

# Coaching for Life Evaluation *Research Brief*



## Background

Since 2018, Save the Children UK, The Arsenal Foundation and Save the Children Jordan have partnered to implement Coaching for Life (CFL), a sports-based mental health and psychosocial (MHPSS) program for Syrian children and youth aged 10-17 in five program centres within Za'atari refugee camp, Jordan.

CFL integrates Save the Children's child resilience approach with Arsenal's sports for development model, using football as a tool to strengthen the wellbeing of children and youth.

The program also engages caregivers and the wider community through activities that promote supportive family and community environments. Mini leagues are employed as a play-based approach to promote learning and wellbeing while fostering broader community engagement. Former participants are trained as junior coaches, supporting local ownership and sustainability.

Importantly, CFL includes gender-focused activities aimed at empowering girls and boys and challenging harmful gender norms, roles, and practices. These efforts draw on Arsenal's longstanding experience in promoting gender equality in local communities across North London, including its support for Arsenal Women – the club's professional women's football team. Notably, Arsenal players such as Leah Williamson have advocated globally for the power of football to promote gender empowerment and have directly supported CFL through engagement at the Za'atari camp.



## Background

This brief is intended for donors and organizations interested in using sport-based MHPSS interventions for child and youth wellbeing in humanitarian and crisis settings. It presents findings from a mixed-methods evaluation of CFL conducted in 2024 by the MHPSS Collaborative, in partnership with Save the Children Jordan and UK, and funded by The Arsenal Foundation.

The evaluation aimed to understand CFL's impact on children and young people, caregivers, and the broader camp community through **three key questions:**

**How does Coaching for Life affect children and young people's social connectedness and behaviour?**

**Does it shift harmful gender norms, roles, and practices in meaningful ways?**

**Can Coaching for Life be sustained locally without external funding?**



## Methods

Using a [quasi-experimental design](#), we compared two groups of children and youth – those who participated in CFL (i.e., intervention group) and those who did not (i.e., control group) – over five months (June-October 2024). Surveys used at the start and end of the period tracked changes in social connectedness<sup>1</sup>, social behaviour, and gender-related outcomes<sup>2</sup>.

To ensure comparability between groups, we used a statistical technique (i.e., [Propensity Score Matching](#)) to match participants on key characteristics. After matching, each group had 171 participants.

We analysed changes over time using median scores and tested for statistical significance of changes within each group using [Wilcoxon signed-rank tests](#). For social connectedness, we also used [Difference-in-Difference](#) analysis to assess whether changes over time were likely caused by the program rather than other factors.

We collected qualitative data through 25 focus group discussions, 10 interviews, and 20 field journals. Participants included children, youth, caregivers, coaches, junior coaches, and community members. Data were analysed thematically using both inductive and deductive approaches.

*Note: Quantitative findings in this brief focus only on social connectedness due to weak internal consistency in survey items for other outcomes.*



<sup>1</sup> Measured using the 8-item social connectedness scale developed by Dr. Lee at the University of Minnesota (Lee et al., 2008) and adapted and translated in Arabic for use in Morocco by Ben Ayad et al. (2022).

<sup>2</sup> Social behaviour and gender outcomes were measured using items developed specifically for CFL.

# Findings

## Social connectedness

Qualitative findings indicate that CFL improved social connectedness among both boys and girls. Many participants reported **forming new and stronger friendships**, which helped reduce feelings of isolation and loneliness. These **benefits extended beyond the football pitches**, with participants describing **stronger sense of belonging and ties** with caregivers, siblings, neighbours, teachers, and peers. They also reported feeling more **engaged, confident, and comfortable in social situations**. Boys shared being more **willing to initiate conversations** with new peers, while girls described feeling **less anxious when interacting with male authority figures** such as fathers, uncles, and older brothers.



