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A perspective from key stakeholders on football and health improvement

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Football is one of the most popular sports worldwide. Much of the research literature is primarily focused on contributions from the academic community. Given this, the Editors were motivated to provide an opportunity for practitioners and commissioners from applied settings to share their perspectives. This applied article offers insights from 'key players' activity involved in football-led health improvement interventions.

Introduction

Football has been highlighted as the most popular team sport in the world. Recently, an emerging body of the literature highlights football-led health improvement as a vehicle for positive changes in physical and social health impacts. This adds further weight to support the role of football in delivering success in a range of lifestyle-related behaviours and conditions across the lifespan.¹ The purpose of this special issue was to invite contributions on the role of football-led interventions and their impact on health improvement. In doing so, the Editors [Parnell and Pringle] seek to bring together current perspectives from key stakeholders in the area. Given that many literary contributions come from the academic community, the Editors were motivated to provide practitioners and commissioners as well as researchers with an opportunity to share their perspectives. As such, this editorial offers applied insights from 'key players' actively involved in football-led health improvement. Contributors will not only provide insight into the scope and reach of health improvement interventions, but also considerations for practitioners and researchers working in this area. In no hierarchical order, we are pleased that colleagues from the English Premier Football League, English Football League Trust, the Football Foundation, European Healthy Stadia Network, Burton Albion Football Club (Burton Albion Community Trust) and Staffordshire Public Health have joined us in providing this editorial.

The global brand of the English Premier League and the Football League is associated historically with football in England and with the local communities where many football clubs are positioned geographically. The English Premier

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League and Football League clubs have a long history of engagement with their local communities and all clubs have associated community foundations, which are often charities [with a number of exceptions who have charitable arms, but manage their community engagement activity as part of the club's internal corporate social responsibility function] that engage within their local communities delivering on a range of social agendas including education, social inclusion, crime reduction and health improvement. For many observers, the work undertaken within the community programmes of the professional football clubs in England is considered world leading. The first contributor is Mr Simon Morgan, Head of the English Premier League Charitable arm, who offers an update and insight into their work:

The Premier League is one of the most popular and exciting sports competitions in the world. Off the field the Premier League has a huge commitment to social responsibility and supports Clubs in their important roles as hubs at the heart of their communities. This commitment includes building new grassroots facilities, providing activities to increase sporting participation and a focus on young people and education, particularly improving the quality of Physical Education (PE) sessions in schools. Football is also a key tool to promote health improvement. In recent years the Premier League has funded a men's health programme and a mental health programme with the outcomes proving that football clubs have a unique ability to engage with their local communities and provide social benefit to the participants.

The Premier League is currently focusing its priority on young people and providing them access to high quality PE sessions in school and pathways into other inclusive sporting opportunities including competition. Clubs delivered over 66,000 h of fun PE lessons last year. By providing physical literacy and fundamental movement skills at an early age this will promote the healthy advantage of creating an active lifestyle.

The biggest challenge is for the health sector to appreciate the important role the clubs can play in meeting their objectives. The clubs can engage hard to reach and inactive people that other organisations can't. The clubs are then able to provide bespoke programmes tailored to the individuals needs be they sport, exercise or re-engaging with the community. Similarly the importance of PE within a balanced national curriculum should not be underestimated and every child should have access to a high quality PE. This not only builds self-confidence but also is healthy and good for communities. The Premier League is keen to promote participation in sport from a young age and then help to keep them playing throughout their life regardless of economic or social background.

Football, the Premier League and our clubs have an important role to play in helping to promote and develop a healthy lifestyle in young people and then to sustain them by providing pathways into sporting opportunities that suit them as individuals.

Football in England extends beyond the English Premier League; as previously mentioned The Football League plays an important role in reaching out across England and Wales geographically to deliver football-based health improvement through its 72 associated football clubs. As with the English Premier League, the Football League has a charitable and community-oriented operation committed to achieving football-related social objectives. Mr Angus Martin, Business Development Manager and Lead for Education at the Football League Trust:

The Football League Trust is a registered charity, which acts as an umbrella organisation to support and represent the interests of a national network of charities housed within Football League clubs. This network engages with over 1.5 million individuals each year across projects encompassing sport, health, education and inclusion. In simplest terms we use the power of sport to engage with people of all ages and backgrounds to engender positive community action.

Our trusts deliver a very wide range of health initiatives from within their respective football clubs. This includes everything from healthy eating projects in primary schools through to more challenging work with mental health. This extends to projects focused on particular groups of the population (such as women and girls, children and young people and older adults). There is also significant overlap between health projects and our other key areas of work – sport, education and inclusion. Using sport and football in particular we are able to engage with some of the hardest to reach people in our communities, working with them to both educate and inspire positive change.

