

**Applying the Team of Life as a Group Intervention within a Community Football  
Organisation**

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## **ABSTRACT**

**Background:** Young men are seldom heard by services, can find it difficult to speak about difficulties and face numerous barriers to help-seeking. Football-based approaches can be effective at making support accessible and familiar. The Team of Life is a collective narrative practice methodology that uses footballing metaphors to encourage young people to speak about their lives, recognise skills and strengths and tackle problems.

**Aims:** The current study aimed to explore the experience of attending a Team of Life group. Evaluating whether the intervention has an influence on the individuals, whether it has an impact on how the football team functions and whether effects of the group extend to the other 'Teams' in participants lives.

**Methods:** A four-session Team of Life group was run with ten young people from a local community football club. Individual semi-structured interviews were conducted with the ten participants. Analysis was conducted using reflexive thematic analysis (Braun & Clarke, 2022).

**Results:** Three overarching themes were generated. The first theme: 'Internal Changes and Mentality - Thinking About Football Helped Us Think About Ourselves' described the changes the participants noticed in themselves from attending the group. The second theme: 'A Better Team Spirit in the Changing Room' described the changes the participants had noticed in their teammates. The final theme: 'Celebrating our Supporters in the Stands' focuses on the impact of participants recognising their Team of Life and support system.

**Conclusions:** The findings demonstrate that the Team of Life group intervention can be implemented in a community football club and highlights the importance of taking support into places where young people already are. The experiences of the participants demonstrate the value of metaphors, safe spaces, and benefits for individuals and group cohesion. Implications from the research and recommendations for services, communities and future research are discussed and highlighted.

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# 1. INTRODUCTION

## 1.1. Introduction to Mental Health in Young People

In the United Kingdom (UK), approximately one in six children and adults experience Mental health (MH) difficulties each year (McManus et al., 2016; Vizard et al., 2020). The COVID-19 pandemic worsened existing MH inequalities (Pierce et al., 2021) and 83% of young people felt the pandemic made their MH deteriorate (YoungMinds, 2020). The Centre for MH (2020) estimated that services will require increased capacity to meet the needs for 8.5 million adults and 1.5 million children and young people because of the pandemic, with official waiting lists standing at 1.6 million (O'Shea, 2020). For the purposes of this research the terminology of 'young people' and 'young men' refers to individuals aged between 11-25 years old.

## 1.2. Young Men's Relationship With Services

### 1.2.1. 'Hard To Reach', or Seldom Listened to?

Even before the pandemic, services struggled to meet the needs of marginalised groups within in the UK. The term 'hard to reach' has long been used within academia and MH services to describe the groups of people who are harder to engage and are less likely to access MH services (Kovandžić et al., 2011). The term tends to be used for individuals from marginalised backgrounds (e.g., looked after children (Williams et al., 2017), Black and Minority Ethnic populations (Darko, 2021). Studies have discovered barriers that make services 'hard to reach', including fears of stigmatisation and discrimination, distrust of MH professionals, availability of services and a perception that professionals do not listen (Aguirre Velasco et al., 2020; Hansen et al., 2021; Hassett & Isbister, 2017; Memon et al., 2016).

However, this way of grouping people has been criticised for locating the problem within individuals instead of in the society and systems offering support. Groups are often

deemed 'hard to reach' because they do not engage with services in the traditional ways that services are offered. Communities self-report that they are 'hard to engage' because trust has not been developed, however lower rates of MH difficulties are found in communities with greater social cohesion and social support (Nazroo, 2002), indicating that promoting cohesion with services could counteract barriers. Alternative terms suggested as more appropriate by community members are 'seldom listened to' and 'seldom heard' (Islam et al., 2021). This instead locates the problem in the system and puts the emphasis on services and researchers to do more to engage the seldom listened to.

### 1.2.2. Barriers to Help-Seeking in Young Men

To focus attention on young men in particular this population have been viewed as a group that are seldom heard from, and are less well known to MH services (Rodway et al., 2016). Notably, this group accounts for only 36% of referrals to primary MH services (NHS Digital, 2016). This is of particular concern as suicide is the biggest cause of death in men, accounting for 76% of suicides (John, 2017). Alongside this, rates of MH difficulties in 7–16-year-olds have increased from 1 in 9 in 2017 to 1 in 6 in 2020 (Newlove-Delgado et al., 2022) and young men are three times more likely to be permanently excluded from school (Black, 2022).

Young male MH needs are not being met by services and outcomes are particularly concerning where there are intersections with identity (Burns et al., 2015; Rice et al., 2018 a). Young men can have negative relationships with help (Reder & Fredman., 1996) and feel that accessing support will not be helpful or will worsen problems (Rickwood et al., 2007; Rughani et al., 2011), and this is heightened when previous experiences of professional support have been unhelpful (Rickwood et al., 2005). Not being confident to trust a source of help and concerns disclosures will be shared with peers or family can be barriers to help-seeking (Corry & Leavey, 2017; Gulliver et al., 2010). Conversely, greater levels of engagement and help-seeking behaviour results when the young person trusts this source and is assured of confidentiality (Rickwood et al., 2007).

Traditional MH services can be perceived as 'feminine' and designed for women (McGrane et al., 2020; Spandler et al., 2014) and young men speak about feeling 'ill at ease' and 'out of place' within these spaces (Spandler et al., 2014). Young men appear to prefer technology-driven interventions (Burns, 2013) and accessing online support (Bradford & Rickwood, 2014), suggesting that traditional clinic-based offer is not always preferred. This perception is supported by Rice et al (2018 b) who found that young men find the personal disclosures expected during talking therapies difficult. These challenges are potentially a contributing factor to the poorer MH literacy found in young men (Chandra & Minkovitz, 2006; Rickwood et al., 2007), leading to a cycle of avoidance from not having the skills to interpret, manage and communicate distress (Biddle et al., 2007).

Shame appears to be a factor that influences stigma, with hegemonic masculine beliefs around vulnerability meaning narratives around needing to be tough and not expressing emotions dominate male culture (Lomas et al., 2013; Vogel et al., 2011). Alternative coping mechanisms such as alcohol, drugs and aggression observed in young men link to these masculine ideas around the need for self-reliance and denial of emotions (Biddle et al., 2007; Cleary, 2012). It is possible that young men experience shame when their masculinity is threatened, such as when help-seeking for MH needs (Rice et al., 2018a). Developing an identity is an important part of adolescence and a conflict can arise between disclosing vulnerability and MH difficulties, and the values attached to the social group identity expected of young men (Burke et al., 2022; Kroger, 2004). Therefore, the cultural and social expectations and the need for acceptance from peers can prevent them accessing professional MH support (Lynch et al., 2018).

Young men are often reluctant help seekers of conventional services, and notably even more so if from marginalised group (Bolton Oetzel & Scherer, 2003; Casale et al., 2015), with young black boys' MH impacted by experiences of discrimination and racism from society (Ghezze et al., 2022; Mind, 2021). These experiences understandably also act to develop mistrust of services and professionals, leading to reduced engagement with services and help-seeking behaviours. These can be exacerbated by previous negative experiences of MH services (Memon et al., 2016).

There have also been efforts to carry out interventions aimed at reducing stigma and improving emotional literacy within schools (Lynch et al., 2018; Rickwood et al., 2007). Schools are an efficient way to access and engage young people, and many Children and Adolescent MH Services (CAMHS) have been providing support directly to schools. Initiatives such as Mental Health Support Teams (MHST) (Ellins et al., 2021) and Wellbeing and Mental Health in Schools (WAMHS) in Hackney have been implemented. However, young men outside of the school system or those who find school harmful would not be able to benefit from these interventions, despite being most in need of psychosocial and MH support (Aguirre Velasco et al., 2020; Hughes & Kaur, 2014; Mind, 2021). Afuape (2020) implemented an alternative approach by using a radical systemic intervention, which involved discussions around racism, discrimination emotions, identities, and relationships. This shifted the narratives around how the school to be supported and interacted with the young people.

### 1.2.3. Services in Non-Traditional Settings

The responsibility for help-seeking has been placed with young men despite what is known about the role of masculinity and society (Lynch et al., 2018). Service provision and understanding of young men is inadequate and can structurally prevent help-seeking (Roth & Leavey, 2006). Conventional service design often does not meet the needs of many young men and a different approach is required to engage, educate, and support this population. The use of sport and group interventions has shown promise and appears to promote help-seeking and reduce the barriers associated with psychological distress (Swann et al., 2018).

As previously stated, young people report finding conventional services intimidating, stigmatising and punitive (Hughes & Kaur, 2018; McLoughlin, 2010; Rice et al., 2018b; Spandler et al., 2014). They also report concerns about the potential therapist, the physical environment and fear of the unknown (Bone et al., 2015). Services and researchers have explored how using non-traditional settings can be helpful at bridging this gap, providing different, more familiar spaces that better engage young people. Familiar places within communities, such as sports centres and youth groups, have been identified as resources to engage young men with discussions around MH (Lynch

et al., 2018; Settapani et al., 2019). Community members and trusted adults (e.g., sports coaches) providing informal responsive and accessible support alongside traditional services can improve engagement and reduce stigma due to holding shared experiences (Burke et al., 2022; Gulliver et al., 2012; Repper & Carter, 2011). Adolescents report greater positive expectancies about the future when they are more involved in community-based activities and feel empowered to make positive changes to their lives (Stoddard & Pierce, 2015).

### **1.3. Prevention Approach to Mental Health**

Traditionally MH services have been reactive, providing support when an individual is in distress (McGorry & Mei, 2018). Due to the increasing pressure within the NHS, the government has recommended a more preventative public health approach to MH (Public Health England, 2017). Despite government assertions that prevention is a key part of the NHS long term plan, this requires long term cross-government commitment, while austerity has meant that prevention has been promised whereas budgets have paradoxically been cut (Cairney & St Denny, 2020). The preventative policies developed, have had a limited impact on the social determinants of health and have focused on smaller definable problems with visible shorter-term impact to fit a political agenda (Cairney & St Denny, 2020).

Regarding children and young people, the frequency of MH difficulties peaks during the transition between childhood and adulthood, with approximately 20% experiencing a MH difficulty before the age of twenty-five (Kessler et al., 2005). Childhood is also a critical time for development which can influence social and emotional functioning in later life (Black et al., 2017). Services struggle to meet the demand and respond quickly to the MH needs of young people, with long delays in accessing support despite this critical developmental period (Fusar-Poli, 2019). There is evidently a need to utilise approaches that can apply sustained preventative strategies, bringing together MH professionals alongside other services and governmental representatives to produce a more holistic integrated care pathway (Colizzi et al., 2020).

### 1.3.1. Models of Prevention

There are several models used within Clinical Psychology that can be used to guide preventative work. The Ecological Systems Model (Bronfenbrenner, 1992), although not originally focused on MH, has been used within clinical psychology to identify how young people interact with, and are impacted by the different layers of society. It can provide a systemic lens to improving wellbeing and locate areas for preventative work, however the model fails to explain how the mechanisms interact with health. The Icelandic Model (Sigfúsdóttir et al., 2009) demonstrates how preventative work can be delivered and builds on the ecological systems model with core features involving the identification of risks and mobilisation of protective factors within each community. The model considered the broader contextual influences such as school, peers and family and utilised parenting support and organised activities to reduce substance use in a population of Icelandic young people.

## 1.4. **Community Psychology**

Services which have embraced community psychology approaches and stepped away from the conventional clinic-based talking therapy approach have been well received, such as Project Future and Music & Change UK (MAC-UK) (Durcan et al., 2017; Zlotowitz et al., 2016). One project aimed an engaging marginalised young men found self-reported improvements in relationship building, trust, wellbeing and community connection as well as improving wellbeing, employment rates and reduced stigma towards MH (Durcan et al., 2017).

MH services can negatively impact service users, with individuals from marginalised and racialised backgrounds disproportionately affected (Curran et al., 2019; Matheson et al., 2019). Community psychology switches the focus towards the individual's context (Smail, 1999), addressing MH across the different levels of the individual, community and wider society. The approach can help empower individuals to become agents of change within their lives, take different perspectives and challenge narratives around helplessness (Casale et al., 2015). It is important to note that community psychology is

not the only approach to challenge the individualised model of MH with other approaches promoting more systemic, social context driven perspectives including Liberation psychology (Martín-Baró, 1994) and Systemic Family Therapy (Boscolo et al., 1993).

Considering the barriers that can prevent young men from accessing services, community psychology approaches can be more accessible, strength-focused and non-stigmatising (Casale et al., 2015). As the approach is community-led and draws on co-production as a core tenet of its ethos, this allows the work to better fit the needs and concerns of the community (Casale et al., 2015). The approach aims to positively impact the most vulnerable and marginalised people in society, who are often missed by services and are seldom heard from (Prilleltensky et al., 2001).

#### 1.4.1. Community Psychology Underpinning Stages

Kagan et al (2019) outlined an approach for applying community psychology in practice, describing four stages of action.

1.4.1.1. *Problem definition*: The first stage focuses on changing how and who is allowed to define the 'problem'. Kagan (2019) argues that there is an issue in who holds the power and is allowed to define what the 'problem' is, despite not having the lived experience of the 'problem'. Community Psychology approaches instead aims to re-establish the power balance, where the communities seeking support are empowered to define what the 'problem' is, develop the intervention and create change that fits their communities hopes and needs (Casale et al., 2015).

1.4.1.2. *Community engagement*: The second stage focuses on how professionals can operate in partnership with communities, by identifying and collaborating with stakeholders. Community figures are better able to understand and engage with the individuals within the community (Khan et al., 2017). Community psychology emphasises the time and variety of approaches required to engage and build trust and relationships with people (Casale et al., 2018; Zlotowitz et al., 2016). Meeting young people 'where they are at' (Durcan et al., 2017), helps shift the barriers explored earlier



where the location and structure of clinics and schools can feel threatening and unfamiliar.

1.4.1.3. *Initiating actions to create change*: The third stage is concerned with how action can be used to facilitate transformational change. The approach draws heavily on using co-production to allow the community members to hold greater power over how the services and systemic factors operate in their community (Kagan et al., 2019). The approach involves systems change where established societal norms are disrupted, allowing young people opportunity to analyse their situation and create new perspectives. These discussions can help young people to explore a strengths-based narrative, promote alternative narratives and improve self-efficacy (Afuape & Hughes, 2016).

1.4.1.4. *Reflection*: The fourth stage describes the importance of reflection at every stage of the work, considering the practitioners power and privilege and the unintended outcomes of the interventions. Kagan (2019) explains that this constant reflective process helps to remain ingrained in lived experience and resist established power dynamics.

## **1.5. Improving Mental Health – Through Exercise**

One way of engaging young people in MH is by harnessing the beneficial effects of exercise. The benefits of exercise on mental wellbeing have been widely established within the literature demonstrating how exercising can positively impact on physical, mental and social aspects of an individual's life (Biddle & Mutrie, 2007; Mikkelsen et al., 2017; Saxena et al., 2005). Exercise can enhance wellbeing, cognitive functioning and reduce symptoms of depression and anxiety (Callaghan, 2004).

An estimated 25% of the UK population are members of sports clubs (Sport England, 2018), in addition to the benefits of exercise, sports clubs can provide community connectivity and sources of support and comradeship (Drummond et al., 2022).

Participation appears to provide better outcomes in terms of depression, life satisfaction and self-esteem for individuals across the lifespan (Collins et al., 2018; Mowle et al., 2022). Belonging to clubs appears to help young men in particular to challenge traditional views of masculinity, aid their development and provide positive male role models (Drummond et al., 2022; Swann et al., 2018). However, not all aspects of club membership are positive: with issues remaining around toxic masculine views, competitiveness and failure being detrimental MH (Drummond et al., 2022; Swann et al., 2018).

## **1.6. Football-Based Interventions**

### **1.6.1. Benefits of Football-Based Interventions**

Many services and research groups have tapped into the cultural salience of sport within the UK to address MH needs. This study focuses on the literature around football and MH in young men, however other sports can be harnessed positively to improve MH: examples include, rugby (Wilcock et al., 2021), running (Gurung et al., 2023), and cycling (Schnor et al., 2019).

Football groups and interventions specifically appear to have minimal negative effects and several positive effects producing both short and long lasting impacts (Darongkamas et al., 2011). In addition to the established benefits of exercise, the literature has demonstrated consistent findings that engaging in football allowed participants to build their confidence, sense of identity, self-esteem, social skills and improve their awareness of MH (Dixon et al., 2019; Friedrich & Mason, 2018; Jeanes et al., 2018; Lamont et al., 2017; Llewellyn et al., 2020). With social interactions being of particular importance, as attendees tended to report being social isolated (Spandler et al., 2013).

Attendees of football groups have also repeatedly spoken about football being a safe familiar space free from stigma, where conversations about MH are normalised (Jeanes et al., 2018; Spandler et al., 2013). The importance of building a relationship with

facilitators is highlighted especially when they are relatable (Llewellyn et al., 2020; Mckeown et al., 2015; Spandler et al., 2014).

### 1.6.2. Mechanism for Football Intervention

The suggested mechanism for change in how a football intervention can bring about positive change is offered via the Context Mechanism Outcome configuration framework suggested by Such et al (2020) which outlines four key elements.

1) Bringing social connection, 2) Promoting identity security, 3) Enhancing normalisation, and 4) Encouraging positive affectivity.

These key components mirror the themes that have arisen across numerous football studies, however there needs to be a consideration of how social stigma and competition might violate the values of the groups (Magee & Jeanes, 2013).

### 1.6.3. Football and Young People

Football can act as a 'hook' to engage young people in wellbeing projects and build relationships when embedded alongside wider community and social objectives (Nichols, 2010). The literature mirrors interventions with adults and demonstrates that football can be successful with marginalised young people, in improving quality of life and social inclusion, and building confidence, self-esteem and social skills (Morgan & Parker, 2017; Nathan et al., 2013; Parker et al., 2019). Football can also help nurture a sense of acceptance and group belonging in individuals from marginalised groups and help them to re-engage and contribute to their communities (Fraser-Thomas et al., 2005; Morgan & Parker, 2017; Muncie, 2021; Parker et al., 2019). The role of coaches as role models or in building trust and relationships is a common theme amongst footballing projects especially when young people felt they could relate to the coach (Parker et al., 2019; Parnell et al., 2013).

Football interventions have often been used to tackle issues of youth crime and anti-social behaviours (McCormack, 2010; Parker et al., 2014), however, the sporting activity alone is insufficient and needs to be integrated alongside systems of social support including education and employment (Muncie, 2021; Walpole & Collins, 2010).

#### 1.6.4. Benefits of Watching Football

The inherent benefits of football extend beyond just playing the sport. Studies have shown that supporting a football club provides its own source of belonging, catharsis, relationships and social influences for individuals (Pringle, 2004, 2008). It is interesting that while attending and watching games can be helpful, critics have argued that tribalism, competitiveness and offensiveness anti-social behaviour is deemed acceptable within grounds and within football fan culture (Cook, n.d.).

#### 1.6.5. Involvement of Football Clubs

Several studies have involved professional football clubs to differing degrees to help facilitate access to MH support and this appears to help reduce the stigma associated with help-seeking (Curran et al., 2017; Hughes & Kaur, 2018; Mason & Holt, 2012; Spandler et al., 2013). The football locations are perceived as being less isolating and stigmatising (Lewis et al., 2017; Spandler et al., 2013). While being involved with professional clubs can help promote positive outcomes for football groups, the longer-term benefits are less clear when away from the football clubs. Lewis et al (2017) found that the wellbeing benefits and level of activity reduced when participants transitioned out of these group.

#### 1.6.6. Critique of Football Interventions

While it is generally agreed that playing football is good for MH, Heun & Pringle (2018) argued that the evidence is not strong enough and relies too much on subjective qualitative evidence which is hard to quantify. Heun & Pringle (2018) reviewed studies which had involved participants with diagnosed psychiatric disorders, and highlighted ones which showed evidence against the benefits of football. The paper suggests that football does not improve symptoms, cannot be used as a treatment itself and in one case found higher symptoms of depression in a football group than the wait list (Richards et al., 2014).

However, this study was set in a Ugandan town severely affected by civil war, and Richards et al (2014) suggested the increase in depression symptoms could be associated with unspoken coping rules within the community and football instead allowing the young people to express their emotions. Heun & Pringle (2018) presented

quite a homogenising paper that potentially disregarded the personal and unique meaning that individuals can take from football participation. Additionally, qualitative methods are helpful when trying to understand the mechanisms behind the effect exercise has on quality of life (Mutrie, 1997).

#### 1.6.7. Male Bias in Football Interventions

Research has tended to bias towards men when researching the benefits of football interventions for MH. There seems to be an issue of male stereotyping with football groups predominantly focused on the population of men aged 18-35. One argument suggests that as traditional gender roles and sexism have been challenged in society, the importance and popularity of football and sport has increased within male groups (Burton Nelson, 1994). Football may act as a paradoxical space (Spandler & McKeown, 2012), where it is supposed to help men open-up, but the sport actually acts to reproduce dominant gender roles and provide a space where men can still feel superior (Burton Nelson, 1994; Messner & Solomon, 2007).

It is possible that health-related football projects could maintain hegemonic masculinity while also providing opportunities to challenge dominant gender relations (Spandler & McKeown, 2012). Football fan culture and competition is itself inherently exclusionary and football interventions have tended to follow this pattern focusing predominantly on male participants (Spandler et al., 2014; Spandler & McKeown, 2012). When women have been invited to football interventions, they engage and benefit well and there is a suggestion that women might benefit more because of the inherent challenges of gendered expectations (Gatz et al., 2002). Transgender and non-binary individuals face additional barriers to participation in sport (Holder et al., 2022) and have also been excluded from the literature around football-based MH groups.

#### 1.6.8. Psychological Football Interventions

Football has been harnessed by a variety of practitioners and researchers as a way to improve MH outcomes. Attempts to combine football alongside psychological theory have been less popular, however there are several studies that have investigated how this might work. McGale et al (2011) developed a program involving Cognitive Behaviour Therapy (CBT) sessions combined with mandatory football training sessions

with mixed success. The program improved symptoms of depression however there was no significant difference compared to an exercise only group.

McGale's (2011) program found similar themes to non-psychology football groups, around opportunities for social interactions and the importance of a healthy body and mind however it was unclear whether the CBT sessions influenced any changes.

McGrane et al (2020), was more successful using the idea of 'piggybacking' psychotherapy onto activities that young people were already invested in (Bird et al., 2019). Young Irish men were provided with 1-1 psychotherapy sessions combined with football training sessions provided by a local professional club. The study reported similar findings to those found in general football interventions (improved MH and wellbeing, confidence, improved social interactions), but also the role of the coaches and counsellors in providing positive role models who felt safe and helped them with a 'masculine' way to access MH services (McGrane et al., 2020).

Football has been harnessed creatively by the Sport and Thought program in Brent, which fused psychodynamic concepts with the actual act of playing football (Smyth, 2014). The project worked with a group of young men at risk of exclusion.

Psychodynamic ideas such as containment and object-relations were related to tangible behaviours such as how they handled the ball and helped them to think about how they felt internally. Taking advantage of drills breaking down provided opportunities for them to think about why this had happened (Smyth, 2014). Importantly, young people were not punished or reported for behaviour (e.g., fighting) during the sessions. This provided a safe space where the young people had opportunities to think and where they could bring their difficulties (Smyth, 2014). In findings that mirror other football-based interventions the group helped improve how the young men worked with others, regulated their emotions, and asked for help. Critically there was a reduction in both internal and external exclusions since the group was first run in 2011 (Smyth, 2019).

#### 1.6.9. Football Metaphors

Metaphors have been used to support football interventions, where different elements and language from the sport can reframe the sessions and conversations (Friedrich & Mason, 2018; McGale et al., 2011; Spandler et al., 2013). Metaphors can communicate

meaning and help us to structure how we see and act within the world (Spandler et al., 2014). When metaphors are explored during the football interventions, this can facilitate a change in meaning-making that can then illicit change for the individual (Allen, 2018). However, it is important that the metaphors used are similar enough to a person's experience that they resonate while being sufficiently different that they feel safe to engage with (Stott et al., 2010).

When used alongside football, metaphors appear to help motivate change, develop self-understanding and aid engagement. Football language is perceived as less threatening and more familiar especially when projects are based within football stadiums or environments where the shared environment feels safer (Mason & Holt, 2012; McGrane et al., 2020; Spandler et al., 2013). Metaphors around having a defence, the influence of coaches and the act of scoring or conceding goals are accessible, even for those who are not avid football fans. Football metaphors are described as not being 'soppy' or 'feminine', so help young men to indirectly speak about feelings, connect with others and develop a sense of intimacy (Spandler et al., 2014). This allows them to engage without losing their 'masculinity'. This however does raise concerns about whether the approach may be reproducing gender stereotypes and perpetuating hegemonic masculine narratives (Spandler & McKeown, 2012).

#### 1.6.10. History and Context of Football in the UK

The world's first football club as we know today was formed in Sheffield in 1857 as Sheffield Football Club. Football has a rich history of working-class origins where teams were often formed from factories and by workers, Sheffield Wednesday for example were founded by a team of bakers who had wednesdays off for free time. While modern professional football has changed beyond recognition there still remain reminders to its working-class origins. Many footballers playing in the top leagues today came from working-class backgrounds. While Football continues to struggle with issues of racism and discrimination, the sport itself could be seen as a meritocracy where individuals success is based much more on ability and effort than background and education. This statement could not be said for other high-profile sports in the UK such as cricket and rugby union. These sports have different class origins and are instead dominated by

privately educated individuals. Cricket especially has struggled with issues of accessibility for individuals from marginalised and racialised backgrounds. Conversely there are many examples of young black footballers who have grown up in financial difficulties who become extremely wealthy almost overnight. This act of social mobility is not seen in the same way in other sports in the UK. It is important to note that the success rate for aspiring footballers is low and many struggle with mental health issues from failing to reach professional football.

### **1.7. Narrative Approach**

The Narrative Approach developed by White and Epston (1989, 1990) draws on the use of metaphors, with the idea of a 'narrative' being a metaphor itself (Legowski & Brownlee, 2001). The narrative approach is based on the idea that stories and language within a society shape the understanding and experiences of the individuals within that society. It assumes that distress can be caused by living a story that does not fit an individual's values and this limits the extent that they can live their life (White, 2007). By using therapeutic conversations, individuals can identify and then re-write their stories changing the way they experience them and injecting agency into their lives (White, 1995).

Narrative therapy focuses on an individual's strengths and aims to externalise the 'problem', regarding the individual as the expert of their life (White, 2007). The narrative approach is founded in social constructionism, where an individual's world view and self-identity are seen to be constructed by the experiences and dominant stories set out by society (Riley, 1997). Fundamental to the approach is the deconstruction of the 'problem'. This can allow the individual to define and externalise the problem themselves and evaluate the influence of society and culture on the dominant narrative within their life (Stillman, 2016). Narrative approach aims to identify the individuals'



strengths and resources to help them to separate from this dominant story and 're-author' an alternative narrative which fits their values and goals (Epston et al., 1992).

### **1.8. Collective Narrative Practice**

Collective Narrative Practice (Denborough, 2008) emerged from the narrative ideas of White and Epston (1989; 1990) combined with social action practice (Denborough, 2011). The practice works with communities who have suffered social hardships where traditional therapy might not be culturally appropriate (Denborough, 2011). Collective Narrative Practice holds the idea that when people come together and share their stories of hardship and oppression this can enable the group to identify new possibilities and build relationships. While a single voice can be powerful, many voices (i.e., a collective voice) can be louder and more influential. Metaphors can be used by groups when they are narrating their stories of oppression, hardship, and survival (Denborough, 2018).

An important component of collective narrative practice is the process of constructing a shared document which tells their stories of surviving and challenging oppression, and outlining their skills, strengths and stories of hope (Denborough, 2011). Narrative practices in which others 'bear witness' to oppression and exclusion can lead to benefits for the members of those communities (Afuape & Hughes, 2016). The use of outsider witnessing and 'definitional ceremonies' (Myerhoff, 1982; White, 2007) allow the sharing of collective skills, experiences and knowledge with members of other communities with similar experiences (Denborough, 2011). A process of messages back and forth with the witnesses can allow sharing of support and build solidarity (Denborough, 2008). White (2005) suggested that this process helped to enrich the development of the stories.

The narrative ideas, use of metaphors and a focus on ensuring approaches had cultural resonant for the context influenced the development of the first collective narrative methodology, the Tree of Life.

### 1.8.1. Tree of Life and Alternative Methodologies

The Tree of Life is a narrative tool created by Ncube (2006) in collaboration with Denborough (2008), for use in a collective context with vulnerable young people in Southern and Eastern Africa. The approach is a tool which draws on local folklore using tree-based metaphors to help the young people draw their lives and connect with culture, circumstances, strengths, skills, hopes and dreams (Ncube, 2006). The use of the approach was originally developed with children but has been re-created successfully within a range of different populations including African and Caribbean men in Hackney (Byrne et al., 2011), parenting groups (McFarlane & Howes, 2012), adults with HIV (Iliopoulou et al., 2009) and with people with learning disabilities (Baum & Shaw, 2015).

