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Mapping the provision and evaluation practices of local community health and wellbeing programmes delivered by professional sports clubs in England: a practice-based targeted review

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ABSTRACT

Professional sports clubs (PSCs) are potentially effective settings for health promotion; however, their role within policy is unclear. Potential reasons include lack of awareness about existing provision of health and wellbeing (H&W) programmes and adequacy of monitoring and evaluation (M&E) practices. This review aimed to: (i) map the provision of H&W programmes delivered by PSCs in the United Kingdom (UK), and (ii) explore current M&E practices of PSCs and consider the policy implications of this. Websites from eight professional sport leagues were hand-searched for programmes and impact reports. Suitable programmes were quantified, whilst impact reports were analysed via inductive documentary content analysis. Results identified 176 H&W programmes and 36 impact reports, as well as 43 H&W impact statements, but only 14 of these were aligned to specific H&W outcomes. The H&W aims of programmes were typically vague, measurement tools were rarely used, and evaluations were usually anecdotal case studies and based on engagement figures, which may not only limit the potential uptake of these programmes but also the relevance of PSCs to public policy. Further research is thus needed to build a stronger evidence base for the use of PSCs as vehicles of public health promotion and policy, and to better address the challenges faced when seeking to monitor and evaluate PSC programmes effectively.

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Professional sports clubs; health promotion; physical activity; evaluation; communities

Introduction

Professional sport clubs (PSCs) have previously been used as a potential setting for health promotion (Wyke *et al.* 2015, Curran *et al.* 2017, Dixon *et al.* 2019), which is an increasingly important rationale for, and focus of, community sport policy (Mansfield 2016, Misener and Misener 2016, Smith *et al.* 2022). The Football Fans in Training programme are a prominent example of using PSCs as a context for health promotion and as a potentially important setting for the delivery of health policy priorities.

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The programme originated from a randomised controlled trial delivered by professional football clubs in the Scottish Premier League and evidence suggested that intervention participants achieved a mean weight loss of 5.56 kg (95% CI: 4.70 to 6.43) after 12 months, alongside sustained weight loss up to three and a half years after the initial intervention (Wyke *et al.* 2015, Gray *et al.* 2018). The effectiveness and cost-effectiveness of the intervention has resulted in the adoption of the project by many professional football clubs in the UK and across Europe (Hunt *et al.*, 2020), and by organisations in other major sports (Blunt *et al.* 2017, Kwasnicka *et al.* 2020, Maddison *et al.* 2020). Although weight loss (and physical health more broadly) has been the focus of much health promotion policy and many PSC-based health promotion programmes, they are increasingly used to promote positive mental health and support the treatment and management of, and recovery from, mental illness (Curran *et al.* 2017, Benkwitz and Healy 2019, Wilcock *et al.* 2021, Smith *et al.* 2022).

Much of the research based on the health promotion work of PSCs in England has focused on football clubs. Evidence suggests that club branding, including the stadium and club kit, can be important in attracting participants to programmes and retaining them, at least in the short- to medium-term, so that they derive the intended programme benefits (Pringle *et al.* 2013, 2021, Dixon *et al.* 2019, Jones *et al.* 2019, Willock and Smith 2019, Wilcock *et al.* 2021). Similar findings have been reported for other sports, including rugby league (Willock and Smith 2019, Wilcock *et al.* 2021), which suggests that ‘using the power of the badge’ may be an important feature of H&W policy and programmes warranting further investigation. However, while the appeal or power of the brand of PSCs can be an important and necessary condition of H&W programmes provided by PSCs, it is not sufficient on its own; other programme features (e.g. programme staff, resources, context, other participants) are equally – if not more – important and these also require investigation (Jones *et al.* 2019, Smith *et al.* *in press*). Many PSCs also deliver H&W programmes which do not have weight loss, depression, or anxiety as a primary outcome (Wyke *et al.* 2015, Blunt *et al.* 2017, Benkwitz and Healy 2019, Dixon *et al.* 2019, Kwasnicka *et al.* 2020, Maddison *et al.* 2020, Wilcock *et al.* 2021), and instead use physical activity (PA) to favourably impact physical literacy, resilience, loneliness among other outcomes. It is important to explore further the provision of H&W programmes delivered by PSCs, including but not limited to, weight loss and mental health programmes, and consider the policy implications of this. Therefore, the aims of this practice-based review are two-fold:

- (1) To map the current provision of H&W programmes delivered through the medium of PA by PSCs in their local community.
- (2) To explore the reported impact and methods adopted by PSCs to evaluate H&W programmes delivered in local communities and the policy implications of this.

Context and literature review

Context

Globally, the World Health Organization (WHO) estimates that some 41 million deaths per year can be attributed to non-communicable diseases (NCDs) (WHO 2022a). Amongst the younger population, it has been reported that 27% of deaths of those aged 10–24 years old were attributable to NCDs (Ward *et al.* 2021). Moreover, it is suggested that those of lower socioeconomic status have higher all-cause mortality rates and a greater likelihood of diagnosis of NCDs (Woods *et al.* 2005, Bennett *et al.* 2018, Lago-Peñas *et al.* 2021). Within the UK, data demonstrate greater life expectancy is positively associated with higher income, whilst lower levels of education can negatively influence life expectancy (Ingleby *et al.* 2021). A major lifestyle risk factor for developing NCDs is obesity: recent figures suggested 1.9 billion adults worldwide were overweight and 650 million obese, resulting in an estimated 4 million annual deaths (WHO 2022b). In England, the Health Survey for England (NHS Digital 2020) reported that 36% of adults (aged 16 and over) are overweight and 28% were obese, amounting to around 16.3 million and 12.6 overweight and obese adults, respectively. This major

public health concern is not limited to adults, since obesity in children and adolescents has been a growing concern for many years, with recent estimates from WHO suggesting that around 340 million children and adolescents aged 5–19 are obese (WHO 2022b).

Physical inactivity has been identified as a considerable risk factor of non-communicable diseases, with lifestyles and behaviours typically accounting for roughly 20–25% of NCDs (WHO 2022a). In the UK, guidelines encourage that adults engage in 150 min of moderate to vigorous physical activity (MVPA) across the week and incorporate muscle and bone strengthening activity twice a week (DHSC Department of Health & Social Care 2019). Furthermore, children and young people should aim for an average of at least 60 min of MVPA per day across the week (DHSC Department of Health & Social Care 2019). Within the UK, 61% of adults are reported to adhere to the recommended guidelines (Sport England 2021a). However, evidence suggests that COVID-19 restrictions negatively influenced adults' PA levels, whereby non-white ethnicities, the unemployed, and the youngest and oldest age groups (16–24 and 85+ years old) were disproportionately impacted (Strain *et al.* 2022). Amongst children, evidence suggests an age-related decline in PA and an increase in sedentary behaviour between the ages of 5 to 9, and of children aged 10–11 only 41% meet PA guidelines (Jago *et al.* 2017, 2020, Sport England 2021b). The COVID-19 pandemic created further concern, whereby MVPA engagement amongst children dropped considerably throughout lockdowns; however, MVPA levels have since recovered, although sedentary time remains higher than pre-pandemic levels (Salway *et al.* 2022, Jago *et al.* 2023).

