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Curran, K and Bingham, DD and Richardson, D and Parnell, D (2014) Ethnographic engagement from within a Football in the Community programme at an English Premier League football club. *Soccer and Society*, 15 (6). 934 - 950. ISSN 1466-0970 DOI: <https://doi.org/10.1080/14660970.2014.920627>

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Ethnographic engagement from within a Football in the Community programme at an English Premier League football club.

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Abstract

The present paper draws upon six years of applied practitioner research experience of the authors who were based within a Football in the Community (FitC) programme at an English Premier League football club in a deprived community in the UK. The paper explores the critical emergent issues concerned with participant recruitment, engagement and retention within a range of FitC physical activity, health improvement interventions with the following populations; primary school children, families, men aged 18-35 years and men aged 55 years and above. Results are drawn from a range of ethnographic, reflective and observational data collection and analysis techniques undertaken by the authors. A first person writing style is used alongside creative non-fiction vignettes. Results relating to the effectiveness of a range of behaviour and lifestyle change interventions are discussed. The authors conclude with a series of proposed operational and strategic ways forward for FitC schemes.

Key words: Football, health improvement, ethnography, intervention

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Introduction

In England, Football in the Community (FitC) programmes were formally established in 1986 by the Footballers' Further Education and Vocational Training Society (FFEVTS). At this time, English football was suffering from serious economic and social problems (e.g., the height of hooliganism) and FitC programmes were established to 'do good' in the community and, in part, help to reconnect professional football clubs with their local communities.¹ FitC programmes (typically registered charities and the community arm of football clubs) are now found in the majority of professional football clubs in England and Wales.² FitC schemes often use the 'brand' of the football club as a powerful tool for engagement,³ however they are (typically) run as a separate (organisational) entity to the football club, with many having their own staff and independent funding streams (excluding some payments in-kind from the host club).⁴ Initially, FitC programmes concentrated on the provision of grassroots football coaching with children, however, in 1997 the New Labour government identified football as a potential key deliverer of a range of policy objectives in areas as diverse as health, education, community cohesion, regeneration and crime reduction.⁵

In recent years, football's potential 'power' has also been increasingly utilised by the UK coalition government to assist in attending to social agendas resulting in an increasing amount of community work being undertaken by FitC programmes and an increasing amount of financial support being provided. However, despite this investment, FitC interventions appear to lack monitoring and/or evaluation into their effectiveness and/or an understanding of, 'what works'.⁶ With this issue in mind, a formal collaboration between Liverpool John Moores University, School of Sport and

Exercise Sciences (LJMU SPS) and Everton Football in the Community (EitC) was established in June 2007.

Everton in the Community is a financially independent charity that is based within an English Premier League football club; Everton Football Club. Like many current football clubs, Everton Football Club is an institution which plays a key role in its local community.⁷ Everton in the Community aims to motivate, educate and inspire diverse communities in the North West of England and North Wales through the programmes that it delivers. EitC has undertaken community work (in a formal capacity) since 1988, was formalised as a registered charity in 2004, and has since become one of the most successful sporting charities in the UK; boasting awards such as the prestigious 'Community Mark', a national standard from Business in the Community (patron HRH Prince of Wales) through to more recent Global Business Excellence Awards, 2011, the Football Business Awards, 'Best Club Community Scheme', 2012 and a Big Society Award in 2013.⁸ The charity currently employs a specialist team of 32 full-time members of staff, 45 casual staff and more than 175 volunteers, with an annual turnover of approximately £1.6m.

Despite Everton in the Community's award winning work, the community it serves still suffers from significant health inequalities. Everton in the Community is based in the ward of Everton which is located within the City and North Neighbourhood Management Area (NMA) in Liverpool, a region which falls within the most deprived 10% in the country.⁹ Long-term unemployment in this area is high¹⁰ and life expectancy is amongst the lowest in Liverpool.¹¹ Furthermore, over 50% of the adult population are classified as overweight or obese and smoking prevalence and

hospital admissions for alcohol-related conditions amongst adults are amongst the highest in the city.¹²

Despite a growing number of health initiatives operated by Everton in the Community, there was (at the time) little evaluation of health related programmes and a lack of dissemination of 'what works'. Taylor¹³ highlighted the danger of committing to highly favourable outcomes and the risks of someone actually holding them to their commitments. In this regard, EitC were (at the time) claiming to improve quality of life however there was no empirical evidence to support such a claim and no prior intention (i.e., understanding or ability) to begin to measure whether such a claim was valid. EitC recognised that they could be doing more to evaluate the real impact of their initiatives and that developing a collaborative partnership to conduct monitoring and evaluation could help them to improve the efficacy of their practices. The formal collaboration between Liverpool John Moores University, School of Sport and Exercise Sciences and Everton in the Community therefore had a consensus to develop an understanding of the 'real' impact of EitC physical activity, health and behaviour change programmes through immersed practitioner-research and an integrated programme of monitoring and evaluation.