Since the Tree of Life was developed in 2006, the approach has inspired other metaphors of life where the same principles have been applied to communities where a different metaphor is more appropriate. These include the Kite of Life within Tamil communities where kites hold a particularly special significance (Denborough, 2010); the Beads of Life developed with young people with cancer and is often used within paediatric settings, where the different beads represent different 'hooks' from which meaningful stories can be hung (Portnoy et al., 2015); the Recipes for Life draws on the memories, culture and emotion often attached to food and eating and linking these to metaphors within cooking and recipes (Rudland-Wood, 2012); the Theatre of Life was collaboratively produced by young trans people and utilised different elements of a stage and within theatre to resist oppression and tell preferred stories (Mills, 2017). The collective narrative methodologies do not require people to speak directly about their lives, and emphasises their hopes, dreams and skills to ensure the approach does not 're-traumatise' them (Denborough, 2011).

### 1.8.2. The Team of Life Methodology

The Team of Life methodology draws on similar ideas as the Tree of Life but instead using footballing metaphors.

The Team of Life (Denborough, 2008; 2012) was developed to respond to the trauma experienced by young refugees and former child soldiers in Uganda by building on the

openness, skill, and knowledge they demonstrated when playing football. The approach connects with the vast and diverse meaning found within sporting culture, using footballing metaphors and drawing on the collective narrative ideas. The young person's interest in football can be used as a starting point to acknowledge adversity, how these are responded to and to develop a multi-storied narrative of their lives (White, 2007).

The Team of Life has since been adapted into a variety of lengths, formats, and sports; however, they all resonate with the original principles outlined by Denborough (2008). In line with collective narrative practice, each stage of the methodology is documented. The first part involves an exploration of football and what the young people love about the game, allowing opportunity to identify the history of their relationship with the sport, who introduced them to it and values in football that might be present in other parts of their lives.

The next part of the approach invites the young people to draw their own Team of Life by connecting real elements in their lives to aspects of football such as identifying the influential people in their lives that represent football positions (e.g., goalkeeper, coach, striker). Drawing on metaphors about a football club can allow the development of a home ground, chant and emblem which fit the values they hold. The supporters within football are important, and applying this to the Team of Life can allow the 'remembering' of people who are no with the young person (White, 1988). The group can explore the collective goal each Team has achieved and the young person's role however big or small, such as "surviving the war and making it to a new country" (Denborough, 2008, page 110).

The third stage thickens the goal scoring metaphor and uses examples of great goals scored in football games to explore how players may have trained, needed assistance from teammates and how they celebrate scoring. Denborough (2008) is sensitive to the difficulties the young people may reflecting on future goals and possible failure and uses previous team goals scored to help them to look forward. The fourth stage involves tackling in football and applies this to problem-solving and the skills the young people hold to generate a collection of knowledge about tackling. This knowledge is

documented to be shared with significant members of the community and other young people who are experiencing similar problems.

The final part of the Team of Life deals with the adversity and obstacles inherent in football and in the young people's lives, such as a racism, poverty, and marginalisation. The focus is on shifting the blame away from the young people, by showing that it is not the fault of the football team if they do not score when facing an obstacle such as a biased referee. In line with collective narrative practice, people are presented as not being passive in response to trauma and injustice. Individuals are supported to be active contributors and come up with ways of responding to the football obstacle and applying this to adversity they face.

The approach has relatively minimal research, however several studies have demonstrated positive outcomes. The approach has been used to particularly good effect with young male refugee populations (Denborough, 2012; Hughes & Kaur, 2018), in UK schools (Eames et al., 2016) and with Brazilian immigrants in Australia (Viviane Oliveira, 2009). While predominantly used with football, Denborough has applied the Team of Life to other sports depending on the interest of the population: a cricket Team of Life with young men in India (Carmichael & Denborough, 2015), and with Australian rules football in a paediatric hospital setting (Denborough, 2015). The approach has been applied in an individual context with young men struggling to manage diabetes with some positive informal feedback (Glazer & Hurlston, 2019). While the approach did not change the social, personal and medical inequalities experienced by the young people, the metaphors appeared to help change how these realities were thought about by the individuals.

## **1.9. Scoping Review**

### **1.9.1. Objective**

The narrative review highlighted that young adolescent men are a group that find conventional MH services hard to engage with and face numerous barriers to seeking and accepting help and support for difficulties. Community based approaches have been demonstrated as helpful in breaking down these barriers by building trust and

providing support in a more accessible way. Research has shown the way that football in particular can be harnessed to help young men to engage with others in a way that feels safer and more accessible than traditional therapy and has demonstrated the effectiveness of the collective narrative methodologies including the Team of Life. However, the research base surround the Team of Life is limited.

In order to understand how the Team of Life approach could be applied within this more non-traditional community setting, a scoping review was undertaken. It is important to understand how the Team of Life has been represented in the existing literature and how the approach has been used with different populations. This review centred the experiences of participants in Team of Life groups in order to identify any potential gaps in the literature.

Due to the limited number of publications in this field of study and to understand the research that has been published in the area of the Team of Life, a scoping review was regarded to be an appropriate methodology. This scoping review was conducted between August and September 2022, with a final scope conducted over three databases conducted on 5<sup>th</sup> September 2022.

To ensure breadth, the research question used centred on how attending a Team of Life group intervention in a community football club setting would impact on the individual, the football club and whether it would extend beyond to other settings. To this end, the researcher began by focusing the search on the following search terms, deemed to be relevant to this concept: "football AND "community" AND "group therapy or group counselling or group intervention". This returned nine results; however, none were related to Team of Life, seven were rejected for being unrelated to the topic while two were considered as being related to the use of sports as part of a MH intervention. The index terms were explored by adding and removing terms, until a sufficient number of results were returned using the search term "Team of Life".

To enable breadth of papers accessed within the search, three electronic databases were utilised including APA PsychInfo, Academic Search Ultimate, and Scopus. Given the small initial numbers identified within the original searches, the search terms were refined and reduced to ensure the search strategy was comprehensive, reference lists

of identified papers were similarly searched to locate additional relevant publications. Further papers were identified from conversations with the David Denborough, the Team of Life creator.

### 1.9.2. Study Selection

As the search was conducted inclusion and exclusion criteria were applied to seek out possible relevant papers. Given the limited breadth of publications in this field, an inclusive approach was adopted to sufficiently review the available Team of Life literature.

#### 1.9.3.1. *Inclusion criteria*

- English language only
- Clearly describes the impact of a Team of Life intervention using football
- Clearly described a group intervention
- Participants are under the age of 18 or described as children, adolescents or young people

#### 1.9.3.1. *Exclusion criteria*

- Papers which did not directly involve the Team of Life
- Papers or written in another language, without accessible and reliable translation
- Participants are adults

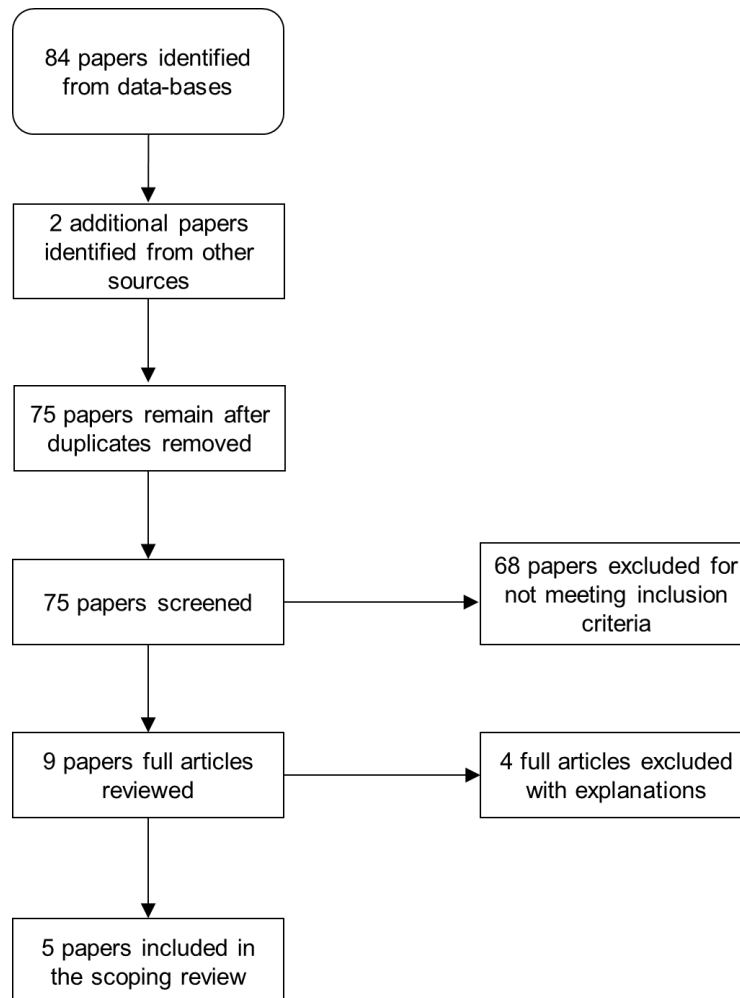
In summary, a total of 86 papers were returned through the scope, with nine papers removed due to duplication. After screening 68 papers were excluded as they were unrelated to the Team of Life approach. This translated into nine papers read in full text, with a limited number totalling five meeting full inclusion criteria.

Four papers were excluded for not meeting criteria; one was removed due to describing the Team of Life used in an individual context (Glazer & Hurlston, 2019); one referred to a set of downloadable resources for schools (Eames & Denborough, 2015); one described a methodology guide for using the Team of Life in a cricketing context (Carmichael & Denborough, 2015); one described the use of the Team of Life

methodology with Brazilian immigrants in Australia whose ages were not included but were not referred to as being 'young' (Viviane Oliveira, 2009).

**Figure 1.**

Flowchart from Scoping Review



**Table 1.****Summary Table of Papers Reviewed in Full**

Full papers reviewed	Sample size/makeup	Setting	Country	Methodology	Summary of findings
Eames et al, 2006	20 year 7 and 6 'older' males (no demographic information provided)	School	UK	Qualitative – interviews, self-report measures Quantitative pre/post measures	Higher goal attainment ratings and reduced self-reported difficulties post group. Themes identified around confidence, peer support and positive impact of school.
Hughes & Kaur, 2014	16 (12-15 years old) refugee males	Refugee service (London)	UK	Qualitative interview, Quantitative measure post-intervention (no pre measure used)	Positive measure scores post-intervention. Themes identified around impact on identity, view of self and the group helping them feel special and proud.
Denborough, 2012	Young male refugees (no demographic or cohort information provided)	Refugee service	Australia	Descriptive (no evaluative procedures described)	Author described his experience and observation of group. Acknowledgement of role of group appearing to help development of collective identity and challenging hegemonic masculinity
Denborough, 2015	32 young people and families with chronic health conditions	Children's Hospital	Australia	Qualitative interview, Quantitative survey	Responses describing that group helped interact with others and learn to deal with challenges. Reductions in loneliness and being more able to express self. Extent of talking was described as a negative of group. Error identified in quantitative survey.
Brown et al, 2016	Young males referred for support with anger management (no demographic or cohort information provided)	CAMHS	UK	Qualitative	Self-reported changes in self-confidence and reductions in problem-focused descriptions.
Viviane Oliveira, 2009	Brazilian people living in Australia (no demographic or cohort information provided)	Unknown	Australia	Qualitative – narrative feedback	Metaphor of football helpful and allowed collective perspective. Group members found it helpful sharing stories and that others had similar difficulties, values and dreams.
(Carmichael & Denborough, 2015)	Methodological guide for a cricket version of Team of Life designed for young Indian people in juvenile justice settings	n/a	Australia	Methodological guide	No findings described.
(Eames & Denborough, 2015)	Methodology guide for using Team of Life with young people	n/a	UK	Methodological guide	No findings described
(Glazer & Hurlston, 2019)	13 year old male and another young male (no age described) with type 1 diabetes. Referred for difficulties managing diabetes	Hospital based children's service	UK	Case study Qualitative feedback collected from parents, doctor and young person	Feedback described benefit of parents being able to listen and learn from sessions, improvements in diabetes control, school attendance, relationships and reduced angry outbursts.



### 1.9.3. Scoping Results

In total, a sub-sample of five papers were identified which used Team of Life as part of a group intervention and evaluated the impact.

#### *1.9.3.1. Eames et al (2016)*

The authors described a pilot study exploring the use of the Team of Life within a boy's comprehensive school. The aim of the intervention was a 'preventative' one, in line with a governmental policy move towards 'prevention'. The authors aimed to understand the experience of attending a Team of Life group and whether the approach affected perceptions of goal attainment and reduced behavioural difficulties. Participants were a group of 20 Year 7 boys experiencing difficulties post-transition to secondary school, alongside 6 older students who were acting peer mentors. Participants were split in two groups; group 1 attended a 2-day workshop at a local sports centre alongside a clinical psychologist, school staff and a sports coach from a local football club; group 2 attended four half-day sessions over two weeks at school, due to budgetary constraints, with the peer mentors alongside the same facilitator set-up as group 1. The rationale behind the differences in the two group structures was not further explained and the make-up of the two groups was not described.

A mixed-measures design was used to gather both qualitative and quantitative pre- and post-intervention data using Goal Based Outcomes (GBOs), Youth Self-report form of Child Behaviour Checklist (CBCL) and a semi-structured interview. Attendance rates for the workshops was high (96%), however the group was instead of attending lessons and there was attrition at the analysis stage. Of the participants, 18 completed the goal attainment, 14 completed the emotional/behavioural analysis and 8 completed the interview. The reasons behind the attrition were not explained and there was no explanation of why only 8 participants completed the interview or how these were chosen.

Significantly higher mean goal attainment ratings were reported post-intervention and all recorded participants CBCL scores reduced significantly. However, all participants scored in the 'normal' range pre-intervention. The authors noted that the intervention

improved internalised symptoms most, indicating that the group maybe particularly helpful for those experiencing anxiety. Inductive thematic analysis of the interviews highlighted the following main themes: confidence, peer support and positive impact of sport. The young people identified that the use of sport felt familiar and non-threatening however sporting themes around rivalry, aggression and exclusion needed to be managed sensitively. The authors highlighted that the externalisation of problems within the Team of Life approach helped the young people engage in the conversations. There were benefits of running the group outside of school and the peer mentors were a helpful component, however this may be more difficult to use outside of the school environment.

#### *1.9.3.2. Hughes & Kaur (2014)*

The paper describes a Team of Life intervention carried out within a refugee service in the UK. The authors wanted to challenge the narratives and stigma around young refugee boys. The intervention involved a two-day workshop combining the Team of Life with football. Sixteen young men (aged 12-15 years) took part in the project with 6 completing the two-day projects. The project followed the Denborough (2008) Team of Life structure, alongside activities in the Arsenal football stadium, football training and other team-based activities (however these were not described). The authors emphasised the importance of creating a 'safe ground' (Denborough, 2012) and this allowed the team members to share the discrimination and stigma they experienced as refugees within their local communities and schools. The group ended with a celebration with invited guests, with the participants able to display their work.

The young people and parents/carers evaluated the Team of Life on the Experience of Service questionnaire (CHI-ESQ). There was no pre-measure employed in the design to evaluate change. The scores were mostly positive however the authors do not share whether the questionnaires were completed anonymously, so it is not possible to rule out the impact of bias. Qualitative open questions were used to elicit responses which highlighted themes including impact on identity, views of the self, pride and feeling special, emphasis on values, a good experience. Football training alongside the workshop, built confidence and connections between the young people.

The authors emphasise that the success of the Team of Life was due to the coupling of sporting activities with therapy and the utility of narrative practices to draw out stories, the role of cultural and social identities. Immediate effects were noticed by individuals, parents and in schools however it is difficult to infer how these changed from before the group given the lack of pre-measure and there was no indication of how long after the group the school provided feedback. Despite having 'behaviour problems', difficulties concentration and engagement this was not a reported issue in the group intervention. The authors felt the alternative approach was a better fit for this cohort than typical school lessons and traditional therapy.

There appeared to be significant impact from the involvement of Arsenal football club, the club provided locations, staff to run sessions, stadium tours and a surprise visit from an ex-manager of the club. The paper identified a theme of the setting generating a sense of pride and feeling special but did not explore the impact of this further. The paper did not reflect on limitations of their study or suggest any recommendations; however, the paper did identify several considerations.

#### *1.9.3.3. Denborough (2012)*

The paper describes the Team of Life approach and its implementation with a group of young men who had come to Australia as refugees. No cohort or demographic information was provided. The author described the trauma the young people had gone through and the continued racism and mistrust they experienced in Australia as refugees. Many were described as quiet, perceived by the author as a 'skilful silence' used within masculine culture and within the context of keeping themselves safe. The metaphorical language of football was identified to provide 'social freedom'. The author noted that the young men's presentation changed when they played football. The group members attended a Team of Life program including a definitional ceremony where they heard a group of young women share from their Tree of Life group, before the young men shared their Team of Life's and sang a theme song they wrote together.

Denborough acknowledged the importance of pacing the group and that for the first session the group only came up with a value and a name for the team, which was sufficient. That act of coming up with a shared value and name allowed the

development of a collective identity amongst the group. The author also acknowledged the limits of literacy skills for this population, especially when working within a narrative frame which can be quite literacy heavy and could have caused anxiety amongst group members.

The author explored hegemonic masculinity and how through the Team of Life process they attempted to present alternative stories of masculinity and being men. There was no evaluation of the group, and the experiences of the young people was not described.

#### *1.9.3.4. Brown et al (2016)*

The authors described the implementation of narrative approaches in different NHS settings from the perspectives of facilitators. The paper involved qualitative reflective descriptions of the experience of these groups. One of the settings described the use of the Team of Life approach with a group of young boys who had been referred to CAMHS for anger management.

The team of life group ran for 10 weeks with a definitional ceremony at the end, which was highlighted as an important component. Group members reported changes in self-confidence and reductions in problem-focused descriptions and the definitional ceremony provided a way of generating outcome evidence through more collaborative research processes. The study made no direct reference to any outcome measures used. The author acknowledged that clients needed to be provided with detailed information, a clear rationale for the group and the importance of flexibility and making adaptations to the interventions. The lack of an evaluation was explained as being due to difficulties assessing the effectiveness of narrative interventions.

#### *1.9.3.5. Denborough (2015)*

The paper describes how the Team of Life approach was applied in an Australian Children's Hospital setting with 32 young people and families with chronic health conditions approaching transition to adult services. Run over five one-off sessions were run with different groups of young people, with a final 'extravaganza' event organised involving everyone who had attended one of the sessions.

The young people created a collective Team of Life depending on the chosen sport of the group, including football, Australian rules football, netball and baseball, following the Denborough (2008) methodology. Peer mentors were involved in the study who had pre-existing relationships with the children. During the session the young people also created 'goal maps' celebrating achievements they had accomplished and heard narrative letters from young refugees sharing their experiences and knowledge. This allowed an opportunity for insider knowledge sharing (Denborough, 2008) where the young people wrote a collective letter in return about how to manage difficult times, developing a sense of connection with the other groups. A family group was run simultaneously which allowed families of the young people to discuss their experiences of living alongside chronic illness and the challenges they had faced as a family and individually.

Denborough highlighted some considerations for facilitators. It was important to ensure the young people did not feel pressure to speak, particularly considering they frequently experienced direct questions about their health and lives. The facilitators needed to ensure it was an open space for contributions in any format (e.g., drawing, writing, speaking) to ensure the final team sheet resonating with all the group members despite their different experiences. The difficult balance between ensuring everyone had a chance to contribute and not pressuring anyone to speak was acknowledged.

Denborough identified the significance of 'rescuing' the young people's words, ensuring contributions were recorded accurately. The act of a young person hearing their own words helped to acknowledge their experiences and build connection with other group members. It was highlighted as important for facilitators to ensure teammates included people who had died including other young people who had similar conditions as a way to 're-member' them (White, 2007). The use of humour was highlighted as an important skill to allow space for others to speak and support the group to feel safe.

The young people shared their collective team sheet with their families and enabled inter-generational honouring of their families' contributions in their lives. An outsider witnessing ceremony followed where the families shared what they had heard. The significance of seeing themselves and their contributions on the team sheets was

acknowledged by Denborough. Each session ended with the group eating a meal together. A final 'extravaganza' event invited all participants of the groups and involved awarding of certificates to the young people and performers from the Team of Life theatre production provided witness responses to the young people.

Feedback was collected and the results were described as 'very positive' however the table of results indicated very negative feedback. It is likely that there was an error on the table formatting as 94% young people and 97% families enjoyed participating in the group, however the survey results will not be described due to the possible error. Qualitative responses described how the young people felt less isolated and more able to express themselves. Interacting and hearing from others was helpful for the young people, and it helped them to learn how to deal with challenges. The extent of the talking was identified as a negative of the group.

The paper is a narrative summary of group and does not describe the methodology and rationale behind the group. The paper does not describe the demographics of the group however a netball Team of Life was included so it is inferred that girls were also included. The lack of detail makes it difficult to review the study however the feedback section does provide insight into the young people's experiences of the group. The author does not suggest any recommendations and does not discuss limitations of the study.

#### 1.9.4. Summary

In summary, the scoping review unearthed over 86 papers, yet only five spoke directly to the experiences of young people attending a Team of Life group intervention. These studies provided some insight into the use of the Team of Life methodology which might be useful in understanding how the group would function in other environments. Several of the papers highlighted the impact of locating the group within a football environment, and how this helped the group feel more familiar. The benefits of the ending ceremony were highlighted and how this can be used to celebrate and consolidate what the group members had learnt. Themes of improved confidence, relationships and view of self were seen across all the study's findings and demonstrated the potential impact of the

group. The papers highlighted several limitations: specifically in relation to the use of the approach.

#### 1.9.5. Limitations of the Current Evidence Base

Most of the papers published on the Team of Life are descriptive accounts of particular group interventions. Studies involved limited evaluation making it difficult to infer whether improvements seen after a group are uniquely because of the Team of Life methodology. Eames et al (2016) did have two groups although there was no comparison between groups. The reason behind these different groups and the make-up of the cohorts was not fully explained. Additionally, most of the sample sizes are small and the demographics and recruitment process have not been properly explained.

The majority of the studies involved 100% male participants; this was the same for other papers about the Team of Life that were not chosen for the scoping review. There remains a bias towards males when it comes to football interventions. Future studies would benefit from investigating how the Team of Life is experienced by participants who are not male.

Although changes in behaviour and functioning were observed at home and school, none of the papers have directly explored whether the impact of the Team of Life group extended to other contexts and what these changes might look like. Additionally, none of the studies explored the changes in how the group interacted with each other because of the Team of Life group or whether changes continued after the group. Although this is understandable as participants were not from pre-existing groups.

Most of the papers described above have been based in established MH services or within schools. There are inherent issues associated with conducting groups in these locations which could impact the shared experience of the groups. None of the studies considered for the scoping review had attempted to run the group in the UK beyond traditional services, however a community approach to delivering psychological support has been evidenced utilising other narrative approaches (Byrne et al., 2011; Iliopoulou et al., 2009; Khawaja et al., 2022).

## **1.10. Rationale for the Current Study**

With the issues associated with accessing traditional children's MH services around waiting times and demand (Newlove-Delgado et al., 2022; O'Shea, 2020) and the distrust and stigma often associated with services (Aguirre Velasco et al., 2020; Memon et al., 2016), the researcher argues that a different more community/grassroots approach is needed. The Team of Life group has been shown to be helpful for young people within school settings and within refugee populations, however the group has not been explored within a community football club setting for young people.

The focus for the current study is to explore whether the Team of Life approach can be used within established community settings where young people engage in the football. That base might provide individuals opportunities to explore the footballing team metaphor alongside strength-based conversations about their identity, relationships, and challenges. This would also allow an exploration of how the methodology impacts on the functioning of a pre-established group. The current study would explore the impact of utilising the Team of Life within a community setting. Coaches from the community facilitating alongside the researcher would help make the group feel more familiar, relatable and develop trust, mirroring the findings from previous studies (Parker et al., 2019; Parnell et al., 2013). As previous studies have not directly explored how the Team of Life metaphors extend outside of the group, the current study would allow this to be explored with the participants. The results would provide evidence that psychologically informed approaches can be embedded within a non-psychological football setting, potentially showing improvements in social interactions, relationships, and wellbeing.

### **1.10.1. Research Questions**

The current research aims to explore how the young people within a community football club who attended the 4-week group, experienced the Team of Life approach. The questions for this research study were identified as follows:



- 1) Does the Team of Life group impact on an individual's sense of wellbeing and identity?
- 2) Does the Team of Life group impact on the functioning of the football team in terms of group cohesion and shared sense of team identity?
- 3) Do the effects of the group extend beyond the football team into the individuals other 'Teams of Life' e.g., family, school?

## **2. METHOD**

### **2.1. Chapter Overview**

The following chapter will outline the philosophical stance taken by the researcher, ending with reflections about the process and relationship between the researcher and project. This chapter will present the design, procedure, and data analysis to allow for replicability in future research.

### **2.2. Epistemology**

Critical Realism can be distinguished by its realist ontological position, where it maintains the existence of a reality which is independent, structured, and ever-changing. Critical realism assumes that data can tell us about this reality, but it cannot be fully observed and measured empirically (Harper, 2011; Zhang, 2023). A critical realist epistemology acknowledges that the knowledge an individual holds and their own experience of reality are social products and are influenced by the culture, language and politics (Bhaskar, 1975). Therefore, the events that an individual can observe are real life materialisations of the unobservable reality. This means that an individual can only understand the social world that they see by understanding the underlying structures causing these events (Zhang, 2023).

Critical realism requires us to acknowledge that a young person's experience of their identity, their strengths and relationships will influence how they see and interact with the systems within their lives. While these issues exist as separate from the language used to describe them, the experiences themselves can only be described and defined using the constructs we have available. The study used the Team of Life as a tool to help the young men to understand the underlying experiences they have and to develop a more holistic understanding of how young people experience speaking about themselves and their difficulties.

## **2.3. Design**

This study used a qualitative methodological approach to understand the experience and impact of attending a Team of Life group. A focus group method was considered to collect this data, which would allow a co-created understanding of the group. Prior to commencing this study, the researcher observed dynamics between the players which could prevent the research eliciting an accurate perspective of experiences from every individual. The researcher chose to use individual semi-structured interviews to allow participants to share their experiences (Carruthers, 1990) and to understand the impact and mechanisms of change. Semi-structured questions would allow flexibility to explore interesting topics which arose during the interview (Mashuri et al., 2022).

## **2.4. Participants**

### **2.4.1. Inclusion Criteria:**

- A member of the community football club
- Aged between 11-14 years old

### **2.4.2. Exclusion Criteria:**

- Currently being seen by CAMHS

### **2.4.3. Recruitment**

Participants who met the eligibility criteria were approached after training sessions by the researcher and invited to attend the group, via the study flier (see Appendix A). Those who expressed an interest in the study were contacted and provided with study consent forms and information sheets (See Appendix B, C, D and E) about the location, dates and times of the group sessions.

### **2.4.4. Sample Size**

There is no recommended optimal group size within the Team of Life literature, however previous UK studies have recruited groups of 10-16 participants (Eames et al., 2016;

Hughes & Kaur, 2014). The data saturation limit for the analysis was 12, therefore the study aimed for that number of participants (Guest et al., 2006). This would allow for flexibility in case of group dropouts and for the group size to mirror previous studies.

The training sessions runs on a drop-in system so the number invited was difficult to assess, however approximately 20 young people were approached to participate and given a research flier (see Appendix A). Twelve expressed an interest and information about the project was sent by the researcher to the parents of the young person.

Parental consent was gained for each participant for their attendance and participation in the group intervention. Each parent was sent the parental consent form to sign (see Appendix C) and had the researcher's contact details documented on the research flier.

Thirteen participants attended the first session in January 2023, however two young people turned up who were unknown to the researcher. They had turned up for the weekly training session and had not known it had been cancelled due to the pitch being unavailable. They stayed for the session but did not return. Their names and contact details were unknown to the other teammates and coach, so follow-up was not possible. Of the remaining 11 participants attending, 6 completed all four sessions, 4 completed three sessions and there was one dropout. All sessions were conducted by the researcher and a coach from the football club. All interviews were conducted by the researcher, following completion of all four sessions.

## **2.5. Materials**

### **2.5.1. Demographic Questionnaire**

A questionnaire was designed to collect demographic information about the sample (name, age, ethnicity; see Appendix F). This measure also included a question about whether participants were currently being seen by CAMHS. The questionnaire was administered with all participants before the outset of the group.

### 2.5.2. Session Resources

The Team of Life methodology involves documentation of each stage. A set of resources were developed to document the conversations during each session. See Appendix G for blank copies of the resources.

## **2.6. Procedure**

### 2.6.1. Planning Period

During the initial planning period, the researcher reached out to David Denborough and Vicky Eames to have conversations about the Team of Methodology and get guidance about setting up the group, including groups sizes, resources, and advice about facilitation. Additionally, the researcher completed a Team of Life training course designed by Riverbank Psychology and attended a Team of Life Q&A session with other facilitators.

The community football club involved in this project was identified and a meeting allowed introductions and discussions between the researcher and the club's co-founder. The co-founder explained the ethos of the football club around community engagement, uniting local diverse groups, battling peer pressure and tackling gang influences. The Team of Life methodology was explained, and the co-founder was enthused about the idea, and it's benefit for the young people. Over several meetings the researcher built a rapport with the co-founder. The co-founder lived in the community where the club was based and became the key relationship within the project. The planning of the project was conducted collaboratively drawing on the co-founder's knowledge of the young people and the community. The plan was made to carry out the group after the weekly training session with the co-founder co-facilitating, as they were interested in bringing MH ideas into the club and they represented a trusted figure for the young people. There would be a training period for the co-founder and debriefs after sessions.

