and to improve players' lives more generally are made as if they are truisms. A classic example of this way of thinking was a comment attributed to Nelson Mandela:

"We can reach far more people through sport than we can through political or educational programmes. In that way, sport is more powerful than politics. We have only just started to use its potential to build up this country. We must continue to do so."

The popularity of the idea that sporting activities can mean there are attractive fora for the development of young people's social skills, for bringing those from different backgrounds together, and so on suggests that the issue deserves more thought. One general model of ways in which social inclusion might occur, which examined the available evidence of outcomes of sport and other physical activities typically included in the physical education curriculum, is summarised below. The model was derived from a detailed review of the (non-sport-specific) literature of social inclusion, social capital, social exclusion, and related concept[71]. The ambition was to extrapolate a set of testable claims that could be applied to the evidence available about sport.

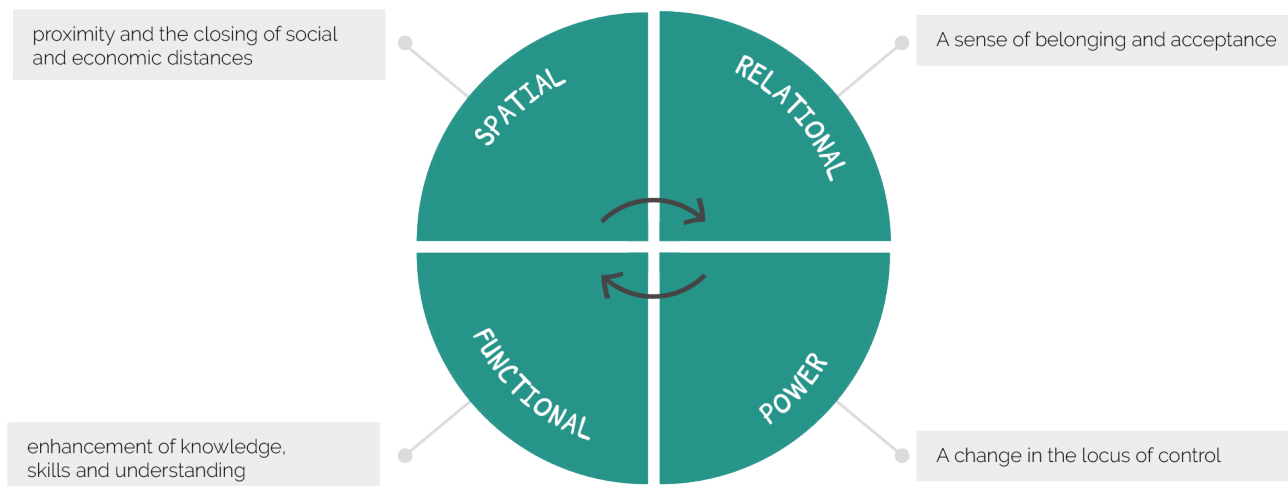Based on this review, a series of connected dimensions of social inclusion/exclusion were hypothesised, namely:

proximity and the closing of social and economic distances

A sense of belonging and acceptance

SPATIAL

RELATIONAL

FUNCTIONAL

POWER

enhancement of knowledge, skills and understanding

A change in the locus of control

Figure 6: Bailey's Model of Social Inclusion

The functional dimension of social inclusion relates to the enhancement of knowledge, skills and understanding. Sport, it is claimed, provides opportunities for the development of valued capabilities and competencies, and the anecdotal evidence in favour of sport's contribution to inter-personal and intra-personal skills is persuasive[72]. Discussion in this area has focused primarily on the social character of most sports, and the hypothesis that the need for individuals to work collaboratively will encourage (or necessitate) the development of skills like trust, empathy, personal responsibility, and co-operation[73]. The idea that sport provides appropriate settings for the promotion of young people's social development has led to the formation of several programmes aimed at using various forms of physical activity as vehicles for the development of valuable skills and capabilities.