Lack of recognition of professional sports clubs in health policies

Given the potential consequences of physical inactivity and limited adherence to PA guidelines within the UK, innovative and collaborative policy approaches to increasing PA should be considered. A recent review of sport policies concluded that future sport policy actions that sought to facilitate PA may benefit from focusing on informal and recreational forms of PA, rather than organised sports settings such as membership-based sports clubs, which have been often a site for health promotion policy (Aggestal and Fahlen 2015, Volf *et al.* 2022). Moreover, such a shift in policy emphasis may also prove beneficial in engaging those who are least likely to be physically active (Volf *et al.* 2022). Not only do PSCs offer informal and non-competitive opportunities to engage in PA, often their work focuses on key demographics across the life-course and includes among their intended policy goals increased engagement in health-enhancing PA, social inclusion and general health promotion (Parnell *et al.* 2014, 2017).

Despite the potential of PSCs as important health promotion settings, and given their attraction and potential reach, they are not well recognised in policy. For example, the *Global Action Plan on Physical Activity* (GAPPA) for 2018–2030 issued by the WHO outlines four strategic objectives, achievable via 20 universally applicable policy actions that sought to achieve a reduction of 15% in global physical inactivity levels amongst adults and adolescents by 2030 (WHO 2018). However, the role PSCs – as local trusted community organisations capable of engaging participants in place-based health promotion approaches which are increasingly central to public health policy (Willock and Smith 2019, Pringle *et al.* 2021, Wilcock *et al.* 2021) – can play in meeting these objectives is ignored. Multisectoral partnerships are also identified as important for increasing population-level PA, including collaborations between community-based organisations (which can include PSCs), philanthropic foundations, and academic institutions (WHO 2018). The notion of multisectoral partnerships is integrated into whole systems approach recommendations for PA promotion outlined by *The Eight Investments That Work for Physical Activity* written by the International Society for Physical Activity and Health (ISPAH) (International Society for Physical Activity and Health ISPAH 2020). It is proposed that communities are crucial within a systems-based approach to increasing PA, suggesting that local assets like PSCs could be very effective in improving PA levels (International Society for Physical Activity and Health ISPAH 2020). However, it is not clearly outlined how collaborating with PSCs may be a useful avenue to implement this investment (International Society for Physical Activity and Health ISPAH 2020). The eighth 'best investment' presented

indicates that 'sporting clubs' are an appropriate context for health promotion, though it is again unclear whether this just refers to amateur sports clubs, which are strongly recognised as settings for health promotion (Donaldson and Finch 2012, Geidne *et al.* 2013, Kokko 2014, Robertson *et al.* 2019), or also includes PSCs.

In England, the use and potential of a multisectoral approach to PA is highlighted by Public Health England in their PA policy, *Everybody Active Every Day* (PHE 2014). It suggests that a united effort across all sectors is required if the nation is to become more physically active (PHE 2014). There is evidence of multisectoral partnerships that have already been formed between PSCs and academic institutions to evaluate or explore the impact of programmes delivered by the charitable arms of PSCs (Wyke *et al.* 2015, Morgan *et al.* 2017; Wilcock *et al.* 2021, Smith *et al.* 2022, *in press*). However, such partnerships can be limited and often the product of 'one-off' projects, while far fewer are parts of more established and longer-term collaborations.

Everybody Active Every Day acknowledges the use of local policy and the use of communities to promote PA, yet the potential of PSCs in contributing to this is overlooked. Interestingly, *Everybody Active Every Day* indicates that new investments will not solve the physical inactivity epidemic and that it is more important to maximise the potential of existing assets (PHE 2014). Given the popularity of professional sport in the UK, PSCs are potentially one of the most under-used assets within PA and health promotion policies. For example, some 15.2 million fans attended Premier League fixtures in 2021/2022 and a reported 449,870 spectators attended the opening fixtures across the three tiers of the English Football League (EFL) (EFL 2022b; Premier League, 2022). Further, 89% of respondents ($n = 38,182$) to the EFL Supporters Survey (EFL 2022a) ranked their club as either important or very important to the social fabric of their town or city, demonstrating how PSCs can play an important role within a local community. Awareness of community programmes run by EFL clubs was reported ($n = 38,080$) at 65% and 58% for females and males, respectively; a further 66% and 61% of respondents ($n = 37,808$) ranked mental health initiatives and healthy lifestyle promotion within the top three most important community activities conducted by their clubs (EFL 2022a).

Insights from the literature

Evidence of the provision of PSCs health promotion programmes not only in England but globally is limited. A systematic review conducted by George *et al.* (2022) sought to gather and synthesise evidence on health promotion programmes delivered through PSCs and professional sporting organisations. After screening, a total of six papers were included in the review whereby all six were either original FFIT studies or adaptations of FFIT, delivered across England, Scotland, the Netherlands, Norway, Portugal, Canada, Australia and New Zealand (George *et al.* 2022). Findings from the meta-analysis conducted by George *et al.* (2022) identified an overall significant decrease in weight of -3.3 kg (95% CI $-4.7 - -2.0$) in favour of intervention participants after 12 weeks; two studies also reported sustained weight loss, one of which up to three and a half years post intervention. After 12 weeks, five of the six studies also reported significant between group differences in waist circumference (-3.9 cm (95% CI: $-4.9 - -2.8$) and PA, in favour of intervention participants. Moreover, three studies reported significant differences amongst intervention participants in both diastolic and systolic blood pressure after 12 weeks, whilst four studies also reported significant increases in self-esteem after 12 weeks (George *et al.* 2022). Such results support the use of PSCs as health promotion settings, but all included studies originated from a single intervention and therefore do not offer insight about many other programmes that are designed and delivered by PSCs. Moreover, the samples in which these results are drawn from are particularly limited, again due to the lack of diversity in programmes and interventions included. All the studies included in this review held male-only samples between the age of 25 and 65 years old, with a mean body mass index of 34.8 kg/m².

Other research conducted by Lozano-Sufrategui *et al.* (2019) used a mixed-methods explanatory sequentially designed study to explore the type of programmes delivered in the Spanish

professional football system. The study also aimed to better understand how programmes are designed, and the challenges PSCs face when delivering such programmes. All 42 clubs across the La Liga were invited to participate in the study, 17 of which completed the online questionnaire and 11 agreed to participate in a telephone interview. Results reported a total of 84 programmes were delivered across the 17 clubs, which focused on healthy eating ($n = 13$), social inclusion ($n = 13$), disability sport ($n = 13$) and PA promotion ($n = 11$). Over half (53%) of clubs reported the use of public health guidance to inform programme development, though in practice the extent of the use of such guidance was questionable and no theoretical framework was ever discussed (Lozano-Sufrategui *et al.* 2019). The level of evaluation conducted by clubs was also deemed questionable and often relied upon anecdotal and self-report evidence given the lack of training, experience, skills, and time needed to undertake high-quality evaluation (Lozano-Sufrategui *et al.* 2019). These findings provide useful insight into the current use of Spanish PSCs for health promotion, and the challenges involved with developing and evaluating H&W programmes, however they reveal little about how and whether the programmes address the health outcomes reported.