When discussing the benefit for the club, the co-founder described use of the research for funding proposals and plans were made for the researcher to provide MH teaching sessions for the coaches.

### 2.6.2. Engagement Period

The researcher spent a year regularly attending the club's weekly training sessions at the weekend. At the beginning the young people were introduced to the researcher by the co-founder. Over the engagement period the researcher started having conversations firstly about football and then some conversations about their role and MH. The researcher joined in with some drills and games of 'keepie-uppies' and made efforts to speak to all the young people during the sessions. Often this involved just a high-five or a fist bump. The researcher was careful to not represent a figure of authority like the coaches (Smyth, 2014).

### 2.6.3. Intervention

The group was initially scheduled to be run in November 2022, however one of the club's founders died unexpectedly. The group was postponed and later re-scheduled for January 2023 to allow space for the club to grieve.

The co-founder had planned to co-facilitate the group. However, they were unavailable in January so could no longer join the sessions. The group was co-facilitated with another coach from the football club who was supported and debriefed before and after each session.

The group was initially planned to be held after the club's weekly football training session; however, training was cancelled for a period of 6 weeks due to both football pitches used by the club being closed for maintenance. Therefore, the group was run at the time when training would usually have been scheduled and the first three sessions ran once a week for four weeks with each session lasting for one hour, with no session in the third week due to the location being closed. The final session was delayed by a further week due to availability of coaches from the club, however this meant the co-founder was able to attend.

#### 2.6.4. Group Protocol

The initial plan had been to use the 10-session Team of Life intervention developed by Riverbank Psychology (Eames & Denborough, 2015). Due to the delays and the group being postponed, there was not enough time to complete a 10-week group, so the decision was made to adapt a shorter program. The session content followed the Team of life workshop [acquired from author] developed by David Denborough (2008).

Minor adaptations were made to the intervention delivery to meet the needs of the sample and context of the club: including structuring the one-day workshop over three sessions and including a 4<sup>th</sup> session to allow a celebration of the work with figures from the club. Previous studies (Brown et al., 2016; Denborough, 2012, 2015; Hughes & Kaur, 2014) have ended Team of Life groups with a definitional ceremony (celebration event) where the young people invited guests who they felt were important or significant. This was incorporated into the current study to allow the participants an opportunity to share and be celebrated. The group protocol and examples of documentation produced during the sessions can be found in Appendix H and I.

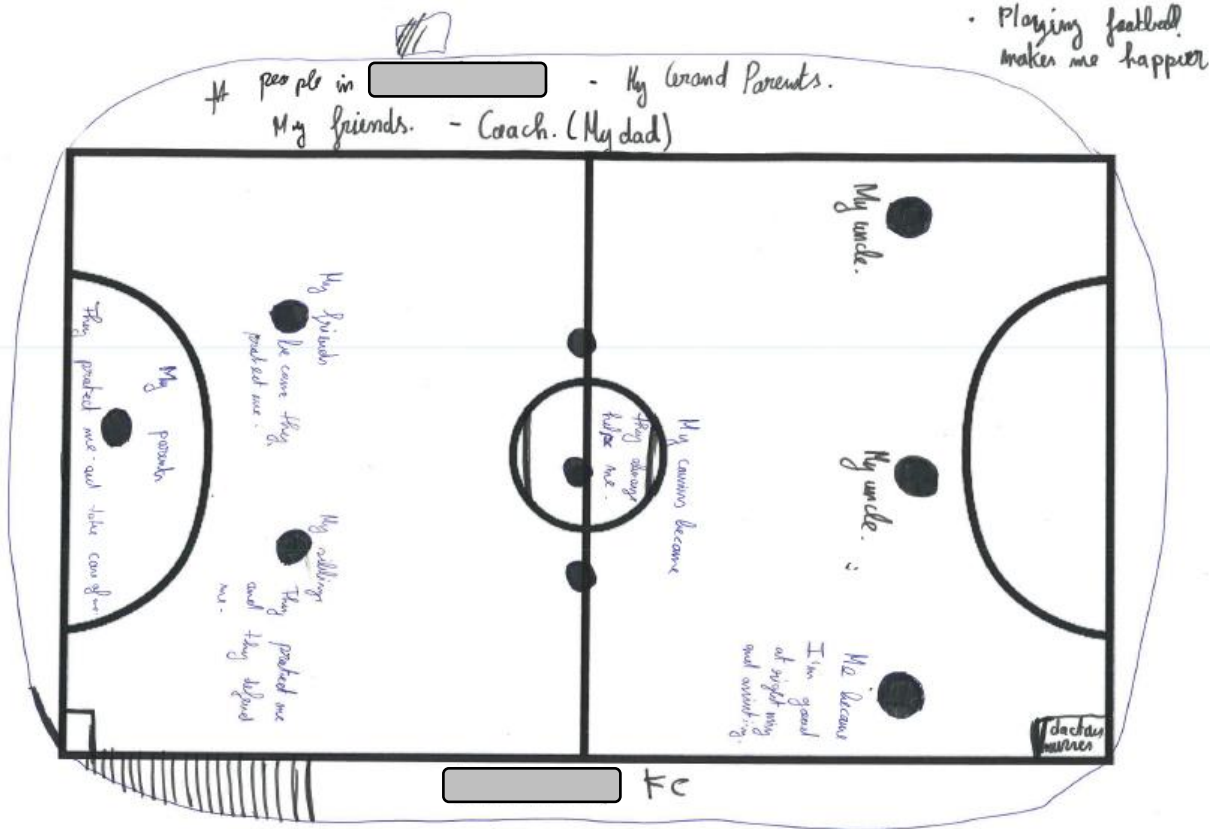
The sessional structure and content:

##### 1. *Creating a team sheet*

The first session involved the young people creating their own Team of Life. They drew this out physically utilising the metaphor of a football club, drawing a stadium, deciding which different player positions had which characteristics then thinking about who in their life fitted that role for them. They were encouraged to think about people in their life currently, people who were no longer with them and to identify the supporters in the crowd who wanted them to do well. They also thought about their home ground and what that looked like and stood for, this allowed them to create a safe place that represented the values they believed in. Some of the young people also created a unique team name and described things that would go in their first aid kit. The session also involved the creation of a collective team of life, thinking about the important figures in relation to them as a team. The participants included the founder who died, past and present coaches, the co-founder and chose to include the researcher.

**Figure 2.**

Participants Team Sheet Document Example



## 2. Celebrating goals

The 2<sup>nd</sup> session focused on the idea of scoring and celebrating goals and allowed the young people to think about how footballers train and prepare for games so they can score goals. The young people thought about the life goals they had 'scored' before and how they had 'trained' for those situations. Participants also identified who may have assisted them or coached them (looking back at the team sheets) in achieving their goals. The young people were then encouraged to think about how they celebrated the goals.

The rest of the session focused on the young people thinking about the goals they wanted to score in future as individuals and as a football team. A celebrating goals worksheet was used to document the conversations about their individual goals and a



collective goal related to them as a football team. The goal they decided on was to join a football league and win a game.

### Figure 3.

Celebrating Goals Document Example

**Goal scoring!**

**A goal I have achieved is...**  
Joining a club

**How I trained for the goal:**  
I found time

**The people who helped me:** My friends  
**celebrated this goal by:** going more often

**What this says about me:**  
I like playing football

Join a league

**My next goal is...**  
To pass my GCSEs

**How I am training to achieve this...**  
Revision when I am free

**Who I am going to involve in this....**  
My parents/siblings

going out with my family

### 3. Tackling problems

The 3<sup>rd</sup> session focused on the concept of tackling (within football) and how there are multiple ways a footballer can tackle to win the ball. The young people were then encouraged to think about how they have tackled obstacles in the past as individuals and as a team. They then thought about how other people might have helped them tackle, and how training and preparing for obstacles might help them. This allowed the session to finish by each participant focusing on the skills and strengths the other participants possess and naming those. Given that they all knew each other as fellow

team members, they were encouraged to identify and share the skills their teammates possessed but might not have recognised in themselves (See Appendix I; Figure 10).

This session also involved a discussion about team values and the participants decided on a collective set of values that represented what they wanted their team to stand for.

These were:

1. Everyone gets involved and everyone feels comfortable
2. 110% effort in training and in matches
3. Positive communication – no swearing, be encouraging, don't be disrespectful

This elicited a conversation about ideas and experiences, with participants wanting to make a video sharing their values and inviting other young people to join their club and wanting to organise a football tournament to tackle racism and discrimination.

#### 4. *Celebration event*

The final part of the Team of Life group involved the young people bringing together everything they had learnt and thinking how they can use their skills and knowledge to help others. The participants shared everything that they had done during the previous three sessions and the ideas they had generated. The founder provided a witness response and celebrated their work and achievements and agreed to involve them in arranging their ideas.

#### 2.6.5. Data Collection

The demographic questions were completed by participants and their parent/guardian prior to the first group. The data was simultaneously being collected by the researcher for the purposes of future funding proposals by the football club.

### 2.7. **Qualitative Analysis**

#### 2.7.1. Recruitment

Participants who attended the group were invited for a semi-structured interview with the researcher. Interviews were conducted remotely using video sharing software and

the interview was conducted with a parent or guardian in attendance, if the participant required. One participant chose to have a family member present. Interviews were recorded using MS Teams recording software. Interviews were scheduled to be 30 minutes long due to the age of the participants, and they were informed that they could determine the duration and make it shorter or longer. Each participant was then debriefed at the end of the interview, and a study debrief sheet was shared with each participant (see Appendix J).

### 2.7.2. Interview Schedule

To guide the interviews, an interview schedule was developed (see Appendix K) and used open-ended questions including prompts. The questions included several warming up questions about football and an opportunity to go through the participants documents from the sessions. The interview then explored how they had experienced the group, and how the group had impacted on themselves, their teammates and on their other 'Teams of Life'. A pilot interview was used to ensure the questions were accessible and allowed adaptations to be made. The questions were reviewed with two young people who met the age criteria and played football but were not involved with the club.

### 2.7.3. Strategy

The interviews were transcribed and then analysed using Reflexive Thematic Analysis. While thematic analysis is not constrained to a specific epistemological position, the approach is compatible with the critical realist position being applied to the current research (Braun & Clarke, 2022; Maxwell, 2012). Reflexive thematic analysis allows for researcher subjectivity as knowledge generation is fundamentally subjective and does not need to be managed but should be understood (Braun & Clarke, 2022). Due to the prolonged engagement period the researcher had developed a relationship with the club and the young people meaning they were no longer subjective. The approach fitted most appropriately with the current project and would allow the researcher to actively produce the themes through their engagement with the data (Braun & Clarke, 2022).

As the project was drawing on narrative principles, the use of narrative analysis was considered which would have allowed more of a story to emerge and to understand how

and why the group influenced the participants (McAllum et al., 2019). As the Team of Life had not been run with this population or context before, the researcher was interested in 'what' the experiences of the collective was and to identify the important themes and ideas (McAllum et al., 2019). The researcher decided that thematic analysis would better be able to answer the research questions.

The Braun & Clarke (2006, 2022) six-phase framework was used to guide the process. Reflective thematic analysis was used as the primary analysis strategy. The different stages are documented in the appendices.

#### 2.7.4. Familiarisation With the Data

The researcher became familiar with the entire set of data, firstly through the process of transcription and later through reading the interview during the analysis. As the researcher had also facilitated the group and conducted the interviews, they had prior knowledge of the data however repeated readings of the interviews allowed an immersion within the data which helped broaden and deepen the understanding. During this early ideas were noted down which could be reviewed during the later phases.

#### 2.7.5. Generating Initial Codes

The data was analysed and organised into initial basic codes which had stood out as meaningful in some way (see Appendix M). The program N-Vivo was used to begin highlighting and organising the codes. During this process all codes were extracted into smaller chunks of meaning, while ensuring some context was maintained within the codes. The initial ideas developed during the familiarisation phase were reviewed and helped guide initial ideas about the coding. The researcher ensured that codes and stories which differed from the main narrative within the analysis were included and not ignored.

#### 2.7.6. Searching for Themes

The analysis was refocused to determine which codes combine and to identify broader themes related to the research questions. The relationships between the codes and

themes were explored using an initial thematic map, this allowed sub-themes and the main overarching themes to be highlighted (see Appendix N).

#### 2.7.7. Reviewing Themes

The themes produced in Phase 3 were reviewed and refined (see Appendix O). The codes within each theme were read through and checked for coherency and consistency and were reworked accordingly if they failed to fit the theme. The researcher assessed themes for their internal homogeneity and external heterogeneity (Patton, 1990). This allowed some themes to be discarded due to lack of supporting data and some to be incorporated into others as they were reviewed as being similar. The data set and individual themes were re-read and explored with the researcher's supervisor to check for credibility and coherence. This allowed themes to be further assessed for validity and to check whether they reflected an accurate representation.

#### 2.7.8. Defining and Naming Themes

Each theme was analysed to identify the narrative it held, and subthemes were constructed which helped break the overarching themes into less complex structures. The working names of the themes were checked and reworked to ensure that they properly summarised the scope that the theme was supposed to be encompassing (see Appendix P).

#### 2.7.9. Producing the Report

The finalised themes were written to tell the story of the data. Quotes and extracts from the interviews were chosen which vividly described the data and were used to demonstrate the themes alongside a written narrative which added a descriptive and interpretative element.

### **2.8. Ethical Considerations**

The study was guided by the British Psychological Society (BPS) Code of Human Research Ethics (Oates et al., 2021) and an ethics review by the University of East

London Ethics committee granted approval on October 20<sup>th</sup> 2022 (see Appendix Q and R). The main areas of ethical consideration focussed on informed consent, confidentiality, and around the risk and benefits for the young people who took part.

#### 2.8.1. Informed Consent

Due to the age of the participants any who were interested were provided with age-appropriate information sheets (see Appendix D) and contact was made with their parent/guardian, who were given the opportunity to ask questions and provided with a parental/guardian information sheet (see Appendix E). The information sheets outlined the aims of the project, what to expect from the group and the interview, the benefits for their young people and explained about confidentiality and their right to withdraw. Consent forms were signed by both participants and their parent/guardian prior to the start of the group and stored electronically. To ensure they did not feel pressured to participate before the interviews each participant was reminded of their right to withdraw until 3 weeks after the interview.

#### 2.8.2. Anonymity and Confidentiality

To protect the anonymity of participants, all identifying information was removed during the transcription process of the interview and pseudonyms have been used when reporting quotes. The anonymised transcriptions were made accessible only to the researcher and supervisor. A secure document holding codes and contact information was created to allow participants to be identified if they withdrew. The limits of confidentiality were explained to participants particularly around risk. In accordance with a data management plan approved by a UEL Research Data Management Officer (see Appendix R) all patient information and data was stored securely on an encrypted drive. Paper-based documents were disposed of in secure confidential waste bins after being transferred into electronic documents and stored securely on the encrypted drive. Audio recordings of the interviews conducted via Microsoft Teams were saved on the drive at the completion of the interview and the physical file was then deleted off the laptop.

### 2.8.3. Participants

To ensure the safety of both participants, facilitators and researchers, a risk assessment was conducted to identify potential areas of risk inherent in the study (see Appendix T). Due to the nature of the group being a strengths-based program it was not anticipated that there would be any psychological risk associated with participation. However, participants were all debriefed at the end of the project and were provided with contact details of support organisations in the local area. Zero participants needed to withdraw during the group or the interview stage due to reported distress.

### 2.8.4. Remuneration

Participants who attended the group were given a £5 voucher and invited to a tour of a local professional football clubs stadium.

## **2.9. Researcher Reflexivity**

### 2.9.1. Relationship to the Question

During the researchers career they have worked with young people and adults in psychological and educational contexts. During this time, they have often drawn on sport including football to engage with people they have been working with. The researcher was an active supporter of a football club, had their own experience of playing for sports teams and could see the value in both playing sport and being part of a club. The researcher began to see how football could be utilised alongside therapy and wondered about whether this could be taken into a football club itself. As a trainee Clinical Psychologist, the researcher had a commitment to psychology and to football. The researcher therefore had a professional interest in working with the community football club and this could have affected how they approached the data collection and analysis. Researcher reflexivity was required to ensure the researcher's biases and agenda were not being privileged.

### 2.9.2. Incidents in the Local Area

There were several incidents in the local area including a shooting during the duration of the project. The community was affected by these events and the football club was visible on social media about wanting community action to address these. The club was embedded in the community and the researcher was sensitive to how the coaches and players were influenced by the events. The researcher wondered about risk and whether the players were concerned about safety when attending sessions.

### 2.9.3. Power

Consideration of the role of power was important as the research involved young people and seeking information from them. The power imbalances between young people and adults are highlighted when conducting research with young people (Punch, 2002). Part of this involved ensuring the researcher was not seen in a position of authority unlike their coaches (Smyth, 2019) especially as the young people assumed the researcher was a coach or a scout despite introductions. The researcher was introduced by their first name to present more casually and wore context appropriate clothes mirroring 'Therapists in Tracksuit' ideas which can help relatability as formal clothing worn imply power (Football Beyond Borders, 2022). The engagement period was important to allowing opportunity to build trust and relationships with the young people. To help address the power imbalance the researcher reminded the young people of their rights within the research and provided as much choice as possible to the young people. However, as the researcher's role was also as facilitator a power imbalance would likely always be present.



### 3. RESULTS

#### 3.1. Overview

This chapter presents the themes that emerged during the analysis of the participant's interviews which explored the experience of attending a Team of life group. Reflexive Thematic Analysis was used to explore the research questions and the data.

The superordinate themes and subthemes that were generated during the analysis process will be presented alongside extracts from the transcripts which will support the interpretations. Examples of codes, interview transcripts and the development of the thematic maps can be found in Appendix L, M, N And O.

#### 3.2. Demographics

Nine young people were interviewed in March 2023, demographic information collected is displayed in Table 1.

**Table 2.**

Demographic Information for ten Participants

<b>Participant</b>	<b>Age</b>	<b>Gender</b>	<b>Ethnicity (self-described)</b>
1	14	Male	African Arab
2	11	Male	Somalian
3	14	Male	I don't know
4	14	Male	North African
5	14	Male	British Pakistani
6	14	Male	Bangladeshi
7	14	Male	White Irish
8	14	Male	African Arab
9	13	Male	Moroccan

### 3.3. Reflexive Thematic Analysis Overarching Themes

Reflexive thematic analysis was used to produce codes which were further developed, refined and collapsed to generate three overarching themes: Internal Changes and Mentality - 'Thinking About Football Helped us Think About Ourselves'; A Better Team Spirit in the Changing Room; and Celebrating our Supporters in the Stands (see Figure 4).

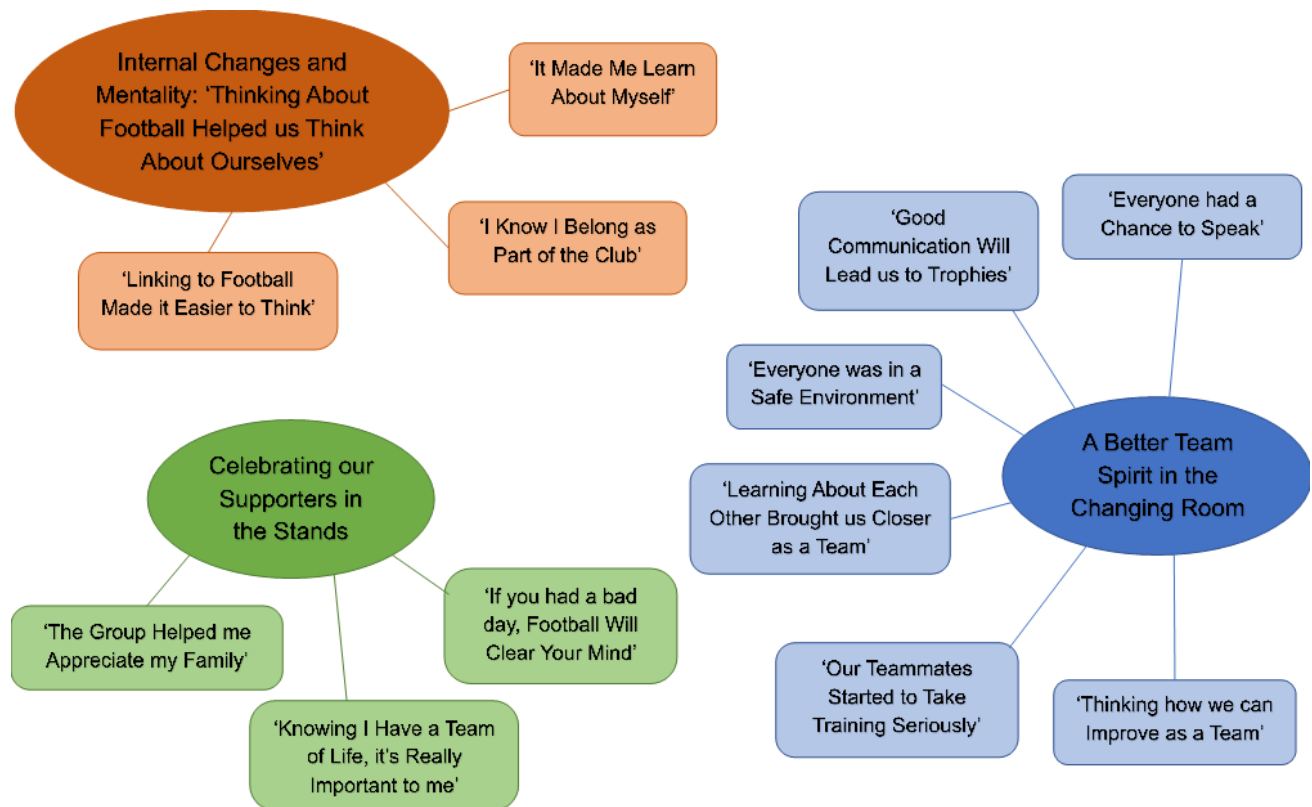
**Table 3.**

Summary Table of Major Themes and Sub-themes

<b>Major Themes</b>	<b>Sub themes</b>
Internal Changes: 'Thinking About Football Helped Us Think About Ourselves'	'It Made Me Learn About Myself'
	'I Know I Belong as Part of the club'
	'Linking To Football Made It Easier to Think'
Changes in the Dressing Room or A Better Atmosphere in the Changing Room	'Everyone Had a Chance to Speak'
	'Good Communication Will Lead Us to Trophies'
	'Everyone Was in a Safe Environment'
	'Learning About Each Other Brought Us Closer as a Team'
	'Our Teammates Started to Take Training Seriously'
	'Thinking About How We Improve as a Team'
Celebrating Our Supporters in The Stands	'Knowing I Have A Team Of Life, It's Really Important To Me'
	'The Group Helped Me Appreciate My Family'
	'If You Had A Bad Day, Football Will Clear Your Mind'

**Figure 4.**

Thematic Map of Overarching Themes and Subthemes



### 3.4. Theme One: Internal Changes and Mentality - 'Thinking About Football Helped us Think About Ourselves'

#### 3.4.1. Subtheme - 'It Made me Learn About Myself'

Nearly all the participants spoke about noticing changes in themselves after the group. Participants spoke about how the group *“made me feel positive”* (P1) and *“just feel like relaxed”* (P3). Participants appreciated the strength-based nature of the Team of Life group in helping them learn to be more positive and teaching them skills. There was also a feeling that the group had allowed them to feel *“freed minded”* and their *“brain feels free”* (P3).

*“It was positive...like in the way the ideas were positive and something to help us”*  
(P8)

*“Anything I kind of learnt?...let me think about this one, to be positive”* (P1)

*“I think I have learnt perseverance”* (P4)

Participants also noticed changes related to how they were with interacting with their teammates.

*“It made me think about myself...and how I treat my other mates”* (P9)

Participants felt that after the group they were less “angry” (P6) with their teammates.

*“It has helped me not get angry at some of our playing and helped with communicating”* (P6)

Participants acknowledged that “everyone has their opinion” (P5) and how the group had helped them to learn to consider other people’s opinions.

*“I think I learned to like consider people's ideas, like consider if their ideas are like actually useful”* (P7)

There was also an acknowledgement that they were nicer and more welcoming to each other. Participants felt they had learnt to “respect” (P6) and “encourage” (P1) each other since the group.

*“I learned that we should respect each other and pass more often... to not disrespect other people”* (P6)

*“To be nice to them...I have noticed that I am like, I welcome everyone”* (P3)

*“I told them to keep your head up, yeah, I told them to never give up, keep playing well as you do...encouragement, that's the word”* (P1)

Not all noted changes in themselves however, as one participant did not feel that they had noticed any changes in themselves because of the group (P2). Another participant had felt they had changed but was unable to think of an example of change during the interview (P7).

#### 3.4.2. Subtheme – 'I Know I Belong as Part of the club'

As well as feeling closer to teammates, several participants spoke about the group helping them to feel more connected to the football club. Participants shared that attending the sessions helped them *“know I fit in somewhere”* (P5) and *“It made me feel like I was part of [football club]”* (P2). Being a member of the football club was significant for several of the participants, with a participant describing their teammates as *“precious to me”* and *“like family”* (P4). This resonated with another participant’s comment that *“everyone feels like they enjoy football and they belong there”* (P5) at the football club.

*“It's something important because I really wanted to make a team, so [football club] was something I was looking forward to”* (P9)

*“I've been coming to [football club] for a few years now. They're like precious to me, you know what I mean...the group, I communicate with them as if they're like my family, they're my friends, yeah”* (P4)

The importance of being able to contribute within the group was demonstrated by a reflection about what being part of the football team and attending the group meant *“I know I fit in somewhere and that people will actually listen to me”* (P5).

Another participant echoed this and spoke about feeling that usually other people do not get them, and they find it hard to tell people that they care about them. The group provided an opportunity for them to do this with their teammates and was a meaningful experience.

*“It makes me, like you know, people that don't understand my personality and who I am. I feel like I showed it to people. They know that I really cared about them”* (P4)

#### 3.4.3. Subtheme – 'Linking to Football Made it Easier to Think'

Central within the Team of Life intervention is the use of football as a metaphor for life, interestingly it was mentioned by participants as something they liked *“It was good when we used football terms”* (P8). Participants felt that *“you could relate yourself to some of*

*the statements” (P7) and were able to connect with the sessions and with each other because of the centrality of the footballing metaphors.*

Participants found it easier to talk about themselves when using football language *“it kind of like made me describe myself easier” (P9)*, making speaking about themselves more accessible for them. This was explained by participants as being due to them liking and being knowledgeable about football.

*“Yeah, I think it helped...because it linked to football instead of just giving us straight questions about our life. With linking it to football I think it made it a little bit easier...because I think most of us like know about football a lot so like linking it with football, I think it would help our understanding of what we were talking about.” (P7)*

*“Yeah, maybe easier, because I know what footballers are like, they know how to play football and they know what they're doing. They're not just out there playing, just kicking the ball. They've got more than that” (P4)*

Participants spoke about the group getting them to think about how to tackle problems and about the goals they wanted to score. The group helped some of the participants to *“remember ...what your goals are to achieve” (P1)* and use of football metaphors made it easier for them to think about these goals.

*“It made me think about how I need to, as an attacker, I need to work hard to reach my goal” (P2)*

One participant described how they noticed they started thinking more about how to deal with *“obstacles” (P3)* in their life.

*“Like they can know... what obstacles are gonna be passing and like try to avoid them and try to do the right thing” (P3)*

### 3.5. Theme Two: A Better Team Spirit in the Changing Room

#### 3.5.1. Subtheme - 'Everyone had a Chance to Speak'

Participants identified that during the group *“everyone had the chance to talk and speak about ideas”* (P8) and the importance that *“everyone should be heard”* (P5) without being interrupted. This allowed for a breadth of discussions to take place and the participants felt this meant their teammates were able to come up with *“very creative ideas”* (P1).

*“Cause I think everyone...knew when they could have a chance to speak and so yeah, like everyone knew, if they wanted to say something, they could say it”* (P7)

*“It's like, no one there is like bad or anything so you can say whatever you want without getting like stopped in your sentence or someone interrupts and something”* (P4)

Participants spoke about why it was important that they let everyone have a turn to communicate and referenced several moments where their teammates were able to speak. This demonstrated how the participants had noticed the value of communicating effectively with their teammates.

*“Because like some people, if they're not, if they're not heard, they could have like a really good idea and they wouldn't know about it... you got, like, really good ideas, like I think it was [participant] that said we should make a video and like [participant] and [participant] they were giving some really good ideas”* (P5)

*“We talked about, our MH and like towards each other and that really helped us to improve in our communication and we will be able to respect each other”* (P9)

This sharing was referenced by participants as a meaningful element of the group sessions.

*“Everyone took a turn to the express themselves and to express about how they feel towards other people in their life”* (P9)

### 3.5.2. Subtheme - 'Good Communication Will Lead us to Trophies'

When talking about any changes that Team of Life group may have had on the team, many of the participants spoke specifically about communication. Participants spoke about communication getting *“really better”* (P4) and they had *“improved our communication”* (P7). There was a sense of how pleasing it was to experience this change *“I liked how were, we were able to communicate with each other”* (P7) and that participants noted that this improvement was associated with attending the group.