The biggest challenge for us with regards to increasing the health improvement work that our trusts carry out is a combination of access to funding and also the awareness of health commissioners of the capabilities of our network. We work hard to capture the data behind successful projects we deliver to use this to build our argument to funders and also invest significant time and money into providing appropriate health-related continuing professional development and training for our staff.

Football and sport obviously isn't the whole answer to health improvement, but we certainly feel that we can play a significant part and we have a particular strength with regards to being able to engage with all areas of our communities. The use of our stadia and professional players as inspiring venues and positive role models is a further strength with regards to helping us achieve health improvements.

Facilities and stadia are both critically important features in football from a grass-roots perspective through to the stadia of professional football clubs. Indeed, facilities and stadia each have a role to play in providing infrastructure, locations, facilities, and in some cases, cultural landmarks to deliver health-related messages, interventions and projects. With those thoughts in mind, the next contributor is, Mr Michael Rigby, Head of Information Systems and Business Intelligence for the Football Foundation. Michael offers his perspectives into the Football Foundation role in helping achieve more physically active populations through upgrading public sports facilities:

The UK has amongst the worst levels of obesity in Western Europe and it also has amongst the worst public sports facilities. Comparable countries like Germany, France and Holland provide excellent local sports facilities, yet Britain lacks these crucial venues that enable people to stay fit and healthy through playing regular sport.

We are therefore, as a country, effectively trying to combat obesity without a major tool in our armoury. This was underlined by independent research commissioned by the Football Foundation to establish how impactful third generation (3G) artificial grass pitches (AGP) are on the health of the people who use them.

The Football Foundation was founded by the Premier League, The FA (Football Association) and the Government in 2000 to improve grassroots facilities, and to get more people playing our national game. In the last 15 years the Foundation has awarded grants worth £513 m and multiplied our Funding Partners' investment by attracting an additional £730 m in partnership funding, which means more than £1.2 bn has been invested in the areas of most need and where it will have the most impact.

Investment has focused on the refurbishment of existing facilities and developing new ones, such as floodlit 3G AGPs and changing rooms, the Foundation has achieved substantial increases in participation. It has also improved the quality experience of players and helped achieve player retention at existing and new sites.

Last year the Foundation achieved an average increase in football participation of 11% at facilities that it invested in, compared to the level of football played at those sites the previous year. It also achieved a 25.8% increase across all sports, and has consistently managed to get local populations enjoying more regular physical activity each

year. Achieved simply through expert targeting of investment and expanding the capacity and quality of the country's local sports infrastructure.

Furthermore, when asked to score out of five, with five being the most certain, if their health had improved as a result of playing on a 3G AGPs, 86% of the 274 players questioned gave an answer of between three and five – a strong indication that they felt 3G AGPs were contributing positively to their wellbeing.

Many of these 3G AGPs strengthen the connection between communities and their local professional club's community foundation who are delivering outreach work in some of the most deprived areas of the country. These types of programme are not only helping to keep people fit but also address mental health problems, such as depression and anxiety by providing self-esteem through increased social networks.

By providing more of these facilities the Foundation is ensuring that at least some of our population are able to avoid serious health issues like obesity, thus avoiding far more costly subsequent problems to their quality of life and to the National Health Service.

Addressing Public Health issues through football has grown in recent years,² especially through the development or redevelopment of new or existing facilities. Continuing the discussion on the role of facilities, it is pertinent to consider the broader role of sports stadia in delivering health improvement activities. Our next contributor is Dr Matthew Philpott, Director of the European Healthy Stadia Network CIC:

Football at recreational level is now well evidenced as an effective means of both preventing and treating non-communicable diseases.³ There is also an increasing recognition of the role professional sports clubs, including football clubs, can play in improving the public health of local communities and those who interact with their sports venues. Building on European research carried out from 2007–2009,⁴ the UK-based social enterprise European Healthy Stadia Network (hereon Healthy Stadia) works with professional sports clubs and governing bodies of sport to develop stadia as 'health promoting settings', offering assistance through guidance documents, case studies of good practice, benchmarking tools and research.