The adoption of the EuroFit programme by professional football clubs in four countries has also shown how H&W programmes are being adopted by PSCs (Røynesdal *et al.* 2021). A survey was sent to 72 top-flight football clubs across Europe: 46 responses were received from England ($n = 17$), Norway ($n = 12$), the Netherlands ($n = 9$) and Portugal ($n = 8$). Results demonstrated that English football clubs reported delivering the most PA programmes overall, and across the life course (children: $n = 16$; young people: $n = 16$; men: $n = 12$; women: $n = 11$; mixed sex: $n = 10$), compared to their counterparts across Europe. Clubs in England also reported delivering more programmes that sought to reduce prolonged levels of inactivity ($n = 7$), improve healthy eating for young people ($n = 15$) and adults ($n = 10$), and support weight management programmes for both young people ($n = 5$) and adults ($n = 9$); clubs from the Netherlands, Norway and Portugal did not report any weight management programmes. Røynesdal *et al.* (2021) also reported that English clubs recorded the most alcohol-related programmes ($n = 12$), whilst clubs from other nations reported delivering one such programme each (Røynesdal *et al.* 2021).

Finally, in the UK, Pringle *et al.* (2021) audited the provision of health improvement programmes delivered by professional football clubs and the challenges faced during implementation. A total of 34 clubs were included in the study: 58.8% delivered men-only programmes, 44.1% delivered women-only programmes, 82.4% reported working with children and young people, and 76.5% worked with adults aged 65 and above (Pringle *et al.* 2021). Clubs reported delivering PA promotion programmes (100%), healthy eating programmes (91.2%), smoking cessation programmes (58%) and alcohol advice programmes (55.9%). Additionally, 73.5% delivered weight management services, 82.4% covered mental health, and 64.7% delivered educational or training programmes (Pringle *et al.* 2021). The qualitative data also reinforced the importance of using the brand of their football club to connect with the public, especially the use of stadia and kit for the recruitment of men-only programmes (Pringle *et al.* 2021). Moreover, PSCs Trust Managers' who took part in interviews also expressed that securing long-term funding for health improvement programmes was a significant challenge, alongside having rigorous local needs data (Pringle *et al.* 2021). In terms of evaluation, all managers who were interviewed suggested they did conduct evaluations of their programmes, either 'in-house' or through external evaluators. Whilst evaluation was deemed as 'good practice' by all managers, often the standard of evidence generated by these evaluations was insufficient to secure further funding (Pringle *et al.* 2021). Moreover, whilst the use of external evaluators may generate a higher quality of evaluation, it may be more beneficial for collaborative approaches that involvement practitioners throughout the evaluation. Practitioner involvement in the M&E process would not only provide a better understanding of why and how evaluations are conducted but valuable insight around the reality of programme delivery and its potential influence on M&E processes (Harris 2018)

Useful though the findings from Pringle *et al.* (2021) are in illuminating the provision of health promotion programmes delivered by PSCs across the English Football League system, it is important to better understand the level of provision delivered in the Premier League, and other major professional sports within England. It is also important to better understand clubs' reported funding and sustainability challenges (Pringle *et al.* 2021). Indeed, identifying health promotion programmes delivered by PSCs in their local communities, raising awareness of the potential reach and effectiveness of PSCs in health promotion, and having better understanding of current M&E practice used to report programme impact and effectiveness, have potentially important policy and practice implications.

Methods

To address the research aims, a practice-based targeted review was considered the most appropriate method to adopt due to the breadth of the research questions and topics. We used guidance outlined by Arksey and O'Malley (2005) and Levac *et al.* (2010) to inform searches and data charting processes, improving the methodological strength of this review. Firstly, we selected specific sports to identify H&W programmes and initiatives delivered by PSCs in England. The choice of sports was based on participation levels using Sport England's 2020–2021 *Active Lives Survey* for both adults and children. The highest participation rates amongst team sports with a professional club structure were football (2.2%), basketball (0.4%), cricket (0.4%), netball (0.2%), rugby union (0.2%) and rugby league (0.1%). These sports were therefore included in this review (Sport England, 2021b).

We searched Google to source the official website for the professional leagues of each sport and to produce a list of professional clubs for each sport in the competitive 2021–2022 season. This allowed us to identify potentially relevant community H&W programmes delivered by PSCs. To restrict numbers, only the highest two tiers of professional football were included: namely, the Premier League (PL) and English Football League (EFL) Championship. Overall, the following professional sport leagues were selected: English PL, EFL Championship, The Gallagher Premiership (GP) (rugby union), Rugby Football Union Championship (RFUC), Vitality Netball Super League (VNSL), British Basketball League (BBL), Betfred Super League (BSL) (rugby league), and the LV = Insurance County Championship (division one and two) (LVICC) (cricket). It is important to acknowledge the structure of these English leagues, whereby not all clubs are based in England. For example, the EFL Championship, RFUC, BBL and LVICC include clubs based in Scotland, Wales and the Channel Islands. We decided to include such clubs as they still reside in the UK; however, two clubs within the BSL were excluded as they were based outside of the UK. A total of 116 clubs across these leagues were included, a majority of which were based in England ($n = 109$).

Programmes

We searched Google for the official websites of each professional club and then explored the 'community' or 'foundation' section of the website to identify the H&W community programmes provided by the club. Given the range of potential programmes, the whole section of the respective websites was scanned as often programmes were identified under the 'education', rather than 'health and wellbeing', sections of the website. If a 'community' or 'foundation' section could not be located, then a direct search for a club's charitable arm was searched for through Google (e.g. 'Bristol Bears community foundation').

Impact reports

All identified club's website pages were also revisited and searched to locate publicly accessible impact reports or annual reviews. If a report or review could not be located, a manual search on the

websites internal search engine' was carried out using the terms 'impact report', 'annual report' and 'annual review'.

An initial email was sent to clubs across all the aforementioned leagues to request any form of report or review conducted on their community work, including those not listed on their website. If an email address could not be sourced for a member of staff within the foundation or community team, an email was sent to a club's charity or foundation general enquiries inbox. If no email addresses were available, contact was made via generic enquiries on the website.

Search and selection of sources of evidence

To select relevant H&W programmes, a data collection sheet was developed, acting as a database for all programmes identified. All programmes identified via PSCs websites were screened by JB, and 20% of identified projects were reviewed by another researcher (MN). Additionally, all impact reports that were issued by PSCs were included. The inclusion criteria for H&W programmes delivered and impact reports published by PSCs included in our review are outlined in [Table 1](#). It is acknowledged that many PSCs may deliver programmes that aim to improve H&W through non-PA-based programmes, such as: free meal initiatives, prison release programmes, crime prevention and substance use recovery programmes, some of which may not meet our inclusion criteria. Given these programmes do not always primarily aim to improve the physical and mental health of participants through PA, they are not covered here and are worthy of their own review.