*“Yeah, I think yeah cos it’s like communication, I think we improved on that more...and our communication got better like after the project because like we are always like there every week, we were...always there and we kinda like improved on our communication”* (P9)

Participants spoke about the group helping them to learn *“way more stuff about communicating”* (P6) and they realised the importance of *“how you speak to them and like the language you use with them”* (P2) as important when interacting with teammates.

*Like how, they think and how they communicate with other people and connect with other people they don’t know but they are like neighbours* (P2)

A particular aspect of communication that was repeatedly mentioned during the interviews was around the group being able to share and *“understand their opinions”* (P5), notably with the team learning how to agree and disagree when participants spoke to how communication had improved. Participants spoke about the group helping *“communicate with each other and disagree and agree with each other”* (P9) and allowing their teammates to explain their positions without shouting at them.

*“So if they wanna disagree, they disagree and they could show how they were wrong or how they could improve the point...like they wouldn’t, like, scream at them like you’re wrong or something. They say that they don’t agree and something like that”*



A helpful part of the group was when they had decided on collective team values and how they had been able to agree as a team despite differing opinions.

*“You know, it's something that you don't wanna go with, but you have to like, still accept and agree on team values” (P3)*

Positive communication was identified as one of these team values and one participant felt that improving this would help them to achieve their goals.

*“If you've got good communication and this will lead us to games and games will lead us to like trophies” (P4)*

Some of the participants spoke about how they had noticed this improvement in how they communicated with each other had carried over to how they communicated during training and it had culminated in an impact on how they played together *“We can communicate more better, it helps when passing the ball” (P6).*

*“[we] obviously have that banter with each other...and like always, just communicate. We're constantly communicating, communicate with each other during like the sessions and drills” (P7)*

Participants also spoke about the quality of training sessions improving because there was a reduction in unhelpful ways of communicating. This was important for improving how they got on together as a team and consequently made the training sessions more productive.

*“Because people used to just sometimes just talk with their friends, but now they're talking to their friends but within like the session so that it's a good thing that they're communicating with their teams” (P7)*

*“It's just like a team. If you communicate good, then we can have a good relationship. If we don't, then people show no effort” (P4)*

Participants elaborated on the subsequent improvements noted in training sessions since attending the group and spoke about how their teammates were not being disrespectful towards each other and others had learnt *“how to communicate without getting angry” (P6)* during training sessions.

*“We improved our communication...they have started respecting each other more” (P9)*

### 3.5.3. Subtheme - ‘Everyone Was in a Safe Environment’

During the interviews references were made to the sense of location being a shared space, where everyone was able to speak and share, and that the space felt welcoming and safe for the conversations.

When talking about the group, participants shared that it was important that everyone felt *“welcomed”* (P3) and that they *“were all together”* (P9). There was shared feeling that it had been important that they had all been there together at the group sessions and that *“everyone has a role...and something to achieve”* (P4).

*“[I liked] that everyone was together...everyone came to the sessions and you spoke about what we like and things like that...[it was important] because everyone made time to come” (P8)*

There was an acknowledgement of the importance of the space feeling safe and allowing them to share and think about their lives in a *“safe way”* (P8).

*“It's welcome, it's for every kind and like everyone there is...you can think of it as a safe place” (P3)*

*“I thought everyone was in a safe environment with each other and we will have a little bit of banter in between it. So I think we're all in a safe environment with like with our friends” (P7)*

Participants explained that they wanted their teammates to feel comfortable with each other. The sessions taking place within a community centre that the club used for training felt familiar to the participants, this played a role in making participants feel more at ease - *“It was easy because it was a local place”* (P8).

*“Everyone needs to be able to feel like they're part of the community, because if they're not, then they wouldn't really wanna come because they don't feel like they fit in” (P5)*

#### 3.5.4. Subtheme – 'Learning About Each Other Brought us Closer as a Team

Several of the participants had been involved in the club since it formed in 2019, so many had become friends which helped the group to feel safe. Some of the participants were new to the team and others spoke about how they liked *“how like loads of people turned up”* (P4) and having to *“get to know each other”* (P2). While some participants felt they had already developed relationships with most of the participants.

*“I think we've always had a good relationship since I joined...I think cause we all I think most of us know each other well, so that it was a very good environment between all the boys so yeah”* (P7)

Others felt they had to build some relationships during the group sessions.

*“I knew loads of people there because they usually attend training. Some of the people didn't attend training so I had to make friends with them”* (P4)

Participants explained that knowing more about each other helped *“bring the group closer more”* (P2) and they had noticed that *“everyone now is talking to each other”* (P3) and they *“can work better as a team”* (P9). Demonstrating that pivotally building their understanding of each other improved their group cohesion. The process of finding out about their teammates would allow them to know that they are *“not alone”* (P4), suggesting that there was a desire to belong to the club, and to support each other.

*“They were all like doing our part in writing, and writing all about who helps us and supports us, and it was like, it brings the group closer more”* (P2)

*“People showed them like people should be like really there for them and stuff, they're not alone”* (P4)

The participants found the listening to their teammates speak about their own Team of Life and being able to *“share their story”* (P4) important. Even though many of the participants already knew each other, the activities and discussions about each other's lives was a significant part of the group, possibly because they did not usually have those kinds of discussions during training and outside of the group. Participants spoke

about how they enjoyed how the group allowed them to learn more about their teammates and this helped them to *"better understand the other players"* (P6).

*"They told me who was like their main. You see how you were talking about, like the team sheets? They were telling me who were their defenders and attackers and stuff"* (P4)

*"I learnt more about like my teammates and the group and... I learnt who protects them and defends them, yeah"* (P9)

One reason participants gave for the changes in how they interacted as a team was an improvement in group cohesion. The group had helped them know how to communicate with each other and *"work together as a team"* (P9).

*"We got to understand each other and what they think, so you can work on like how to like communicate with them and stuff?"* (P5)

*"Oh yeah, if you talk about, you like get to know each other, yeah"* (P4)

*"Connection because everyone around likes football who was there, so everyone could relate"* (P8)

Knowing more about their teammates linked to the participants recognising the importance of talking to people about difficulties. Some of the participants also linked MH within their context of football to *"how you like behave and like talk to other people"* (P9).

*"It is how you talk to your teammates and coaches and stuff and how you think."*(P2)

*"Because like when you talk about what's happening and stuff. If anything's happened to you, you need to tell someone"* (P4)

#### 3.5.5. Subtheme - 'Our Teammates Started to Take Training Seriously'

Many participants felt they had noticed a change in their fellow teammates after the group had completed. These changes mirrored the collective values they had devised

during the Team of Life sessions, indicating that they had been embraced by the participants and taken into their training sessions. Participants spoke about recognising during training that teammates were more focused, taking sessions more seriously and were able to “*work together*” (P9) and “*help each other*” (P8).

*“I think some of them like during training sessions, I think they've matured like instead of messing around and not taking it seriously I think people really put their foot down on themselves and really started [...] to take the drills a bit seriously [...] and display their best abilities during training”* (P7)

*“Sometimes they would be like serious... they would be more focused and like they would be better”* (P2)

*“Oh that we can all help each other. Teamwork was like everyone was together, everyone was helping each other”* (P8)

Some participants felt that they had noticed a change in teammates where “*they like trust me or something?*” (P3) and felt there was more respect within the team especially in how they spoke with each other.

*“I was telling them to respect each other, and yeah...they have started respecting each other more”* (P9)

The Team of Life sessions appeared to help them individually to be more aware of how to take training seriously and empowered them to start self-regulating within their team. Participants identified things they needed to improve on as a team if they were going to achieve their goals. These also mirrored the team values they had decided on during the sessions around “*putting in effort*” (P4), “*respecting each other and communication*” and reducing “*swearing*” (P3).

*“It was like when you were talking about what we need to help the club. No swearing, to be nice to everyone... made me think about that there's lots of work to do”* (P3)

*“I think cause... we found we had to improve on a lot of stuff. Like respecting each other and communication”* (P9)

*“Yeah, because if you don't show the effort, then you're not get any matches and stuff, and stuffs gonna go away...but we need to improve on them because some people they are not putting in effort” (P4)*

Participants also spoke about improvements in *“communication”* (P4) described in Theme 1, with one participant describing that this had resulted in less swearing, shouting and arguments during training sessions.

*“For some people there is less swearing... like now everyone is not shouting at everyone, they can use their...they won't argue about stuff as much” (P8)*

A couple of participants did not feel they had noticed any change in their teammates (P1 & P5) and another shared that they had not been to a training session for a while so had not seen any changes.

#### 3.5.6. Subtheme - 'Thinking how we can Improve as a Team'

Participants identified that thinking collectively about goals for the team, was a part of the group that they had enjoyed, particularly as participants had identified that they had already achieved an improvement together *“as a team”* (P9) and *“implemented”* (P8) ideas.

*“You could like think about what new changes there are, and you have to work as a team to accept things...we're just talking about what we want in life and what we want for each other, like for the team” (P3)*

*“That you could all like spend time and think about what we should do next and how we could make the club better” (P5)*

*“ I think it felt like really good because we achieved something as a team...so like we achieve like improving our communication as a team”. (P9)*

However, participants also spoke about how they felt there that there were still things they could improve on and referenced some of the *“behaviour”* (P2) during the sessions and the need for them to take it *“more seriously”* (P7) and *“talk less”* (P1). By producing

a collective goal and values for their team, the participants started to notice the behaviours which were incompatible with them.

*“I think just like how some of the boys were just constantly messing about at times...we could have, most of them could have taken it a bit little bit more seriously” (P7)*

*“Sometimes they were messing around, and they'll kicking the ball around and everyone was doing it...I don't think you need to improve anything, maybe the behaviour of some people” (P2)*

The team had not yet been signed up to a competitive league and joining a league had been identified as a collective goal for the team. The club has a flag with the emblem on which the older teams take to football games. The team had not been able to use the flag yet, but participants spoke about this being a goal and being proud to have an opportunity to represent the club.

*“Bring like our flag and our [football club] flag. We should bring it and like we should represent [football club] on our trip...because if more people see us, they're gonna ask us like ‘what team are you playing for?’ and we respond to them and we say to them we play for [football club]. Then they're gonna be interested” (P4)*

### **3.6. Theme Three: Celebrating our Supporters in the Stands**

#### **3.6.1. Subtheme - ‘Knowing I Have a Team of Life, it’s Really Important to Me’**

Participants spoke about how producing their own Team of Life during the sessions was *“helpful”* (P9), enabling them to think more about who supported them and come up with *“good ideas”* (P8). The football metaphor central to the activities allowed participants to engage in the discussions and reflect about their lives in a more creative and accessible way.

*“Like when we was drawing, drawing about the stadium and we write about the people that support me and it made me think about it more” (P2)*

*“Like how you know with our sheets, we could show our emotions and we could write them down” (P4)*

Participants described how it was easier to think about the support in their lives when applying football positions and terms. Using football to frame the discussions was less threatening and tapped into their knowledge and passion for football.

*“Like using how people in your life help you and showing like what they do to you and showing it linking it to football” (P5)*

*“Because you see the techniques that footballers have. For instance, let's say that, you know, Özil (a former professional footballer), he's good on the ball and he's good at passing and that's like someone you can keep in your midfield. So, for like midfielder for you, it's like friends or family” (P4)*

Participants also spoke how the football metaphors helped them to think more about the characteristics of their supporters and *“think about all the different people in your life”* (P7). The direct link between football positions and the characteristics players typically have was a more accessible process for the participants. Participants found it easier to link defenders to people in their lives and every participant put family members in defensive positions.

*“I really liked about how we talked about who takes care of us and who defends us, cause it's something that we had to talk about cause you need to know like who protects us in our life and who defends us” (P9)*

*“If anything happens they're there to save you and stuff and protect you...yeah, it's like the goalkeeper one because they also help protect you and stuff” (P4)*

*“Like what a goalkeeper does and like what an attacker does... because then we could, find out who's like, what person fits there and know the traits of a person” (P5)*



Participants spoke about how the process of attending the group and creating their Team of Life had increased their awareness of the systems of support around them and *“the people that were most important to us”* (P9)

*“It makes you think about all the teammates and all the people you know...it made me like more aware of what's my family team”* (P2)

*“Makes me feel like when I'm playing a school match. I always remember my family and that”* (P1)

*“That's really important because knowing that I have a team it's really important to me”* (P4)

A part of the group involved conceptualising different parts of participants lives as being like different football teams that they are members of. Participants spoke about how thinking in this way helped them to identify and *“think about all the other groups like I am part of”* (P7). *“It made me think about myself and the groups I am part of”* (P9) even if they had not realised the teams had existed before the group.

*“It was like when you were talking about what we need to help the club. No swearing, to be nice to everyone. I was like thinking about it like we should do that with every single team we got, at home, outside, our school team, in school, everywhere”* (P3)

*“I didn't realise [I had other teams] but because of the session I thought about it more”* (P8)

### 3.6.2. Subtheme - ‘The Group Helped me Appreciate my Family’

Participants spoke how they felt about the process of producing their Team of Life, recognising their system of support and how it had a positive effect on them - *“makes me feel happy that they are there”* (P2). Several of the participants also spoke about how realising how many people they had who supported them made them feel “appreciated” (P3) and “grateful” (P4). The process of marking down the significant

people in their lives acted to strengthen the bonds they had with those individuals and helped them feel more secure.

*“Yes, it made me like think of and like appreciate how much my family like takes care of me. Yeah” (P9)*

*“Like you should appreciate that you have...and be appreciated... because they're the people that helped me to get here in life” (P3)*

*“So sometimes it makes me feel good...yeah, it just makes me grateful. Makes me feel grateful sometimes” (P4)*

*“The majority of the time I'm happy like cause I have a lot of friends and my family, I'm positive for my family. I'm grateful for everything I have” (P7)*

Participants identified family support as being of particular importance in their live, particularly around how *“families are always there to help you and stuff” (P5)*. Some participants also spoke about how they had reflected on the role of their parents and how they *“are the people that helped me to get here in life” (P3)* and *“everything is because of her” (P8)*.

*“It involves like family and football, and they're my top two...my top three cause 1st is my religion. So yeah, because I love my family and I love football” (P1)*

*“Cause like if they didn't help me then it wouldn't be easier, it would be harder for me” (P2)*

### 3.6.3. Subtheme - 'If you had a Bad Day, Football Will Clear Your Mind'

All the participants were united in their passion for football, and during the interviews they mentioned ways football improved their lives. Participants explained their commitment to the sport and how football was a central part of their everyday life and gave them meaning.

*“Because of football. I really like it. What can I do without it, like it is my heart to me. Yeah, I really, really like it. I like enjoy it...I play every day. I watch it every day when there is a game and I think about it every day” (P1)*

*“It's something I've like loved and enjoyed. It's been my whole life since I was like a very young child. So I explain everything for me through football” (P7)*

Participants indicated that football could serve a cathartic function in their lives which several participants lent themselves to, to explain how football could be used to cope with difficulties and how it could help *“clear your mind”* (P4).

*“Like if you had a bad day and you come to football, it will clear your mind. You don't think about the stuff that has happened... some people enjoy football so much they can stop doing what they're doing” (P4)*

*“I think football is a really good escape for me...there could be something very bad on my mind. I can go out and play some football. My mind's clear...I think football's been a big factor of my life. I think it's really helped me a lot” (P7)*

Another participant took this a step further and explained that the group had helped them consider MH and how it can be associated with football.

*“I never really thought about MH and football like being together. It's like the team and with this project. I think it's really helped me consider about how MH can really link with football” (P7)*

One participant who had been part of the club since its inception, spoke about his engagement with football starting after his family had moved to the UK. This highlights the role of football in helping individuals feel a sense of belonging to a new unfamiliar country and culture.

*“I chose it because when I came to this country, I didn't know like about football. But then people told me just support Liverpool” (P3)*

Another participant shared how he thought there was a role in football preventing youth crime. This demonstrated that the participants were aware of wider societal issues especially considering there had been several tragedies in the local area.

*“It’s like with youth crime. See you wanna play football but like someone, say you also like kill someone but when you play football it's better than like having a knife” (P4)*

## 4. DISCUSSION

The following chapter will provide a summary of the research findings and present how these fit with the research questions and existing literature. The study will be evaluated including the limitations, and the implications and recommendations will be outlined.

### 4.1. Summary of Results

#### 4.1.1. Theme one: Internal Changes and Mentality - 'Thinking About Football Helped us Think About Ourselves'

Participants spoke about the group helping their communication and noticing they were more able to listen and act less angrily and disrespectfully towards teammates. Noting that the use of the football metaphors had made it easier to think about their lives and goals. The group had helped them to connect and learn more about their teammates, engendering a feeling of belonging, being part of the club and being able to share about themselves.

#### 4.1.2. Theme two: A Better Team Spirit in The Changing Room

Participants spoke about the group allowing everyone a chance to speak and contribute. There was a sense that the group and location had felt safe, and this helped the participants to engage and feel comfortable during the sessions. Participants spoke about how learning more about each other had brought them closer as a team and improved their relationships. Some participants felt that some of their teammate's behaviour in the group had been unhelpful. However, had noticed that there was less swearing, and the team took training more seriously since the group. Participants also spoke about how the group made them want to improve the club and achieve something together as a Team.

#### 4.1.3. Theme 3: Celebrating our Supporters in the Stands

Participants shared that making their own Team of Life and using football language helped them to think about the people who supported them in their life. Many spoke about appreciating their family and the act of naming their support had been important for them. Some participants had not realised how much support they had and spoke about noticing the other Teams they had in their life. There was also an acknowledgement of the importance of football for them outside of the Team, giving them opportunities and helping manage difficulties.

### 4.2. Contextualising The Research Findings

#### 4.2.1. Does The Team of Life Group Impact on an Individual's Sense of Wellbeing and Identity?

Theme one '*Internal changes and mentality: 'Thinking about football helped us think about ourselves'*' demonstrated that changes in participant's reflectivity and behaviour had been noticed, since attending the group.

The participants spoke about having acquired something from attending the group, whether it was positivity or new skills. Such et al. (2020) suggests that part of the mechanism of football interventions is that it encourages positive affectivity; being around football is an enjoyable experience. The researcher had been mindful to ensure each session allowed for football chat around recent games. It seemed that the strength-based nature of the Team of Life resonated positively with the young people, and they connected with the group teaching them.

The subtheme '*I know I belong as part of the club'*, described the sense of connectedness and belonging that arose from attending the group. The group appeared to help the participants think about the club's role in their life and as part of their identity. This sense of belonging indicated that the club represented something more than just football and provided a place where they could be themselves. The benefits of this connectedness fits with Stoddard & Pierce (2015) findings that adolescents feel more

positive about their lives when they are more involved with their community. The group appeared to help them show their identity and provided a space where they knew their opinions were listened to and valued, which has been evidenced to improve wellbeing (Blum et al., 2022).

The subtheme '*linking to football made it easier to think*', described how the football metaphors within the Team of Life methodology made it easier for participants to engage with the conversations about their lives. All participants had a passion for football, and this was the 'hook' which structured the conversations about other aspects of their life (Nichols, 2010). The participants had an in-depth knowledge of football which helped the metaphors to resonate. It was interesting that different elements of the metaphor resonated more and were easier to apply. For example, the traits of protection and reliability attached to the goalkeeper position were easier to relate to the characteristics of people in their lives. However, several participants put friends who could 'run fast' in attacking positions demonstrating that this metaphor had not landed with them. Stott et al. (2010) speaks about metaphors needing to resonate but also feel safe enough to engage with. Leading the researcher to consider whether these had not resonated because of unsafety or if more exploration of the metaphor was needed.

The literature suggests that metaphors make MH conversations more accessible and allow young men to speak about feelings without losing their 'masculinity' (Spandler et al., 2014). During the tackling problems session, the group spoke about their experience of the Covid-19 pandemic and not being able to play football. There was a sense of how difficult this period had been for them, but this had not shared collectively. The metaphor anchored this conversation and allowed them to speak openly despite the possible presence of hegemonic masculine norms which we could constrain these discussions (Gough, 2006). Yalom's (1985) work on factors that impact on success within group therapy highlighted several ways that groups may benefit from therapy. Being able to speak about difficulties appears to mirror the catharsis factor. The genuine expression within the safe group environment and acknowledgement of challenges may have influenced the experience of the group for the young people.

Theme three '*celebrating with our supporters in the stands*' described the increased awareness of the role and importance of significant people in participants lives. They experienced a sense of appreciation and gratitude from sharing about their family team. The Team of Life methodology draws on the narrative ideas of acknowledging the gifts and bonds related to significant individuals. The discussions around the reasons behind the participant naming a particular person on their Team helped to strengthen those bonds. This could impact their wellbeing as studies have shown that being more aware and feeling more connected to systems of support can protect against depressive symptoms (Ioannou et al., 2019).

The subtheme '*If you had a bad day, football will clear your mind*' described the link participants had made between the sport and their mental wellbeing. The Team of Life encourages the inclusion of other significant elements on the team sheets such as pets or hobbies. During the group, participant's team sheets included a range of additions and several added 'football' indicating the importance football played in their life. Awareness of MH can improve from attending football groups and participating in normalising conversations about MH difficulties (Friedrich & Mason, 2017; Mason & Holt, 2012; McGrane et al., 2020). The subtheme suggests that football provided the young people with catharsis and escape from the difficulties they experience (Pringle, 2004). This population has been linked to having lower emotional literacy, which could explain why the links with MH were not explicit (Chandra & Minkovitz, 2006). However, the group helped them to start considering the impact of the game on their MH potentially in a more accessible and normalising way.

#### 4.2.2. Does the Team of Life Group Impact on The Functioning of The Football Team in Terms of Group Cohesion and Shared Sense of Team Identity?

Theme two: '*a better team spirit in the changing room*' described the differences the participants had noticed in their teammates since the Team of Life group. Notably, during the interviews participants had spoken more about the effect on the Team than on them personally. The Team of Life sessions were framed in a team-based context, so a greater influence at the group level had been anticipated.



The subtheme *'good communication will lead us to trophies'* reflected the significant change in how the participants communicated with each other and as a Team since the group. This echoed previous findings about the improvements in social interactions and social skills (Eames et al., 2016; Hughes & Kaur, 2014). The Team of Life group required them to listen and learn about each other and tasked them with agreeing on group values which they did successfully. Yalom (1985) identified 'development of socialising techniques' as a factor within groups and the subtheme indicated how this improved communication was valued and allowed a deeper meaning to their connections. It is interesting that the improvements extended outside of the group which Yalom suggested was a possible outcome of group therapy.

Being able to communicate without becoming angry was an interesting observation made by some participants, indicating there was an improvement in how they managed their emotions. Many young men can struggle to communicate how they are feeling and can get caught in a cycle of avoidance (Biddle et al., 2007). Speaking about emotions and difficulties can feel exposing and vulnerable (Lynch et al., 2018). However, participants acknowledging this improvement showed a level of reflection about how they previously interacted with their teammates and recognition that communicating a different way was more helpful.

The subtheme *'learning about each other brought us closer as a team'* described the improvement in relationships and a sense of belonging arising from the group. The researcher heard from the club that the Team had struggled to communicate with each other and there had been fall outs during training sessions. The improvement in how the participants acted with each other suggests that the Team of Life group helped improve the Team's cohesion, particularly as participants shared that learning to agree and disagree was a helpful part of the group. Improving group cohesion had not been an anticipated outcome from the Team of Life sessions, as it had not been directly mentioned in the literature. However these findings mirror previous football-based MH interventions research that found improvements in group cohesion was associated with participants feeling part of a team and sense of belonging (Darongkamas et al., 2011; Elbe et al., 2017; Friedrich & Mason, 2018; Hargreaves & Pringle, 2019). The Team

becoming closer, communicating positively and the increased sense of belonging possibly helped facilitate this group cohesion. This finding also mirrors the group cohesiveness and imparting information factors Yalom identified (1985). The opportunity to share and learn from each other brought a positive approach to the group. The sense of belonging that can be nurtured in group settings can be a powerful feeling that can help individuals find meaning in their relationships and feel valued (Yalom, 1985). This appeared to happen with the participants and extended to their relationship with the wider football club.

While many of the participants were friends outside of the club, they only interacted as a whole team at the weekly training sessions where the focus was football. The subtheme 'learning about each other brought us closer as a team' also described the impact of being given an opportunity to learn about each other. It is likely that the group was one of the few times where they had a space to be together and interact. During training there is limited time to communicate and think about decisions together, and this was valued by the participants during the group. The improvement in communication is understandable as they were given an opportunity to interact in a different way. Groups often see an improvement in social interactions, as the group familiarity and trust increase and participants feel more comfortable to express opinions (Zhang et al., 2023).

The subtheme '*everyone was in a safe environment*' described how the participants actively tried to make the space safe and welcoming for their teammates. This approach perhaps served to challenge traditionally masculine narratives around speaking openly about emotions. Marginalised young men can experience services including schools as unsafe places where they may be discriminated against (Afuape, 2020; Mind, 2021). Attachment theory (Ainsworth et al., 1978) suggests that in these places patterns of behaviour may be used to get needs met. Both the participants and the researcher were active in ensuring the space used was both physically and psychologically safe. Especially considering the context of heightened awareness of violent incidents that had occurred recently in the local area. The Team of Life group and football acted as safe secure bases, by being consistent, empathetic, and attuned

to the participants needs. This potentially permitted the participants to feel safe enough to be vulnerable and share about their lives (Smyth, 2014).

The subtheme *'everyone was in a safe environment'* also relates to the physical location used. The young people were all from the local area and wanted to create a space where peers would want to come. It helped that the sessions were run within a familiar local community centre used by participants. Locations are important for the running of groups in the community and the involvement of professional football clubs and stadiums have been particularly beneficial for football interventions (Curran et al., 2017). While the group was not run in a football club, the centre had a football pitch. The pitch was closed for most of the project, but the participants were able to play football before one of the sessions. Young men have been reported to find traditional service settings intimidating and off putting (Rice et al., 2018; Spandler et al., 2014). However, in the current study participants felt safe and continued to attend the sessions. This indicated that the use of familiar locations within the community can help by-pass the barriers young men can experience (Lynch et al., 2018).

Notable mentions of the importance of 'banter' and humour within the group, this was highlighted by playful discussions about how different teams had performed in the past set of fixtures. During these discussions the researcher shared that they supported a lower league team, which prompted teasing and joking from the participants. The researcher noticed this had helped 'break the ice' and relax the group environment. Being able to 'banter' with the facilitators has been identified as a factor in being able to engage and enjoy sessions (Spandler et al., 2014). Humour can also help to break tension and anxiety when conversations become stuck or too intense (Denborough, 2015). It was interesting that the young people recognised the importance of this kind of communication, but also identified that it can be unhelpful at times when they need to focus. This learning appeared to influence their training sessions where there was more focus and less chatting.

The subtheme *'our teammates started to take training seriously'*, described the changes in communication, behaviour and focus noticed by teammates during their weekly training sessions. These clearly reflected the collective values they had decided on

during the sessions around effort and positive communication. The act of generating and agreeing on a set of values can be a significant process, eliciting a sense of shared experience and solidarity (Denborough, 2008). Denborough (2012) spoke about how the sharing of values helped his group develop a collective identity. Being part of a collective appeared repeatedly throughout the data, as the participants articulated that the values represented the Team and that generating them together was important.

The collective goal of joining a league may have also played a role in improving engagement in training. They had a renewed focus, a shared aim and were now working as a collective. Previous Team of Life interventions have not been conducted with pre-established groups. Therefore, this desire from the participants to make their Team 'better' was not an outcome that had been anticipated. The goals and values demonstrate the attachments the young people had towards the club, towards each other and their identity regarding membership of the football team.

#### 4.2.3. Do The Effects Of The Group Extend Beyond The Football Team Into The Individuals Other 'Teams Of Life'?

Theme three: '*celebrating our supporters in the stands*', described the influence of the Team of Life group outside of the immediate football team context. Previous Team of Life studies have not explored whether changes extend outside of the group, however, participants spoke about taking the learning into other environments such as when they play football at school. Some of the participants started to think about the other 'Teams' in their life, and how they wanted to apply what they had learnt to these other Teams. Improving the connections an individual has to the systems in their life can have a positive effect (Stoddard & Pierce, 2015) and can facilitate help-seeking (Clark et al., 2018).

The subtheme; '*Knowing I have a team of life, it's really important to me*', described how the sessions had helped the participants to think about the significant people in their life particularly the use of footballing language. This was a more familiar way of thinking about people as the participants had an in-depth knowledge of football. They named specific footballers when making their team sheets and could identify what made those

players good for their position. This familiarity was helpful and mirrors findings from football-based interventions, where the familiarity and relative safety of football allowed an engagement with topics that might be challenging in traditional senses (McGrane et al., 2020; Spandler et al., 2014). Family members were mentioned frequently and tended to be placed in defensive positions where they held the role of protection. Strong relationship bonds at home can help young people to feel more secure, achieve and can have a protective effect on wellbeing (The Children's Society, 2018).

The subtheme; *'the group helped me appreciate my family'*, described how the participants felt about having Teams and support outside of their football club. There was a general sense of appreciation for their loved ones and gratitude for knowing they have their support. It was noticeable that they were more able to engage with their emotions and feelings regarding their family. It was difficult to know whether this was due to the Team of Life group, however the act of sharing the role significant individuals play is an important part of the methodology (Denborough, 2008, 2015). Narrative practices suggests that the process of acknowledging can be beneficially at building a stronger identity (Denborough, 2008; White, 2007), so the process of identifying strong family bonds may have helped strengthen the participants preferred narratives.

