

# EPSUM

Enhancing Psychosocial Wellbeing of  
Unaccompanied Minors

Teaming up with children in migration | 2020-2022

Final publication



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## Acknowledgements

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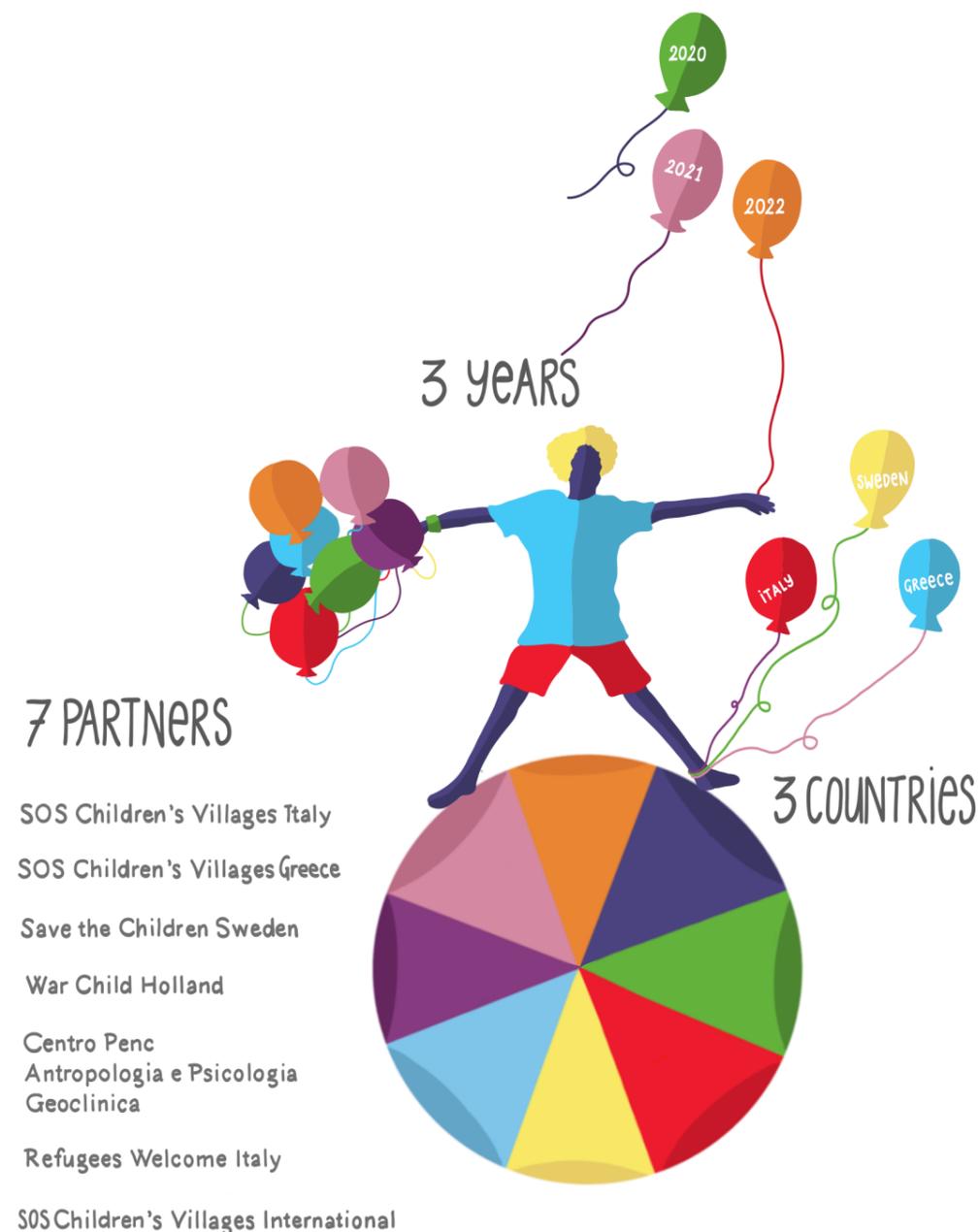
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# EPSUM at a glance



# The situation

Between 2011 and 2021, almost 2 million children sought refuge in the EU. Among them, 15,3% were unaccompanied (Eurostat, 2022).