Data charting process

A data charting form to extract information from the available information surrounding community H&W programmes was developed in Microsoft Excel by JB and was reviewed by CF, NT and JM. Similarly, to extract data from all retrieved impact reports, a separate data charting form was developed by JB and reviewed by CF.

We conducted a documentary content analysis to extract data from the impact reports. The content analysis inductive category development step model developed by Mayring (2000) was followed, alongside Bowen's (2009) recommendations for documentary content analysis. Firstly, we established our research questions, as outlined above. In Step Two we identified our selection criteria for the impact reports published by PSCs (see [Table 1](#)). We deemed it most appropriate to implement an inductive approach to analysis, which allowed us to develop our category definition. Following

Table 1. Inclusion criteria of H&W programmes and impact reports delivered and issued by PSCs.

Programmes	
Inclusion criteria	Exclusion criteria
Physical activity must be a core component of the programme, acting as the main delivery mechanism	Any programme that did not primarily aim to improve the physical or mental health outcome of participants
Interventions must focus primarily on improving health and wellbeing	
Programmes must be delivered in-person, or at least delivered in person prior to the COVID-19 pandemic.	
Programmes must be developed and delivered by either the club's foundation or charitable arm coaches, or by their respective leagues' community coaches.	
Impact reports	
Documents must be published by clubs who play home fixtures in the United Kingdom	Documents that are solely focused on financial expenditure and/or revenue
Documents must be written in the English language	
Documents must have been published by the respective foundation or charitable arm of a professional sport club	
Documents must have been listed as impact report, annual report, or annual review of their work	

Bowen (2009), we briefly examined all documents prior to analysis to familiarise ourselves with their content and to inform our initial category definitions. In Step Three we analysed the documents iteratively and systematically and, if required, amended the category definitions (Mayring 2000, Bowen 2009). Step Four involved establishing the reliability and validity of the categories created and their definitions. This was done by JB and MN who cross-referenced and agreed the 20% of the category labels and definitions coded from the impact reports. The remaining texts were then similarly coded (Mayring 2000). Finally, we considered the purpose and target audience (Bowen 2009) of the impact reports. Since it was often unclear to whom the impact reports written by PSCs were intended, we also contacted each PSC included in our review to gather formalised evaluations or impact assessments.

Our final analysis recorded the following data across all impact reports: i) General information (club, document title, date issued), ii) Financial reporting (incomes, revenue, net spend), iii) Engagement figures (hours delivered, unique participants, sessions delivered), iv) Participant demographics, v) Reported impact, vi) How impact was measured, and vii) Case studies. To accompany these, two free-text coding boxes were created to capture any missing features (e.g. if impact had been reported but there was no description of how impact was measured). A free-text box was also developed to record any other prominent features across reviews. This facilitated the iterative nature of the review and led to the inclusion of case studies as a key variable. We did not conduct a critical appraisal of the impact reports collected, due to the nature of these sources and a lack of appropriate measurement tools used in them.

Synthesis of data extraction

We quantified the number of H&W programmes delivered by UK based PSCs, demonstrating the provision of H&W programmes delivered. We also described the level of evaluation clubs conduct on H&W programmes. This reporting provided insight surrounding the number of clubs claiming to have H&W impact upon their participants and how many clubs outlined the methods used to generate evidence to support this. Furthermore, using the findings from the documentary content analysis provided an outline of common themes used to report H&W impact (Mayring 2000, Bowen 2009). All findings were placed into a map to demonstrate the distribution of provision across professional sport leagues, the type of impact often claimed within impact reports, and what methods have been used to generate these claims.

Results

Identification of H&W programmes and impact reports

A total of 176 H&W programmes were identified; most programmes were run by either EFL Championship ($n = 61$) and EPL ($n = 41$) clubs, amounting to 102 programmes across 44 football clubs. When examining rugby union, fewer programmes in comparison to football were run across the GP ($n = 27$) and RFUC ($n = 7$), a total of 34 programmes delivered across 23 clubs. Within the LVICC, fewer community H&W programmes were identified, whereby amongst the 18 cricket clubs only 16 programmes were found. Within the BSL, 19 H&W projects were identified across 12 clubs. Of the 10 basketball clubs registered with the BBL, we could include only five local H&W programmes; no programmes were identified amongst the 11 clubs within the VNSL. Of the programmes included within our review, we found that many programmes did not state their target population group ($n = 66$). Where we did find target population groups, we recorded programmes for children ($n = 28$) and programmes open to both men and women simultaneously ($n = 26$) to be the most common. Additionally, the remaining programmes were open to the following groups: men only ($n = 10$); older adults ($n = 10$); women ($n = 4$); young people (16+) ($n = 4$); families ($n = 4$); girls ($n = 3$); women and girls ($n = 2$) and adults aged 50+ ($n = 2$). We also identified programmes designed for those with