The subtheme; *'if you had a bad day, football will clear your mind'*, described the importance of football in the participants lives, and their passionate for the sport. This demonstrates why the Team of Life group was a helpful approach to use with this population as it 'piggybacks' football onto psychological principles (McGrane et al., 2020). Centring football in the intervention resonated with the young people and allowed them a familiar base to start exploring other aspects of their lives, reflected in responses during the interview. To illustrate this, there was an interesting quote about the role football played when the participant had recently arrived in the UK. They had not known anything about football but had been advised to start playing and to support Liverpool FC. This participant was particularly attached and protective towards the club, and indicating the role football plays within society at fostering a sense of community and belonging (Fraser-Thomas et al., 2005). The value of football as a 'hook' for engaging

individuals with services has been evidenced before (Friedrich & Mason, 2017; Nichols, 2010; Spandler et al., 2013) and the current research further strengthens this finding.

### **4.3. Implications and Recommendations**

#### **4.3.1. Clinical Implications**

The findings of this study demonstrate several clear implications for young men who attend a Team of Life group. The group helped them to communicate, connect with others and express their thoughts and emotions; skills which young men can struggle with but could extend to other places in their life. The social and emotional skills they have developed could give the participants greater confidence to join other 'Teams'. Allowing them to draw on these skills to be part of something they may not have felt able to previously. Participants had a greater sense of belonging, which is particularly important when thinking about exposure to racism and discrimination many young men from marginalised backgrounds experience in the UK. It is interesting that many of the findings mirror Yalom's therapeutic factors from group therapy particularly group cohesiveness, socialising techniques and catharsis (Yalom, 1985). This provides further evidence for why a group of this kind could have therapeutic benefits for young people.

The Team of Life group did not appear to produce any apparent negative consequences, which mirrors findings from football-based interventions (Darongkamas et al., 2011). Research has shown how harm can be caused when western models of therapy are applied regardless of the cultural background and appropriateness for the service user (Tribe, 2019). Negative experiences of services can then result in distrust of services, stigmatisation and reduced help-seeking behaviours (Aguirre Velasco et al., 2020; Hansen et al., 2021; Memon et al., 2016). Collective narrative practice works in collaboration with communities and draws on shared understanding to reduce the impact of power and oppression (Denborough, 2008). The Team of Life group may have felt appropriate and resonated with this group of young men because football is played worldwide with a universal set of rules and components. The positive experience of the

group may shift the participants relationship with help (Reder & Fredman, 1996) and allow them to seek appropriate support when needed.

The collective element of the Team of Life can act to empower a sense of value in young men. The approach engendered a sense of solidarity and commitment to the club; represented in the association with the club flag and wanting to win games as a team. The group demonstrates that young people are worth investing in and in turn it was worth them investing in the club. The witness responses in definitional ceremony provided an acknowledgement that what they had done during the sessions mattered and was worthwhile, something the participants might not get in other settings in their lives. Young men who feel more valued and celebrated within society, and connected to their community are more likely to be able to achieve their goals and hold positive views towards their futures (Stoddard & Pierce, 2015).

Several young people who took part in the study had had difficult experiences at school. One participant's experiences were mirrored in their engagement in the first session, they found it hard to stay engaged with discussions. However, by the third session they found their voice and spoke passionately about wanting to do something to address racism and discrimination. Their enthusiasm drove the discussion about values and ideas for the club. This was surprising considering how they had appeared during the first session. The researcher considered whether the first session had reminded them of schoolwork and had been off-putting and they had behaved how they might in school as a coping mechanism. Several participants flourished as the sessions progressed, demonstrating the value of applying community approaches to working. An approach which is accessible and attuned to their interests, where their voice is prioritised can help young men to demonstrate their skills in a way the educational system might not allow.

#### 4.3.2. Service implications

Football is the most played sport by young men in the UK (Sport England, 2022) and the same population are not usually involved in research and find traditional services difficult to engage with (McLoughlin, 2010; Rice et al., 2018). The current study shows that psychologically-informed interventions can be implemented within a football club

structure with success: managing to engage young men and mirroring how the methodology has previously seen success with refugee populations (Denborough, 2012; Hughes & Kaur, 2014). There will undoubtedly be other under-served populations who would also benefit from the Team of Life approach. Services should consider community Team of Life interventions when considering how to meet the needs of these groups. The current project utilised community resources effectively and future projects could link in with existing communities, organisations and established services to support other groups that are seldom served.

While football was the sport centred for the current project, this approach has also successfully be applied to different sports (Carmichael & Denborough, 2015; Denborough, 2015). Services can adapt the approach depending on the interests and needs of the populations and clinicians involved. To the researcher's knowledge the Team of Life has not yet been applied to basketball however according to Sport England's latest Active Lives Survey there are 1.18 million young people playing basketball weekly (Sport England, 2022). Like with football, services can use basketball as the 'hook'. The evidence base would benefit from the development, testing and publishing of adaptations to the Team of Life.

One strong recommendation would be to include women, transgender and non-binary individuals in football-based interventions. To the researcher's knowledge there have been zero Team of Life studies involving a non-male group. The research highlights that women have tended to be excluded from football groups despite benefitting from the interventions (Gatz et al., 2002; Spandler & McKeown, 2012) and non-binary and transgender individuals have not been considered. There is nothing about the methodology which is fundamentally 'male', so there is no reason why young men have been privileged. Future studies should aim to re-address this balance and the club involved with this study would be an appropriate place to start as the environment and context has already been shown to be sustainable.



#### 4.3.3. Practitioner Implications

The Team of Life can be used successfully with young men not known to services and help engage them in styles of thinking they might not be accustomed to. Hegemonic masculinity can mean young men are not rewarded unless talking about achievements, preventing discussions about difficulties. Engagement in the sport is more familiar because camaraderie and shared experience is associated with playing or watching sport. Young men are often able to express emotions and talk freely when football is the context. This opportunity to express themselves may be even more important as other topics are more difficult to discuss. The Team of Life could help when practitioners are unsure how to engage young men by taking advantage of their relationship with football and helping them participate in less familiar conversations.

There are parallels between therapy and how the researcher approached and engaged the young people in this project by using familiar football chat and 'banter' to build therapeutic rapport and alliance. The therapeutic relationship is a major factor in therapy outcomes (Wampold, 2015) and this was no different in the current study. Previous studies have highlighted the impact of mentors (Parker et al., 2019; Parnell et al., 2013) especially when they are relatable and from similar backgrounds or communities. Mentors could be best positioned to build rapport and trust in a different way and act as role models for the young men. This was not possible with the current project and would come with additional costs however future research would benefit from their inclusion. Role models and mentors from the community involved in co-production of future research would allow an especially meaningful project to better meet the needs of young people.

Team of Life approaches have been implemented in various services and settings. Most have not been written up for publication or wider dissemination and are therefore not reflected in the growing evidence base. The evidence base is currently limited and requires more research and publications. There is a role for Clinical Psychologists to add value here bringing in psychological thinking alongside research skills to grow the practice-based evidence available for the methodology. The flexibility and adaptiveness of the approach should allow practitioners to fit the needs of young people both in

groups and in individual work. Future studies can apply more rigorous scientific evaluation and outcomes so the approach can be more confidently rolled out in other services and context.

#### 4.3.4. Community Implications

As the club is free-of-charge and relies on external funding a major implication of the current study will be the use of the findings to support the club's funding proposals. In addition to supporting proposals and further component of the researcher's involvement was to bring a focus to MH needs of young people within the club. Aiming to provide support and training for the coaches around MH and wellbeing. The ethos of the club focused on developing footballers but also on producing well-rounded young people and providing them with skills. The Team of Life group provided this additional level of support by helping participants to learn about themselves during a critical time for their development. The integration of football club's ethos alongside the current study can be used as an example for how other clubs and sporting organisations can deliver broader packages of support.

The group mainly focused on strengths, however the participants demonstrated during the sessions that they were aware of wider issues in their community, and this was highlighted by one participant who spoke about football being a way to stay out of knife crime. The group had helped the young people to feel closer as a team and could provide a protective space and opportunities that may protect against engagement with crime. Football interventions have been used to tackle youth violence in the past (McCormack, 2010; Parker et al., 2014) with the caveats that football needs to integrate alongside other systems of support (Muncie, 2021; Walpole & Collins, 2010). A psychological intervention embedded within a community football club could act to provide this wider package of support to young men most at risk of exclusion from society. Many young people will not be involved in crime however communities should aim to provide a variety of support and tools (e.g., Team of Life) to be able to reach different young people depending on their context and need.

The idea of using a 'hook' to work with young people is relevant to all communities, the 'hook' maybe different but the process can be the same. The idea of using shared interests to build rapport and trust is commonplace within individual therapy (Audet & Everall, 2010) however services tend to focus on setting up something new. For the current population football was a main driver of engagement and interest, and the researcher was able to focus the project on this. Other services and studies have used different focuses effectively (Denborough, 2010; Rudland-Wood, 2012). Services should therefore aim to meet people where they are at, bringing psychological and MH ideas within pre-existing groups where the 'hook' already exists, and young people are already committed.

#### 4.3.5. Policy implications

Given the current implications of the cost-of-living crisis, and current economy: public services are under incredible strain (Roberts et al., 2022). While recommendations could involve a greater focus from the government around funding and support within communities, this seems unlikely to occur in the current political landscape. Despite this, this research demonstrates an alternative way of working with young men from marginalised backgrounds. The researcher does however suggest a cost-effective way that local councils, commissioners, and local policy can feasibly utilise the findings of this research. To identify and focus on supporting the communities and local organisations to conduct similar projects which are embedded in the context and involve local stakeholders.

There has been significant recent investment into the education system to support MH initiatives through schools such as WAMHS and MHST. There needs to be consideration of where this funding is allocated, and whether it is best meeting the needs of young people. Schools are not always perceived as safe places and marginalised young men have reported negative experiences associated with the education system. Therefore, a focus is required on how projects are chosen and used with young people and communities. The current Team of Life study was planned collaboratively with the community to ensure it was meeting their needs, and the

approach has shown to resonate with young men who are not accessing MH support. Importantly it is relatable and normalising, without stigmatising or traumatising the young people and could be combined alongside co-production as part of funding proposals.

The current study was preventative conducted alongside young men not accessing services and not struggling with a clinical MH difficulty. Therefore, it is difficult to fully evaluate in the time frame of the project. The Icelandic Model of prevention demonstrated that interventions at different levels of society can have a preventative effect, by reducing risks and drawing on protective factors (Sigfúsdóttir et al., 2009). The model involved providing organised sporting activities and strengthening ties to community and saw youth sport participation increase as a result as substance use decreased (Halsall et al., 2020; Sigfúsdóttir et al., 2009). The current study also demonstrated the value of sport participation and strengthening awareness of support network. However, the study was hampered by the availability of spaces and the football club is constrained by the companies that owned the football pitches that are often inadequate for training and games. The study has demonstrated the significance of sport in young men's lives, however the access to these spaces is restricted and often costly. Furthermore, young people enjoyed having community spaces and benefitted from being together in a safe welcoming space, however youth clubs have also been closed at an alarming rate. While this study has demonstrated the positive outcomes that can result from football and community interventions, the current UK context means these projects are hard to develop.

#### 4.3.6. Research Implications

The current study has added to the Team of Life research base; however, the literature and resources are difficult to find, with many located behind a paywall on the Dulwich Centre website. The findings of the current study demonstrate how the approach can be effective with young men not accessing traditional MH services. Early indicators suggest that there is something refreshing about engaging psychology at a community level in spaces where young people are already going (e.g., football clubs, youth centres). It is therefore important that research regarding the Team of Life is available. This thesis will

be written up and published open source to provide opportunities for other researchers interested in the Team of Life.

The research could have drawn on more objective measures however was focused on capturing the voice of the young people and experiential experience of attending the Team of Life as this had not been explicitly explored in the literature. Future studies could consider a range of directions including apply objective measures to supplement the qualitative experience and including a follow-up to assess whether changes endure. Interviews with the coaches, parents and teachers around changes they have recognised would provide a more comprehensive understanding of group impact on a young person's life. A longer program of Team of Life sessions was originally planned combined with playing football and could have allowed a fuller experience and for sessions to thicken narratives more.

#### **4.4. Researcher Reflexivity**

Reflexivity was maintained during the research process to ensure it was conducted ethically (Attia & Edge, 2017) and in line with community psychology principles (Kagan et al., 2019). The researcher kept a reflective diary, utilised supervision and maintained an awareness behind the decisions made throughout the project.

##### **4.4.1. Personal Reflexivity**

As a white middle-class male working as a trainee clinical psychologist, I tried to be aware of issues of whiteness and reflect on the biases and blind spots (Coleman et al., 2021). As researcher, I was working with predominantly young men from marginalised backgrounds whose experiences and cultural backgrounds differed greatly from mine and was sensitive to what it might feel for participants to attend the group. I am passionate about football and have brought sport into different areas of my clinical work. The Team of Life approach and its possibilities therefore resonated with me, this bias towards the methodology may have influenced my interpretation of the interviews.

During the project as researcher I had several conversations with the founder of the Team of Life methodology and other prominent researchers involved in the approach. As a trainee Clinical Psychologist, I wondered about the subtle power dynamics between myself at the beginning of my career and the experienced psychologists I consulted with. It is possible I had been influenced by their input and had felt the need to produce a successful piece of research to evidence my input. Discussions with my supervisor and a reflective diary were used to try and remain aware of this possible bias and maintain a critical lens towards the project and the approach.

There were several moments during the study where in my position of researcher I considered whether it was appropriate to continue. The tragic death of one of the co-founders of the club rocked the community and understandably had an impact on the coaches and founder. The group start was imminent and was consequently put on hold, with the focus on the needs of the club and the community. As researcher I felt conflicted about the project and was concerned about the burden placed on the founder if the group continued. I discussed with my supervisor and decided to give the founder the choice about continuing explaining there was no pressure as a different project could be explored and/or re-run the group at another time. The founder chose to continue the group following a 3-month bereavement break, however I reflected on whether they still felt obligated to continue. The participants included the co-founder on their collective Team of Life indicating that they were also present in their minds as a Team. The remaining founder was particularly moved by the definitional ceremony and the sharing of the pieces of work the participants had created. This suggested that it was appropriate to run the group and it had been meaningful for the club and staff.

The logistics of running the group was a challenge, with numerous delays and changes due to events outside of the researcher's control. This included football pitches closing, and group locations no longer being available. This reflects the reality of what communities' face. The project itself being part of a Clinical Psychology Doctorate thesis, meant I as researcher and facilitator felt pressure and frustration. Whilst also trying to ensure the needs of the football club were being met. Discussions with my supervisor helped to contain my concerns and approach the challenges. I was aware

that the study was not merely to meet my thesis and I had to ensure the club would benefit from their involvement. Therefore, I felt additional pressure to make sure the project went ahead despite the delays, as such it was a larger remit to pursue than purely an academic study. I have wondered how this may have influenced the project and whether I had remained impartial throughout the research process.

#### 4.4.2. Experience as Researcher

The participants appeared to find the interviews novel and it took participants time to feel comfortable. The warm-up discussions around football helped with this but I noticed some of the participants found it harder to answer the questions and needed extra prompts to provide longer answers or explanations. It is likely the participants had not been interviewed before and found being required to think and reflect about the group a novel experience. This may have fed into some of the awkwardness observed during the interviews. There were also power dynamics during the interviews considering that I was an adult, the facilitator and in a position of relative authority. I explained that the interview could end if they wanted, and they would still be able to attend the Stadium tour. I reflected that despite this, the participants likely felt a pressure to do the interview to ensure they got to attend the tour and their answers may have reflected this.

#### 4.4.3. Experience as Facilitator

In preparation for the study, I received training in the Team of Life intervention and researched the approach extensively for my role as Facilitator. Despite this, I was acutely aware that as a novice Team of Life facilitator, the current study represents my first attempt at running a Team of Life group. I ensured I retained fidelity to the Denborough (2012) guidelines however the sessions were likely impacted by my inexperience and anxiety held about running the group. In my role as facilitator, I felt that my interest in football helped to minimise and mitigate these difficulties as I was able to join the football discussions. I was able to bring in topical examples and explanations from within football culture which made the sessions more relatable. This would have been difficult for a facilitator who was not a football fan.

#### 4.4.4. Duality of Roles: Researcher and Facilitator

Holding both roles was a difficult balance to maintain particularly as I had built relationships with the young people over the year attending training sessions. I feel it was critical to build trust and relationships with both the young people and the club prior to running the Team of Life intervention. It is unlikely that the young people would have attended the group without this engagement building process and the consistency this provided. However, during the interviews participants spoke about overwhelmingly positively about the group reporting that there was nothing to improve about the group, except the behaviour of their teammates. Participants may have been affected by social desirability bias and felt the need to provide positive answers and avoid critiquing the group.

Holding both roles made maintaining an objective position challenging and possibly inserted biases into how I approached the project and the thematic data analysis. I tried to remain as aware as possible of this influence and discussed this duality of positioning with my supervisor. In recognition of inherent blind spots, it is possible different findings would have been elicited had a completely independent researcher interviewed participants. Future versions of this project would benefit from having an independent interviewer.

### **4.5. Evaluation of Research**

Yardley's (2000) evaluative criteria for qualitative research was used to guide the evaluation of the research process.

#### 4.5.1. Sensitivity to Context

Sensitivity to context is evaluated by analysing how well the research is sensitive to the socio-political context, the evidence base and influence of the relationships between participants and the researcher (Yardley, 2000). The study maintained an awareness of the societal impact throughout, including the possible impact of the significant events in the local area and within the club. The study was attuned to the theory and research



around collective narrative practice and community psychology and revisited the Denborough (2012) framework to ensure the research remain rooted in the evidence base. Due to the prolonged engagement process the researcher interrogated their own influence on the participants and the data analysis, and on power dynamics. The researchers own interest in football meant the language used in sessions was relevant and helped to understand the interviews.

#### 4.5.2. Commitment and Rigour

Commitment describes an in-depth engagement with the topic of interest and the methodological skill applied (Yardley, 2000). The researcher immersed themselves within the topic and the literature around thematic analysis and discussed the steps and decisions made with their supervisor. Rigour examines whether the sample, data collection and analysis process are complete enough to allow comprehensive qualitative analysis (Yardley, 2000). The sample used within the study reflected the population of interest within a community football club. However, participation was on a volunteer basis from within the football team so may have missed the views of individuals who felt less confident or less comfortable being involved with research.

#### 4.5.3. Coherence and Transparency

The coherence refers to clarity and cogency across the research questions, methodology and analysis (Yardley, 2000). Transparency refers to the degree that the different elements of the research have been disclosed and how well future researchers can follow and understand the process and decisions made (Yardley, 2000). The researcher detailed the journey through the decisions made around the research question, methodology through to the interpretation of the data to provide clarity behind the arguments made. To ensure transparency around the analysis process, the details and process of each stage of theme development have been provided. The decision to use thematic analysis within a study drawing on narrative ideas was explained and justified (see Section 2.7.3.).

#### 4.5.4. Impact and Importance

Impact and importance examine how useful the piece of research is for clinicians, communities and in the context of the evidence base (Yardley, 2000). The research

addresses a gap in the literature regarding the use of the Team of Life methodology and adds to a relatively small evidence base. The study generates practical implications and recommendations for other stakeholders across different levels of society (Section 4.3).

## **4.6. Strengths and Limitations**

### **4.6.1. Successfully Completed and Evaluated a Group**

A major strength of this study is that it demonstrated that a Team of Life intervention is accessible and can act as an enabler to talk about MH. The group can be delivered efficiently with young people who do not use services and can help them think about what it means to be part of a team. The project did however require lots of time and input from the researcher. They were able to work flexibly and adaptively with the club which was essential considering the context of local events and the time scale. This may not be feasible for all practitioners and researchers, and the time required to build engagement may not be possible depending on the service demands.

The project provided something novel, introducing MH via footballing metaphor. The coach who co-facilitated the sessions felt that the young people would not have turned up without the football theme and would have stopped attending if they had not enjoyed the group. It would have been interesting to have included questions that explored how and why they found the group helpful to inform future evolutions of the group methodology. This could have explored what they thought about traditional approaches and why the current group was different to their other experiences of services. While the focus of the project was to explore the Team of Life, the group also demonstrated further evidence about taking MH conversations and psychologically-informed ideas into communities in an accessible and relatable way.

#### 4.6.2. Accessing the Literature

The evidence base around the Team of Life is small and many previous studies do not show up through database searches. It is possible relevant literature may have been missed in the current Scoping Review, that could have provided alternative perspectives. The researcher was required to be creative and reach out to international researchers to gain access to examples of the Team of Life. This method meant they were able to acquire papers directly from the authors and were able to clarify and maintain consistency with the model through these conversations. This approach was a strength of the current project allowing the researcher to avoid barriers to accessibility solely reliant on published findings. This did however rely on engagement with external academics and is not a replicable way to conduct research. Other researchers may not be able to access the same literature and consultation making this project difficult to replicate.

#### 4.6.3. Hearing From the Seldom Heard

The preparation and engagement periods were not rushed despite time pressures. A relationship was developed with the founder allowing space to consider whether the project was suitable. This key relationship was key for the progress of the study alongside the researcher regularly attending the football training sessions. The researcher was able to benefit from a transfer of trust from the young people as they had a level of epistemic trust in the founder. The founder had initially planned to co-facilitate the group however due to circumstances was unable to. This was unfortunate, as the founder was a role model for the participants and was particularly interested in developing their MH and wellbeing. This could have enriched the experience for participants.

The extended engagement-building process allowed the researcher to connect with young people not known to services. This process required flexibility to ensure it was suitable for the seldom heard group and relied on community psychology, consistency, and a shared interest in football. The project allowed the introduction of psychological ideas about the functioning of individuals and teams in a normalising way within spaces not regularly accessed by services. As psychological functioning is present in all

interactions this allowed more holistic support across the different levels of the system (Bronfenbrenner, 1992; Sigfúsdóttir et al., 2009). This demonstrates the way preventative and early intervention approaches can work with young people where they already are.

#### 4.6.4. Difficult to Evaluate Narrative and Football Interventions

One of the critiques of football interventions is that they are difficult to evaluate and rely on subjective qualitative methods. This issue is mirrored within studies using collective narrative practices. The insights into improvements the young people had noticed in their training sessions are subjective opinions susceptible to bias. It is difficult to assess how valid the testimonials are due to this subjectivity however there was a level of consistency across the interviews suggesting the answers were representative of the changes. The lack of objective outcome measures is a limitation of this project, measures typically used in CAMHS such as the Current View (Jones et al., 2013) & Children's Global Assessment Scale (CGAS) (Shaffer et al., 1983) could have helped provide objective outcomes and a direct comparison to traditional services.

#### 4.6.5. Male Sample

The current study was conducted with an entirely male cohort. While there was not a women's team in the club when the project commenced, this perpetuates the male dominance of footballing-based interventions. Studies have shown that when women and girls attend football interventions, they benefit from the groups and can benefit more than their male counterparts. However, there are currently no studies exploring the effectiveness and experience of a Team of Life intervention with young women. Women's football has grown exponentially in the past decade, with the England Women's Team selling out Wembley Stadium on the way to winning the 2022 European Championship title. This highlights the oversight of excluding young women from future football-based interventions, and future studies should avoid this exclusion.

The research has also not explored the experience of transgender and non-binary individuals, who have repeatedly been excluded from football research but have benefitted from collective narrative practice groups (Mills, 2017). Future research would

benefit from expanding the sample to include experiences of transgender and non-binary young people.

It would be interesting to see how a mixed group of young people would receive and engage in a Team of Life group. In other models of community psychology practice Afuape (2020) successfully conducted a radical system intervention in a school. It was a significant moment when the separate boy's and girl's groups were combined, allowing a powerful experience of sharing and discussion. This demonstrates a way this approach could be conducted and allow outsider witnessing from the different groups to build solidarity.

#### 4.6.6. Session Format and Length

The original plan had been to run the 10-session program developed by Eames et al. (2016) however a shorter program was developed due to delays resulting from the circumstances described earlier. The researcher noted that the metaphors and content started to properly resonate with the participants during the third session and they began bringing in issues from their wider context. This could be due to participants feeling more comfortable in the space, development of trust and feeling safe enough to be more vulnerable. A longer program may have allowed more space for these discussions and could have drawn on Denborough's (2008) ideas of how to respond to conversations around racism and oppression. This could have allowed the team to consider the resources and skills they have as a collective when responding to oppression. The shorter format however may have been best for these participants as it likely felt more manageable for those who had not attended something like the Team of Life before.

#### 4.6.7. Practical Limitations

The applicability of this research to real world clinical settings raised some practical limitations. The sample involved with this study were a non-clinical sample which meant they were not currently having mental health difficulties unlike a clinical sample typically seen by CAMHS. It is therefore difficult to fully assess the impact of such an intervention particularly without the use of outcome measures. The study was also delivered in a novel community football club context which differs greatly from the traditional settings

where CAMHS tends to deliver support. While CAMHS would benefit from working in a football club setting like the current study it would likely be limited by service processes and be unable to.

The study used a systemic community psychology approach to engaging young people with mental health support. While this was successful in the context of a thesis research project, where the researcher was able to be flexible and adaptable, and able to dedicate significant time to the project. This would be challenging within the context of the NHS and the pressures psychologists are under. Many services require psychologists to use individualistic 1-1 cognitive treatments to support the needs of their clients and therefore the different approach described in this research may not be feasible depending on these service restrictions.

#### **4.7. Conclusions**

The current research provides evidence for the usefulness and acceptability of the Team of Life group with young men based in a community football club. Participants found attending the four-session group provided them with skills and helped them to feel a sense of belonging within the club. The group had a particular impact on the functioning of the team bringing them closer, allowing them to learn more about each other and communicate more effectively. These changes carried over to their training sessions and gave them added focus towards training and their team goals. The football metaphors and the creation of a safe environment appeared to help the participants to engage and think about their lives in different ways. The group's impact extended outside of the team, and participants found the experience identifying a Team of Life and the role of significant figures meaningful.

The research demonstrated an effective community approach of supporting young men who often find MH services difficult to engage with, by utilising their interest in football. Demonstrating an alternative way to work with young men. The Team of Life approach

can be used flexibly and adaptatively to meet the needs of the communities' clinicians and services are trying to work with.

The research has raised several directions for future research and the findings have implications for how services work with communities and conduct early intervention and preventative interventions.

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## 6. APPENDICES

### Appendix A: Study Flier

# TEAM OF LIFE

## FOOTBALL GROUP

My name is Nathan, I am a trainee clinical psychologist at the University of East London. I am running a weekly football wellbeing group alongside [REDACTED] football club.

**Who is the De Bruyne in your life who helps you score your goals?**

**What is your Stadium like?**

**Who is in YOUR Team of Life?**

**Recieve £5 Voucher and a trip to Aresnal's Emirates Stadium**

**I want to take part!**  
Please email:  
'I am interested in your study'  
to U2075229@uel.ac.uk

University of East London

## Appendix B: Young Person Consent Form



### YOUNG PERSON'S CONSENT TO PARTICIPATE IN THE TEAM OF LIFE RESEARCH PROJECT

Applying the Team of Life group within the [REDACTED] Football Club

Contact person: Nathan Simmonds-Buckley

Email: [u2075229@uel.ac.uk](mailto:u2075229@uel.ac.uk)

I have read the information sheet

I know I can leave the study at any time

I agree to taking part in the study

Your name:

.....

Your Signature

.....

Researcher name

.....

Researchers Signature

.....

Date:

.....

## Appendix C: Parent/Guardian Consent Form



### CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Applying the Team of Life group within the [REDACTED] Football Club

Contact person: Nathan Simmonds-Buckley

Email: u2075229@uel.ac.uk

	Please initial
I confirm that I have read the participant information sheet dated XX/XX/XXXX (version X) for the above study and that I have been given a copy to keep.	
I have been able to think about the information, ask questions and they have been answered.	
I understand that my child's participation in the study is voluntary and that they may withdraw at any time, without explanation or disadvantage.	
I understand that if they withdraw during the study, their data will not be used.	
I understand that myself and/or my child have 3 weeks from the date of the interview to withdraw their data from the study.	
I understand that the audio from the interview will be recorded using MS Teams.	
I understand that their personal information and data, including audio recordings from the research will be securely stored and remain confidential. Only the research team will have access to this information, to which I give my permission.	
It has been explained to me what will happen to the data once the research has been completed.	
I understand that anonymised data from this project will be shared with [REDACTED]	
I understand that short, anonymised quotes from the interview may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify your child.	

I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.	
I agree for the child I am responsible for to take part in the above study.	

Young Person's Name (BLOCK CAPITALS)

.....

Parent/Guardian's Name (BLOCK CAPITALS)

.....

Contact number

.....

Contact email address

.....

Parent/Guardian's Signature

.....





I would like to receive a summary of the findings (tick this box):

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date

.....

## Appendix D: Young Person Information Sheet



### The Team of Life information

Contact person: Nathan Simmonds-Buckley

Email: [u2075229@uel.ac.uk](mailto:u2075229@uel.ac.uk)

Picture of  
researcher  
Redacted

My name is Nathan, I have been coming along to [REDACTED] training session so you may have seen me around. I am going to be running a group called the Team of Life using football to help young people think about their strengths, skills, and identity.