Forced migration experiences can place severe mental health and psychosocial distress upon children.

EPSUM project partners reported that the **main stressors affecting the mental health and psychosocial well-being of children in migration** include both extremely adverse experiences in their countries of origin, during the journey to Europe, including torture, detention, witnessing of violence and death, and experiences faced by children once in Europe. Instances of uncertainty about the future, creating a 'limbo' situation where children spend long periods of time awaiting a decision on whether they will be allowed to remain in the country; difficulties to reunite with family members in other European countries; a feeling of responsibility to support family members left behind in the country of origin; the exposure to negative public discourse towards foreigners, conveying the message to children that they are not welcome, just to name a few, put a lot of stress and anxiety on children and youth in migration.

This might lead them to report displaying disruptive, withdrawn, anxious and/or anti-social behaviours, finding difficult to trust others, establishing routines, talking about and dealing with feelings and stress, investing in improving their situation (i.e. participating in education or training), finding motivation and even imagining a positive future. Self-harm and suicide are also a risk for children and young people

in migration who are struggling with severe psychosocial distress and a sense of disorientation and hopelessness.

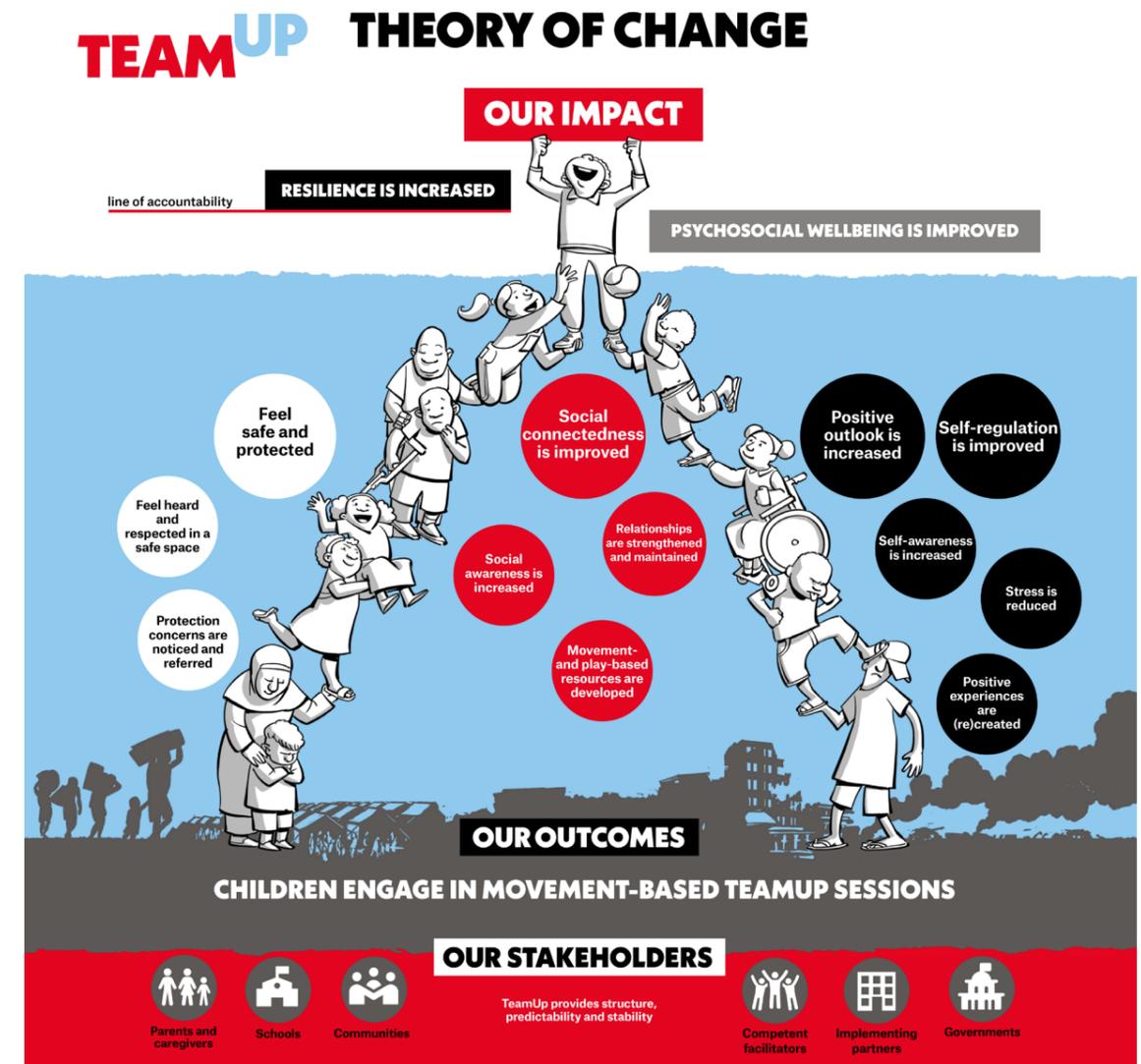
The fact of being unaccompanied, hence lacking the protective environment of the family, makes unaccompanied children (UACs) and youth even more vulnerable and exposed to mental health disorders, such as post-traumatic stress disease (PTSD), depression, anxiety and behavioural problems. Recent research has shown that UACs arriving in Europe are strongly affected by mental disorders, with rates of prevalence that are much higher than in their peers who have not experienced a situation of forced migration (Daniel-Calveras et. al., 2022). **If not properly and timely addressed**, these disorders can potentially affect young people in migration in the early stages of their adulthood, or even throughout their life.