[69] Kay, T., & Dudfield, O. (2013). The Commonwealth guide to advancing development through sport. London: Commonwealth Secretariat; Refugee Council of Australia. (2010). A bridge to a new culture: Promoting the participation of refugees in sporting activities. Sydney: RCOA.
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It has also led to the development of several theory-based programmes, designed to teach young people personal and social skills. Many of these programmes and models have been evaluated, and their findings might be summarised as cautiously optimistic, with some of the most promising evidence coming from school-based initiatives, which have found that sportbased programmes can help improve student engagement, behaviour and attitude towards school, as well as reduce young people's engagement in anti-social or criminal behaviour[74].

Second, social inclusion can be defined in relational terms, such as a sense of social acceptance. Sport might play a role, here, by offering young people a sense of belonging, to a team, a club or community. Harris highlights the communal or 'civic' character of sport[75]. Large numbers of people give a great deal of time to participate in sport, whether as a player, an organiser or a spectator. Players sometimes claim that sport can act as a point of shared interest bringing families together and encouraging people to interact in the broader community and beyond, often with people of different social backgrounds[76]. Even young people who identify themselves explicitly, as 'non-joiners' seem able to join likeminded peers in informal or 'lifestyle' sports and through this find 'a bridge between social and personal identities'[77]. So, the relational contribution of sport to social inclusion is plausible. However, the relative absence of robust empirical data in support of such claims ought to be remembered. Moreover, the fact that to engage in most sports in developed countries costs money – for special clothing and equipment; for club membership and entrance fees for events; for insurance; and for transportation – and many activities have become transactions provided by a large industry, suggests that much sport has become an act of consumption. And it is an act that is not equally open to all, since notions of normality/abnormality and domination/subordination seem magnified within the contexts of bodily practices: 'sport acts as a kind of badge of social exclusivity and cultural distinctiveness for the dominant classes … it articulates the fractional status distinctions that exist within the ranks of larger class groupings'[78].

Third, there is a spatial dimension, as social inclusion relates to proximity and the closing of social and economic distances. Certainly, there are frequent claims that sport brings individuals from a variety of social and economic backgrounds together in a shared interest in activities that are seen to be inherently valuable[79]. This dimension of the social inclusion agenda lies, perhaps, at the heart of Mandela's enthusiastic endorsement of sport in his country's future, and several writers have suggested that sporting activities can act as distinctive tools for social integration. For example, Keim suggested specific ways in which such sport might support the development of spatial aspects of social inclusion[80]. For example, there is a popular view that sport's non-verbal format can help overcome linguistic and cultural barriers more easily than other areas of social life. And the valued and socially prestigious character of sport could mean that people who might not otherwise meet come together for the sake of a shared passion. Anecdotal evidence suggests that sport can bring people from different backgrounds together[81]. Some studies have found that sport can also draw attention to divisions and differences[82], so positive outcomes are not automatically achieved. At its best, sport can offer people and communities a meeting place[83], but, of course, sport does not always perform at its best.

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Finally, social inclusion assumes a change in the locus of power. Sport contributes to social inclusion, in this respect, to the extent that it increases individuals' sense of control over their lives, as well as 'community capital' by extending social networks, increased community cohesion and civic pride. The establishment of social networks is a key feature of socially inclusive practices. This is especially important, it could be argued, within the context of sport for refugee youth, for whom social and organised settings can be sources of anxiety or disaffection. Moreover, young people in general are normally seen as incapable of autonomous decision-making (hence the enforcement of compulsory schooling and protection, and the denial of the capability to give informed consent), despite findings that such self-determination is an important factor in supporting young people's engagement in social groups. Some writers have also argued that sport can contribute to a more generalised feeling of empowerment in groups that are normally marginalised in society, such as girls and women[84]. Sporting activities may help young women develop a sense of ownership of their bodies and access the types of activity experiences traditionally enjoyed by boys. This may be because participation augments young people's self-esteem, or because being an athlete carries with it a strong public identity[85]. Some female athletes report having a stronger sense of identity and self-direction as a result of their engagement in sport – what Margaret Talbot called "being herself through sport"[86]. Whatever the reasons, increasing access to sporting opportunities for disadvantaged young people does seem to open up routes through which they can acquire new community affiliations and begin to operate more openly and equally in community life. In doing so, young people's participation in sport can challenge and change social norms about their roles and capabilities.