This settings-based approach emphasises the potential for sports venues to develop policies and interventions promoting healthier lifestyles across three cross-cutting themes: healthier stadium environments for fans and non-match day visitors (e.g. healthier food options); healthier club workforces (e.g. annual health checks); and, healthier populations in local communities (e.g. men's weight loss programmes). The most obvious of these categories to have developed over recent years has been the increase of community health interventions delivered by football clubs (predominantly based in Northern Europe). Such interventions have addressed a wide array of public health concerns (e.g. physical activity, healthier eating, and mental health) of which there are now a growing number of independently evaluated projects and randomised control trials.⁵

Although less visible, there has also been positive changes concerning health promoting policies and operations at football stadia and major sports events, in particular concerning tobacco and alcohol control, healthier eating options at catering outlets, active travel (walking and cycling to stadia), and the community use of club training and exercise facilities. Whilst it may come as a surprise that only 10 out of 54 national football associations in Europe have a coverall smoke-free policy,⁶ it is promising that two of football's key governing bodies – FIFA and UEFA – have declared a ban on use and sale of tobacco at recent editions of their flagship international tournaments. Progress has also been made at club level in terms of healthier catering options such as low-calorie menus, healthier reformulation of traditional choices (e.g. use of low fat and low salt pastry), and supply of free drinking water, whilst clubs are increasingly investing in active travel assets such as bike locking racks, with KAA Gent in Belgium having now installed 3438 locking points at their 20,000 capacity stadium.

Health promoting stadium initiatives face a number of challenges, in particular overcoming the conflicting commercial and (in some cases) political concerns of clubs and governing bodies, but also problems of evaluating their overall impact on health – a common problem associated with population-based approaches to public health. There is also an argument that since the proliferation of healthy lifestyle projects delivered by ‘arm’s length’ community foundations or trusts, some of the impetus for clubs themselves to develop health promoting stadium initiatives has been downgraded, thereby disrupting the holistic concept of a health promoting club and stadium.

As the health and economic consequences of non-communicable diseases increases in Europe year upon year, there are still huge opportunities for football clubs to become *exemplar* health settings for certain population groups, something they are uniquely positioned to realise owing to fan loyalty, communications reach, and provision of specialist facilities.

The scope of contributions thus far highlights the potential of football-led health improvement to play a role in tackling non-communicable diseases. The English Premier League and Football League Trust outline the reach and scope of football organizations within England and Wales, whilst the Football Foundation and Healthy Stadia display the current potential of facilities and stadia. Our contributors endorse the role of football in contributing to Public Health outcomes. The focus of our editorial now shifts slightly as we consider the perspective of colleagues involved in commissioning and providing football-led health improvement at the front line! Mr Jon Topham, Locality Public Health Partnerships and Commissioning Lead for Public Health Staffordshire in the English East Midlands and collaborator Mr Andy Taylor, Head of Community at Burton Albion Community Trust (BACT). BACT is the community arm of Burton Albion Football Club and are part of the Football League Trust:

BACT is the charitable arm of Burton Albion Football Club and has been operating since September 2010, delivering a wide range of projects across the themes of Sport Participation, Education, Social Inclusion, Disability and Health. The engagement is part of a ‘whole family’ approach with delivery across the lifespan (from ages 2 to 80). Such engagement is delivered via targeted provision as a result of strong partnerships and an innovative workforce consisting of family support workers, officers and practitioners.

BACT has worked closely with the local Public Health Commissioner and researchers specifically collaborator Dan Parnell (Leeds Beckett University) to design and deliver projects utilising the brand of Burton Albion Football Club to impact on the wider health agenda.⁷ It is our belief, which is backed up by our increasing community engagement, that football clubs have a pivotal role to play in inspiring people of all ages to make positive life choices.

Within the last twelve months we have seen funded health projects such as Golden Goal (Over 50s Physical and Social Activity Club)⁸ Head for Goal (Mental Health Football), Male Fit Fans (Bespoke men’s health programme) emerge as sustainable models of provision. Current projects also include collaborations with East Staffordshire Citizen Advice Bureau (Focussed on schools and families, projects not only help to promote lifestyle change but also help with home budgeting and money management. All projects offer participants pathways owing to the wide menu of programmes we currently deliver, ranging from the initial engagement through to volunteering and education programmes.

We believe that, as an agent for positive health changes, football clubs provide a base that is firmly rooted in the community; football clubs are not burdened with statutory baggage and provide a safe environment to effect ‘change’ in both fans and local communities. In the case of BACT, proactive engagement with all local partners a

commitment to partnership working and a ‘can-do’ attitude have been at the heart of successful projects delivered in East Staffordshire.