Professional caregivers and other staff, such as teachers and volunteers, working with UACs and refugee children, as well as potential foster parents, report feeling **unequipped to support them**, making it difficult for them to put in place early interventions to improve the mental health and psychosocial well-being of UACs and youth.

Experience shows, however, that if adequately supported, children, including those with migratory experiences, tend to react positively and show improved mental health and psychosocial well-being outcomes. Hence, it is key to provide children on the move, especially if they are unaccompanied and therefore more vulnerable, with **mental health and psychosocial support (MHPSS) interventions** that can lower their distress and increase their well-being and resilience.

# The response

MHPSS interventions refer to **any kind of external intervention that aims at protecting or promoting psychosocial well-being or at preventing or treating mental health conditions of people**. MHPSS interventions comprise activities with multiple components targeting several complementary spheres, such as behaviour, emotions, thoughts, memory, and functioning, as well as social elements, including relationships, social support, and economic status.



TeamUp Theory of change



**ANGER**  
Take a time-out



**FEAR**  
Asking for help -  
Feeling strength,  
calmness and security



**STRESS AND TENSION**  
Relax and have fun



**ASSERTIVENESS**  
Stand up for yourself



**CONFLICT**  
Paying attention to  
each other



**BULLYING**  
Set your boundaries  
and say no



**RESPECT**  
Accepting authority



**FRIENDSHIP AND FRIENDS**  
Helping and cooperating  
with others

TeamUp psychosocial themes

Preventative MHPSS interventions are designed to prevent people from developing mental disorders. They are called **universal** prevention interventions when they target the whole population, **selective** when they are directed towards those that are at high risk of developing a mental disorder, and **indicated** goal, when they target only those who already experience some level of distress. In order to address the MHPSS needs of refugee children and young adults, including UACs, in Italy, Greece and Sweden, the EPSUM project focused on the promotion of **TeamUp**, a universal non-verbal movement-based preventative psychosocial intervention developed in 2015 by War Child Holland (WCH), Save the Children (SC) Netherlands, and UNICEF Netherlands for children aged 6 to 18.

TeamUp is a **methodology that offers structured sessions with games based on play, movement and body awareness that aim to improve the physical, emotional and social wellbeing of children** – thereby contributing to **strengthen their resilience**. TeamUp sessions are conducted according to a **clear and recognisable structure**. They