I will put you in different teams and we will think about things such as who is the Courtois in your life who protects your goals, who is the De Bruyne who assists you to score your goals and help you design your stadium, so it fits your personality and style.

I am going to be running the group for 10-weeks on Tuesdays before your training session. The sessions will be an hour, and I will provide some refreshments. At the end of the group, you will get a £5 voucher, and will be invited for a visit to [Redacted] stadium for a stadium tour and a football game in the [Redacted] Hub.

Important stuff:

- At the end I will ask you some questions about what you thought about the group.
- You can stop attending the group at any point and any information you tell me will be anonymised and stored securely. So, no one else will know you have taken part in the group or what you said about it.
- I have given your parent/guardian some information about the group. So you can talk to them about the group and what they think.
- If you would like to come along to the group, please can you both fill in a consent form.
- If you have any questions, then feel free to speak to me at the next training session or get your parents to email/call me.

## Appendix E: Parent/Guardian Information Sheet



### PARENT/GUARDIAN PARTICIPANT INFORMATION SHEET

#### Applying the Team of Life group within the [REDACTED] Football Club

**Contact person: Nathan Simmonds-Buckley**

**Email: [u2075229@uel.ac.uk](mailto:u2075229@uel.ac.uk)**

Your child has been invited to participate in a research study. Before you decide whether they should take part or not, please carefully read through the following information which outlines what their participation would involve. Feel free to talk with others about the study (e.g., friends, family, etc.) before making your decision. If anything is unclear or you have any questions, please do not hesitate to contact me on the above email.

#### **Who am I?**

My name is Nathan Simmonds-Buckley. I am a Trainee Clinical Psychologist student in the School of Psychology at the University of East London (UEL) and am studying for a Doctorate of Clinical Psychology. As part of my studies, I am conducting the piece of research that your child has been invited to participate in.

#### **What is the purpose of the research?**

I am conducting some research into a group intervention called the 'Team of Life' which aims to use psychological principles and footballing metaphors to improve wellbeing and sense of self in young people. It is an accessible way of creatively engaging young people in their strengths, interests and life. I

am passionate about the utility of football as a way of engaging with mental health and have regular used football both playing and more metaphorically when working with people. I want to see how the young people experience the group and see how it might help them to feel about themselves, communicate within their team and whether they might use the skills in their lives outside of football. The findings from the study could help demonstrate the benefits of these kinds of groups in non-traditional locations. The findings could also help [REDACTED] develop their mental health provision and attract funding for future projects.

### **Why have I been invited to take part?**

To address the study aims, I am inviting 11–14-year-olds who participate in the [REDACTED] football club to take part in my research. Your child has been invited to the group as they are eligible to take part in the study.

It is up to you and your child whether they take part or not, participation is voluntary.

### **What will I be asked to do if I agree to take part?**

Your child will be invited to attend a 10-session group with other young people from [REDACTED] Football Club. The sessions will run before the training session on Tuesdays. The session will start at 17:15 and run for an hour. The location for the group will be in same building as the training session.

At the end of the group, we will have an informal chat with the young people individually to understand their experience of the group. The interview audio will be recorded using MS Teams so the answers can be used for the data analysis.

Your child will be reimbursed with a £5 voucher for their participation and will be invited to a visit to [Redacted] FC for a stadium tour and a football game in the [Redacted].

### **Can I change my mind?**

Yes, you or the child under your care can change your mind at any time and withdraw without explanation, disadvantage, or consequence. They can stop attending the group at any time and can withdraw from the interview at any point. If you withdraw, your data will not be used as part of the research.

Separately, you can also request to withdraw your data from being used even after you have taken part in the study, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

### **Are there any disadvantages to taking part?**

The intervention is strengths-based however some young people can find groups difficult. In this situation the young person will be supported by researchers. Information about supporting agencies in the area will be provided at the end of this information sheet and in a debrief sheet provided at the end of the project.

### **How will the information I provide be kept secure and confidential?**

The interview audio will be recorded, and transcripts will be produced. All information that could identify your child will be removed and their responses will be anonymised. The audio files will be deleted after they have been transcribed and the transcripts will be kept by the University of East London for 5 years before being deleted. I will store personal contact details in a securely password-protected folder and these details will be deleted at the end of the study. All the anonymised research data will be stored securely in a password-protected folder and will only be accessed by myself, supervisor and a research associate assisting with the data analysis. If information needs to be transferred it will be sent securely via UEL emails.

Responses from the interviews will be kept confidential however participants will be informed of the limits of confidentiality, particularly when there is an identified risk to others or themselves. The need to break confidentiality will be discussed with supervisors and the participant, when appropriate.

For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see [www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection](http://www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection)

### **What will happen to the results of the research?**

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, and funding proposals. In all material produced, the identity of your child will remain anonymous, in that, it will not

be possible to identify them personally. Personal information will be removed, and names will not be included.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by Dr Paula Corredor-Lopez for a maximum of 3 years, following which all data will be deleted.

**Who has reviewed the research?**

My research has been approved by the School of Psychology Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

**Who can I contact if I have any questions/concerns?**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Nathan Simmonds-Buckley - u2075229@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Dr Paula Corredor-Lopez. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: [include your supervisor's email]

**or**

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

**Thank you for taking the time to read this information sheet**

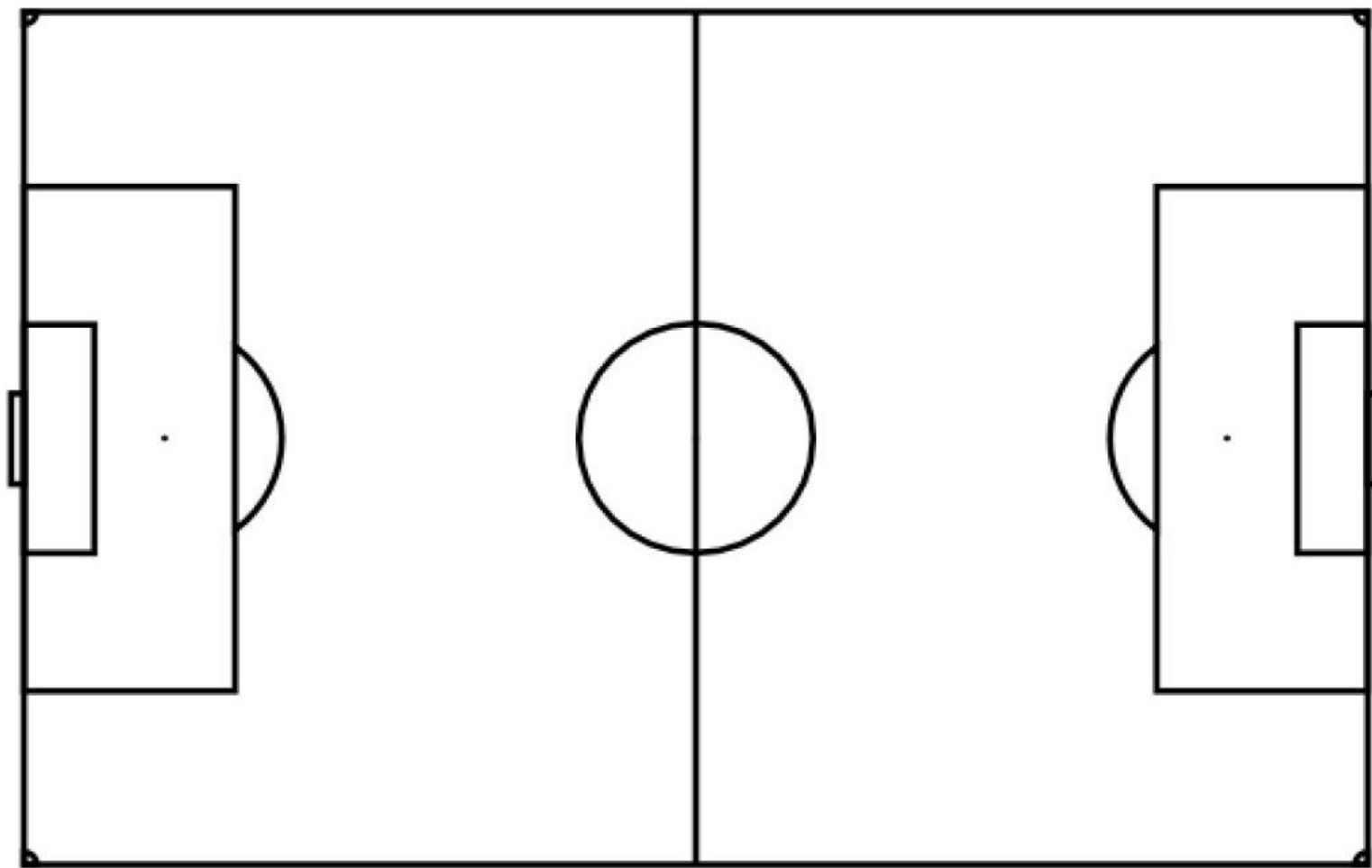
## **Appendix F: Demographic Questions**

1. What is your age?
2. How would you describe your gender?
3. How would you describe your ethnicity?
4. Are you being seen by someone at a Children and Adolescent Mental Health Service (CAMHS)?

**Appendix G: Blank Copies of Resources**

**Figure 5.**

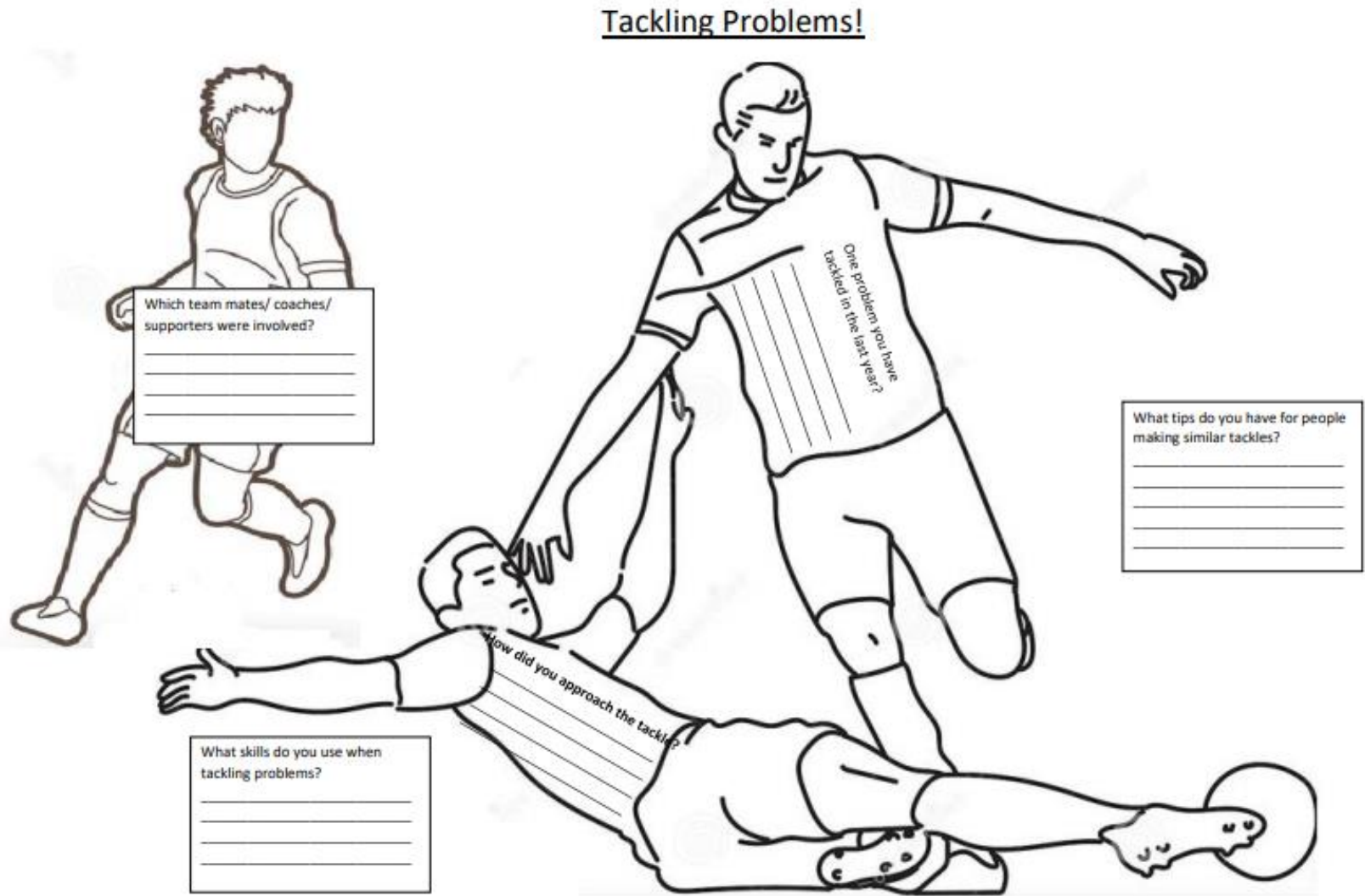
Blank Team Sheet Document





**Figure 6.**

Blank Tackling Problems Document



**Figure 7.**

Blank Goal Scoring Document

**Goal scoring!**

The image shows two soccer ball-shaped templates for goal scoring reflection and planning. Each ball is divided into sections with text prompts and horizontal lines for writing.

**Left Soccer Ball:**

- A goal I have achieved is...** (with 3 lines)
- How I trained for the goal:** (with 3 lines)
- The people who helped me:** (with 3 lines)
- I celebrated this goal by:** (with 3 lines)
- What this says about me:** (with 3 lines)

**Right Soccer Ball:**

- My next goal is...** (with 3 lines)
- How I am training to achieve this...** (with 3 lines)
- Who I am going to involve in this....** (with 3 lines)

## Appendix H: Group Protocol

Session	Plan	Notes
<b>1 – Creating your team sheet</b>	<p><i>Warm up – introduce facilitators, the group, football chat</i>  <i>Creating an individual Team sheet</i>  <i>Creating a collective Team sheet</i>  <i>Ending – review to collective team sheet, anything to add?</i></p> <p><b><u>Team sheet elements</u></b></p> <p>Discuss positions, think about professional footballers and what makes them good for position.</p> <p><b>Goalkeeper</b></p> <ul style="list-style-type: none"> <li>• Who acts as your goalkeeper?</li> <li>• This could be a person, a group, even an organization.</li> <li>• Who looks out for you</li> <li>• Who guards your goals</li> <li>• Who is most reliable, who would this be?</li> </ul> <p><b>Defense</b></p> <ul style="list-style-type: none"> <li>• Who assists your goalkeeper in protecting your dreams, in protecting what is precious to you?</li> </ul> <p><b>Your ‘attack’</b></p> <ul style="list-style-type: none"> <li>• Who assists you, encourages you in trying to score goals?</li> </ul> <p><b>Other team-mates</b></p> <ul style="list-style-type: none"> <li>• Who are some of the other team-mates in your life,</li> <li>• Who you play with</li> <li>• Whose company you enjoy?</li> </ul> <p><b>Coach</b></p> <ul style="list-style-type: none"> <li>• Who is it you have learned most things from?</li> <li>• It is possible to have more than one coach and it’s possible that they may or may not still be alive.</li> <li>• What are some of the things that they have taught you?</li> </ul> <p><b>Interchange (may rename Substitutes or Sub Bench)</b></p>	<p>Will need an example Team sheet to show.</p>

	<ul style="list-style-type: none"> <li>• Are there some people who are sometimes on your team and sometimes are not... they might be very helpful to you in life some days and then on other days not helpful at all?</li> <li>• If so, these are your interchange team members. What sort of times do they help? What sort of times do they not help? How have you learnt the difference?</li> </ul> <p><b>Theme song</b></p> <ul style="list-style-type: none"> <li>• Do you have a particular song that means a lot to you, that you could call the 'theme song' of your life at the moment.</li> <li>• If so, what would it be?</li> <li>• Why is it significant to you?</li> </ul> <p><b>Supporters in the stands</b></p> <ul style="list-style-type: none"> <li>• When you are at your home ground, who are the supporters you imagine in the stands.</li> <li>• Who are the people (living or non-living) who are hoping you will do well?</li> </ul> <p><b>Key values you are defending</b></p> <ul style="list-style-type: none"> <li>• What are some of the important values of your team?</li> <li>• What is this team standing for?</li> <li>• What values are you defending? (Put these behind your goals)</li> <li>• What is the history of these?</li> <li>• Have they been a part of your team for a long time?</li> </ul> <p><b>Your position</b></p> <ul style="list-style-type: none"> <li>• What is your position on this team?</li> <li>• Where would you place yourself?</li> </ul> <p><b>First aid kit (Might rename Physio)</b></p> <ul style="list-style-type: none"> <li>• When you team faces a difficulty (an injury / a player going down) what do you turn to?</li> <li>• What supports your team in hard times?</li> <li>• What is in your first aid kit?</li> </ul> <p><b>Home grounds (fields of dreams) (might move earlier?)</b></p> <ul style="list-style-type: none"> <li>• What are your home grounds?</li> <li>• Where are the places you feel most 'at home'?</li> <li>• You may have more than one place.</li> <li>• They may even be in more than one country.</li> </ul>	
--	---	--

	<ul style="list-style-type: none"> <li>Your home ground might be somewhere that you go regularly, or somewhere that you only visit in your memories or dreams now.</li> </ul> <p>Collective team of life!</p>	
<p><b>2 – Goal Map</b></p>	<p><i>Warm up:</i> Discussion around celebrations, favourite or famous celebrations.  <i>Thinking of individual goal</i>  <i>Thinking of team goal</i>  <i>Ending activity – making a chant (if time)</i></p> <p><b>Warm up:</b></p> <ul style="list-style-type: none"> <li>Name a great goal you have seen (live or TV), why was it so good and what did you like about it?</li> </ul> <p><b>What is the goal?</b>  What is the most significant collective goal / achievement so far that has been scored by this team?</p> <ul style="list-style-type: none"> <li>Draw a goal map that indicates the different contributions that people made to the achievement of this goal: <ul style="list-style-type: none"> <li>Can you describe who was involved in the scoring / attaining of this goal?</li> <li>Was it a solo effort?</li> <li>Or did other members of your team of life help out?</li> <li>How?</li> <li>Did your coach encourage you or help you with tactics?</li> <li>What parts did everyone play in this? Go through each theme (homeground, goal-keeper, defense, attack, teammates etc)</li> <li>What skills or knowledge or values did you or others use in the scoring of this goal? <ul style="list-style-type: none"> <li>Where did these skills/knowledge/values come from?</li> <li>What training did you and others do to make it possible to score this goal?</li> <li>How often did you do this - each day, once a week?</li> <li>Where did you train?</li> <li>How did you learn how to do this training?</li> <li>Did anyone show you?</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Draw a scoreboard on one corner of the document and mark up this goal!</li> </ul> <p><b>Celebrating this goal</b></p> <ul style="list-style-type: none"> <li>• How do you celebrate goals when they are scored in football? Go through all the different ways...</li> <li>• Which of these would be most appropriate to use to celebrate this goal?</li> <li>• Plan the best way of celebrating this goal that your team has achieved: what's the appropriate venue? Who should be there? What music should be playing?</li> </ul> <p><b>Looking forward (only then can we look forward)</b></p> <ul style="list-style-type: none"> <li>• What is the next goal you are planning to achieve?</li> <li>• How are you training to achieve this?</li> <li>• Who are you going to involve?</li> </ul> <p>Documentation:</p> <p><b>Ending activity</b> – making up a chant for the team of life.</p>	
<p><b>3 – Tackling problems: individual and collective</b></p>	<p><i>Warm up - ?</i>  <i>Previous tackles that have been made</i>  <i>Training for the next tackle</i>  <i>Ending – Preparing for the celebration</i></p> <p>Chat about Saka -&gt; video</p> <p>During session -&gt; Collective team of life –</p> <p><b>Training for obstacles</b></p> <ul style="list-style-type: none"> <li>• Sometimes, even if we have a very good team, and even if we train hard and do our very best, there are lots of obstacles in the way of scoring / achieving our goals:</li> <li>• What are some of the obstacles that teams face?</li> <li>• In these sorts of circumstances is it the team's fault that they don't score? <b>(No)</b></li> <li>• What are some of the obstacles around here to scoring / achieving goals? What are some of the things around here that are stopping people scoring goals?</li> </ul>	<p>Think of examples of problems in relation the question</p>

	<ul style="list-style-type: none"> <li>• What effects do these obstacles have on the lives of people around here?</li> <li>• In these sorts of circumstances is it people’s individual fault if they can’t sometimes achieve the goals they want to? (No)</li> <li>• What are some of the ways that people respond to obstacles on the football field?</li> <li>• What are some of the things that teams of life can do to try to respond in these circumstances?</li> <li>• Are other people you know affected by similar obstacles?</li> <li>• Can we think of any ways that we might be able to support others who are being affected by these obstacles? (younger brothers/sisters/ friends/people who speak less English/ people in younger years).</li> </ul> <p><b>A problem you have tackled?</b></p> <ul style="list-style-type: none"> <li>• What is one problem that you have been able to tackle over the last year?</li> <li>• How did you approach tackling this problem?</li> <li>• Were other team mates involved? How did they assist, encourage, coach?</li> <li>• What skills in tackling did you use to overcome this problem?</li> <li>• What is the history of these skills?</li> <li>• What tips would you give to other players who were trying to tackle a similar problem?</li> </ul> <p><b>Ending – preparing for the celebration session:</b> Discussion of who to invite, where to do the session (e.g. after training like normal or another day when not sweaty)</p>	
<p><b>4 – Celebration and sharing with team members</b></p>	<p>Introduce the group and what have been doing. Opportunity for each young person to present their team of life and celebration.</p>	

Appendix I: Examples of Documentation

Figure 8.

Individual Team Sheet

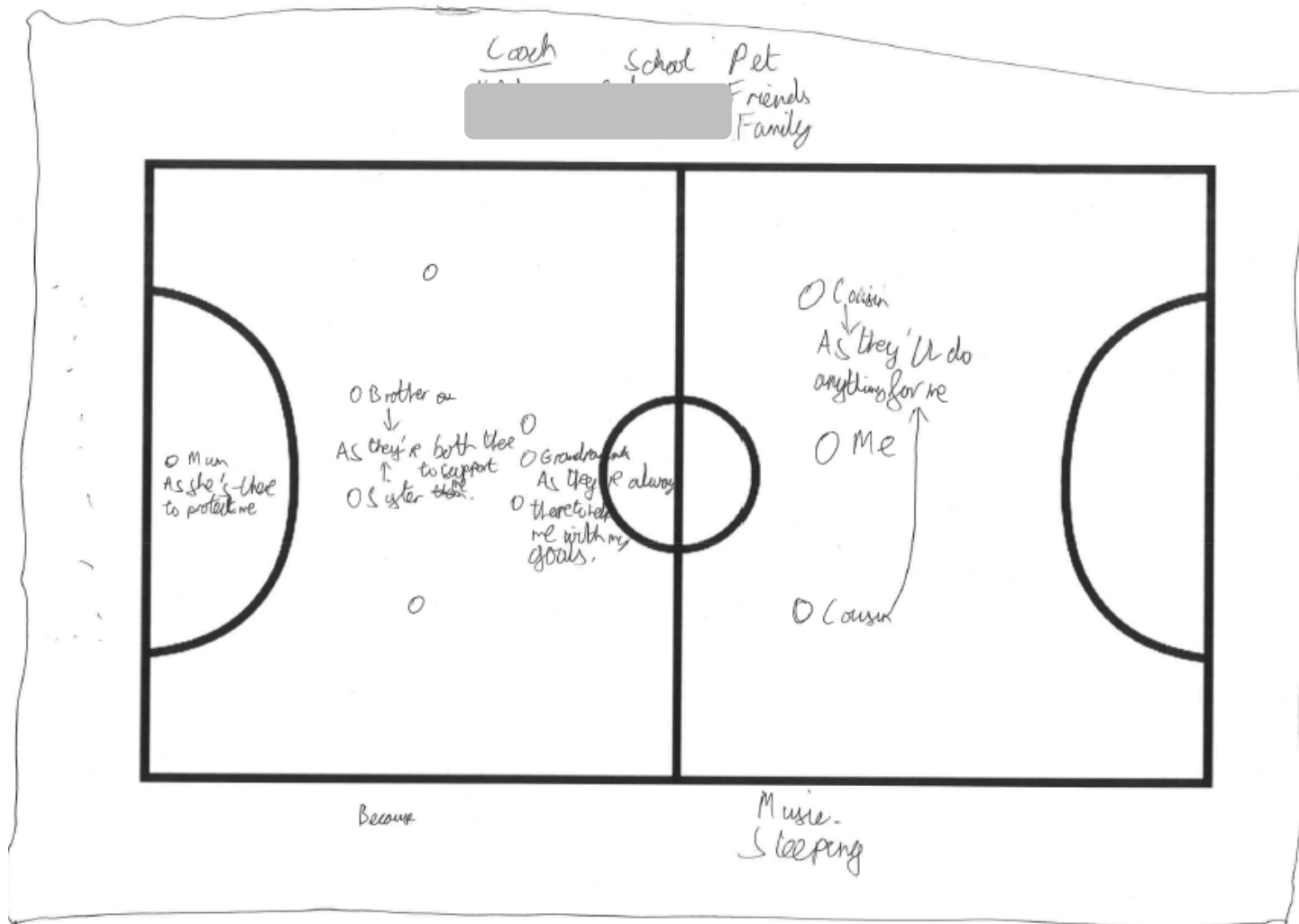




Figure 9.

Participant Celebrating Goals Document

**Goal scoring!**

**A goal I have achieved is...**  
passing my exams.

**How I trained for the goal:**  
I practised hard and did my homework really hard.

**The people who helped me:** teachers, myself

**celebrated this goal by:** not really doing much I would like to get some food

**What this says about me:** that I am able to pass my tests.

**My next goal is...**  
To pass my GCSE

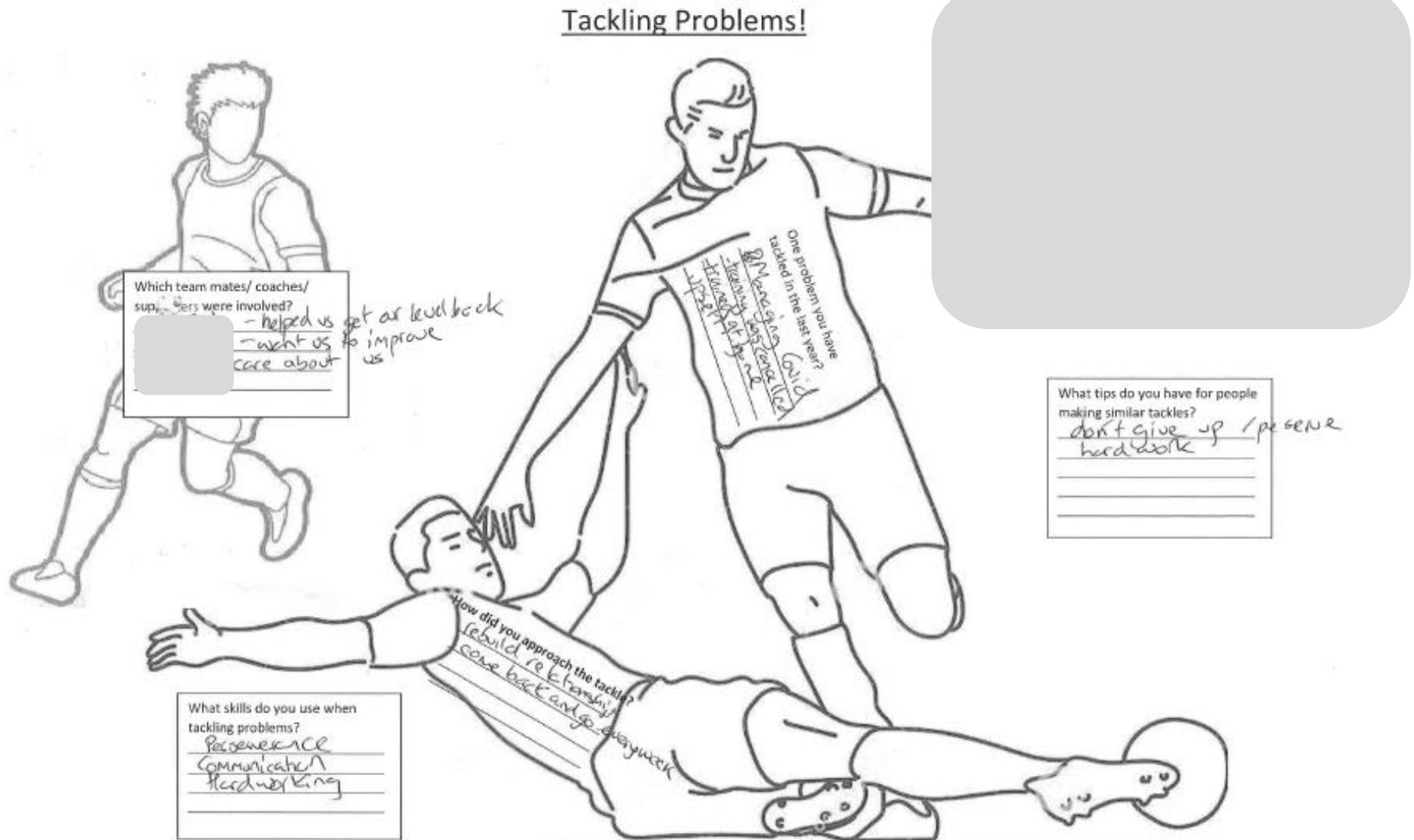
**How I am training to achieve this...**  
I am revising and I am focused with my hard and liberty in school do teachers lessons.