This approach to partnership working, using the hook of football, to drive positive health change, does offer clear opportunities to reach particular groups of people, notably men and disaffected groups more generally. This is why BACT have worked in collaboration with Public Health on wider campaigns, for example the annual Health and Wellbeing fixture, which allows partner organisations to raise awareness of issues such as smoking, alcohol consumption, as well as health tests for the fans. The fan base of a football club (typically male) creates opportunities for partner organisations to engage with those harder to reach groups. This includes those individuals who may not go into a GP surgery for a health check or attend a local gym, but will engage with BAFC branded programmes and their staff.

It is important to set these achievements against the challenges facing football and community trusts/charities working within football clubs to meet the Public Health agenda. These include the following:

- (1) Organizational buy in from the football club to the community trust/charity, which is critical. In the case of Burton Albion, the club is wholeheartedly supportive and this has enabled the BACT to flourish and to explore new ways of working.
- (2) Recruiting the right staff and skill set.
- (3) Planning interventions so they have a strategic fit.
- (4) Funding to adequately resource effective interventions and evaluation.
- (5) Balance between commercial and social objectives.

BACT and Staffordshire Public Health believe that football clubs have a huge role to play in meeting Health Improvement outcomes, in partnership with wider organisations from both the public and voluntary sector. In the past football has played a peripheral role in health improvement. Moving forward, we believe that Footballs Clubs and Trusts can provide a vehicle for developing ‘scaled up’ health improvement interventions that offer reach into previously untapped communities and really start to offer positive support for people to consider their own lifestyles and to encourage a mass movement for change.

Concluding comments

Contributions from our colleagues illustrate the scope and breadth of activity ranging from national programmes to local interventions forming part of the strategic context for health improvement. While these accounts are closely aligned to the emerging evidence supporting the impact of interventions, our contributors point out that effective intervention is not a given! Amongst other challenges, the need for, good planning, fidelity with local health priorities and effective collaborations are important in providing interventions that meet the health needs of participants. Increasing stakeholder awareness of the unique reach that football and football-led health improvement can playing meeting local health priorities will continue to be important. In doing so, well-designed monitoring and evaluation of programmes are essential in identifying which interventions are effective along with processes underlying these impacts.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes

1. Pringle et al., 'Health Improvement for Men and Hard-to-engage-men Delivered in English Premier League Football Clubs'; Parnell and Richardson, 'Introduction: Football and Inclusivity'; Hunt et al., 'A Gender-sensitised Weight Loss and Healthy Living Programme for Overweight and Obese men Delivered by Scottish Premier League Football Clubs (FFIT): A Pragmatic Randomised Controlled Trial'; Bangsbo, Krstrup, and Dvorák, 'Special Issue: Football for Health – Prevention and Treatment of Non-communicable Diseases across the Lifespan through Football'; and Parnell et al., 'Reaching Older People with PA Delivered in Football Clubs: The Reach, Adoption and Implementation Characteristics of the Extra Time Programme'.
2. Pringle et al., 'Health Improvement for Men and Hard-to-engage-men Delivered in English Premier League Football Clubs'; Parnell and Richardson, 'Introduction: Football and Inclusivity'; and Parnell et al., 'Reaching Older People with PA Delivered in Football Clubs: The Reach, Adoption and Implementation Characteristics of the Extra Time Programme'.
3. Bangsbo, Krstrup, and Dvorák, 'Special Issue: Football for Health – Prevention and Treatment of Non-communicable Diseases across the Lifespan through Football'.
4. Drygas et al., 'Good Practices and Health Policy Analysis in European Sports Stadia: Results from the "Healthy Stadia" Project'.
5. Hunt et al., 'A Gender-sensitised Weight Loss and Healthy Living Programme for Overweight and Obese Men Delivered by Scottish Premier League Football Clubs (FFIT): A Pragmatic Randomised Controlled Trial'; Dubuy et al., 'Evaluation of a Real World Intervention Using Professional Football Players to Promote a Healthy Diet and Physical Activity in Children and Adolescents from a Lower Socio-economic Background: A Controlled Pretest–posttest Design'; and Zwolinsky et al., 'Optimizing Lifestyles for Men Regarded as "Hard-to-reach" through Top-flight Football/Soccer Clubs'.
6. Healthy Stadia, *Survey of Smoke-free Policies at Football Stadia in Europe*.
7. Pringle et al. 'Effect of a Health-improvement Pilot Programme for Older Adults Delivered by a Professional Football Club: The Burton Albion Case Study'; Parnell et al., 'Understanding Football as a Vehicle for Enhancing Social Inclusion: Using an Intervention Mapping Framework'.
8. Pringle et al. 'Effect of a Health-improvement Pilot Programme for Older Adults Delivered by a Professional Football Club: The Burton Albion Case Study'.

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