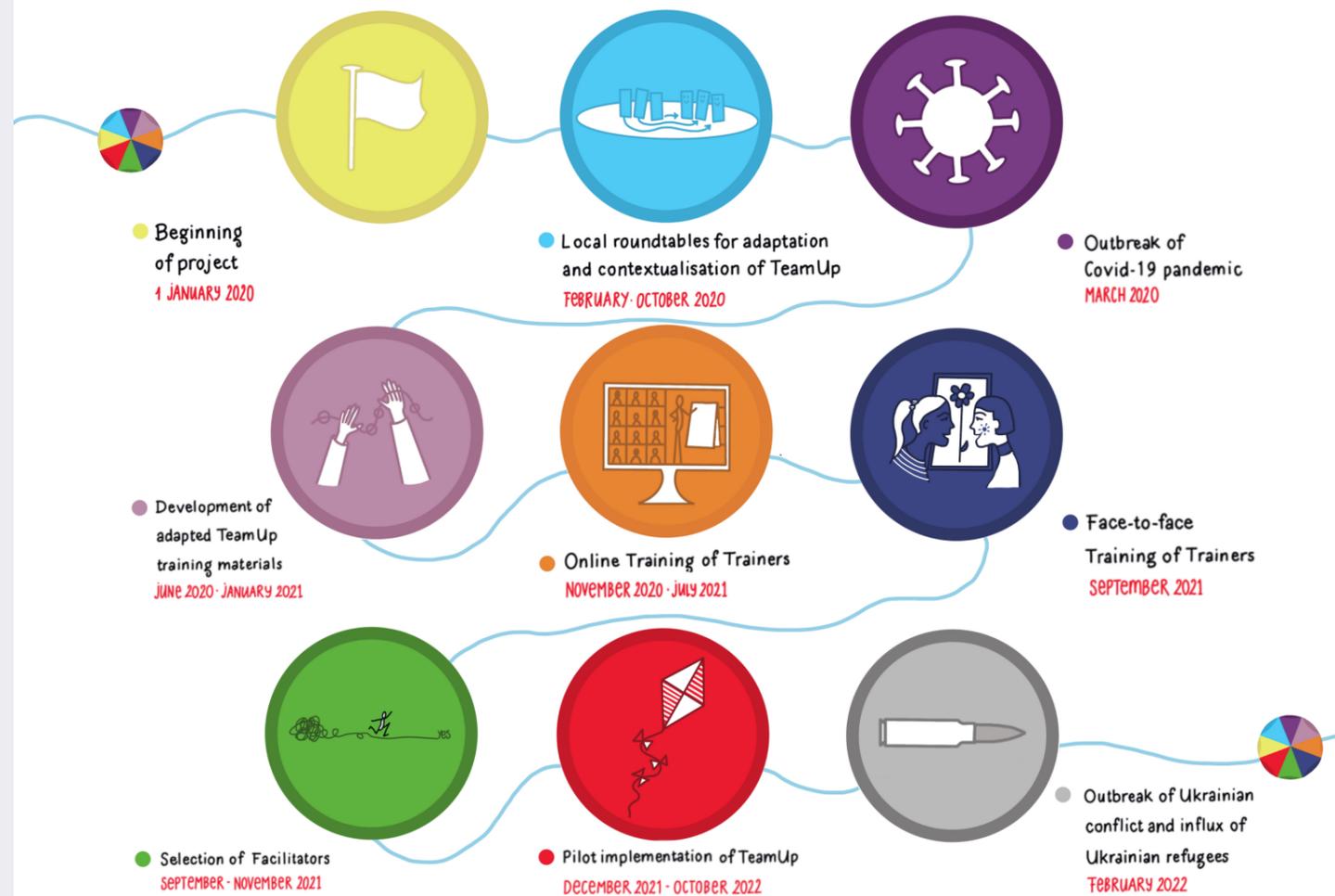
are carried out on the same day, time and place every week, with the same facilitator team, promoting predictability and the sense of safety attached to it. TeamUp is also **highly inclusive**, as it relies on demonstration rather than verbal communication to engage children, and its activities are adaptable to include children with disabilities or impairments.

Each TeamUp activity has a specific goal, related to a social-emotional or psychosocial theme, categorised in 8 themes focusing on **behaviours** and **observable skills** of relevance for a child's psychosocial well-being. These themes allow facilitators to detect critical MHPSS issues in children they work with, and make referrals to more specialised services if needed.

TeamUp can be delivered by **lay professionals, volunteer and non-MH specialists**, duly trained and supervised. However, it requires a proper **integration within a wider system of support** that can take care of cases identified during the implementation of the session and that require specialised MH treatment.