THE IMPORTANCE OF POSITIVE EXPERIENCES

At this point, it is useful to introduce a vitally important principle of effective sports provision: most of the outcomes of participation in sport and physical activity are undetermined. In other words, it does not necessarily follow that playing sports and games results in positive benefits for the players. This is because positive, effective sports provision depends on both ACTIVITIES and APPROPRIATE CONTEXT. Simply organizing a game (for example, of football/soccer) might lead to improved social inclusion, new friendships, and increased well-being of the players. But it might also result in exclusion, alienation, and misery. The activities lone are not enough to ensure that the experience is a positive and healthy one[87].

As a report to the Council of Europe stated, the presumed positive outcomes of sport are "only a possibility", and a direct linear affect between simple participation and effect cannot be assumed[88]. This is with good reason as there is ample evidence to suggest that participation in sport and physical activity can result negative as well as positive outcomes[89]. This is not a danger specific to sport and physical activity, but all contexts with which children engage. So, although participation in sporting contexts can potentially promote positive, healthy development, "it is best not to take the relationship as a "given"; it can be difficult to achieve; and can only be realised in association with a series of conducive 'change mechanisms'"[90].

The practical implication of this is that as much care needs to be invested in the creation of positive and healthy environments for sport as in the selection of the activities. It is a matter of concern, therefore, that very little attention has been given in the literature to this issue. Most studies of sport with immigrants treat the activities as 'given', but this is simply wrong. The answer to the question: is football / cricket / basketball / yoga / bicycle polo suitable as an intervention with immigrants is always: 'it depends'!

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Assumptions about how sport may assist the settlement of refugee and migrant youth focus on its capacity to enable new arrivals to become active and valued members of the community. However, any generalised claim that sport is a mechanism for 'good settlement' is not clear-cut because sport is not always inclusive as is also used to differentiate and exclude. The social and cultural norms that organised sports embody may potentially lead newcomers or minorities to feel alienated or marginalised. Indeed, international research shows that the presumed integrative role of sport for minority ethnic youth needs to be qualified. While playing sport can in some cases contribute to a sense of social integration, it can also have the opposite effect of exposing participants to social exclusion, racism and cultural resistance, which may lead them to abandon sport or to segregate themselves into separate clubs or leagues[91]. The difference that makes the difference between positive and negative outcomes seems to be a complex. One thing does seem clear: sports participation does not automatically result in long-lasting benefits92. Simply put, participation is unlikely to be enough.

So, what else is needed to create positive and healthy sporting and physical activity experiences? Positive outcomes are mediated by a host of contextual factors, including the ways in which sport is presented, managed and valued[93]. Framing discussions within a developmental science perspective, one recent model suggested that positive experiences are those in which there is a good 'fit' between the young person and the sporting activity[94].