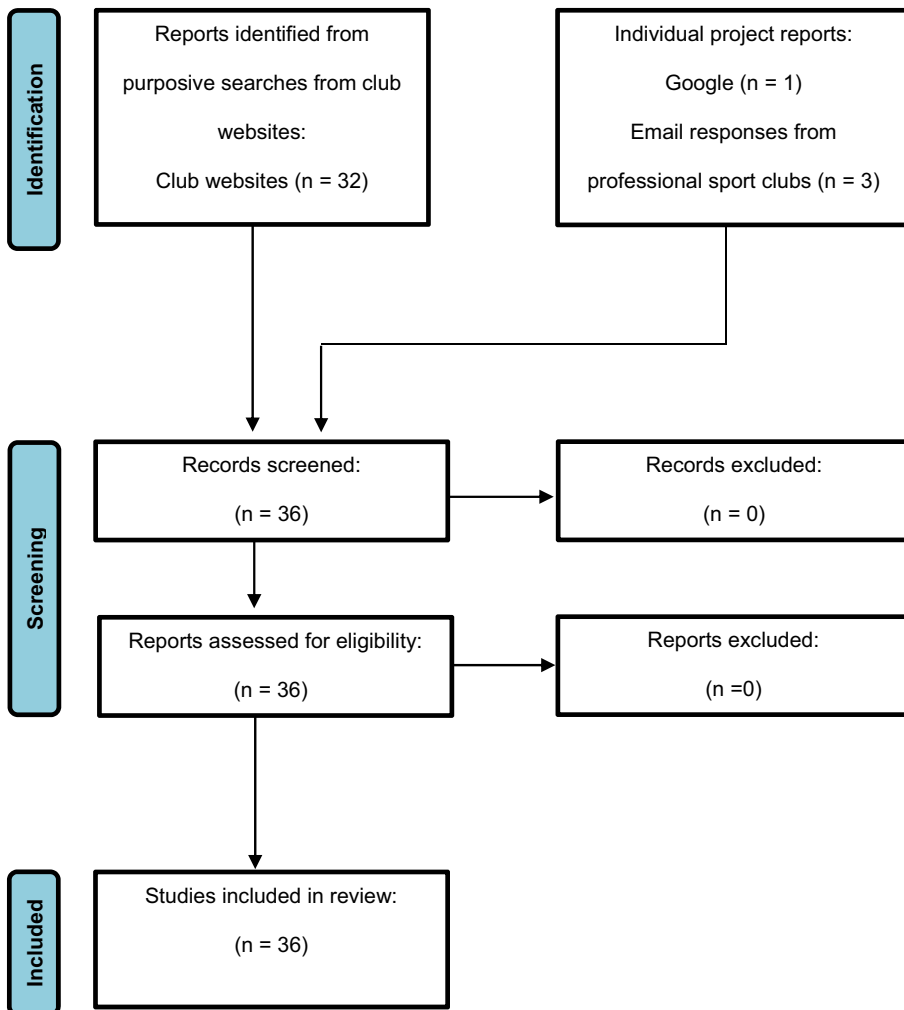


Figure 1. PRISMA flow diagram for inclusion of impact reports.

specific health needs ($n = 12$) such as diabetes or dementia, in addition to a programme designed specifically for participants from racially minoritized groups and of low socioeconomic status ($n = 1$). Finally, we also found programmes with a general target demographic of ‘local population’ ($n = 3$).

A total of 36 impact reports were identified, split into 32 organisational impact reports and four individual project impact reports. There was no need to screen for duplicates as each report was individually searched for (Figure 1). All 32 impact reports written by PSCs within this review were all published between 2015 and 2021, however most reports were published between 2019 and 2021 ($n = 28$). From the 32 impact reports analysed, it was found that 62.5% were published by football clubs (EPL: $n = 10$; EFLC $n = 10$), 18.8% by cricket clubs ($n = 6$), 9.3% by rugby union clubs (RFUGP: $n = 3$), 6.3% by basketball clubs ($n = 2$) and 3.1% by rugby league clubs ($n = 1$).

Documentary content analysis

The documentary analysis identified six common themes within the impact reports: *financial reporting*; *engagement figures*; *participant demographics*; *impact of H&W programmes*; *measurement of H&W*

impact; case study reporting. Of the 32 impact reports analysed, it was found that engagement figures were most reported having been identified in 24 of the documents. Case study reporting was the second-most reported theme, with 15 of the 32 impact reports featuring this. The impact of H&W projects was reported in 13 of the 32 documents analysed, whilst financial reporting was found in 12 documents. Reporting of participant demographic data was less evident, appearing in only nine reports, whilst the measurement of H&W impact was observed in just four reports.

Furthermore, four individual project impact reports were gathered, three of which were obtained through meeting managers or M&E staff via email. The fourth report was identified via a club's website. Following the documentary content analysis protocol, the following themes were identified across the four documents: *project outline and context; collaboration and partnerships; participant demographics; results; case study reporting.*

After analysing the four individual project impact reports retrieved, the most common themes were project outlines and context, collaborations and partnerships, and impact of project upon H&W, all of which were recorded in three of the four reports. Furthermore, participant demographics and case study reporting were reported in two of the four individual project impact reports.

Impact of health and wellbeing programmes

Upon further examination of retrieved impact reports, information highlighting the reported impact and data collection methods were collected (Table 2). A total of 43 impact statements were identified from the impact reports analysed. Of these 43 statements, only 14 statements claimed to have impacted a specific health outcome; these included identifying impact on weight loss ($n=5$), increased physical activity ($n=2$), increased happiness ($n=2$), decreased loneliness ($n=1$), increased self-esteem ($n=1$), improved fitness ($n=1$), improvement in mental health measured by happiness, life satisfaction and resilience ($n=1$) and improved confidence ($n=1$). Furthermore, of the 14 statements that quoted impact on specific health outcomes, none stated the measurement tool or evaluation methods used. Nine of these 14 specific health outcome impact claims listed the number of participants as evidence, whilst only six of these specific health outcome impacts were supported with information on data collection points.

An additional 12 impact statements recorded impacts upon the H&W of participants but did not state a specific health outcome and cited the number of participants as evidence of impact (Table 2). None of these statements were supported by a measurement tool for their reported impact upon generalised H&W, and only three of the 12 statements were supported by a data collection timeframe.

Other impact reported

When examining impact reports, we identified several other impact statements alluded to by PSCs. We found 17 impact statements that were related to various forms of cost–benefit analyses (Table 2). The following range of reported cost–benefit impacts were collected: social value forecast ($n=6$), social savings ($n=2$), obesity savings ($n=2$), social return on investment (SROI) ($n=2$), wellbeing savings ($n=1$), healthcare savings ($n=1$), economic impact ($n=1$), social value ($n=1$), health economic impact ($n=1$). It was noted that 16 of these 17 statements were supported by various measurement tools, such as the SportValueBank tool ($n=6$), the Sportswork Model ($n=5$), the Social Value Bank ($n=3$) and the UEFA Grow SROI approach ($n=2$). Five of the 17 cost–benefit analyses were supported by the number of participant records that calculations were based on. The six statements that used the SportValueBank tool reported expected participants to calculate their social value forecast given the predictive nature of this cost–benefit analysis tool. In total, 12 of the cost–benefit analyses reported a timeframe that calculations were generated from. Figure 2 highlights the current provision of H&W projects

Table 2. Reported H&W impact statements identified with PSCs impact reports

Document	Claimed Impact	Specific element of H&W	Stated measurement tool	Survey respondents	Data collection points
Brentford FC	- Last year, our health projects supported 800 adults and 300 children to live healthier and more active lifestyles. *	- No	- No	- No	- No
	- 100% of participants surveyed said the sessions have helped to improve their health and fitness	- No	- No	- No	- No
	- 75% said their confidence levels have increased since attending the football sessions. *	- Yes	- No	- No	- No
Brighton and Hove	- £28.75m of economic impact***	- N/A	- Social Value Bank	- N/A	- N/A
Albion FC	- For every £1 invested in AITC, Sussex receives social value equivalent to £8.84. If only income from grants and commissioned contracts are included, the social value impact is significantly higher at £16.13 for every £1 of investment***	- N/A	- Social Value Bank	- N/A	- N/A
Burnley FC	- £24.7m of health economic impact*	- N/A	- Social Value Bank	- N/A	- N/A
	- 89% improved in physical wellbeing	- No	- No	- No	- No
	- 89% more involved in sport and PA	- No	- No	- No	- No
	- 83% more positive attitude	- No	- No	- No	- No
	- 88% more involved in community	- No	- No	- No	- No
Liverpool FC	- 90% improved physical wellbeing**	- No	- No	- No	- No
	- 85% reported positive impact on mental health / wellbeing*	- No	- No	- 478 respondents	- End of the 2020/2021 season (12 months)
	- 86% reported positive impact on their physical health / fitness (projects involving some form of PA)*	- Yes (Fitness)	- No	- 339 respondents	- End of the 2020/2021 season (12 months)
	- Social Return on Investment, based on total expenditure of £3,018,325***	- N/A	- UEFA Grow SROI Approach	- Annual valuation	- Annual valuation
	- SROI per £1 = £7.76 on whole expenditure. SROI per £1 - £15.29 (project expenditure only)***	- N/A	- UEFA Grow SROI Approach	- Annual valuation	- Annual valuation

(Continued)

Table 2. (Continued).