**Who I am going to involve in this....**  
I am going to involve in this by working really hard.

I would celebrate my goal by getting a nice treat and spending time on vacation.

Figure 10.

Collective Tackling Problem Document



## Appendix J: Debrief Sheet Young Person



### PARTICIPANT DEBRIEF SHEET

#### Applying the Team of Life group within the [REDACTED] Football Club

**Contact person: Nathan Simmonds-Buckley**

**Email: [u2075229@uel.ac.uk](mailto:u2075229@uel.ac.uk)**

Thank you for participating in my research study on the team of life and [REDACTED] football club. This document offers information that may be relevant in light of you having now taken part.

#### **How will my data be managed?**

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

#### **What will happen to the results of the research?**

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, and Funding proposals. In all material produced, identities will remain anonymous, in that, it will not be possible to identify anyone personally.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by Dr Paula Corredor-Lopez for a maximum of 3 years, following which all data will be deleted.

### **What if I been adversely affected by taking part?**

It is not anticipated that there will be any adverse effects by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. You may find the following resources/services helpful in relation to obtaining information and support:

[REDACTED] Child and Young Person Mental Health Service

- Access support for the emotional health and wellbeing of children, young people and their families in [REDACTED]. Families can refer through their GP or by contacting the service for a referral form
- Phone:
- Email:
- Address:

[REDACTED]

[SERVICE REDACTED]

- Phone:
- Email:
- Address:

[SERVICE REDACTED]

- Phone:
- Email:
- Address:

[SERVICE REDACTED]

- Email:

### **Who can I contact if I have any questions/concerns?**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Nathan Simmonds-Buckley – u2075229@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Dr Paula Corredor-Lopez. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: p.corredor-lopez@uel.ac.uk

**or**

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

**Thank you for taking part in my study**

## Appendix K: Semi-Structured Interview schedule

1. Warm up:
  - Favourite team?
  - Favourite player?
  - Ronaldo or Messi?
  - Attack or defence, home or away?
  - Chat through Team of Life sessions and share documents
2. What things did you like about the Team of Life group?
  - Is there anything you have learnt?
  - Which bit did you find most helpful?
3. What things did you not like about the Team of Life group?
  - What things could be improved?
4. How did you connect with the Team of Life ideas and the football comparisons? Did the Team of Life make you think about other teams you might be part of? (Sibling team, family team, school teams?)
  - E.g., thinking about who was in your own team of life, your goals and how you tackle problems?
  - Did the football metaphors make you think about your identity?
  - Did the idea of everything being a team make you think about yourself in any new or different way.
5. Has the Team of Life changed how you think and act with your [football club] team?
6. Has the Team of Life changed how you think about the other 'Teams' in your life?
  - e.g. school, family.
7. What do the words 'mental health' mean to you? What might the words 'mental health' mean when thinking about footballers/playing football or when you are playing football?
  - How mental health and football link to Team of life and [football club]
  - Are any of these new thoughts or ideas due to any part of the Team of Life group?
8. How have you found speaking to me today?
9. Would you recommend any other young person or friend to come along to a Team of Life group? Why?

# Appendix L: Example Annotated Transcripts

The screenshot shows a software interface with a transcript on the left and a 'CODE STRIPES' sidebar on the right. The transcript is a dialogue between a Participant 4 and a Researcher. The transcript text is as follows:

Participant 4  
Ohh yeah, if you talk about, you like get to know each other, yeah

Researcher  
OK, so it helped you get to know each other?

Participant 4  
Yeah, because they told me who was like their main. You see how you were talking about, like the team sheets? They were telling me who were their defenders and attackers and stuff

Researcher  
OK, so hearing about other people's teams of life?

Participant 4  
Yeah.

Researcher  
OK and have you noticed any difference in your team, in Camden United as a team because of the group?

Participant 4  
Yeah, communication.

Researcher  
OK, it's different?

Participant 4  
Yeah, its got, its got really better.

Researcher  
That's really good to hear and how does that feel that that's kind of happened?

Participant 4  
If you've got good communication, it leads us to games and games will lead us to like trophies.

Researcher

The 'CODE STRIPES' sidebar contains the following categories and items:

- Easier because football metaphors
- Importance of feeling like belong at football club
- Importance of effort
- Football as a coping strategy
- Football linking to people in life
- Group helping to learn more about teammates
- Group improving how communi

At the bottom of the interface, the status bar shows: Codes: 26 References: 39 Read-Only Line: 507 Column: 0

The screenshot shows a software interface with a transcript on the left and a 'CODE STRIPES' sidebar on the right. The transcript is a dialogue between a Participant 7 and a Researcher. The transcript text is as follows:

Participant 7  
And yeah I think like cause I never really though about mental health and football like being together, really. It's like the team and with this project. I think it's really helped me consider about how mental health can really link with football.

Researcher  
That's really useful. And how does that feel to kind of know that?

Participant 7  
I think it feels... you could feel a bit bad cause like or you could feel a bit worried cause like you feel like when you're playing football you feel like you're mental health could get to you if you have like a very bad game like. Yeah.

Researcher  
And is football important to you?

Participant 7  
Yeah, yeah.

Researcher  
Why? Why do you think it is?

Participant 7  
Because it's it's something I've like, loved and enjoyed. It's been my whole life since I've since I was like a very young child. So I explained everything for me through football and I think football is a really good escape for me. I could be like there could be something very bad on my mind. I can go out and play some football. My mind's clear. So yeah.

Researcher  
OK, so that idea that football helped you clear your mind, and I suppose that that.

Participant 7  
Yes, I think football's been a big factor of my life. I think it's really helped me a lot. So yeah.

The 'CODE STRIPES' sidebar contains the following categories and items:

- Linking learning to other teams in their life
- Being able to relate to discussions
- Learning to agree and disagree
- Knowing each other
- Learn things from the group
- The group was enjoyable
- Feel more appreciative and grateful about life
- Good relationship with teammates
- Group as a safe space where can say anything
- Group being for everyone and welcoming
- People chatting and messing around
- Mental health linking to football
- Young people had creative ideas
- Mental health being about emotions
- Mental health being about thinking
- Group improving how communicate
- Everyone can speak and be heard
- Team makes being more focused and taking training more seriously
- Football as a coping strategy
- Football being fun and liking football
- Football as part of everyday life
- Importance of football in young people
- Football linking to people in life
- Difficult situations when playing football
- Sessions were creative
- Easier because football metaphors
- Football linking to people in life

At the bottom of the interface, the status bar shows: Codes: 26 References: 36 Read-Only Line: 551 Column: 0

File Home Import Create Explore Share Modules Document

Log In

Edit Code Panel

Participant 3  
I feel like, I just feel I just feel like relaxed

Researcher  
That's nice and why? Why did it make you feel relaxed?

Participant 3  
Because probably relaxed, because we're just talking about what we want in life and what we want for each others. Like for the team

Researcher  
OK, Yeah, that makes sense and did it make you think about your other teams of your life? Like your sibling team or your family team or your school team?

Participant 3  
Yep.

Researcher  
In what way?

Participant 3  
I was like when you were talking about what we need to help the club. No swearing, to be nice to everyone. I was like thinking about it like we should do that with every single team we got, at home, outside, our school team, in school, everywhere.

Researcher  
And how did that make you feel thinking about that?

Participant 3  
Made me think about that, that there's lots of work to do.

Researcher  
There's lots of work to do? And how did that make you feel?

Participant 3

CODE STRIPES

- Teammates being more trusting
- Being more welcoming towards teammates
- Feeling relaxed because of group
- Football won't help in the future
- Activities helping think about life
- Feel more appreciative and grateful about life
- Attracted by stadium tour
- The group bringing the team closer
- Being more encouraging towards teammates
- Importance of family in young peoples lives
- Learning to agree and disagree
- Group helping to think about teammates and people in life
- Getting into football when came to country
- Identifying challenges
- Feel free to say anything
- Learnt things from the group
- Group can help change life
- Group as a safe space where can say anything
- Group being for everyone and welcoming
- Remembering and working towards goals
- Team can still improve
- Talking about how to improve club and team
- Linking learning to other teams in their life

In Codes Code to Enter code name (CTRL+Q)

Codes: 23 References: 37 Read-Only Line: 325 Column: 50 100%

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Log In

Edit Code Panel

OK, And is there anything you've learned from being in the group?

Participant 9  
Yeah I learnt like, I learnt more about like my teammates and the group and yeah?

Researcher  
What did you learn about them?

Participant 9  
I learned who protects them and defends them, yeah

Researcher  
OK, so learning more about them? Why was it helpful to learn more about them?

Participant 9  
So like, we can kinda like improve our communication, so I'll get to know them more

Researcher  
I see so it helped you improve your communication?

Participant 9  
Yeah.

Researcher  
OK, And was there any bit in the group that you found most helpful?

Participant 9  
Ohh, Yeah, I think yeah cos its like communication, I think we improved on that more, cos its like [inaudible] and our communication got better like after the project because like we are always like there every week, we were all [inaudible] space and were always there. And we kinda like improved on our communication.

CODE STRIPES

- Less swearing and shouting with teammates
- Good at football
- Linking learning to other teams in their life
- Mental health being about how communicate
- Talking about how to improve club and team
- Importance of communication
- More aware of importance of family and people who support them in lives
- Feel more appreciative and grateful about life
- Feeling happy about family and support
- Sessions were creative
- Team can still improve
- Group helped fit in and feel part of football club
- Everyone can speak and be heard
- Achieving something as a team
- Learning to agree and disagree
- Easier because football metaphors
- Importance of respect
- Group helping to learn more about teammates
- Able to express themselves
- Group helping to think about teammates and people in life
- Football linking to people in life
- Being more respectful towards teammates
- Group improving how communicate

In Codes Code to Enter code name (CTRL+Q)

Codes: 26 References: 41 Read-Only Line: 306 Column: 13 110%



## Appendix M: Example Codes

Name	Files	Referen	Created on	Created	Modified on	Modified
Team mates being more focused and taking training more serio	2	2	24/03/2023 12	NSB	25/03/2023 12	NSB
Team can still improve	3	4	24/03/2023 14	NSB	26/03/2023 11	NSB
Talking about how to improve club and team	3	3	24/03/2023 14	NSB	26/03/2023 11	NSB
Sharing opinions	1	3	24/03/2023 16	NSB	24/03/2023 16	NSB
Sessions were creative	3	4	24/03/2023 10	NSB	25/03/2023 12	NSB
Remembering and working towards goals	3	7	24/03/2023 10	NSB	27/03/2023 12	NSB
Recognising who supports them	1	3	24/03/2023 12	NSB	27/03/2023 12	NSB
People sharing their story	1	1	24/03/2023 15	NSB	24/03/2023 15	NSB
People chatting and messing around	3	4	24/03/2023 12	NSB	27/03/2023 12	NSB
More aware of importance of family and people who support th	3	6	24/03/2023 10	NSB	27/03/2023 15	NSB
Mental health linking to football	1	1	25/03/2023 12	NSB	25/03/2023 12	NSB
Mental health being about thinking	2	2	24/03/2023 12	NSB	25/03/2023 12	NSB
Mental health being about how communicate	3	3	24/03/2023 12	NSB	25/03/2023 12	NSB
Mental health being about health and healthy	1	1	24/03/2023 10	NSB	24/03/2023 10	NSB
Mental health being about emotions	3	3	24/03/2023 12	NSB	25/03/2023 12	NSB

Name	Files	Referen	Created on	Created	Modified on	Modified
Importance of respect	3	9	24/03/2023 16	NSB	26/03/2023 13	NSB
Importance of football in young peoples lives	2	4	24/03/2023 10	NSB	26/03/2023 18	NSB
Importance of feeling like belong at football club	2	4	24/03/2023 15	NSB	27/03/2023 14	NSB
Importance of family in young peoples lives	5	8	24/03/2023 10	NSB	26/03/2023 11	NSB
Importance of everyone being together and getting involved	4	7	24/03/2023 17	NSB	27/03/2023 11	NSB
Importance of effort	1	2	24/03/2023 15	NSB	24/03/2023 15	NSB
Importance of communication	5	6	24/03/2023 15	NSB	26/03/2023 11	NSB
Identifying challenges	1	2	24/03/2023 14	NSB	26/03/2023 11	NSB
Helping each other	1	2	24/03/2023 17	NSB	24/03/2023 17	NSB
Group linking to emotions	4	5	24/03/2023 10	NSB	24/03/2023 17	NSB
Group improving how communicate	6	22	24/03/2023 12	NSB	27/03/2023 13	NSB
Group helping to think about teammates and people in life	4	4	24/03/2023 12	NSB	26/03/2023 11	NSB
Group helping to learn more about teammates	5	14	24/03/2023 12	NSB	27/03/2023 12	NSB
Group helping them to understand each other	2	4	24/03/2023 15	NSB	27/03/2023 14	NSB
Group helped fit in and feel part of football club	4	5	24/03/2023 12	NSB	26/03/2023 20	NSB

NVIVO Team of Life.nvp (Edited)

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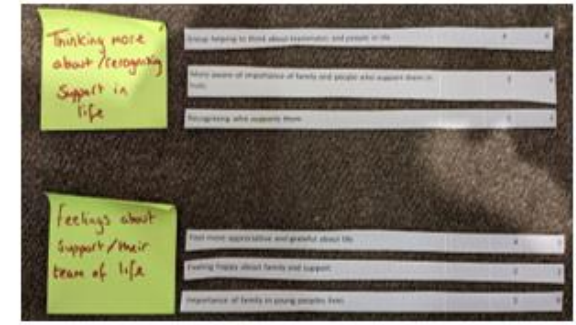
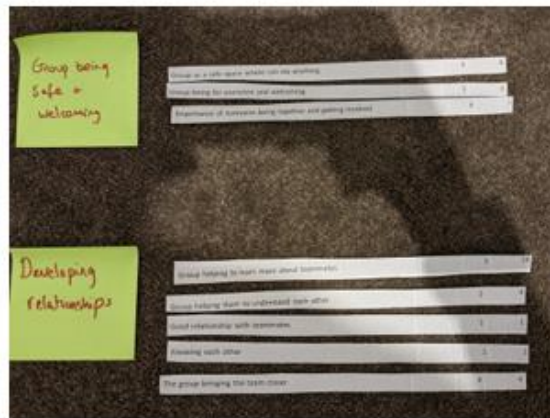
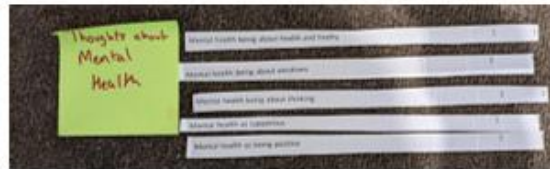
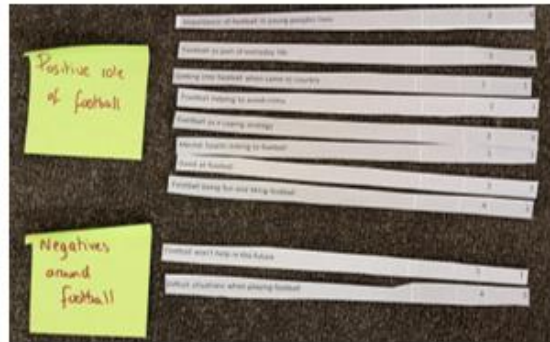
Clipboard Item Organize Query Visualize Code Autocode Range Code Uncode Case Classification File Classification Workspace

Codes

Name	Files	Referenc	Created on	Created	Modified on	Modified
Felt more positive because of group	2	2	24/03/2023 10:	NSB	26/03/2023 20:	NSB
Feeling relaxed because of group	1	1	24/03/2023 14:	NSB	27/03/2023 14:	NSB
Feeling happy about family and support	2	2	24/03/2023 12:	NSB	25/03/2023 12:	NSB
Feel more appreciative and grateful about life	4	5	24/03/2023 14:	NSB	19/05/2023 17:	NSB
Feel free to say anything	1	2	24/03/2023 14:	NSB	26/03/2023 11:	NSB
Everyone can speak and be heard	4	10	24/03/2023 16:	NSB	25/03/2023 12:	NSB
Easier because football metaphors	4	7	25/03/2023 11:	NSB	19/05/2023 17:	NSB
Diffiult situations when playing football	4	5	24/03/2023 10:	NSB	19/05/2023 17:	NSB
Being more welcoming towards teammates	1	1	24/03/2023 14:	NSB	27/03/2023 12:	NSB
Being more respectful towards teammates	1	4	25/03/2023 12:	NSB	27/03/2023 12:	NSB
Being more encouraging towards teammates	2	5	24/03/2023 10:	NSB	27/03/2023 12:	NSB
Being able to relate to discussions	1	1	25/03/2023 12:	NSB	27/03/2023 12:	NSB
Attracted by stadium tour	3	4	24/03/2023 12:	NSB	26/03/2023 11:	NSB
Activities helping think about life	5	6	24/03/2023 12:	NSB	26/03/2023 11:	NSB
Achieving something as a team	3	4	25/03/2023 12:	NSB	27/03/2023 13:	NSB

NSB 73 Items

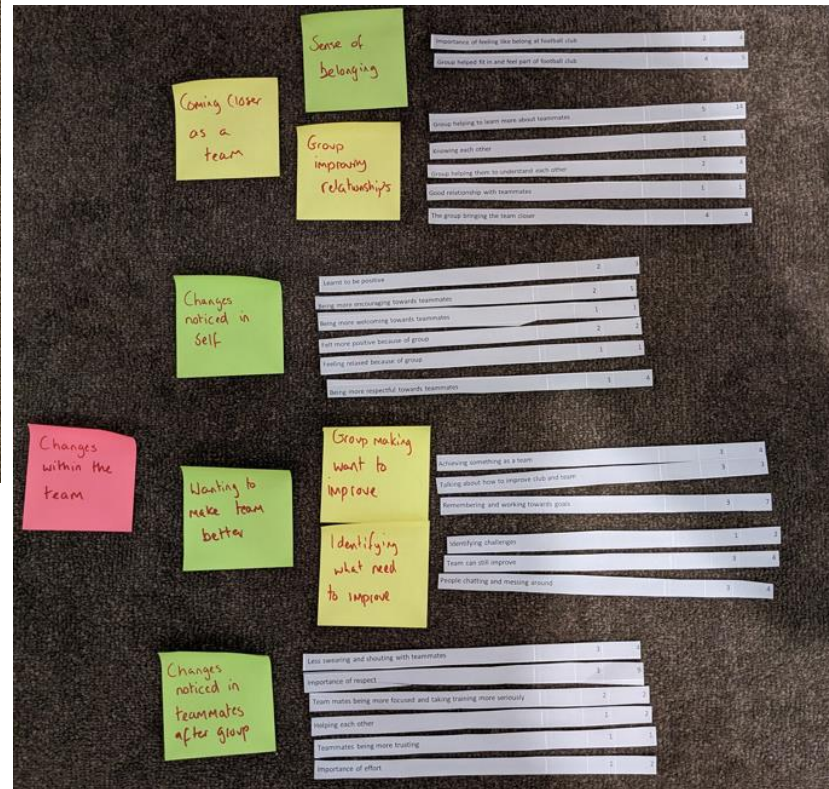
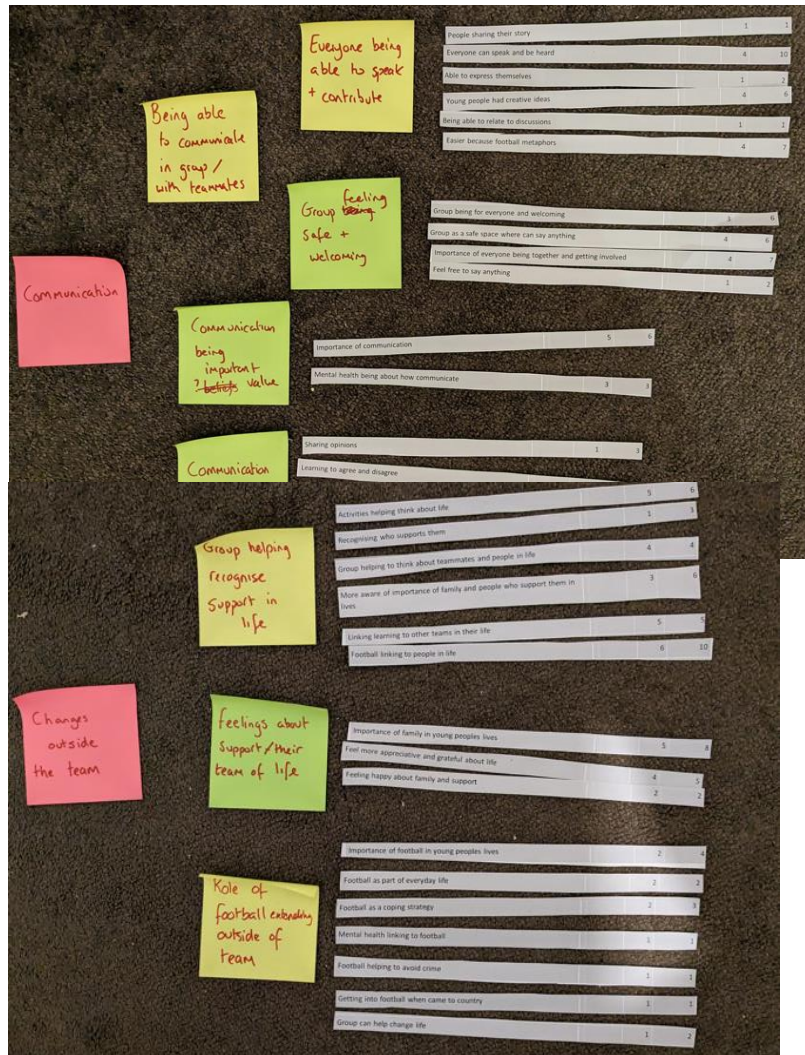
# Appendix N: Initial Thematic Map



# Appendix O: Refining of Thematic Map

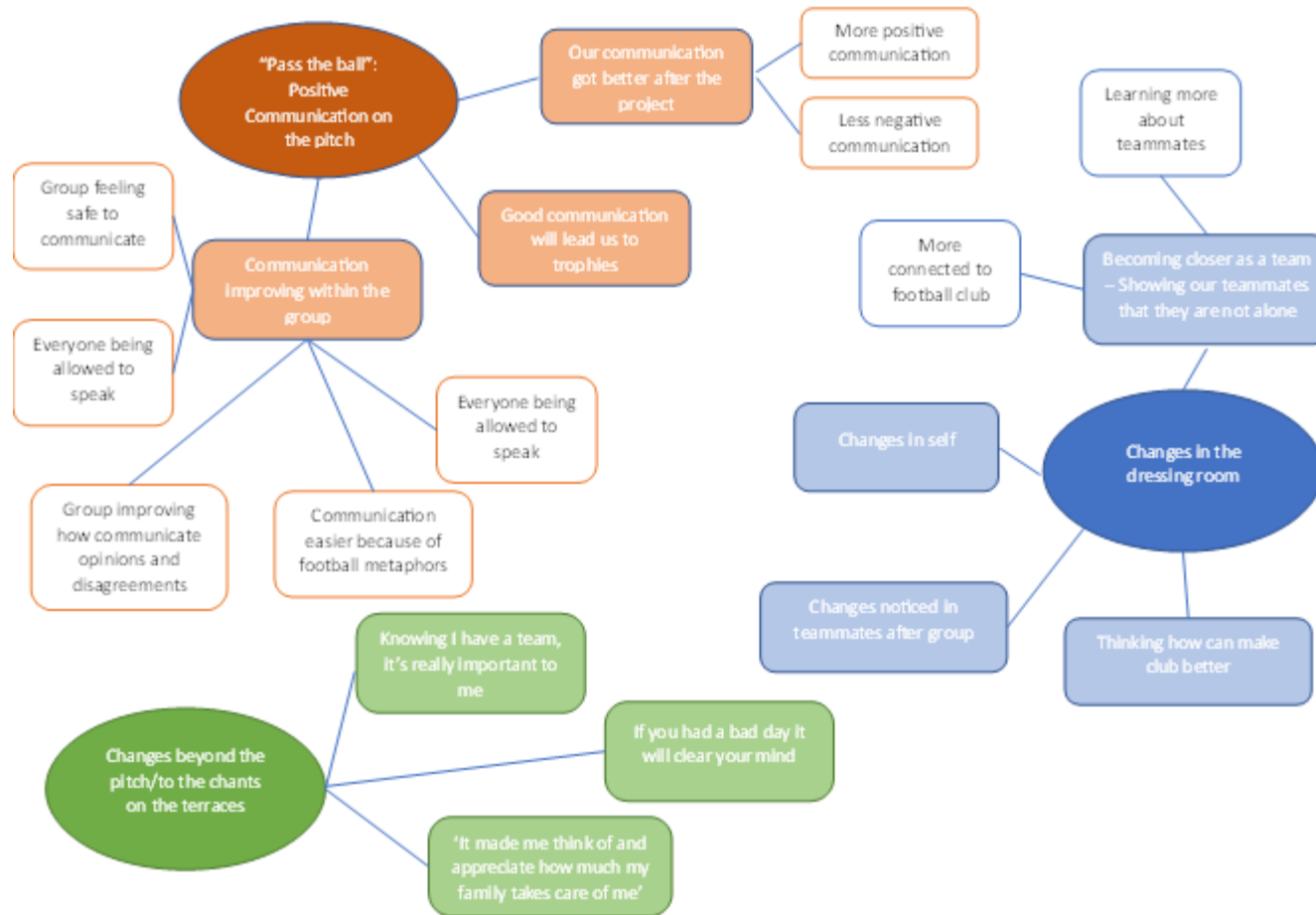
## Figure 11.

### First Draft: Theme Development Map



**Figure 12.**

**Second Draft Theme Development Map**



## Appendix P: Codebook

**Table 4.**

Codebook Including Overarching Themes, Subthemes and Codes

Overarching Themes	Sub themes	Codes
<b>Internal Changes and Mentality - 'Thinking About Football Helped us Think About Ourselves'</b>	'It Made Me Learn About Myself'	Felt more positive because of the group
		Learnt to be positive
		Learnt things from the group
		Learning to agree and disagree
		Group linking to emotions
		Importance of respect
		Being more welcoming towards teammates
		Being more encouraging towards teammates
	'I Know I Belong as Part of the club'	Importance of feeling like they belong at football club
		Group helped fit in and feel part of football club
		Group helping to understand each other
	'Linking To Football Made It Easier to Think'	Easier because of football metaphors
		Being able to relate to discussions
Remembering and working towards goals		
Identifying challenges		
<b>A Better Team Spirit in the Changing Room</b>	'Everyone Had a Chance to Speak'	People share their story
		Everyone can speak and be heard
		Able to express themselves
		Young people had creative ideas
	'Good Communication Will Lead Us to Trophies'	Sharing opinions
		Learning to agree and disagree
		Group improving how communicate

		Importance of communication	
		Group improving how communicate	
	'Everyone Was in a Safe Environment'		Group being for everyone and welcoming
			Group as a safe space where can say anything
			Importance of everyone being together and getting involved
			Feel free to say anything
	'Learning About Each Other Brought Us Closer as a Team'		Group helping to learn more about teammates
			Knowing each other
			Group helping them to understand each other
			Good relationship with teammates
			The group bringing the team closer
	'Our Teammates Started to Take Training Seriously'		Teammates being more focused and taking training more seriously
			Less swearing and shouting with teammates
			Importance of respect
			Importance of effort
			Helping each other
			Teammates being more trusting
	'Thinking About How We Improve as a Team'		Identifying challenges
			Team can still improve
			People chatting and messing around
		Achieving something as a team	
		Talking about how to improve club and team	
<b>Celebrating Our Supporters in The Stands</b>	'Knowing I Have a Team of Life, It's Really Important to Me'	Activities helping to think about life	
		Recognising who support them	

		Group helping to think about teammates and people in life
		More aware of importance of family and people who support them in lives
		Linking learning to other teams in life
		Football linking to people in life
	'The Group Helped Me Appreciate My Family'	Feel more appreciated and grateful about lives
		Feeling happy about family and support
	'If You Had A Bad Day, Football Will Clear Your Mind'	Importance of football in young people's lives
		Football as part of everyday life
		Football as a coping mechanism
		Mental health linking to football
		Football helping to avoid crime
		Getting into football when came to country
Group can help change life		



## Appendix Q: Ethics Application



University of  
East London

UNIVERSITY OF EAST LONDON

School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

(Updated October 2021)

FOR BSc RESEARCH;

MSc/MA RESEARCH;

PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

### Section 1 – Guidance on Completing the Application Form (please read carefully)

1.1	Before completing this application, please familiarise yourself with: British Psychological Society's Code of Ethics and Conduct UEL's Code of Practice for Research Ethics UEL's Research Data Management Policy UEL's Data Backup Policy
1.2	Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will look over your application and provide feedback.
1.3	When your application demonstrates a sound ethical protocol, your supervisor will submit it for review.
1.4	Your supervisor will let you know the outcome of your application. Recruitment and data collection must NOT commence until your ethics application has been approved, along with other approvals that may be necessary (see section 7).
1.5	Research in the NHS: If your research involves patients or service users of the NHS, their relatives or carers, as well as those in receipt of services provided under contract to the NHS, you will need to apply for HRA approval/NHS permission (through IRAS). You DO NOT need to apply to the School of Psychology for ethical clearance. Useful websites:

	<p><a href="https://www.myresearchproject.org.uk/Signin.aspx">https://www.myresearchproject.org.uk/Signin.aspx</a>  <a href="https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/">https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/</a></p> <p>If recruitment involves NHS staff via the NHS, an application will need to be submitted to the HRA in order to obtain R&amp;D approval. This is in addition to separate approval via the R&amp;D department of the NHS Trust involved in the research. UEL ethical approval will also be required.</p> <p>HRA/R&amp;D approval is not required for research when NHS employees are not recruited directly through NHS lines of communication (UEL ethical approval is required). This means that NHS staff can participate in research without HRA approval when a student recruits via their own social/professional networks or through a professional body such as the BPS, for example.</p> <p>The School strongly discourages BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.</p>
1.6	<p>If you require Disclosure Barring Service (DBS) clearance (see section 6), please request a DBS clearance form from the Hub, complete it fully, and return it to applicantchecks@uel.ac.uk. Once the form has been approved, you will be registered with GBG Online Disclosures and a registration email will be sent to you. Guidance for completing the online form is provided on the GBG website: <a href="https://fadv.onlinedisclosures.co.uk/Authentication/Login">https://fadv.onlinedisclosures.co.uk/Authentication/Login</a></p> <p>You may also find the following website to be a useful resource: <a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">https://www.gov.uk/government/organisations/disclosure-and-barring-service</a></p>
1.7	<p>Checklist, the following attachments should be included if appropriate:</p> <ul style="list-style-type: none"> <li>Study advertisement</li> <li>Participant Information Sheet (PIS)</li> <li>Participant Consent Form</li> <li>Participant Debrief Sheet</li> <li>Risk Assessment Form/Country-Specific Risk Assessment Form (see section 5)</li> <li>Permission from an external organisation (see section 7)</li> <li>Original and/or pre-existing questionnaire(s) and test(s) you intend to use</li> <li>Interview guide for qualitative studies</li> <li>Visual material(s) you intend showing participants</li> </ul>

Section 2 – Your Details		
2.1	Your name:	Nathan Simmonds-Buckley
2.2	Your supervisor's name:	Paula Corredor-Lopez
2.3	Name(s) of additional UEL supervisors:	Kenneth Gannon
		Richard Grove
2.4	Title of your programme:	Doctorate of Clinical Psychology
2.5	UEL assignment submission date:	31/05/2023
		Re-sit date (if applicable)

### Section 3 – Project Details

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and purpose of your research.