In other words, the youth-sport situation goes well when the needs, interests and capabilities of the young person match the characteristics and opportunities offered by the sporting session. Continuing with the language of developmental science, sporting experiences are adaptive (i.e., mutually beneficial) relations that can take place when individuals participate in sporting contexts. This perspective suggests that it is possible for all individuals to have positive experiences if the characteristics of the individual and the characteristics of the context are aligned in such a way as to produce such mutuallybeneficial relations. The coach / teacher is the primary facilitator for this alignment, although there are many other factors in play, too. As Figure 7 shows different people can play an important role in this regard by acting as a bridge between young people and sport[95].
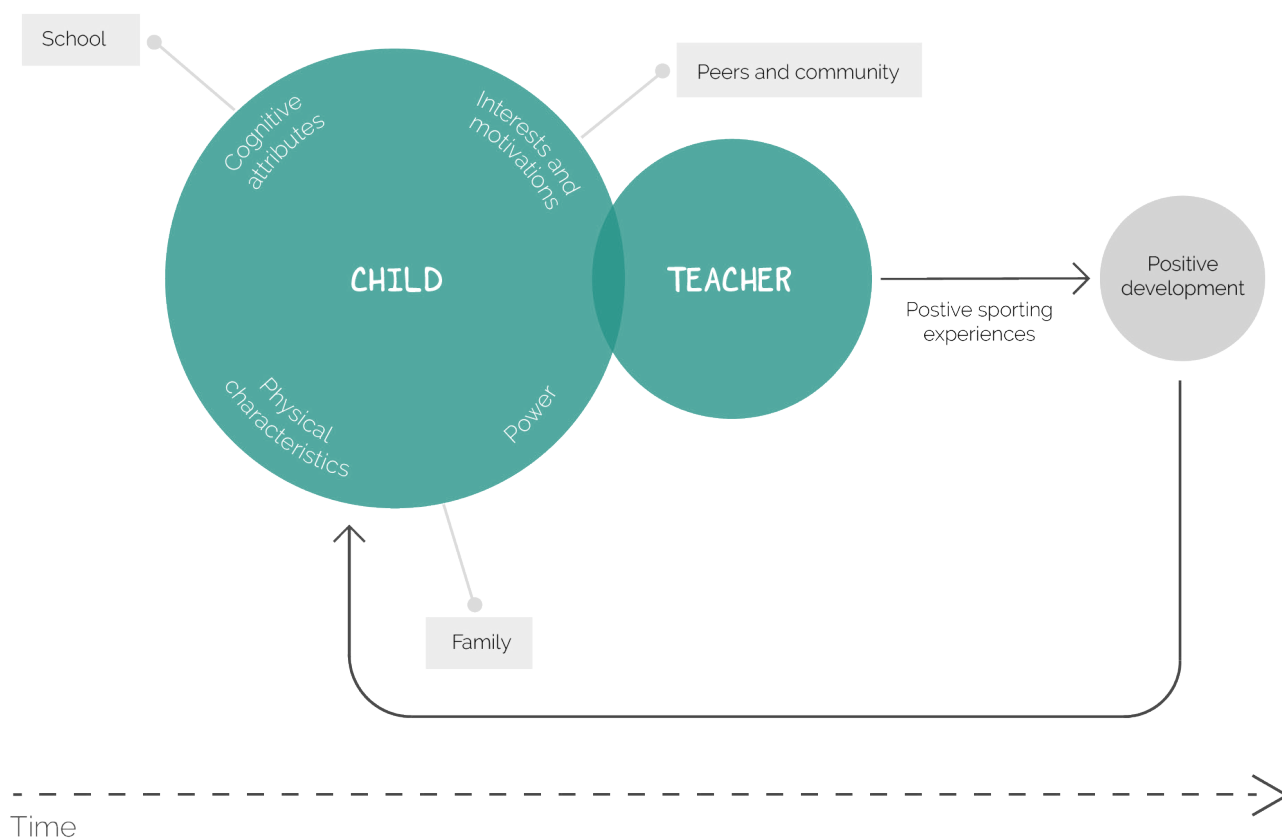

Figure 7: A developmental model of the role of the teacher in young people's positive development

Of course, the different factors are much more complex than a simple diagram can capture. The intention here is merely to highlight the fact that the outcomes of sport and physical activity are conditional on number of contextual factors, that the activities that are the most visible manifestations only embody potentials for developments, and that there needs to be intentionality in the design of programmes, so that sport and physical activity are deliberately structured and implemented to achieve the desired outcomes. These should be worked out in some detail for the ASPIRE resources.

Understanding how young people with immigrant and refugee backgrounds access and learn from sport requires serious considerations. They are important because they can help improve knowledge of how resettled refugees navigate life in a new country. Previous studies have suggested that sport and physical activity can influence refugees' and immigrants' acculturation into a host society[96], and play an important role in helping them better understand their new culture[97]. For some immigrants, sport can be the first opportunity to establish social contacts with people from the host country[98].

Sport participation can lead to the development of friendships and valued business contacts, and provide an opportunity to enjoy recreational facilities and services that were not available in their home country. It can also foster "subculture leisure" in which members of an immigrant community come together in a shared interest in a particular activity[99]. In some cases, this can involve importing a sporting activity from the home country (e.g., Pakistanis starting Kabaddi clubs in England, and Afghans forming cricket clubs in Germany), in other cases, popular international sports can act as the foci (e.g., Koreans playing golf in the USA or Syrians playing football/soccer in France).