Document	Claimed Impact	Specific element of H&W	Stated measurement tool	Survey respondents	Data collection points
Manchester United FC	- 53% of participants showed improvements in physical health (activity levels increased) *	- Yes (PA levels)	- No	- 1,047 respondents	- Data collected over last 12 months
	- 80% of participants showed improvements in mental health (happiness, life satisfaction, resilience, wellbeing) *	- Yes (happiness, life satisfaction, resilience, wellbeing)	- No	- 1,047 respondents	- Data collected over last 12 months
	- 91% of participants reported feeling more connected and a sense of belonging in their community *	- N/A	- No	- 1,047 respondents	- Data collected over last 12 months
	- £9.9m healthcare savings (anxiety, depression and obesity) *	- N/A	- N/A	- N/A	- Data collected over last 12 months
Tottenham Hotspur	- Minimum social cost saving in the year to 31st July 2015 of £20,523,071 with expenditure in the same period being £2,973,000***	- N/A	- Sportsworks model	- 14,000+ participant records	- August 2014 – July 2015
	- Estimated social cost savings of £7 for every £1***	- N/A	- Sportsworks model	- 14,000+ participant records	- August 2014 – July 2015
	- Savings of £786,759 (boys) and £351,060 (girls) on obesity (11,957 participants) *	- No	- Sportsworks model (x2)	- 11,957 participants	- August 2014 – July 2015
	- Savings of £1,346,725 on wellbeing (11,957 participants) *	- No	- Sportsworks model	- 11,957 participants	- August 2014 – July 2015
Blackpool FC	- 94% increased their knowledge of how to lead a healthy lifestyle** (FIT2GO)	- No	- No	- Based on 1,240 participants	- 2021 project participants
	- 311kg of weight lost in total** (FIT BFC)	- Weight loss	- No	- No	- No
	- 839cm lost in total** (FIT BFC)	- Weight loss	- No	- No	- No
Luton Town FC	- Average waist reduction of 35cm** (FIT Luton)	- Weight loss	- No	-105 participants (male = 75)	- No
	- 45 males reduced their collective weight loss by an average of 30% ** (FIT Luton)	- Weight loss	- No	- 45 men	- No
	- 90% of the first 45 males to complete said they were happier with their life** (FIT Luton)	- Happiness	- No	- 45 men	- No

(Continued)

Table 2. (Continued).

Document	Claimed Impact	Specific element of H&W	Stated measurement tool	Survey respondents	Data collection points
Preston North End	- Average 5.1kg lost per participant** (FIT PNE)	- Yes (weight loss)	- No	- No	- No
	100% of participants feel happier as a result of engaging in the programme** (Sporting Memories)	- Happiness	- No	- No	- No
Harlequins RFC	- £2,500,000 of social value generated 540+ with improved self-esteem***(forecast)	- Self-esteem	- SportValueBank tool	- 540+ (youth)	- [Forecasted] annual value of the wellbeing impact of achieving an outcome. The calculated value is adjusted to reflect the length of the programme.
	- £371 of social value per participant***	- N/A	- SportValueBank tool	- 6,700+	
	- £4.19 of social value per £1 of resources invested***	- N/A	- SportValueBank tool	- 6,700+	
	- METTLE = £382,900 social value (£6 return on £1)**	- N/A	- SportValueBank tool	- 2,160 (expected)	- 10-week programme
	- Ahead of the Game = £80,900 (£2 on £1)**	- N/A	- SportValueBank tool	- 900 youth, 600 adults (expected)	- 6-week programme
	- Diabetes Decathlon = £48,400 (£5 return on £1)**	- N/A	- SportValueBank tool	- 120 participants (expected)	- 10-week programme
Saracens RFC	- 90% of participants reported an increase in physical activity*	- Physical activity	- No	- No	- No
	- 92% of participants reported an improvement in their physical health*	- No	- No	- No	- No
Hull FC	- 93% of child participants report improved understanding of healthy eating**	- No	- No	- No	- No
	- 82% of participants reported better mental health from accessing tackling mental health activity*	- No	- No	- No	- No
	- 68% of participants reported reduced feelings of loneliness and/or isolation**	- Loneliness	- No	- No	- No

*Overall H&W projects; **Individual project; ***SROI analysis on all foundation projects SROI: Social Return on Investment

run by PSCs in England and presents a fragmented and inconsistent picture of M&E activity conducted by clubs on their respective projects.

Discussion

Comparison with previous literature

This practice-based targeted review sought to outline the provision of PA-based community programmes delivered by PSCs that aim to have a positive impact upon H&W. Additionally, this review sought to provide insight into M&E activities adopted by PSCs to capture programme

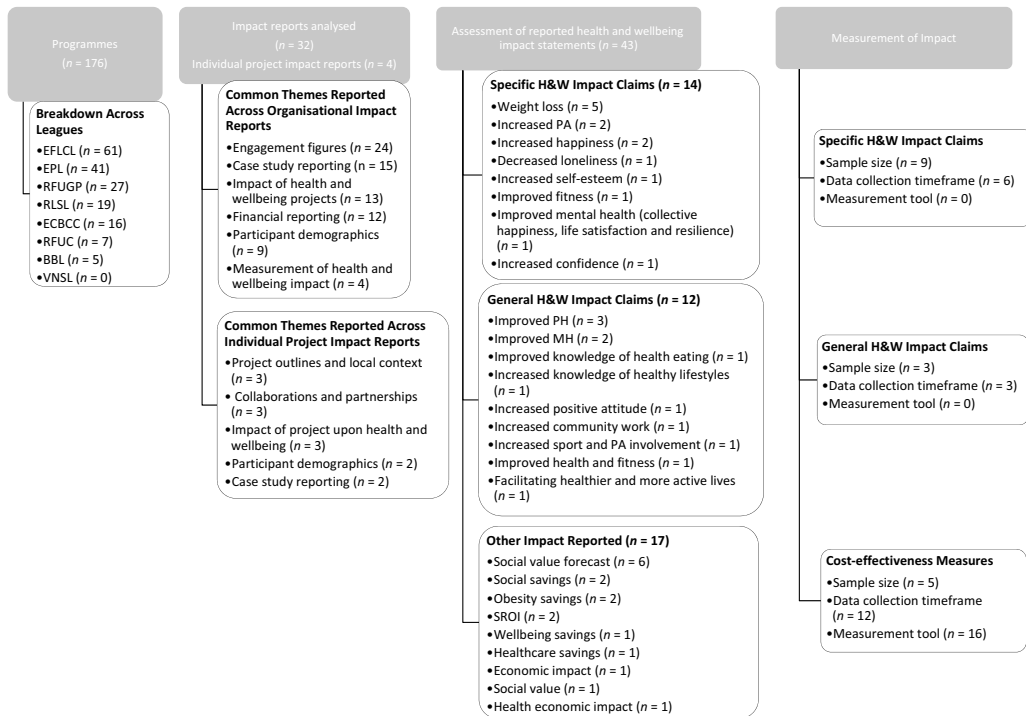


Figure 2. Map of provision for H&W programmes delivered and properties of M&E conducted by PSCs in England.

