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Delivering Family Behaviour Change And Other Public Health Programmes Through Community Arms Of Professional Football Clubs

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BACKGROUND & AIMS

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- **Background**: Initiatives to improve families' health seldom target fathers. Professional football clubs have been a successful setting for public health interventions.
- · Aims: to investigate -
- 1. feasibility of delivering interventions through professional football clubs to fathers and their primary school-aged children to support learning together about being more active, eating healthily, reducing screen time and strengthening father-child relationships.
- 2. opportunities, constraints and challenges of delivering public health interventions in the professional football club setting.



KEY FINDINGS

- In response to demand for a family-based programme for men who had taken part in Football Fans in Training (FFIT, a weight management and healthy living programme delivered in professional football clubs), we developed a 4-session extension to FFIT. However, running a programme over 13 (baseline measurement/orientation+12 sessions) +4 weeks proved challenging for clubs and participants, and attrition was very high.
- In 2023/4, after disruptions due to Covid-19, we worked with the Scottish Professional Football League (SPFL) Trust to identify two clubs to test the feasibility of delivering another programme for fathers and children. Healthy Dads, Healthy Kids (HDHK), which was developed in Australia, was well-received by clubs and fathers who took part. Coaches described it as one of the best programmes they had delivered and noted participants' obvious enjoyment of the sessions. The programme was seen to fill a gap, as SPFL clubs do not yet have similar family-oriented programmes. HDHK provides a practical means to address key priorities for public health policy in Scotland.
- Interviews with 24 staff from the community arms of 23 professional football clubs in Scotland highlighted many opportunities for reaching into communities to tackle important social and health issues, but also identified a range of challenges.

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WHAT DID THE STUDY INVOLVE?

- **Aim 1**: With input from club community coaches and men in the target population, we developed a 4-session add-on ('FFITer Families') to the highly successful 13-session FFIT which has been routinely delivered in SPFL clubs since first developed in Scotland in 2009.
- We observed FFITer Families session deliveries and interviewed participating fathers and coaches in four SPFL clubs in Scotland during 2019.
- After suspension of the project in 2020 due to Covid-19 restrictions, the project was reconfigured and restarted in summer 2023. We first tested feasibility of delivering a different 9-session family-health programme (HDHK, See Box 1) in two clubs. We observed the 'dads only' and 8 HDHK sessions in two clubs and interviewed the four coach facilitators trained to deliver HDHK and five of the participating fathers.
- Aim 2: In 2023/4, we also explored constraints and opportunities to delivering public health and other programmes in football club settings. All 42 SPFL clubs were approached; 1 declined, 13 did not respond and 4 did not respond after showing initial interest. We interviewed 24 staff from the community arms of 23 clubs about their community activities, including 5 CEOs, 9 community managers, 7 development officers, and 3 trustees.



WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

- Running a 4-week add-on to the 13-week FFIT programme was challenging for clubs and participants. Scheduling around club commitments and public/school holidays was difficult. Attrition was unacceptably high. We concluded the 4-week family extension to FFIT was not feasible or sustainable, and that we should test feasibility of another family programme.
- Running the 9-session HDHK was both feasible and attractive to participating clubs, coaches and participants. Coaches were enthusiastic about the course content, delivery materials and training and feedback from participants was positive (See Box 2).
- Interviews with staff and other stakeholders in community arms of SPFL football clubs showed the range of programmes being delivered. These help to provide community support for education, employability, food poverty, health and disability, as well as physical activity and skills training. One interviewee encapsulated this work by saying "*ultimately public health is what we are*", and many stressed the importance of their work for engaging with people who were socially isolated or excluded, particularly in areas of high need.
- The interviews identified several challenges around safeguarding, partnership working, skills training, precarity of staffing and funding, and different relationships with the clubs.

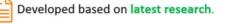
BOX 1

- HDHK was developed by Prof Phil Morgan in Australia.
- Gold-standard evaluation has shown HDHK's benefits for fathers and children.
- HDHK has been delivered successfully in community settings internationally.

Healthy Dads Healthy Kids

shown to significantly improve:







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BOX 2 – Views on HDHK

- This is the best thing I've ever worked on! .. seeing them all enjoying it. And no matter what you [did], they all enjoyed it' (Coach 1, Club 1) . "My best part was ...all the smiles, and the laughing .. just seeing the bonding happening" (Coach 2, Club 1).
- I did find it helpful .. listening to the other dads ..realising that their kids were just the same as my kids and they had the same issues with them with their screen time and everything like that. (Dad 4, Club 2). I was saying to my wife after .. 'You see the things about nutrition and food, I don't remember being taught that in school' .. I've totally changed what I have for breakfast as a result of doing the course .. A lot of the things about eating the right things .. I was, sort of, laughing to my wife, that I feel at 37 I should know this, but I don't. So, a lot of the things to do with, sort of, food and eating I found really interesting. (Dad 1, Club 1)

WHAT IMPACT COULD THE FINDINGS HAVE?

- The health, behavioural and socio-emotional wellbeing benefits for families with *primary-school aged children* map well onto Scottish Government priorities. Professional football clubs are an attractive context for delivering HDHK in Scotland. The clubs' reach into more disadvantaged areas offers opportunities to decrease inequalities in important health outcomes, e.g. childhood obesity and poor social and emotional wellbeing.
- Community arms of professional football clubs are a valuable resource for delivery of public health interventions, including in disadvantaged communities. They require adequate resource to provide the backup needed to deliver programmes safely, effectively and sustainably. Oversight bodies (such as SPFL-Trust) have an important role to play in providing support, particularly for smaller clubs.



HOW WILL THE OUTCOMES BE DISSEMINATED?

- A report on the feasibility of delivering HDHK in SPFL football clubs was prepared and sent to the SPFL-Trust in September 2024. They intend to use this to seek funding for future deliveries of HDHK.
- A paper describing the opportunities and challenges of delivering evidence-based public health interventions through the community arms of football clubs is under review.
- Summary findings will be shared with clubs, participants and other stakeholders.



CONCLUSION

- HDHK is well-suited for delivery in the football club setting and supports improvements in health and wellbeing in outcomes which map onto Scottish Government priorities.
- Community arms of football clubs are a valuable asset in delivering programmes to support public health, but more sustained investments and adequate resourcing are essential.



RESEARCH TEAM & CONTACT

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