The collaboration endeavoured to use practitioner involved research as a means to establish whether or not the programmes delivered by EitC '*made a difference*' and subsequently improve the quality of life of those within the local community.¹⁴ The partnership's philosophy was as follows:

'to deliver quality programmes that aim to promote 'real' positive behaviour and lifestyle change improving the quality of life and the well being of people within our community across a range of social agendas via a plethora of projects, programmes, initiatives and campaigns'.

Through the collaboration, the ‘Everton Active Family Centre’ (EAFC) was developed, established and operated from June 2008 to August 2012. EAFC was a bespoke outward facing centre within the grounds of Goodison Park and acted as hub for immersed community based health research in the heart of a professional football club based within a deprived community. EAFC was equipped with gym and fitness equipment (see Figure A), bathroom and showering facilities and a furnished common room/office. EAFC was the base of the authors’ and a number of EitC’s physical activity and health improvement interventions.

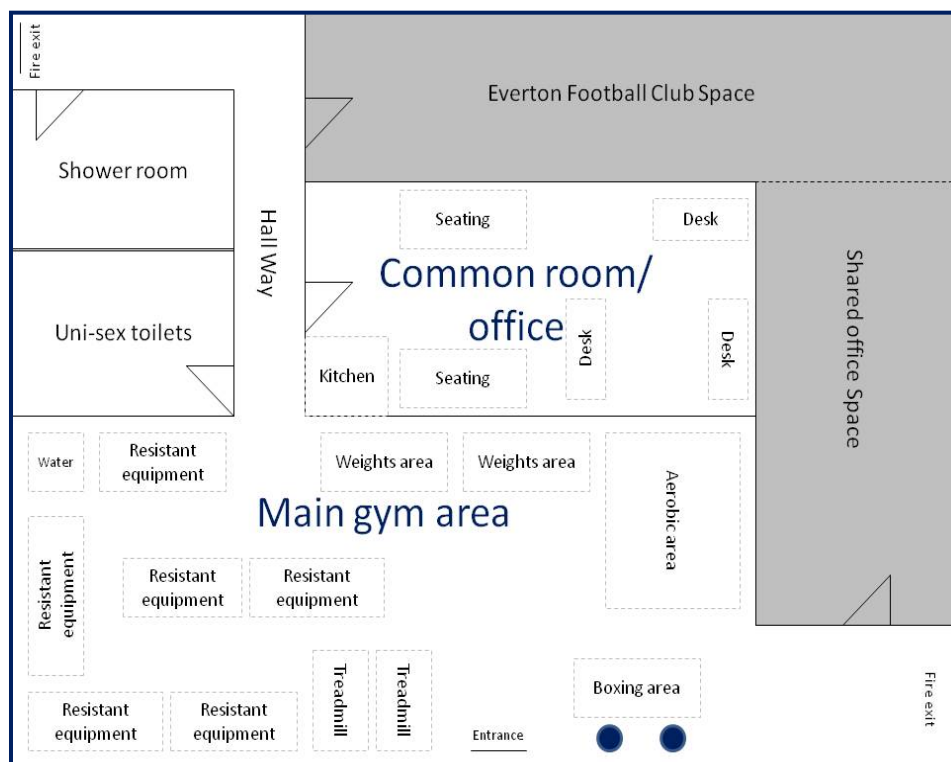


Figure 1: An outline of floor plan of the Everton Active Family Centre facility

EAFC was funded via a collaboration including internal capital funds from Liverpool John Moores University, in-kind funding from Everton Football Club, in-kind equipment provision by Liverpool Lifestyles (through Liverpool City Council leisure services), Liverpool Active City and from several small grants including one

from Liverpool Primary Care Trust (PCT). The authors acted as programme managers and practitioner-cum-researchers within EitC. They were involved in the development, day-to-day management and delivery of a range of physical activity, health and lifestyle change interventions which operated from within EAFC. Interventions were targeted at, and engaged, the following populations; primary school children, families, men aged 18-35 years and men aged 55 years plus, on a weekly basis.

This paper focuses on the personal accounts and reflections of the authors (i.e., practitioner-cum-researchers) who, through qualitative techniques, recount the effectiveness of the development and delivery of a range of FitC based physical activity and health improvement interventions. Specifically the authors explore ‘what worked?’ when attempting to engage ‘at risk’ community populations (i.e., those at risk of developing non-communicable diseases) in positive health behaviours. Furthermore, the role of the researcher-cum-practitioners was to provide a platform for these populations to sustain positive behaviour change. By exploring the critical emergent issues within six years of applied research and practice, this paper aims to provide insights into effective approaches to engaging and sustaining positive health behaviours amongst ‘at risk’ community populations. Furthermore, in order to build on, and improve current practice, this paper proposes a number of operational and strategic ways forward for FitC programmes.