# The EPSUM journey

The EPSUM project, started in January 2020, ran until December 2022. During its course, it has faced unforeseen challenges, such as the covid-19 pandemic and the outbreak of the conflict in Ukraine, that required different adaptations in terms of implementation modalities. This, however, proved how the TeamUp methodology is highly adaptable to different contexts and to the different needs of multiple target groups of children on the move.



## Adapting TeamUp

TeamUp is highly adaptable to different realities, target populations and unforeseen events.

EPSUM started with the adaptation and contextualisation of TeamUp to the three different contexts of Italy, Greece and Sweden, with a specific attention to work in continuation with the reception systems and locally available services for the support of UACs and refugee children. This included also the effort to include TeamUp in operations that local stakeholders were already promoting on the ground, ensuring that the methodology was an opportunity to improve their work and approach with the target population. As a result, the **TeamUp Training Manual and the TeamUp Gamebook are now available in Italian, Greek and Swedish**. When the **covid-19 pandemic** struck, in February 2020, EPSUM was taking its first steps. In-person activities had to stop and re-adapt to an online modality, despite TeamUp being a methodology that had been designed on the basis of physical connection and presence.

Partners joined in a collective effort to innovate and try to conduct TeamUp

## Implementing TeamUp in EPSUM

EPSUM has been implemented in three countries, Italy, Greece and Sweden, in a total of **20 different locations** where a total of **more than 700 UACs, former UACs and refugee children**, especially those displaced by the Ukrainian conflict, could participate in a total of **almost 200 TeamUp sessions**.

sessions online – also to alleviate the distress caused by social isolation – as well as to initiate the Training of Trainers remotely, with people connected from a pc.

EPSUM provided the framework in which partners **experimented the feasibility to conduct TeamUp remotely**, resulting in guidelines and recommendations for the conduction of TeamUp sessions and training online. EPSUM provided also the basis to swiftly provide **MHPSS support to refugee children arriving from Ukraine** in the three countries, after the outbreak of the conflict in February 2022.

Partner organisations quickly adapted the methodology to respond to the needs surging during the emergency, characterised by a volatile environment where people moved continuously and children lacked stability, basic needs and support. Thanks to the competencies built in the previous months, partner organisations were able to quickly mobilise resources and provide additional training to lay professionals working with refugees from Ukraine, in order to provide TeamUp sessions in shelters and Ukraine’s refugee communities.

Within the framework of the project, **10 TeamUp trainers** have been trained by WCH Master Trainers during the Training of Trainers (TOT) that was held in Amsterdam in September 2021. This led Centro Penc, SOS CV Greece and Save the Children Sweden to implement a total of **13 national Training of Facilitators**



(TOF), from November 2021 to May 2022, respectively 2 in Italy, 6 in Greece and 5 in Sweden, building the capacities of a total of **126 TeamUp facilitators**. Among these were cultural and linguistic mediators, educators, health and social workers, teachers, caregivers, volunteer university students and also MHPSS professionals.

Facilitators started right away to conduct sessions with the target populations. They received **continuous supervision and mentoring** by national TeamUp trainers, for a total of 111 sessions, who, in turn, received ad hoc supervision by Master Trainers, both online and during on-the-job visits.

During the implementation, partners coordinated constantly with local stakeholders on the ground, both in order to plan the logistics of the implementation and to exchange progress with local actors who facilitated access to the TeamUp participants or could benefit from the learnings of the project. Towards the end of the implementation period, partners conducted one national roundtable per country, involving a total of **54 local stakeholders**, collecting feedback, and exchanging practices, knowledge and lessons learned, especially covering the relevance, effectiveness, sustainability, feasibility and impact of TeamUp within EPSUM.

# The results

Thanks to an accurate **Monitoring, Evaluation, Accountability and Learning (MEAL)** plan, the EPSUM team was able to gather inputs on what worked well and what came across as a challenge in the implementation of TeamUp from UACs, former UACs, refugee children, facilitators and local stakeholders.

## What worked well

In general, TeamUp proved to be a **successful methodology** in the three countries, having positive effects on the different actors involved. Its **preventative nature** and its **engaging modalities**, allowing for the active participation and integration of children with different backgrounds, were among the key elements that facilitated its uptake. Also, it focused on the too-often neglected MHPSS piece, that of physical activities and movement.