Donnelly and Nakamura identified four models that illustrate the different roles that sport organizations can adopt when developing sport programmes for immigrants[100]:
• the assimilation model
• the barriers model
• the multicultural model
• the dynamic model

The assimilation model sees sport and physical activity as vehicles for integrating immigrants without changing the sport delivery system. Likewise, the barriers model uses ethnic and cultural differences, along with other barriers such as low income, to explain the under-representation of immigrant groups in sport and physical activity. Reducing barriers can be an important step in moving towards social inclusion, but barriers are often seen as lying with immigrant groups rather than representing problems in how community services are delivered[101]. The multicultural model reflects a recognition of the desire of some immigrants to maintain their ethnic traditions and, in some cases, avoid the discrimination faced when participating in mainstream activities. A disadvantage of this approach is that it does not encourage intermingling and mutual learning across cultural groups. Unlike the first three models discussed, which represent conceptions of culture and ethnic identities as being fixed and static, the dynamic model represents more recent approach that conceptualise culture as being complex and characterised by mixing of traditions and fluidity[102].

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BARRIERS TO PARTICIPATION

Structural barriers:
- Financial barriers. This is especially true for sports like golf and ice hockey (with expensive equipment and facility fees), but also applies to other sports. It is recognized that many immigrants with very few financial resources and their first few years are consumed with other priorities (getting jobs and homes, settling children into school, etc.);
- Programmes are usually one-off and unsustainable - there is a difficulty of providing sustainable funding, and project-based programmes take place when there is a need in the society but do not continue once the problem is solved;
- Lack of sufficient information on how to get involved; in particular, lack of information on the assistance programmes that exist;
- One-size-fits-all approach when existing programmes are non-inclusive and non-accessible;
- Unclear referral mechanisms for linking refugee youth with sport and recreational;
- Lack of linkage between targeted one-off community events and sport clubs ;
- Access to transportation;
- Access to public spaces and facilities.

Mediating barriers:
- Practices of sport and recreation providers can be non-inclusive, culturally insensitive and they lack a flexibility that could be off-putting for refugees and particularly for young women;
- The perception of some sports as too aggressive or violent, such as ice hockey, martial arts, and rugby;
- Resettlement experiences;
- Parent or guardian support;
- Complete unfamiliarity with certain sports (e.g., cricket and rugby in the England, ice hockey and curling in Canada; and fierljeppen, beugelen, kaatsen, klootschieten, kolven and korfball in the Netherlands);
- Culture of sport – often unfamiliar culture of sport clubs that involves swearing, drinking and other to refugee youth culturally inappropriate behaviours;
- Racism and discrimination;
- Political and cultural clashes from countries of origin (or between countries of origin), which can follow immigrants. This can determine who they are willing to play with and against.

Personal barriers:
- Time commitment. Many sports demand too much time for many working families to manage, especially those who are adapting to life in a new country.
- Financial factors

Loosely based on: Institute for Canadian Citizenship (2014). Playing Together – New Citizens, Sports & Belonging. Toronto: Institute for Canadian Citizenship; and Olliff, L. (2008). Playing for the future: The role of sport and recreation in supporting refugee young people to 'settle well' in Australia. Youth Studies Australia, 27, 52–60.