Method

After obtaining ethical approval, participants (i.e., primary school children, families, men aged 18-35 years and men aged 55+ years) were recruited for participation in

weekly physical activity programmes of moderate intensity which formed part of Everton in the Community’s EAFC based health improvement programmes. Services hosting these particular populations (i.e., healthcare agencies, the local authority, local elderly care homes and sport development agencies within the City of Liverpool, UK) were then contacted. Participants were continuously recruited over a rolling period of three years using a variety of mechanisms including face-to-face engagement, phone calls, referrals from service staff and word of mouth. Enrolment on all EAFC programmes was voluntary and participants were free to withdraw at any point. Informed consent was given by all participants and/or gatekeepers. Table 1 outlines participant figures and demographics over the three year period.

Table 1: Participant engagement figures (August 2009- August 2012) and broad demographics

Participant Numbers	Numbers Recruited by Programme Year				
	2009	2010	2011	2012	TOTAL
Families (all ages)	2	4	5	4	15
Men (18-35 years)	23	35	46	43	147
Men (55 years +)	5	13	17	5	40
Children (10-11 years)	8	8	9	5	30

The nature of delivery of EAFC programmes was to provide bespoke physical activity and exercise support alongside personalised goal setting to all participants on a weekly basis. Figure 2 outlines the overarching process adopted by practitioners operating within EAFC. Sessions were typically delivered one to one or within small

groups (i.e., no more than 1:5 ratio, practitioner to participant), lasted approximately 1-1.5 hours and were delivered on a weekly basis. Initially, participants were enrolled on a six week programme. Activities would be led by the participants and would typically include a number of resistant and aerobic exercises within EAFC such as boxing oriented workouts, walks and/or short runs (around the stadium and a local public park), exer-gaming and football or games in the stadium car park outside of the EAFC. Following completion of the six week programme, practitioners and participants would review progress together and mutually agree the 'next steps' for the participant/s. This typically involved a structured exit strategy or continued support and engagement through the EAFC programme.

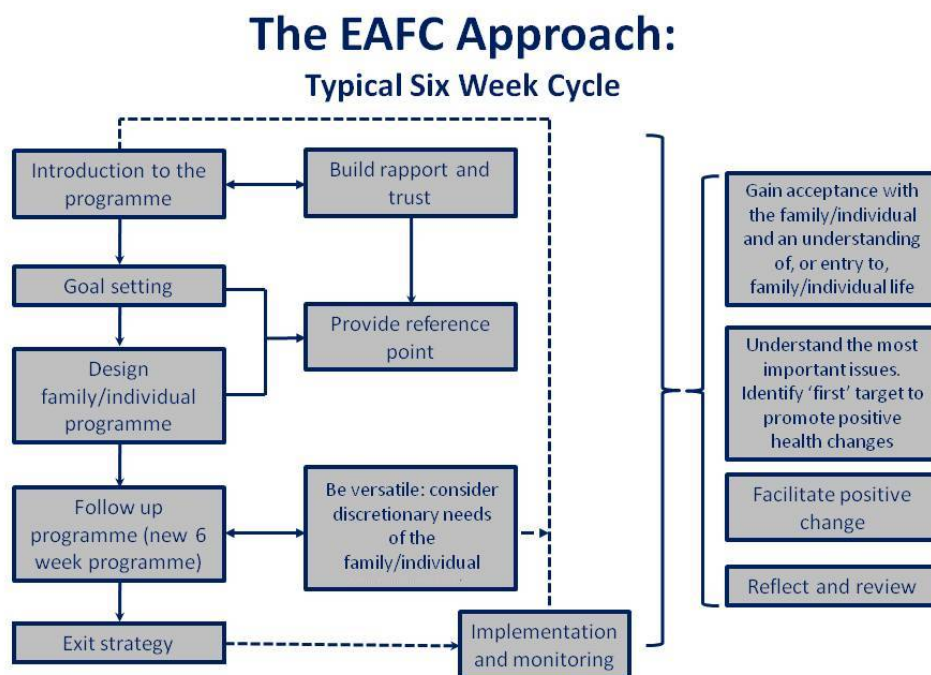


Figure 2: An outline of the overarching process adopted by EAFC practitioners

Research design

Throughout the research the authors adopted principles of ethnography¹⁵ in order to undertake prolonged fieldwork with extensive observation in the natural setting (i.e.,