impact and effectiveness and consider the policy implications of this. The results suggest that PSCs from the highest professional leagues in England deliver a considerable number of H&W programmes for their local community. It was found that most programmes identified were delivered by clubs from the EPL and the EFLC. Firstly, more football clubs were included in this review compared to other sports, though this may also reflect their greater access to facilities and funding as seen elsewhere across Europe. Despite variations in study design and number of programmes recorded, the findings of Røynesdal *et al.* (2021) are consistent with our findings that PSCs are potentially important vehicles of health promotion policy and practice in local communities. Furthermore, the results of our review were similar to those reported by Lozano-Sufrategui *et al.* (2019) who identified 84 health promotion programmes delivered by 17 Spanish professional football clubs focused on outcomes including healthy eating, social inclusion, disability sport and PA. A possible explanation for the disparity in number of programmes identified between our results and that of Lozano-Sufrategui *et al.* (2019) is the difference in study design and our use of inclusion criteria for programmes.

Our findings are consistent with the work of Pringle *et al.* (2021) which identified 129 H&W programmes delivered by football clubs across the English Football League (EFL) Championship, League 1, and League 2 which targeted PA, diet, weight management, alcohol consumption and smoking (Pringle *et al.* 2021). Whilst the EFL Championship was included in our search, League 1, and League 2 were not. Our results and the findings of Pringle *et al.* (2021) identified between 100 and 200 programmes. However, our study included clubs from five other sports, thus reinforcing the disparity of H&W programmes delivered across sports we included. As we noted earlier, there is considerable scope to use organised sports-settings within sport for health policies as a means of promoting promote PA, healthy lifestyles and community development (Tremblay 2012, Aggestal and Fahlen 2015). However, our findings reveal how few partnerships exist between PSCs and other organisations as part of longstanding system-level collaborations between PA and health

organisations, an area which is increasingly advocated in sport policy (Mansfield 2016, Misener and Misener 2016, Smith *et al.* 2022).

Addressing the second aim of our review, fewer than half of the impact reports included information on the impact programmes had on participants' H&W. Of those which did, findings demonstrated the H&W aims of programmes were typically vague, common measurement tools were rarely reported and evaluations usually relied upon anecdotal and self-reported evidence of impact. These findings are consistent with evidence developed from research amongst Spanish football clubs (Lozano-Sufrategui *et al.* 2019), and point to the general absence of a systematic culture of M&E in H&W promotion programmes delivered by PSCs. It may be that evidence generated as part of programme M&E is considered and reported internally, but the full data are not publicly accessible. Impact reports that claimed to have positively impacted the H&W of participants and were well supported by data were often evaluations conducted and written up by external, specialist M&E organisations; for example, Liverpool FC's 2020/2021 impact report written in collaboration with the consultancy company, Substance. Moreover, Lozano-Sufrategui *et al.* (2019) reported lack of knowledge, a lack of desire to evaluate, lack of training and lack of skills were the most common reasons for limited evaluation across La Liga football clubs. We also identified a widespread use of, and reliance upon, anecdotal quotes or case studies from PSCs as evidence of the impact and effectiveness of H&W programmes on participants. This context-specific evidence can be useful, particularly for the purpose of feeding back to staff members, and for capturing locally relevant and nuanced data on participants' experiences. Case studies are also often welcomed by, and appeal to, policymakers, funders and commissioners. However, more rigorous and validated measures are also needed to help capture the impact of H&W programmes delivered by PSCs, especially within official, published impact reports if there is to be greater uptake of such programmes in relevant policy.

A further key finding of this review was the lack of specific H&W outcomes that were listed across the 43 impact reports analysed. The results demonstrated that only 14 of these 43 reports had explicitly stated that a H&W outcome had improved. Without having specific H&W outcomes, such as increasing PA levels or weight loss, it becomes increasingly difficult to tailor programmes for the target population and to determine the effectiveness of those programmes and associated policies. Moreover, selecting and implementing measurement tools to improve rigour and validity in impact reports also becomes extremely difficult. The lack of evidence-based design and evaluation was also apparent in Spanish football clubs (Lozano-Sufrategui *et al.* 2019). The quantitative findings from Lozano-Sufrategui *et al.* (2019) suggest that 53% of clubs used some form of public health guidance to design their programmes, and 58% of clubs conduct evaluations on their programmes. Nevertheless, subsequent qualitative evidence heavily contrasts this; Lozano-Sufrategui *et al.* (2019) found that programmes were often designed without clear aims and objectives and were considered to 'just make sense'.

Policy implications

The importance of evaluation in the development and improvement of policy is crucial and clearly recognised by various organisations aligned to health promotion (PHE 2014, WHO 2018, Sport England, 2021a; Smith *et al.* 2022). However, to our knowledge, there is no standardised M&E framework that PSCs and sporting governing bodies are expected to follow, and the findings of our study are therefore perhaps unsurprising. Previous literature has suggested that often perceptions of capacity and resources are a point of difficulty for collaboration between community sport organisations and public sector policymakers (Mansfield 2016, Misener and Misener 2016, Smith *et al.* 2022). As Misener and Misener (2016) have noted, it is not uncommon for community sport organisations to perceive the public health sector as possessing a wealth of tangible resources (e.g. people or finances) rather than an opportunity for wider capacity building. Using these partnerships to build greater capacity for M&E, for example, through the co-development of standardised

M&E frameworks or outcomes for PSCs work, could be a particularly valuable use of any existing partnerships between policymakers and PSCs. In turn, the evidence generated may not only showcase the impact of a programme but also help secure additional funding and support the sustainability of programmes.

The lack of a clear culture and value of appropriate M&E amongst PSCs is a clear barrier to policy inclusion and recognition, therefore further research that explores the M&E-related constraints experienced faced by PSCs is essential. In doing so, it may be possible to identify solutions to current barriers in practice and help inform the development of future pragmatic and collaborative M&E between PSCs and public organisations. Additionally, greater insight around the practical constraints PSCs encounter when conducting M&E on their work could inform preliminary thoughts around developing a standardised M&E framework to guide PSCs and governing bodies to use. In turn, PSCs and organisations could better showcase the possible untapped potential of their health promotion efforts to policymakers, stakeholders, and funders.