*“I didn’t know how to introduce myself or understand what was happening around me. Now, I can confidently introduce myself and have many friends. My drawings show the sadness of being alone before and the happiness of having many friends now.”- Male, 10 to 14 years*

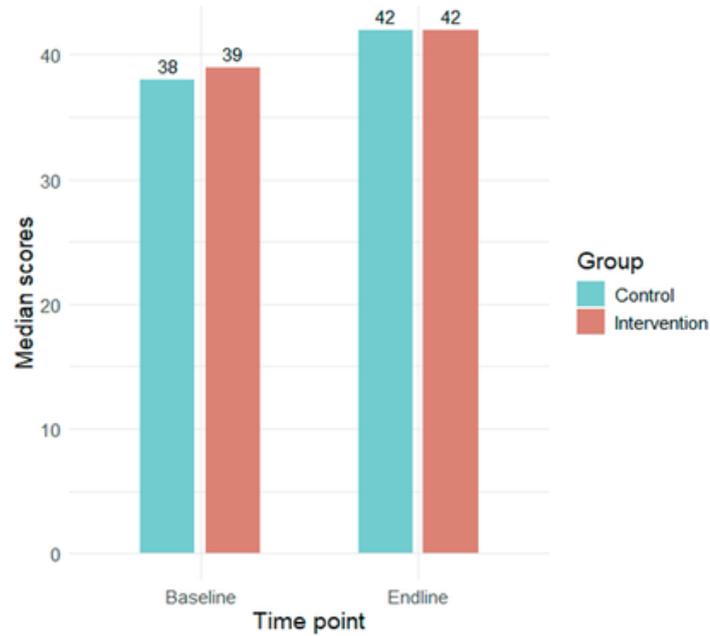
Quantitative analysis revealed **statistically significant improvements in social connectedness** over time in both groups (see figure 1 for median scores at beginning and end for both groups). However, the Difference-in-Difference analysis **did not detect statistically significant changes that could be directly attributed to CFL**.

Sub-group analysis revealed that **older participants experienced greater gains** than younger ones ( $p < .05$ ), and **one program centre showed significantly higher improvement** than others (see figure 2).

The modest findings may be partly due to a ceiling effect - where higher scores at the start limited the potential for measurable improvement over time - and confounding influence of other programs in which participants from both groups were involved.

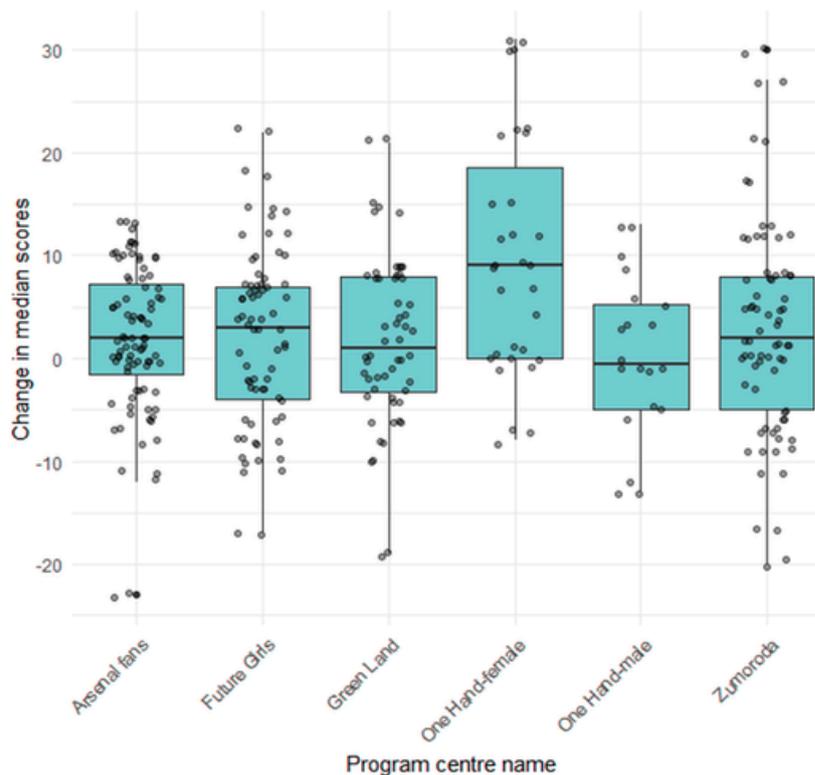
## Changes in median social connectedness scores