within EAFC, typically 4 days per week). The authors attempted to develop a clear understanding of what daily life was like for the participants, become accustomed to and understand the physical and institutional settings in which they lived, the daily routine of activities, the beliefs that guided their actions and the linguistic and other semiotic systems that mediated all their contexts and activities.¹⁶ In order to balance the notions of engagement and trust, whilst adopting an (initially) objective lens, participant observations were utilised in a variety of settings throughout the study.¹⁷ The authors actively engaged in both observation and participation and participant-observation throughout their time as practitioner-cum-researchers.¹⁸ As practitioner-cum-researchers we were immersed in the planning and delivery of all the physical activity and health improvement interventions.¹⁹ Engagement and immersion within all physical activity and health promotion sessions allowed the authors to adopt a range of informal, open and relaxed approaches (e.g., conversations) to data collection. Such an approach enabled the researcher(s) to explore issues as they evolved ‘on the ground’ and to develop closeness, trust and familiarisation with the programme participants. Carmichael and Miller²⁰ suggested that the use of practitioner-researchers is an appropriate and powerful method of understanding the deeper cultural, situational and environmental context of the applied research setting in ways that would be very difficult to achieve otherwise. The research process, aligned, and hostage to, culture and circumstance, is inevitably slower and more complex. Whilst a simpler and more direct research methodology would be quicker and easier to undertake, it would be lacking in richness and the ‘thick contextual description’ that this method is aimed at developing.²¹

The authors' personal reflections and observations were recorded through informal field notes and reflective diaries.²² The informal field notes were continually developed in an attempt to capture the context, culture and practice of EitC.²³ When the researchers felt a more flexible method of data collection was needed (e.g., where visible note taking may jeopardise the quality of conversation) mental notes were made.²⁴ These mental notes were typically key words and quotes from participants (i.e., children, parents, families, men and other practitioners) which were jotted on a note pad, at an appropriate time, and developed at the end of the day in detailed reflective field notes.²⁵ This relaxed and informal reflective methodology allowed for *sense making* and encouraged the practitioner-cum-researchers to learn from the knowledge gained *in action*.²⁶

Data analysis and representation

Following the completion of all of the EAFC programmes each author prepared their respective field notes and reflections, before engaging in a period of close reading in order to become immersed in the data.²⁷ At this stage initial ideas and thoughts were recorded. Following this, principles of content analysis were adopted by the researchers in order to identify and code themes arising from the data.²⁸ The analysis was then read and re-read by each author in isolation from the research team following this coding process, which is considered both practical and preferred in circumstances of prolonged engagement and a developed researcher-cum-practitioner relationship.²⁹

Throughout the results and discussion the authors aim to highlight the key issues that emerged during this research. The key emerging themes from the extensive

data collected is presented within the results section. Verbatim citations are utilised to illustrate the contextual features of the participants that serve to illuminate the rich detail of the collected data and is identified as single space text.

In order to ‘bring to life’ pertinent ‘moments’ recorded by the researchers during the extensive ethnographic and engagement phase of this research, it seems appropriate to include the researcher’s personal reflections. The authors reflections are represented as a series of creative non-fiction narrative vignettes and evidenced through indented (0.5) single spaced lines. This approach of author involved text is a genre championed by Gilbourne and Richardson,³⁰ in which the researcher is presented as the narrator using a first person writing style³¹ in order to contextualise the data collected and move the story on for the reader.³² Field note extracts (i.e., the voice of the participants) are also evidenced as indented (0.5), single spaced within the text. Pseudonyms are used for all participants involved in the research.

Results and discussion

There were two key themes that emerged from the expansive data collected. The following results and discussion section outline what the authors perceive to be the relevant, but not exhaustive, issues in participant recruitment, engagement and retention:

Brand of the football club: ‘I was interested as soon as they mentioned Everton’

Much of the support for football as a vehicle for health engagement is that it can offer a ‘hook’ to engage those most ‘at risk’. With football being one of the largest sports globally and the most popular sport within the United Kingdom,³³ its widespread

appeal to the masses has contributed to this belief.³⁴ In line with these beliefs, it became apparent that the ‘brand’ of the football club acted as the major catalyst for attracting our participants to EAFC physical activity and health interventions.

When one author asked Claire a 38 year old single mum of two teenagers what the most important thing for her and her children’s continued engagement at EAFC, she replied:

‘The most important thing for me is that Adam and Chloe [her son & daughter] enjoy it. They love coming here. I think if they didn’t it would make things difficult for me to come!! To be honest I think Adam likes telling his mates he gets to walk to Goodison Park after school for training.’

Here, Claire is highlighting the ‘glitz’ or ‘wow factor’ that surrounds a professional football club. On reflection one author highlighted:

The families come to the Centre regardless of colour (or club) allegiance, so we have both Everton and Liverpool supporters, however the children tell us being able to say ‘*I train in Goodison Park*’ is something the children boast about in the playground... It’s powerful. Everyone in this city lives and breathes football. For some people it’s their meaning of life day-to-day. I know the dads love coming here for that reason; it’s up there with taking their children to the match... However, the football ‘pull’ is just that. The rest is the safe, enclosed, intimate, private environment and subsequent bespoke support and guidance we offer in the Centre [EAFC] – this wouldn’t work if we operated like a commercial gym.