***“Sometimes when we start and say how we feel I don’t say very well, but when we say it again at the end I always say very well.”***

A child from Greece

### Children and youth

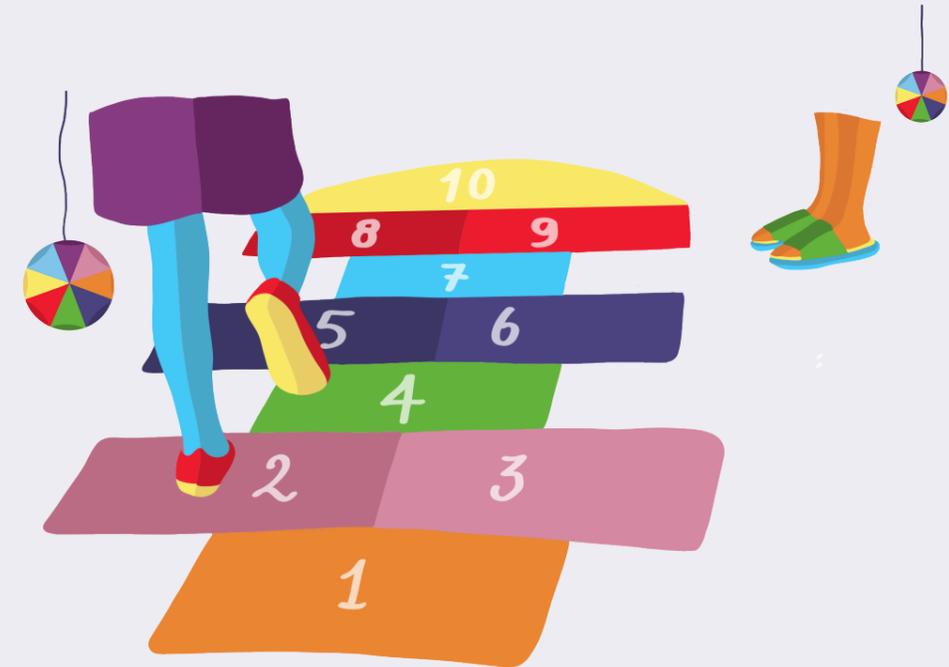
EPSUM confirmed the TeamUp Theory of Change and other results stemming from its implementation in other contexts, as it **contributed to reduce the overall sense of stress in children and youth** participating in the sessions, **and to improve their sense of well-being**. Partners reported that, in some cases, it also reduced the use of medicines. TeamUp can improve the mood of participants, as explained by a respondent from Greece: “Sometimes when we start and say how we feel I don’t say very well, but when we say it again at the end I always say very well.”

Participants reported how TeamUp has helped them to take their mind off what is troubling them, for example the legal procedures related to their migration status that they are dealing with.

In terms of prevention of mental health disorders and psychosocial support, TeamUp **helped identifying children and youth who needed more specialised support**, for example suffering PTSD or having experienced extreme adversity in their migration journey, including abuse, violence, or shipwreck. It also proved successful in engaging children experiencing withdrawal and with limited ability to communicate.

**TeamUp sessions brought fun, play and laughter**. This represented not simply a break from stressful situations, but also contributed to build **a place where most of the children felt safe and protected**.

During sessions, children and youth had also the opportunity to **better connect and enjoy time with their peers, building new relationships and friendships**. When local children and newcomers played together, this contributed to social inclusion and integration. The games made it easier for children to **connect with others with different backgrounds and cultures**. Sessions helped children and youth to meet people who are in similar situations to see that they are not alone, **increasing their sense of**



**belonging**. As one participant from Sweden explained: “We do not have any family and are alone. The group is like a family to me.”

The **feelings of stability and security** encouraged also active participation, with children and youth feeling engaged and making decisions planning and facilitating sessions, becoming more collaborative, too. While former UACs, aged 18 to 20, appreciated the opportunity to play and free their minds for at least one hour a week, facilitators reported that, **TeamUp was more easily embraced by younger children**, who felt more comfortable with playing games that were initially considered “too childish” by adolescents.

The EPSUM team was able to gather some insight on the **positive impact of TeamUp on school performance**, reporting better concentration in the classroom for some of those UACs and refugee children that were enrolled in schools at the time of implementation.