There seems little doubt that sport can help children and young people becoming assimilated into a new culture. One particularly interesting paper reported that participating in judo helped Brazilian children in Japan to improve their language skills, respect Japanese customs, and make Japanese friends, thus helping them develop interaction with the larger group[103]. Similar findings were reported in studies in the USA[104] and Israel[105], showing that sports participation helped young people improve their interactions with members of the host culture, receive social support, and integrate more easily. Other studies have supported the dual role of sport in both facilitating cultural interactions and maintaining cultural background. One project with Korean and Polish migrants in the USA, found that through sport activities participants had the chance both to communicate with members of the host culture and to socialise with members of their own community, which helped them to integrate[106]. Another study found that members of ethnic teams participating in a multicultural soccer competition saw their participation in the tournament as an opportunity to enhance social cohesion within their own communities, to improve interethnic relations, and to establish identification within the local national community[107]. However, as always, some caution should be maintained, as not all studies suggest positive outcomes. For example, it was found that participation in football/soccer can actually highlight cultural differences and sharpen ethnic controversy[108]. In particular, researchers have found that in matches between homogeneous teams of different ethnic origins in the Netherlands, tension escalated both amongst members of host community teams (using, mostly, verbal violence) and amongst members of the minority teams (using, mostly, physical violence).

Controversial results have also been reported in Norway, where female athletes with a migrant background reported that while sport helped improve their social networks and overcome racial differences, some also admitted that they often felt marginalised, and that they failed to develop friendships with their teammates due to cultural differences[109].

Once again, evidence suggests to teachers the need to be cautious about over-stating the outcomes of sport, as well as remembering the vital importance of positive sporting environments and value-based coaching. One aspect of the sport context that has been shown to influence socio outcomes is the 'motivational environment', which can be either performance- or mastery-oriented[110]. A performance climate can be created by rewarding only the best athletes and valuing normative ability, whereas a mastery climate may be created by focusing on skill development, valuing effort, and rewarding participants for effort and improvement. Evidence suggests that task orientation and a class climate based on fostering learning are positively related to integrative strategies[111]. It may be, therefore, that a learning-oriented sporting environment that promotes co-operation and respect can promote mutual understanding and acceptance of the values and customs of other cultures. One central dimension that can contribute to establishing a positive motivational environment in different sport settings is coaches' delivery style. Coaches and teachers can influence athletes' experiences and self-perceptions through the motivational environment they create in the sport context, but also through their interactions with their athletes.

A recent systematic review of the literature offered further guidance for those working in this area[112]:
- Evidence supports the claim that psychosocial interventions positively influence displaced adolescents, so health care providers and resettlement providers should shape their programmes including these interventions;
- Athletic and after-school programmes that are accessible, community based and catered to the needs of displaced adolescents should be increasingly implemented in the areas of high densities of refugees;
- These programmes should be implemented by culturally sensitive professionals who speak the language of the adolescent refugee population;
- There should be support on an individual level, such as one-to-one mentoring, and on a social level, such as peer support groups. These have been shown to be useful for increasing the quality of life, self-efficacy, self-esteem and well-being;
- Particular attention should be paid to the psychosocial health of refugee students attending schools by employing health counsellors and professionals in the area;
- Families play a significant role in realising the psychosocial outcomes of these interventions. Family counselling and teaching might be beneficial for improving the outcomes of refugee adolescents.

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[112] Herr, L., & Kurtz, H. (2016). A Systematic Review: Effects of Psychosocial Interventions on Outcomes in Refugee Adolescents Resettled in the US, Canada, and the UK.

WHAT NEXT?

The findings of this review indicate that sport and physical activity can play a valuable role in welcoming immigrants and refugees into new communities. There seems to be little doubt that physical activities of different types have the potential to make significant contributions to psychosocial development, In general, and issues of acculturation, settlements, and the generation of a sense of belonging among the people who are often vulnerable, marginalised and disempowered. The inclusion of refugees and immigrants into communities is typically a two-way affair: members of the host community need to learn to adapt in order to integrate new table, often with new unfamiliar cultural practices; and the newcomers need to find ways of entering and engaging with the community. The particular characteristics that make up sports and physical activities means that they all well-placed to facilitate the peaceful resolution of these challenges.

We envisage this review as an on-going process of drafting, critiquing, and revising. Therefore, we warmly invite comments, suggestions, and corrections from members of the ASPIRE project group:

• Is there material that should be added to that should be added to this review?
• Is there content that is misleading or unclear?
• Can you share the contents from your country or organisation that could strengthen this document?

If so, please contact either **Richard Bailey** (rbailey@icsspe.org) or **Katrin Koenen** (kkoenen@icsspe.org).

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