Figure 1: Median social connectedness scores (out of a total of 48) at baseline and endline



## Change in social connectedness scores by program centre

Figure 2: Changes in median social connectedness scores by program centre



## Social behaviour

Qualitative findings indicate that CFL helped build key social and emotional skills in children and youth. Participants **reported learning teamwork, trust, and cooperation** through group activities, and coaches observed **increased collaboration** over time.

Several girls described gaining **confidence in making everyday decisions independently**. Participants also reported **learning respectful, non-aggressive communication**, and recognizing the importance of clear and constructive dialogue for team's success.



*“I changed a lot, in the beginning; I was weak and didn't know how to deal with the things I faced. I was shy and afraid to speak, I didn't know how to express what I was feeling. But after attending the sessions, I became more confident and was able to express how I felt. The sessions were really helpful in dealing with the situations I faced.”*

*– Female, 10 to 14 years*

Coaches and junior coaches noted that participants improved their **ability to manage conflict**. Several participants also reported **greater confidence in expressing themselves** – in particular, girls reported feeling **less inhibited and shy**, with one caregiver noting that her daughter now **communicates with more nuance and authority**.

*Note: Quantitative findings on social behaviour have not been captured in this brief due to low internal consistency of the measurement items used to measure the outcome. However, exploratory results are available upon request by contacting [info@mhpscollaborative.org](mailto:info@mhpscollaborative.org)*



## Gender norms

Coaching for Life contributed to increased awareness and appreciation of gender equality, including the **right to education, play, and work**.

Several **girls reported greater confidence in asserting their rights** – for example, advocating for their own or a sibling's education or speaking up in response to restrictive gender expectations.

Participants, including several boys, noted that the **program challenged traditional gender roles** and **encouraged more equitable views regarding responsibilities** both at home and in public life. Several participants shared **personal stories of rejoining school or delaying early marriage**, attributing these decisions to support from program staff and increased awareness of the associated risks, amongst other reasons.

**Attitudes towards girls' participation in football also evolved.** While girls initially expressed hesitation – due to fear of judgment, harassment, or disapproval – many reported **growing acceptance over time**. Success stories, such as girls winning football tournaments, helped shift the perceptions of boys. Nonetheless, **some boys continued to view girls' participation as acceptable only under certain conditions**, including access to gender-segregated and private spaces and use modest attire.

**Caregivers' attitudes towards girls' involvement in football also shifted, though some resistance remained**, particularly among male caregivers. While some caregivers were supportive from the outset, others became more accepting after observing improvements in girls' wellbeing and confidence, building trust with coaches, witnessing the program's gender-sensitive safeguards in action (e.g., gender-segregated and covered pitches), and participating in caregiver focused sessions that clarified program's objectives.

“

*In the past, any male would tell me, “Sit down, come in, it's forbidden”. I mean, he could control me, (and) I would stay quiet. But when I joined the program, I realized that I had rights. I could go out and do whatever I wanted. Even my brother would tell me, “You're not allowed to go”. I would tell him, no, I want to go.*

*– Female, 15 to 17 years*



## Gender norms

Broader **community attitudes were also reported to be gradually shifting, although deeply rooted gender norms continue to pose challenges**, with acceptance conditional on measures taken to protect girls' privacy, safety, and modesty.

Caregivers and community members also reported **increased recognition of the importance of education and the risks of early marriage** for both girls and boys. While awareness-raising was valued, many **emphasized these challenges stem from broader socioeconomic challenges**, including poverty, insecurity, and poor education quality, among others.