The following reflection of another author highlights the influence that the football club brand had on EAFC programme engagement for a participant of the EAFC family engagement programme:

Andy is a 37 year old male, father of two young teenagers, who, along with their brother in-law/uncle (29 year old) attended weekly sessions as a family. Andy and his family had within the recent past had to deal the most awful of circumstances, one of which was the death of Andy’s wife and the two boys’ mother. Andy was struggling to deal with the problems of being a widower and a single parent. His main support network was his brother in-law. When I asked Andy about his involvement in the EAFC families programme, the response he gave spoke volumes:

'I got involved mainly because of the lads (two sons), they are getting older and I don't want them walking the streets or getting into trouble. They love footie and finding out about coming here was ace. I mean all of the lads friends are jealous that they go to Goodison Park every week to train. Also to be honest I knew I was overweight and eating shit [unhealthy foods] every day, which ain't fair on the kids is it? So coming here has been great; I mean coming every week getting a buzz walking through those gates, seeing Dixie Dean [Everton Legend], getting ready for me and all the tribe [family] to be active and healthy is great. The kids love it now because they can show off to their friends about going to Goodison Park. But I know that when they are old men like me, they will look back and think of coming here every week as being great time in their life.'

The lure of the professional sport club was also highlighted by the older (55+) men engaged in activities within EAFC. During some activity sessions men would meet at EAFC (see Figure 3 below) before engaging within a warm up in the main stadium car park, followed by a run around the circumference of the Goodison Park stadium.

During a run the following unfolded between an author and participant:

The weather was mild so we warmed up in the car park with a few stretches, but I guess this was also important for the men to speak, meet and catch up with one another. Before long, we shot off on a light jog around the stadium. I wasn't leading the session so I stuck towards the back. Quite quickly a couple of the guys dropped off and fell behind the main group. I decided to drop back and check on one of the men that had stopped to walk...I asked 'How are you doing? They've started on quite a pace aren't they?' said a breathless Tommo. 'Tell me about it, am goosed [tired] too!!!' As we slowed, we talked a little about football. Tommo was a blue [Everton FC fan]. I asked Tommo about why he joined the EAFC programme and what he thought about it, 'I need to get fit, simple as that. But I haven't got into any gyms, they are not for me.' 'Why the Everton Family Centre then?' I inquired, Tommo responded 'where else would you want to train? I get to come to Goodison after work and train. I just tell the lads, yeh, I am off to Goodison tonight, to train. I just laugh its quality.'



Figure 3: A photograph depicting the location of EAFC within the grounds of Goodison

Similarly, Mick a 58 year old man who was out of work due to suffering from anxiety and depression, described to the authors that seeing a ‘lifestyle programme’ for men aged 55 and over taking place at Everton football club ‘*spoke out to him.*’ When asked whether the football club was the main reason behind his regular attendance, Mick described that he had tried to attend a ‘normal’ gym but the anxiety he got was ‘*crippling*’. Mick described that while attending his local doctor’s surgery he saw an advertisement for EAFC, and seeing this appeared to be the catalyst for him to become more active and healthier:

‘I had just seen the doctor who was telling me again about how important diet, and particularly exercise, can be in treating psychological illness, but also just in all round health. When I left the doctor’s office I saw the card (advertisement) saying that weekly sessions were taking place for 55years plus at Everton Football Club. I thought if there

is going to be place that I am going to start to take care of myself it's going to be there. So I picked up the phone and called the number on the advert.'

Being able to say that participants could come to a professional football club to improve their health and fitness also appeared to be a major factor for male participants aged 18-35 years. Colin, an avid and lifelong Everton Football Club supporter told one author:

'That was big [finding out the programme was delivered by Everton Football Club], that was a big, big, big thing that. That was just like winnin' the World Cup, the Champions League an everything all in one; it really was.'

Similarly, Gary (34 years) and Simon (32 years) expressed the importance of the football club brand, as a 'hook' for capturing their interest in the programme:

'I was interested as soon as they mentioned Everton.' (Gary)

'...when they mentioned it [the programme] and it was to do with Everton, I was like yeah it's to do with Everton being an Everton fan...anything to do with Everton I was interested, you know what I mean.' (Simon)

The power of the brand is interesting within sport, however generally very little is known about how effective or compelling the brand is and/or how it works with respect to disseminating a positive health message or capturing participants in health oriented concepts or projects. Witty and White³⁵ found within the 'Tackling Men's Health' intervention that many participants had joined the health project due to the tangible connection with the rugby club. This finding was echoed within football, in research that highlighted the importance of club-related branding and activities in the recruitment of men across the sixteen Premier League Health football club programmes.³⁶ Gray et al.³⁷ in their research across the Scottish Premier League football clubs found that men reported that they would not have attended the health

improvement activities had they been delivered by the National Health Service. Furthermore, 'Extra Time', a national project to promote health and social opportunities for older people through football reported that 78% participants across the 24 professional football clubs highlighted that the connection with the club made Extra Time more appealing.³⁸ Our findings support and enhance the emerging discourse that the brand of professional football clubs has an important role to play in reaching, attracting and engaging participants in health improvement activities.