### Facilitators and local stakeholders

In the words of facilitators and stakeholders involved in local services, **EPSUM provided a significant opportunity to reduce the**

**gap of the reception system in meeting the MHPSS needs of UACs, former UACs and refugee children**, by providing facilitators with an effective methodology that helped them in better connect with and support vulnerable populations like the ones targeted in the project. TeamUp served as a structured psychosocial and stress-relief tool in their daily practice.

Being centered only on the TeamUp methodology, EPSUM did not provide facilitators with additional tools to support those participants who needed extra support. Yet, it enhanced their identification for **further referral to specialised services**, improving the capacity of facilitators to early detect risk signals.

TeamUp has had a **positive impact on facilitators too**. Sessions enabled facilitators to decompress and to release some stress, having fun with children and youth, engaging them in physical activities instead of sitting down with them trying to address problems by talking or providing pragmatic support. One facilitator from Sweden stated: “I believe that TeamUp should be implemented more in various settings. There is great potential in these sessions



helping not only the participants but also the facilitators. I truly hope that this will spread even further and that I will continue to be a part of TeamUp. This can really make a difference in the lives of the children who are dealing with so much. Go TeamUp!”

**“Being part of TeamUp made me feel positive about my week. It had a similar effect on me as intended for the children.”**

TeamUp facilitator from Sweden

**Mentorship and supervision** played a great role in ensuring that facilitators felt more **encouraged, confident and competent** in implementing TeamUp activities, representing also a powerful self-care tool. Both facilitators in Italy and Greece recognised how fundamental it is to spare time to

### What was challenging

EPSUM faced a number of challenges along its journey. The covid-19 pandemic and the outbreak of the war in Ukraine required the organisational structure of the project to quickly adapt to **unforeseen events**, having a considerable impact on the capacity of partner organisation to continue implementing activities as they had been planned, and on the relevance of the whole intervention in meeting the MHPSS needs of larger populations that were not included in the beginning, avoiding discrimination while trying to bring relief in emergency-like situations.

On the side of participants in TeamUp sessions, the main difficulty was to engage

take care of themselves in the first place so that they can take care of others. As it happened with children and youth, **TeamUp increased the well-being of facilitators and strengthened the relationships among colleagues**, very often working in difficult and challenging situations. The adaptability of the methodology to different contexts and different children’s needs (e.g., different cities, different reception centres, outside/inside settings, different groups, children with different backgrounds and needs) reinforced this outcome.

By engaging facilitators working in different services (schools, reception centres, alternative care facilities, shelters, etc.), **EPSUM strengthened also the networks and collaboration of local stakeholders**, building synergies to work towards an integrated model supporting the well-being of migrant and refugee children and youth.

the same groups of children and youth week after week. UACs, former UACs and refugee children are groups characterised by **high mobility in Europe**, as they continue their migration journey to other countries (Sicily, for example, is perceived by children as a place of transit) or because they are being moved from one reception centre to the other. Also, **involving adolescents (16+) was more difficult than younger children**, as older children and young people felt that their responsibility was “to work, not play”. For instance, a group of youth in Italy explained that the problems in their life were much bigger than TeamUp could address. Even if they felt a bit distracted during a session, they still carried the burden of their

day-to-day economic situation and immigration status. Teenagers eventually appreciated the sessions, yet the work with them required more time to build a relationship of trust with facilitators, leading to an active participation. In addition, facilitators found that it was more difficult to involve girls as they were less used to participate in physical activities, due to cultural constraints, and required more encouragement.

The **environment** organisations implementing TeamUp worked in posed additional challenges. Implementing organisations were confronted with lack of predictable, sustainable funding, closure of structures, high turnover of professionals for NGOs in Greece; lack of staff, tight work schedules for staff in reception centres, high workloads of staff feeling overwhelmed, dealing with many tasks and thus risking burnout, limited appropriate play areas in reception centres in Italy.

**Lack of adequate child safeguarding policies and capacities** among local actors was a risk highlighted at the beginning of the TOF phase. Partner organisations had to ensure that potential facilitators undertook appropriate training on child safeguarding fundamentals and procedures before being able to enroll in TeamUp training.