## Other outcomes

Children and youth also reported other benefits, including improvements in **physical health, emotion regulation, agency, self-efficacy, empathy, self-esteem, self-confidence, and overall outlook** towards future. Caregivers reported greater **understanding of their children's needs and rights, ability to communicate constructively**, and greater comfort in **navigating intergenerational differences**. Some girls shared experiencing **more autonomy and stronger bonds with their caregivers**. Caregivers also noted that their **children had become more open and communicative** after participating in the program.



## Sustainability and local ownership

Most participants shared that the **program would end or be severely disrupted without continued external funding**, as the **community lacks the resources** to maintain football pitches, purchase equipment, or compensate staff.

Many expressed concern that without continued support, the program's **gains could be reversed**, including loss of safe spaces and social ties, and increase in negative coping behaviours amongst children and youth. While **some proposed short-term solutions such as volunteering and local fundraising**, these were **not seen as viable due to widespread financial hardship in the camp**.

Importantly, during validation workshops held after the recent change in political leadership in Syria, participants raised **concerns about the psychosocial challenges associated with the potential return to Syria**.

They emphasized the **need for continued support** to cope with uncertainty, loss of social networks and support systems, and the challenges of adapting to a new environment –particularly for children born in Za’atari, who may have little familiarity with life in Syria.



## Key learnings and recommendations

Drawing on lessons learnt from the implementation of CFL in Za'atari, the following **recommendations for designing, implementing and evaluating sports-based MHPSS programs** are intended for donors, implementers, and policymakers seeking to fund, implement, and evaluate sports-based MHPSS interventions in humanitarian and crisis-affected contexts:

**Promote gender-equity** in sports-based MHPSS programs through ongoing stakeholder dialogue, responsive design, and gender-sensitive safeguards that balance cultural norms with equity goals. Support gradual norm change while upholding safety, agency, and inclusion.

**Tailor programming by age and gender**, recognizing their influence on outcomes. Adjust session content, facilitation, and engagement strategies accordingly.

**Monitor program fidelity and implementation across sites** to ensure consistent quality and outcomes. Investigate and address site-level factors affecting impact (coaching quality, facilities, community dynamics).

**Engage caregivers and the broader community** to promote supportive environments that reinforce the wellbeing and resilience of children and youth.



## Key learnings and recommendations

**Link or integrate sports-based psychosocial programs with broader multisectoral services** —such as education, livelihoods programs, and safety and security initiatives – to address broader socioeconomic drivers of psychosocial issues and gender inequality.

**Strengthen referral pathways** to specialised MHPSS services. Train coaches to recognize distress, provide basic support, and make referrals. Consider integrating peer support models (e.g., I Support My Friends).

**Plan for sustainability early** through donor advocacy, local leadership, and flexible funding models. Partner with local NGOs and youth groups and consider embedding the program components into existing services.

**Adopt a community-led approach** by engaging community stakeholders in program design and training former participants as coaches, junior coaches, and youth leaders.

**Adapt and validate measurement tools for specific contexts and populations**, especially for complex psychosocial (e.g., social connectedness scale) and gender outcomes. Use mixed-methods and participatory approaches to capture nuanced changes.



This brief was written by **Deepali Pavagadhi**, MHPSS and Research Advisor at The MHPSS Collaborative.

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### **About the MHPSS Collaborative**

The MHPSS Collaborative is a global platform for research, innovation, learning and advocacy in the field of Mental Health and Psychosocial Support (MHPSS). We convene key stakeholders – from children and families with lived experience to service providers, researchers and policy makers – to work together for children’s mental health and wellbeing. We develop and share knowledge on the latest innovations and research on MHPSS in fragile and humanitarian settings. We advocate to ensure donors and decision makers hear the voices of children and families and prioritize policy and funding for MHPSS.

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