Skill base of practitioners: *'You are a top lad: You listen to what I have say...'*

Players and coaches are significant figures within a Premier League football club. In the professional football environment, the coach plays an important role in the development of 'the player'. They are key protagonists in shaping their character and identity (e.g., values, beliefs, attitude).³⁹ Whilst this is also the case in non-professional sport and physical activity settings, in this environment the (community) coach-participant relationship is particularly crucial in aiding participation and engagement levels.⁴⁰ Further, the practitioner/coach-participant relationship is critical when promoting health to such individuals.⁴¹

In the final report of the Premier League Health evaluation, White et al.⁴² asserted that the project staff and their ability to interact with the participants on a personal and social level was as key factor in facilitating participant adoption to the Premier League Health programme. Consistent with these findings, it appeared that the nature of the programme delivery staff was a key factor influencing continuous engagement in EAFC programmes. The following quote captures Gary's (male, aged

34) (colloquial) view on the nature of the programme staff as facilitators for programme adoption and maintenance:

'Even though it's not that good round here like but [laughs] I couldn't see meself living anywhere else, but... like youse, youse [practitioners] have all been alright with us... That makes it easier as well, it's like, well say youse are teachers like aren't youse really, you know what I mean, tutors sort of thing. So like if youse are alright then that's half the battle. Coz if you get a little shit (or up-start) or something or someone you can't relate to, they can put people off from goin', an people just won't enjoy it, people won't go.'

This finding was supported by Brian and Colin (two EAFC participants, male 18-35 years) who also made reference to the welcoming and supportive nature of the programme staff as a motivator for engagement:

'I'd say you and Drew [EitC coach/practitioner], as a team, you were very welcomin', there was no individuals, everyone was treated the same, so it was good. It was good and professional the way youse all are, the welcome side of it...but then it was always maintained as well, very well throughout. If there was any problems youse were always there. Drew always helped ya, yourself always helped us, youse were there to help throughout the entire course and that was what I really liked about it. It was run professionally, it wasn't arsed about, youse were there, and because youse were there, we said we would be there, so we had to be there'. (Brian)

'At first when I first was goin' in for the operation I was petrified, but with you and Drew sayin', you know, I've got that support and then, you know but that was a big weight off me shoulders, you know what I mean... being able to come and talk about like anything, you know what I mean is was good like'. (Colin)

The skill base of the practitioner and their ability to interact with the participants on a personal and social level was also highlighted during one of the older men's (55+ years) sessions. Mick (58 year old male) made a comment to one author about the expertise of the practitioner and what it meant to him;

'Its ace to think this all on my door step, at me club and best of all it run by no amateurs. I mean you lad [researcher] are a personal trainer but also from a university. I know you know your stuff and you're not blaggin [making it up] it lad, when I hear some news story on this new diet, I think this is utter shite. Dan [researcher] told me the other day what a healthy diet is and this other person [on the news] is telling me to never eat carbohydrates!'

When asked whether it was just the prestige of working with someone with high academic credentials that made a difference, Mick commented;

‘It helps, but also you are a top lad, you listen to what I have say... you don’t talk down to me and make me feel like an old man. I come out of this place feeling top of the world!’

This notion of the empathic and caring practitioner is noted by Hillsdon,⁴³ who noted that the knowledge base of practitioners is central in gaining trust and co-operation from patients. Similarly, Bogdan-Lovis et al.⁴⁴ noted that the ability to emphasise practitioner control over the exercise supported the cooperation and trust issues that brought about adherence and therefore life changes in this instance occurring within participants of EAFC.

In an attempt to capture the complexity of interventions, interactions and challenges emerging from working within EAFC, one author reflected:

EAFC wasn’t for the typical or traditional coach. By this I mean a Football Association coaching qualification would not prepare you for this work. You are more than just a physical activity instructor, you are involved as a make shift counsellor, life coach, supporting diet and health choices, providing lifestyle advice on drugs and alcohol and engaging in brief interventions for smoking cessation. And you have to do all of this through informal and personal conversational support mechanisms. These interactions that were regular, informal and friendly helped participants feel happier, better able to achieve their personal targets and provided a pair of ears [listened] to people. This was far more than what any General Practitioner (local doctor) surgery or mainstream health intervention does, or would offer.

Research suggests that as FitC programmes are growing, they are becoming overstretched and unable to keep pace with projects and staff development (i.e., the emergence of skills shortages).⁴⁵ As a result, serious consideration must be given to exploring the role, and support provided for the community coaches working within FitC schemes.

Applied recommendations and ways forward for FitC

By exploring the critical emergent issues within applied research and practice, this paper has highlighted the ‘power’ and ‘pull’ of a professional football club brand for attracting participants to physical activity and health engagement programmes. Therefore, it is recommended that stadia based physical activity and health programme managers capitalise on the use of the club including the brand (i.e., the imagery and icons that reflect the club) and the people (i.e., senior players, former players, management and coaching staff) in order to develop a marketing strategy for the promotion, implementation and dissemination of any aligned health information and messages.