Incorporating a rigorous, yet sustainable evaluation strategy into the practice of PSCs in the community not only facilitates insight into the impact of their work but adds considerable value to funding applications to secure future provision (Pringle *et al.* 2016, Smith *et al.* 2022). To implement and embed evaluation strategies into PSCs, there should be further collaborations between evaluators, the management team, and delivery staff (Pringle *et al.* 2014, 2016, Mansfield 2016, Harris 2018, Smith *et al.* 2022). Indeed, as Mansfield (2016) has noted, greater collaboration between researchers, policymakers, practitioners and participants should be far more central to the production, mobilisation and translation of evidence within a sport for health policy context. Generating more specific knowledge around the context of delivery of programmes from practitioners may also provide valuable information for the planning of M&E approaches (Shulha *et al.* 2016) and provide a more secure basis on which to judge policy effectiveness. It is accepted that organisations working collaboratively for health promotion will always encounter various challenges, including the allocation of resources and time available to support programme delivery and evaluation (Shaw and Allen 2006, Misener and Doherty 2012). However, it has been suggested that partnerships between government and voluntary organisations may be complementary and help address their respective limitations (Misener and Misener 2016). This may be particularly applicable for the inclusion of PSCs into policy whereby policymakers who hold and distribute funding are able to provide steady and reliable resources and facilities, whilst PSCs are able to provide and personalise services to their local populations. However, as presented here, firstly, a significant change in the current M&E practice of PSCs is required to facilitate such partnerships in the future.

It is proposed that policymakers firstly need to specify their requirements for evidence of the impact of PSCs' programmes on participants' H&W, whether that is through establishing standardised M&E frameworks or evidence criteria established by major funders of PSCs, such as Sport England. Clearly, health outcomes that PSCs, funders and policymakers wish to measure will vary by programme and therefore a 'one size fits all' approach is not appropriate. Rather, collaboration between funders, policymakers and PSCs could identify shared measurable impacts they wish to gain through a programme or initiative. The identification of shared measurable outcomes may then help to inform a standardised M&E framework that PSCs could implement and utilise a reporting framework to funders and policymakers. Secondly, it is proposed that policymakers could help to facilitate collaborative and multisectoral partnerships through the inclusion of these as requirements for larger funding applications or bids. In this case, funding applications may require applicants to clearly outline evidence of collaboration between delivery partners and evaluators and plans for making evidence of programme effectiveness and impact freely publicly available (Smith *et al.* 2022).

Limitations and future directions

Upon reflection of the results, it is important to acknowledge the limitations of this practice-based targeted review. Firstly, the number of PSCs included in this review is limited, and therefore we

cannot present an exhaustive list of all PA-based H&W programmes delivered by PSCs in England. This is particularly pertinent to football clubs, as there are many clubs in the lower leagues of the English Football League system that deliver community H&W programmes and have often been the focus of previous research. To minimise the impact of this limitation, clubs from the top two tiers of English football were included to gain an understanding of both Premier League and English Football League clubs. In addition to this, we did not include the Scottish Premier League (SPL) in our search for programmes, rather we included professional leagues across rugby union, rugby league, basketball, netball and cricket. We excluded the SPL to ensure that our sample of PSCs was not only manageable but also included a breadth of PSCs from a range of sports. This allowed us to gain perspective of the provision of H&W programmes delivered by PSCs across multiple sports, something that previous research has not addressed.

Moreover, the inclusion criteria for the study meant that several H&W programmes that incorporated, but were not primarily delivered through PA, were excluded, thus limiting the number of programmes and potential evaluations identified. Thirdly, the level of evaluation and methods implemented to evaluate programmes were sourced from materials that were either publicly available or were received directly from clubs. Therefore, insight surrounding evaluation strategies amongst the included clubs within this review is restricted to the sources of information that were publicly attainable. However, we did attempt to contact all clubs included within this study to obtain any evaluation reports that were not publicly accessible. Finally, the nature of this review was to explore the level of evaluation conducted by PSCs, or external agencies, therefore evaluations conducted in partnership with academic institutions have not been included. Future research should examine how PSCs and academic institutions have collaborated, focusing on the evaluation methodologies adopted, results and plans to incorporate evaluation within PSCs.

There is some evidence that community H&W projects led by PSCs can be successfully evaluated (e.g. Pringle *et al.* 2014, 2016, Willock and Smith 2019, Wilcock *et al.* 2021), though not all projects may be suitable for evaluation through the avenue of a randomised controlled trial, especially if a project is already in delivery and has been for a period of time. Implementing a randomised controlled trial as a means of evaluating an existing project could have significant impact upon the coach's delivery time, contact time with participants and the quality of provision, and might not be suitable or possible in the context of community settings. Embedding a research environment into programme delivery may also deter participants from engaging in them. Greater consideration thus needs to be given to other diverse ways of sharing of knowledge in publicly accessible ways, capturing best practice, and developing M&E collaborations which enhance PSCs' practice, and which improve the effectiveness of associated policies (Smith *et al.* 2022). More support also needs to be provided to PSCs to embed pragmatic and sustainable evaluation strategies into their practice (Pringle *et al.* 2016).

Conclusion

Health promotion policies, both globally and within the UK, are increasingly committed to implementing community and system-based approaches to health promotion, though there is no clear recognition or definition of the potential role PSCs might play within these systems or approaches. However, recent research (Lozano-Sufrategui *et al.* 2019, Pringle *et al.* 2021), including our own presented here, reveal how PSCs are increasingly concerned with delivering programmes which promote H&W at an individual and population level whilst simultaneously addressing health inequalities within local communities which are key components of health promotion policies in England and internationally (PHE 2014, WHO 2018; Sport England, 2021a). Given the number and potential reach of PSCs, their ability to contribute to health policy goals has far been under-recognised and they remain loosely (if at all) integrated into health promotion policies and strategies. However, as we have reported here, current M&E practice amongst PSCs within England raises concern, an issue that has similarly been identified amongst Spanish professional football clubs (Lozano-Sufrategui *et al.* 2019). Whilst more sound and reliable

evaluations are present within the literature, these are both sporadic and often the result of a partnership with academic institutions. Future research could explore factors that influence the lack of evaluation on community H&W programmes delivered by PSCs in the United Kingdom. Partnerships and collaborations are likely to be important to improving M&E practice; however, current partnerships may be temporary and may also involve evaluating programmes that are not part of the clubs' everyday activities. Therefore, engaging with M&E partners could be crucial in increasing the use of pragmatic, yet rigorous, methodologies to evaluate PSCs programmes for health promotion. One avenue of further research that may be of interest, is to explore how relationships between PSCs and academic institutions could be sustained further.

If the impact and reach of H&W programmes delivered by PSCs can be better demonstrated through more reliable M&E practice because of a standardised framework, PSCs may be included more favourably, clearly and explicitly into national health promotion strategies and policies. For policies to be effective, consideration and awareness of behavioural and sociocultural influences that impact health behaviour must be present (WHO, 2022b). Such understanding of sociocultural influences on health, especially within local communities, could be a by-product of evaluations conducted by PSCs and these will be especially valuable if they are used to inform effective place-based, community-centred, approaches to PA-based H&W promotion.

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