TeamUp presented requirements in its application that placed some burden on partners and facilitators. There has been an initial underestimation of the **time and resource demands of the methodology**, which requires considerable time for planning the TeamUp sessions, for debriefing, and for participating in essential mentoring and supervision sessions. Also, TeamUp requires the involvement of at least two

facilitators per session, hence calling for implementing organisations to ensure the allocation of enough human resources for implementation. This is also connected to the situation of operators working in local reception systems, especially in Italy and Greece, where there is a structural lack of funding and prioritisation of resources. TeamUp trainers must also ensure to allocate enough time for providing facilitators with mentoring and supervision sessions, including in presence and on the job, as a way to maintain the quality in implementation.

**MEAL requirements** have been quite demanding in EPSUM, and posed additional burden on already tightened schedules of TeamUp trainers and facilitators. In addition, some tools did not consider in the first place the high mobility of migrant and refugee children and youth, hence making the collection of data more difficult.



# Recommendations

Based on their experience implementing EPSUM over three years as part of larger MHPSS systems in Italy, Greece and Sweden, project partners have drawn recommendations both to improve the implementation of TeamUp and to reduce the gap between the MHPSS needs of children in migration and the support available:

**1. Involve children and young people in migration in the design and implementation of activities.** The organisations implementing TeamUp

recommend also training former UACs and youth with a migration background as TeamUp facilitators.

**2. Physical activities should be an integral part of the inclusion support offered to children in migration.** While inclusion support usually focuses on essential needs such as education and employment, physical activities are often neglected. Instead, they were

welcomed by the children in EPSUM and they played a crucial role in strengthening the well-being of UACs, former UACs and refugee children, as well as their relations with other children. Also, they improved focus in school activities.

**3. Integrate MHPSS in locally available services, to ensure the continuum of care and facilitate sustainability.** TeamUp facilitators are able to identify those children in need of more specialised support and refer them to specialised support. However, long waiting times for focused individualised mental health support undermine referral systems and expose a treatment gap. Any new intervention shall aim at strengthening the locally available MHPSS services, going from universal, to selected

and indicated interventions, as a way to prevent as much as possible the insurgence of serious mental health disorders and avoid overburdening already weak MH systems. **Particular attention should also be given to staff care**, as professionals working with UACs and refugee children and youth are confronted with high-demanding situations. Staff working with children need to take care of themselves and their mental health in order to be in the position to support children adequately.

**4.**

Methodologies improving the mental well-being of children and young people should be integrated into educational curricula. **Implementing TeamUp in schools** and other educational settings can facilitate

the scaling-up of the intervention and maximise the positive impact on inclusion of implementing TeamUp with diverse groups of children that bring together children of different backgrounds.

**5.**

Project partners identified the need to strengthen **child safeguarding**<sup>1</sup> protocols and training for practitioners working with children within locally

available services, as well as **to raise awareness on the impact of mental health on the social inclusion of UACs and refugee children and youth.**

There is clear evidence on how policies focusing on deterrence prioritising migration control measures over children's best interest negatively impact children's well-being. This includes the harmful impact of extremely adverse experiences faced by children during their journey to Europe as well as having to live with a feeling of constant uncertainty during long asylum processes, fear of return, often living in substandard conditions

with insufficient access to education, healthcare and other services and limited opportunities for family reunification. Project partners highlight the **urgency of opening safe and legal channels for children and families seeking protection and the need for fair and efficient asylum and family reunification procedures** that provide children and their families with the necessary stability to build their future.

**7.**

Investing in community models helping to improve the psychosocial well-being of individuals benefits society as a whole. **Highly manualised, evidence-based preventative methodologies like TeamUp** are highly adaptable to different contexts, populations and

needs; can be integrated in multiple sectors of intervention; clearly reduce the need for referral to other professional mental health services for treatment; and improve social inclusion and well-being of whole communities.

<sup>1</sup> Child safeguarding is the responsibility that organisations have to make sure their staff, operations, and programmes do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organisation has about children's safety within the communities in which they work, are reported to the appropriate authorities." (KCS, The International Child Safeguarding Standards)



# EPSUM

Enhancing Psychosocial Wellbeing of Unaccompanied Minors



Co-funded by the European Union