The findings of this research also suggest that Football in the Community practitioners need to be trained beyond ‘the typical’ Football Association Level 2 or UEFA B qualification in order to deal with the increasing demands of FitC schemes for addressing government agendas and social ills.⁴⁶ The outcomes of this research lead to the recommendation that FitC physical activity and health practitioners should be qualified or trained in additional skills such as counselling and behaviour change management⁴⁷ in order to deal with, successfully manage and support the increasing needs of the ‘new age’ of FitC programme participants. FitC schemes therefore need to execute relevant professional development and enhanced recruitment procedures. Furthermore, the findings of this research highlighted that participant engagement in EAFC programmes was influenced by positive perceptions and opinions of the programme practitioner/s. It is recommended therefore that personable, respectful, empathic, supportive and caring practitioners⁴⁸ are employed into such positions of responsibility.

Role of the researcher

This research has relied heavily on the field notes and personal reflections of the practitioner-researcher for learning ‘on the job’, for understanding the contextual experiences of the EAFC programme participants and for the subsequent development of the EAFC programmes based on an understanding of ‘what works’. Reflective practice plays a vital role in enabling professionals to learn and understand the impact of their actions.⁴⁹ Therefore, it is recommended that FitC programme managers and practitioners should continually seek to gather data from ‘the field’ and reflect on practice in order to learn from their applied work in the field and develop FitC programmes and initiatives accordingly.

Limitations and strengths

This research has a number of strengths and limitations. The main strengths of this research lie in the prolonged and immersed nature of the research methodology that was adopted that has led to the richness and quality of the data collected. According to Lee,⁵⁰ negotiating access to research participants and the subsequent collection of good quality data depends on the quality of interpersonal relationships between researchers and participants. Gaining access to the research participants in this research was achieved due to the embedded nature of the authors within the fabric of the EAFC. Being ‘there’ and being ‘seen’⁵¹ was particularly important in this research to get as close as possible to the participants, to build relationships, trust and rapport and subsequently to understand the participants day-to-day lives, norms and behaviours. The quality and richness of the data collected therefore is a direct

reflection of the qualitative methods adopted and afforded by the practitioner-cum-researcher role and the strength of the participant-researcher relationships.

These methods are not without the challenges. Throughout this research the authors adopted, maintained and attempted to balance the responsibilities associated with a practitioner-cum-researcher role.⁵² Whilst this was a particularly useful approach for the researcher in this context and for the collection of rich data ‘in the field’, there were many occasions where this dual role became difficult to balance. It should be noted that a huge investment in time and emotional energy was required on the part of the researchers in order to achieve the aims of this research through the qualitative methods employed. However, we strongly believe that without adopting this dual role, a true picture of the intricacies associated with promoting and engaging ‘at risk’ populations in behaviour change programmes could not have been captured.

Conclusion

This research aimed to develop a greater understanding of ‘what worked’ in a FitC physical activity and health improvement intervention. More specifically, how effective its development and intimate and flexible approaches to delivery were at engaging ‘at risk’ community populations (i.e., those at risk of developing non-communicable diseases), encouraging positive health behaviours, and sustaining positive behaviour change. Our findings support and enhance the emerging discourse that the brand of professional football clubs has an important role in reaching, attracting and engaging participants in health improvement activities. Furthermore, our research has placed a lens firmly on the need to recognise the eclectic skill base

and nature required of FitC practitioners for continued and sustained participant engagement.

This research is unique both in method and focus and the results make an important contribution to our understanding of professional football clubs as a vehicle for health engagement and behaviour change. However, the findings highlight the need for additional research into the delivery and practice of FitC programmes. Given that football is a global concept and that most football clubs have an obligation to care for their community, it is hoped that the nature and role of this qualitative work will act as a catalyst to assist in the understanding of the effectiveness of football in the community programmes worldwide.

Acknowledgements

The authors gratefully acknowledge the contribution of all those individuals involved with this research and the agencies who partnered with the Everton Active Family Centre, including the participants, staff and volunteers of Everton in the Community and Everton Football Club. The authors would also like to express their gratitude to all students from Liverpool John Moores University that have been involved with, and supported, EAFC programmes and research.

Notes

¹ Brown et al., *Football and community in the global context*.

² McGuire and Fenogilo, 'Football in the Community'.

³ Richardson et al., 'Football as an Agent for Social Change'.

⁴ Jenkins and James, 'It's not just a game'.

⁵ Brown et al., *Football and community in the global context* and Parnell et al., 'Implementing Monitoring and Evaluation Techniques within a Premier League Football in the Community Programme'.

⁶ Watson, 'Football in the Community'; Jackson et al., 'Policy interventions implemented through sporting organizations'; Tacon, 'Football and social inclusion' and Jenkins and James, 'It's not just a game'.

⁷ Bale, 'The Changing Face of Football'.

⁸ Everton Football Club, *Everton in the Community*'.

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- ⁹ Liverpool City Council, 'Ward Profile of Everton 2012'.
- ¹⁰ Liverpool Primary Care Trust, '*Public Health Annual Report 2009-2010*'.
- ¹¹ Liverpool City Council, 'Key Statistics and Data 2010'.
- ¹² Liverpool City Council, 'Ward Profile of Everton 2012'.
- ¹³ Taylor, 'Multi-paradigmatic research design spaces for cultural studies researchers embodying postcolonial theorising'.
- ¹⁴ Parnell et al., 'Implementing Monitoring and Evaluation Techniques within a Premier League Football in the Community Programme'.
- ¹⁵ Atkinson and Hammersley, 'Ethnography and participant observation' and Eder and Corsaro, 'Ethnographic studies of young children and youth'.
- ¹⁶ Eder and Corsaro, 'Ethnographic studies of young children and youth'.
- ¹⁷ Lofland and Lofland, *Analysing Social Settings*; Atkinson and Hammersley, 'Ethnography and participant observation' and Tedlock, 'Ethnography and Ethnographic Representation'.
- ¹⁸ Hong and Duff, 'Modulated participant-observation'.
- ¹⁹ Robson, *Real world research*; Jarvis, 'The practitioner-researcher in nursing' and Gray, *Doing research in the real world*.
- ²⁰ Carmichael and Miller, 'The challenges of practitioner research'.
- ²¹ Carmichael and Miller, 'The challenges of practitioner research'.
- ²² Atkinson and Hammersley, 'Ethnography and participant observation'.
- ²³ McFee, 'Triangulation in research' and Krane and Baird, 'Using ethnography in applied sport psychology'.
- ²⁴ Lofland, *Doing Social Life*.
- ²⁵ Sanjeck, *Fieldnotes* and Lofland, *Doing Social Life*.
- ²⁶ Polkinghorne, *Narrative knowing and the human science*; Tedlock, 'Ethnography and Ethnographic Representation' and Knowles et al., 'Developing the Reflective Sports Coach'.
- ²⁷ Sparkes, 'Narrative analysis'.
- ²⁸ Elo and Kyngäs, 'The qualitative content analysis process'.
- ²⁹ Janesick, 'The choreography of qualitative research'.
- ³⁰ Gilbourne and Richardson, 'Tales from the field'.
- ³¹ Jones, 'Performance excellence'.
- ³² Tierney, 'Get real' and Gilbourne and Richardson, 'Tales from the field'.
- ³³ Jenkins and James, 'It's not just a game'.
- ³⁴ Vigor et al., 'A good game? The role of sport in society'.
- ³⁵ Witty and White, *The Tackling Men's Health evaluation study*.
- ³⁶ Pringle et al., 'The pre-adoption demographic and health profiles of men participating in a programme of men's health delivered in English Premier League football clubs' and White et al., *Premier League Health: A national programme of men's health promotion delivered in/by professional football clubs*.
- ³⁷ Gray et al., 'Can the draw of professional football clubs help promote weight loss in overweight and obese men?'
- ³⁸ Football Foundation., 'Monitoring and Evaluation Report'.
- ³⁹ Wylleman et al., 'Career transitions in sport'.
- ⁴⁰ Jowett, 'On repairing and enhancing the coach-athlete relationship' and Dwyer et al., 'Adolescent girls' perceived barriers to participation in physical activity'.
- ⁴¹ Parnell et al., 'Football in the Community schemes'.
- ⁴² White et al., *Premier League Health: A national programme of men's health promotion delivered in/by professional football clubs*.
- ⁴³ Hillsdon, 'Promoting physical activity'.
- ⁴⁴ Bogdan-Lovis and Sousa, 'The contextual influence of professional culture'.
- ⁴⁵ McGuire and Fenogilo, 'Football in the Community'.
- ⁴⁶ Parnell et al., 'Implementing Monitoring and Evaluation Techniques within a Premier League Football in the Community Programme'.
- ⁴⁷ White et al., *Premier League Health: A national programme of men's health promotion delivered in/by professional football clubs*.
- ⁴⁸ Gilbert, 'Why are we interested in emotions'; Radger, 'Compassion stress and the qualitative researcher' and Coy, 'This morning I'm a researcher, this afternoon I'm an outreach worker'.
- ⁴⁹ Knowles et al., 'Developing the Reflective Sports Coach'; Dugdill et al., 'Developing new community health roles' and Parnell et al., 'Football in the Community schemes'.
- ⁵⁰ Lee, *Doing research on sensitive topics*.

⁵¹ Sixsmith et al., 'Accessing the community'.

⁵² Robson, *Real world research*.

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