3.1	<p>Study title:  <u>Please note</u> - If your study requires registration, the title inserted here must be <u>the same</u> as that on PhD Manager</p>	<p>Applying the Team of Life as a group intervention within a community football organisation.</p>
3.2	<p>Summary of study background and aims (using lay language):</p>	<p>The ToL is a strength-based narrative approach, using the language and metaphors of football to help young people identify the key people or ‘teammates’ in their lives. The project will involve the delivery of the group by the researcher in combination with the football clubs regular weekly training sessions. There will be 10 sessions, each involving a warm-up game, narrative activity, cool-down mindfulness activity and a home-goal idea. The program will include the following content: team sheets, goal maps, celebrations, team identity, home ground, zone-in (Eames et al., 2016). The study will aim to investigate how the intervention impacts on the young people, how it impacts on the football team dynamics and whether it extends to the individuals ‘teams’ in their personal life e.g. school, family. Participants will be interviewed after the completion of the group so they can share their experiences and thoughts on the group.</p>
3.3	<p>Research question(s):</p>	<p>How does attendance of a Team of Life intervention group, based in a community setting: 1). Impact on an individual’s sense of wellbeing and identity 2). Impact on the football team’s group cohesion and help develop a shared sense of identity as a team 3). Do the effects of the group extend outside of the football team into their ‘teams of life’ e.g. school, family</p>
3.4	<p>Research design:</p>	<p>A qualitative interview study involving participants attending the ToL group and will be invited to participate in a semi-structured interview to openly share their experiences. Thematic analysis approach will be used to identify dominant themes.</p>
3.5	<p>Participants:          Include all relevant information including inclusion and exclusion criteria</p>	<p>Participants will be aged 10-13 years old, not currently accessing CAMHS or receiving support from another service. They will be attending weekly training sessions at the community football club. Everyone who has attended at least three sessions of the ToL group will be invited to take part in the interviews.</p>
3.6	<p>Recruitment strategy:          Provide as much detail as possible and include a backup plan if relevant</p>	<p>Young people will be recruited from a community-based football club. The club describes itself as “set up by the youth, for the youth, to use football as a means to tackle violence &amp; knife crime”. The study</p>

		will recruit 8-10 group participants for the interviews to meet the ToL group recommendations and data saturation conditions (Guest et al., 2006). Participants will be approached and provided with an information sheet and will be able to ask questions. Before initiation of the ToL program, participants will sign a consent form.	
3.7	Measures, materials or equipment: Provide detailed information, e.g., for measures, include scoring instructions, psychometric properties, if freely available, permissions required, etc.	For the group the study will require the ToL pack (Eames et al., 2016). An interview schedule of eight semi-structured questions will be used (Appendix A). The questions and wording will be discussed with a group of age-matched CYP and amended so they are age-appropriate. The Current View outcome measure and embedded pre/post questionnaires within the Team of Life resources will be used to collect pre/post data.	
3.8	Data collection: Provide information on how data will be collected from the point of consent to debrief	Participants will be approached and provided with an information sheet and will be able to ask questions. Before initiation of the ToL program, participants will sign a consent form. Each session will involve the ToL component plus an informal football session involving the group facilitators. In keeping with other research in the field pre and post outcome measures will be collected and analysed. The interviews post-intervention will last approximately 30 minutes and will be performed via Microsoft (MS) Teams or in person depending on participants preference. These interviews will be recorded via MS Teams or via a recording device and will be transcribed accordingly using MS Teams auto-transcribing service.	
3.9	Will you be engaging in deception?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, what will participants be told about the nature of the research, and how/when will you inform them about its real nature?	If you selected yes, please provide more information here	
3.10	Will participants be reimbursed?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please detail why it is necessary.	Vouchers, [Redacted] Football Stadium tour, [Redacted] FC football match at the [Redacted] Hub. Healthy snacks and drinks.	
	How much will you offer? <u>Please note</u> - This must be in the form of vouchers, <u>not cash</u> .	£5	
3.11	Data analysis:	Inductive thematic analysis will be used to explore the themes arising from participants experiences of the group participation, football metaphors and to observe how beliefs around MH may change. The six-step framework (Braun & Clarke, 2006) will guide	

		the thematic analysis process. A qualitative independent audit of a subset of the thematic analysis will verify themes and ensure credibility (Lincoln & Guba, 1986).
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**Section 4 – Confidentiality, Security and Data Retention**

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

If a Research Data Management Plan (RDMP) has been completed and reviewed, information from this document can be inserted here.

4.1	Will the participants be anonymised at source?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, please provide details of how the data will be anonymised.		
4.2	Are participants' responses anonymised or are an anonymised sample?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please provide details of how data will be anonymised (e.g., all identifying information will be removed during transcription, pseudonyms used, etc.).	Identifying information will be removed during the interview transcription to ensure anonymity. Pseudonyms will be used and a separate document will hold codes so that data and contact details can be linked in the event that a participant chooses to withdraw from the project. When the 3-week withdrawal deadline has been reached data will be anonymised and identification will no longer be possible.	
4.3	How will you ensure participant details will be kept confidential?	All information and data will be stored on the encrypted OneDrive. Identifying information will be removed from the transcription. Participants will be informed of the limits of confidentiality, particularly when there is an identified risk to others or themselves. The need to break confidentiality will be discussed with supervisors and the participant, when appropriate.	
4.4	How will data be securely stored and backed up during the research? Please include details of how you will manage access, sharing and security	Interview recordings and transcripts will be saved on the UEL's secure H-drive on a password protected computer. Recordings will be deleted upon completion of the study and anonymised transcripts will be stored for 5 years. A separate document will hold participant information including names, demographics, and contact details, in line with UEL's (2019) data management policies	
4.5	Who will have access to the data and in what form? (e.g., raw data, anonymised data)	The researcher and supervisor will have access to the data. The third party who will conduct the qualitative independent audit will also have access to the anonymised data. Anonymised data will be shared with [Football club] with consent from the participants and their parent/guardian to share data.	

4.6	Which data are of long-term value and will be retained? (e.g., anonymised interview transcripts, anonymised databases)	Anonymised interview transcripts and anonymised database of pre/post scores will be stored for 3 years.	
4.7	What is the long-term retention plan for this data?	The anonymised transcripts will be retained for 3 years post-examination. During this time, the data would be transferred to the supervisor's OneDrive, to be safely and securely stored. In the event that the supervisor leaves UEL within this 3 year period, the contingency plan will be for researcher and supervisor to meet and discuss plans for the data. Only the supervisor and researcher would have access to the password protected files.	
4.8	Will anonymised data be made available for use in future research by other researchers?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, have participants been informed of this?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.9	Will personal contact details be retained to contact participants in the future for other research studies?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, have participants been informed of this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Section 5 – Risk Assessment

If you have serious concerns about the safety of a participant, or others, during the course of your research please speak with your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g., a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

5.1	Are there any potential physical or psychological risks to participants related to taking part? (e.g., potential adverse effects, pain, discomfort, emotional distress, intrusion, etc.)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, what are these, and how will they be minimised?	It is not anticipated that any psychological risks will be enhanced through this intervention and interview but support organisations will be recommended for next steps and language in the interview schedule will be sensitively framed and supportive.	
5.2	Are there any potential physical or psychological risks to you as a researcher?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, what are these, and how will they be minimised?	n/a	

5.3	If you answered yes to either 5.1 and/or 5.2, you will need to complete and include a General Risk Assessment (GRA) form (signed by your supervisor). Please confirm that you have attached a GRA form as an appendix:	YES <input type="checkbox"/>		
5.4	If necessary, have appropriate support services been identified in material provided to participants?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
5.5	Does the research take place outside the UEL campus?	YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>
	If yes, where?	[Redacted]		
5.6	Does the research take place outside the UK?	YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>
	If yes, where?	n/a		
	If yes, in addition to the General Risk Assessment form, a Country-Specific Risk Assessment form must also be completed and included (available in the Ethics folder in the Psychology Noticeboard). Please confirm a Country-Specific Risk Assessment form has been attached as an appendix. <u>Please note</u> - A Country-Specific Risk Assessment form is not needed if the research is online only (e.g., Qualtrics survey), regardless of the location of the researcher or the participants.	YES <input type="checkbox"/>		
5.7	Additional guidance: For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance. For on campus students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Director of Impact and Innovation, Professor Ian Tucker (who may escalate it up to the Vice Chancellor). For distance learning students conducting research abroad in the country where they currently reside, a risk assessment must also be carried out. To minimise risk, it is recommended that such students only conduct data collection online. If the project is deemed low risk, then it is not necessary for the risk assessment to be signed by the Director of Impact and Innovation. However, if not deemed low risk, it must be signed by the Director of Impact and Innovation (or potentially the Vice Chancellor).			

Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

**Section 6 – Disclosure and Barring Service (DBS) Clearance**

6.1	<p>Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)? If yes, you will require Disclosure Barring Service (DBS) or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project</p>	<p>YES <input checked="" type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>* You are required to have DBS or equivalent clearance if your participant group involves: (1) Children and young people who are 16 years of age or under, or (2) ‘Vulnerable’ people aged 16 and over with particular psychiatric diagnoses, cognitive difficulties, receiving domestic care, in nursing homes, in palliative care, living in institutions or sheltered accommodation, or involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak with your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible.</p>			
6.2	<p>Do you have DBS or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project?</p>	<p>YES <input checked="" type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
6.3	<p>Is your DBS or equivalent (for those residing in countries outside of the UK) clearance valid for the duration of the research project?</p>	<p>YES <input checked="" type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
6.4	<p>If you have current DBS clearance, please provide your DBS certificate number:</p>	<p>001671771511</p>	
	<p>If residing outside of the UK, please detail the type of clearance and/or provide certificate number.</p>	<p>Please provide details of the type of clearance, including any identification information such as a certificate number</p>	
6.5	<p>Additional guidance: If participants are aged 16 or under, you will need two separate information sheets, consent forms, and debrief forms (one for the participant, and one for their parent/guardian). For younger participants, their information sheets, consent form, and debrief form need to be written in age-appropriate language.</p>		



Section 7 – Other Permissions				
7.1	Does the research involve other organisations (e.g., a school, charity, workplace, local authority, care home, etc.)?	<table border="1"> <tr> <td>YES <input checked="" type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> </table>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			
	If yes, please provide their details.	[Redacted] Football Club, [Redacted]		
	If yes, written permission is needed from such organisations (i.e., if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation). Please confirm that you have attached written permission as an appendix.	YES <input type="checkbox"/>		
7.2	<p><u>Additional guidance:</u> Before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application or approval letter. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as ‘my’ or ‘I’ with ‘our organisation’ or with the title of the organisation. This organisational consent form must be signed before the research can commence.</p> <p>If the organisation has their own ethics committee and review process, a SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s.</p>			

Section 8 – Declarations		
8.1	Declaration by student. I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor:	YES <input checked="" type="checkbox"/>
8.2	Student's name: (Typed name acts as a signature)	Nathan Simmonds-Buckley
8.3	Student's number:	U2075229
8.4	Date:	27/07/2022
Supervisor's declaration of support is given upon their electronic submission of the application		



## Appendix R: Ethics Approval



University of  
East London

School of Psychology Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in **blue** | Student: Please complete/read sections in **orange**

### Details

Reviewer:	Mary Robinson
Supervisor:	Paula Corredor lopez
Student:	Nathan Simmonds-Buckley
Course:	Prof Doc Clinical Psychology
Title of proposed study:	Applying the Team of Life as a group intervention within a community football organisation.

### Checklist

(Optional)

	YES	NO	N/A
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of participants, including inclusion and exclusion criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding participants/target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear and detailed outline of data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data storage (e.g., location, type of data, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data sharing (e.g., who will have access and how)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, General Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, Country-Specific Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, a DBS or equivalent certificate number/information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant information included in the participant information sheet (PIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in the PIS is study specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the PIS is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All issues specific to the study are covered in the consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the consent form is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary information included in the participant debrief sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the debrief sheet is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study advertisement included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision options	
APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE	In this circumstance, the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences.

<p>REQUIRED BEFORE THE RESEARCH COMMENCES</p>	<p>Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records.</p> <p>Minor amendments guidance: typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.</p>
<p>NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED</p>	<p>In this circumstance, a revised ethics application <u>must</u> be submitted and approved <u>before</u> any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.</p> <p>Major amendments guidance: typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.</p>

## Decision on the above-named proposed research study

Please indicate the decision: **APPROVED**

## Minor amendments

Please clearly detail the amendments the student is required to make

## Major amendments

Please clearly detail the amendments the student is required to make

--

## Assessment of risk to researcher

Has an adequate risk assessment been offered in the application form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please request resubmission with an <u>adequate risk assessment</u> .		

If the proposed research could expose the researcher to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:

<b>HIGH</b>	Please do not approve a high-risk application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	<input type="checkbox"/>
<b>MEDIUM</b>	Approve but include appropriate recommendations in the below box.	<input type="checkbox"/>
<b>LOW</b>	Approve and if necessary, include any recommendations in the below box.	<input checked="" type="checkbox"/>

Reviewer recommendations in relation to risk (if any):	Please insert any recommendations
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## Reviewer's signature

Reviewer: (Typed name to act as signature)	Mary Robinson
Date:	01/10/2022
<i>This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee</i>	
<p><b>RESEARCHER PLEASE NOTE</b></p> <p>For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.</p> <p>For a copy of UEL's Personal Accident &amp; Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.</p>	

<b>Confirmation of minor amendments</b>	
(Student to complete)	
I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data	
Student name: (Typed name to act as signature)	Please type your full name
Student number:	Please type your student number
Date:	Click or tap to enter a date
<i>Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required</i>	

## Appendix R: Data management plan



Pioneering Futures Since 1898

### UEL Data Management Plan

Completed plans **must** be sent to [researchdata@uel.ac.uk](mailto:researchdata@uel.ac.uk) for review

*If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).*

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

<b>Administrative Data</b>	
PI/Researcher	<b>Nathan Simmonds-Buckley</b>
PI/Researcher ID (e.g. ORCID)	0000-0002-4989-7707
PI/Researcher email	U2075229@uel.ac.uk
Research Title	Applying the Team of Life as a group intervention within a community football organisation
Project ID	n/a
Research start date and duration	March 2022 – September 2023



<p>Research Description</p>	<p>The ToL is a strength-based narrative approach, using the language and metaphors of football to help young people identify the key people or ‘teammates’ in their lives. The project will involve the delivery of the group by the researcher in combination with the football clubs regular weekly training sessions. There will be 10 sessions, each involving a warm-up game, narrative activity, cool-down mindfulness activity and a home-goal idea. The program will include the following content: team sheets, goal maps, celebrations, team identity, home ground, zone-in (Eames et al., 2016).</p> <p>The study will aim to investigate how the intervention impacts on the young people, how it impacts on the football team dynamics and whether it extends to the individuals ‘teams’ in their personal life e.g. school, family.</p> <p>Participants will be interviewed after the completion of the group so they can share their experiences and thoughts on the group.</p> <p>The project will aim to understand how attendance of a Team of Life intervention group, based in a community setting: 1). Impacts on an individual’s sense of wellbeing and identity 2). Impacts on the football team’s group cohesion and help develop a shared sense of identity as a team 3). Whether the effects of the group extend outside of the football team into their ‘teams of life’ e.g. school, family</p>
<p>Funder</p>	<p>None</p>
<p>Grant Reference Number (Post-award)</p>	<p>n/a</p>
<p>Date of first version (of DMP)</p>	<p>11/08/2022</p>
<p>Date of last update (of DMP)</p>	
<p>Related Policies</p>	<p><a href="#">Research Data Management Policy</a></p>

<p>Does this research follow on from previous research? If so, provide details</p>	<p>No</p>
<p><b>Data Collection</b></p>	
<p>What data will you collect or create?</p>	<ul style="list-style-type: none"> <li>• Recruitment spreadsheet (.xlsx format) for those interested or who have asked a query including contact details.</li> <li>• Spreadsheet (.xlsx format) of contact information for the confirmed participants and their parent/guardians, including personal information &amp; demographic information. They will be assigned participant numbers.</li> <li>• Consent forms completed in .docx format or filled in by hand and saved in .pdf format. Including request to received information about the findings.</li> <li>• Data collected via interview recordings in .mp4 format, approx.. 8-12 recordings/files. The recordings will immediately be made into transcripts in .docx format</li> <li>• Transcripts will be pseudonymised and all personally identifiable information will be removed/ altered in the transcripts, and the recordings will subsequently be deleted. Pseudonyms will be maintained so that participant data can be identified in the case they choose to withdraw. When the cut off for withdrawal is reached all data will be anonymised and de-identified so it is no longer possible to link participants to their data.</li> <li>• Embedded pre/post questionnaires embedded within the Team of Life material and pre/post Current View questionnaires will be completed and data will be pseudonymised. Pseudonyms will be maintained so that participant data can be identified in the case they choose to withdraw. When the cut off for withdrawal is reached all data will be anonymised and de-identified so it is no longer possible to link participants to their data.</li> <li>• Transcripts (saved in .docx format) and physical copies will be printed for the data analysis process.</li> <li>• Documents for the analysis and write up of data (.docx)</li> </ul>

<p>How will the data be collected or created?</p>	<ul style="list-style-type: none"> <li>• Information will be collected during the recruitment process and will be collated in spreadsheet. This information will be collected via consent forms and conversations with participants &amp; parents/guardians.</li> <li>• Pre/post questionnaires will be completed during the first and final session. These will be physical copies and will be scanned in to the encrypted UEL OneDrive and the physical copies will be securely destroyed.</li> <li>• 8-12 young people who have attended the Team of Life group will be interviewed. Individual semi- structured interviews will be conducted. Interviews will be approximately 20-30 minutes in length. All interviews will be conducted remotely via MS Teams, audio recorded and transcribed using the MS Teams transcription program. If required, the interviews will be conducted face to face instead and will be recorded using a Dictaphone before being transcribed manually. Recordings via Dictaphone will be stored encrypted on the UEL OneDrive. Recordings via Dictaphone will be deleted once the transcription is completed. Transcription will be created and saved as Word documents (.doc file formats) on the encrypted UEL One Drive. Once the transcripts have been produced the recordings will be deleted or destroyed. The transcripts will be organised and analysed by the researcher. All identifiable information (e.g. names, job location, identifiable scenarios) anonymised in the transcripts.</li> </ul> <ul style="list-style-type: none"> <li>• On the UEL One Drive, I will have three separate encrypted folders. I will save the consent forms in the folder named NSB-CS. I will store the transcripts in a folder labelled NSB-TS, and will save the demographic and contact information in the folder labelled NSB-D. Each consent form will be given a number from 1-12 and will be saved with tag of CS plus their number e.g. CS1. All files will be encrypted on the UEL One Drive.</li> </ul>
<p><b>Documentation and Metadata</b></p>	

<p>What documentation and metadata will accompany the data?</p>	<p>A blank consent form, Participant information sheet, interview schedule guide, participant de-brief form, study advertisement, interview questions sheet, spreadsheet document linking participant numbers with contact information, Current View questionnaire, Team of Life session materials</p>
<p><b>Ethics and Intellectual Property</b></p>	
<p>Identify any ethical issues and how these will be managed</p>	<ul style="list-style-type: none"> <li>• Ethics approval will be sought from the University of East London (UEL) School of Psychology Research Ethics Committee (SREC).</li> <li>• Before agreeing to take part all participants and their parent/guardian will be given their own age-appropriate participant information sheet. This will explain the project process and how their data will be secured and used for dissemination to ensure they are fully informed of what participation in the project will mean. They will both be given an age-appropriate consent form, either as a physical copy in person or a copy will be sent and received via a secure UEL Email address in password protected files. All forms will be stored on the encrypted UEL One Drive.</li> <li>• In line with GDPR and the Data Protection Act, all personal data (as well as pseudonymised data) will be kept safe and secured by being saved on the lead researchers UEL OneDrive for business account, accessible to the main researcher through a password protected user account using Multi-Factor authentication and accessed via the researcher’s password protected laptop. Personal data will only be kept for the necessary time period i.e., the duration of the project or for those who consent to being contacted for future research, for up to three years after the completion of the project. The only time personal identifiable data may be shared will be when transferring it over to the project supervisor (Dr Paula Corredor-Lopez)) for secure storage after the project has been completed. This will be shared securely through the UEL OneDrive for business.</li> <li>• In order to minimise the amount of data stored, recordings of the interviews will be destroyed as soon as</li> </ul>

	<p>they have been transcribed. Pseudonyms will be maintained in the transcripts so that participant data can be identified in the case they choose to withdraw. When the cut off for withdrawal is reached all data will be anonymised and de-identified so it is no longer possible to link participants to their data. All participant data including transcripts will be stored on the encrypted UEL One Drive. Any identifiable data will be stored in separate folders from the data to protect participant anonymity (e.g. consent forms, demographic information and the transcripts will all be stored in separate folders).</p> <ul style="list-style-type: none"><li>• The amount of personal information collected and stored will be kept to a minimum and the majority of the data (e.g., the interview transcripts) will be pseudonymised – all identifiable information (such as names, places, precise dates etc) will be removed but participants can still be identified if needed (e.g., to withdraw their data or to contact them about future research) using the participant contact information spreadsheet. All identifiable information will be stored in a separate folder as detailed previously. The ‘Motivated Intruder’ test (ICO, 2012) will be conducted on a few random transcripts to ensure that the risk of re-identification from the pseudonymised data is minimal. After data collection has been completed and data analysis commenced, and the cut off for withdrawal has been reached the spreadsheet linking participant numbers with their contact information will be deleted, making the data anonymised. Data collected will be used for the purpose of the current research project and future dissemination activities. Anonymised data will be shared with [Redacted] with consent from the participants and Parents/guardians.</li><li>• Participants have the right to withdraw their data within 3 weeks post-interview. If they request this, their data will be destroyed.</li><li>• Anonymised analysed data will be shared with [Redacted]. Participants and parents/guardians will provide consent for the data to be shared.</li></ul>
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<p>Identify any copyright and Intellectual Property Rights issues and how these will be managed</p>	<p>n/a</p>
<p><b>Storage and Backup</b></p>	
<p>How will the data be stored and backed up during the research?</p>	<p>The anonymised transcripts will be stored on the UEL OneDrive, which is a secure and encrypted university data cloud. The files will be accessed on a personal, secure and password protected laptop. The recordings of the interviews will be deleted once anonymised transcripts have been saved. Only the researcher and supervisor will have access to the files (and examiners during examination).</p> <p>Recordings will be transferred from the audio recorder (if applicable) to the UEL OneDrive and then deleted from the audio recorder. Once transcribed, the recordings would be deleted, and transcripts would be stored on the UEL OneDrive.</p> <p>Recordings made using Microsoft Teams are stored by default on the Microsoft Stream Library. Once transcribed, they would be deleted, and transcripts would be stored on the UEL OneDrive.</p> <p>The .docx consent forms will be sent and returned via a secure email address, password protected, and stored on the UEL OneDrive in a separate folder to the transcripts to protect participant anonymity. Physical copies of consent forms completed will be uploaded as .pdf and stored on the UEL OneDrive. The physical copies will then be securely disposed of.</p> <p>The Demographic information collected during the interview will also be stored in password protected files in a separate folder on the UEL OneDrive, to ensure anonymity.</p>
<p>How will you manage access and security?</p>	<p>During the course of the study, the researcher will collect and be the only person with access to data which can identify participants (i.e., contact details for participant). All data will be saved on the secure UEL OneDrive and will only be accessible to the main researcher through a password protected user account using multi-factor authentication and accessed via the researcher's password protected laptop. Physical data e.g., physical consent forms will be transferred to digital data, saved on the UEL OneDrive immediately after the</p>


	<p>interviews are conducted (via scan) and the originals will be shredded/ disposed of in secure confidential waste bins. When a Dictaphone has to be used, it will be stored on the person of the lead research and the data will be transferred onto the lead researchers secure UEL OneDrive for business before they leave the interview room using the researcher’s password protected laptop. The audio file on the Dictaphone and in the downloads file of the laptop will then be deleted immediately. Anonymised/ pseudonymised data such as interview transcripts will be shared with the research supervisor by sharing the file securely through the UEL OneDrive for business.</p> <p>Only the researcher, supervisor and examiners will have access to the One Drive Data files. The independent auditor will have access to the anonymised/pseudonymised transcripts for the purposes of the qualitative audit. No one else will have access to the research data. Any data shared with the research supervisor or examiners will be done so through the faculty of the OneDrive for Business and using Secure links via UEL OneDrive. The Data will not be shared with anyone else.</p>
<b>Data Sharing</b>	
How will you share the data?	<p>Only anonymised data will be shared with [Redacted] with consensual permission from participants &amp; parents/guardians. All other data will not be shared.</p> <p>The anonymised transcripts will not be shared via the UEL Research Repository, as I will not be collating enough data for it to be useful enough to other researchers/ for other research. Only myself and my supervisor will have access to the raw transcripts (and examiners at the point of examination). If shared in publication this will be done with participant consent.</p> <p>Any data shared with the research supervisor or examiners will be done so through the faculty of the OneDrive for Business. The Data will not be shared with anyone else.</p> <p>Analysed anonymised data will be shared with [Redacted] Fc with consent from participants.</p>
Are any restrictions on data sharing required?	<p>In the case of publication, participants will have to provide their informed consent to allow the data to be used for this purpose. They provide this consent by ticking the relevant box on the consent form. Only anonymised data will be shared.</p>

<b>Selection and Preservation</b>	
Which data are of long-term value and should be retained, shared, and/or preserved?	The anonymised transcripts will be retained for 3-years, post examination. This is to allow for the research to be written up, with the potential for publication.
What is the long-term preservation plan for the data?	The anonymised transcripts will be retained for 3 years post-examination. During this time, the data would be transferred to the supervisor's OneDrive, to be safely and securely stored. In the event that the supervisor leaves UEL within this 3 year period, the contingency plan will be for researcher and supervisor to meet and discuss plans for the data. Only the supervisor and researcher would have access to the password protected files. The write up for the project will be uploaded to the UEL Research Repository.
<b>Responsibilities and Resources</b>	
Who will be responsible for data management?	Nathan Simmonds-Buckley Paula Corredor-Lopez
What resources will you require to deliver your plan?	- Access to MS Teams - Access to a telephone - Access to a suitable audio recording device - Access to the UEL OneDrive
<b>Review</b>	
	<b>Please send your plan to <a href="mailto:researchdata@uel.ac.uk">researchdata@uel.ac.uk</a></b>  <b>We will review within 5 working days and request further information or amendments as required before signing</b>



Date: 11/08/2022	Reviewer name: Leo Watkinson Assistant Librarian (Open Access)
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Appendix T: Risk assessment form

 <b>University of East London</b> <small>Pioneering Futures Since 1898</small>		<h2>UEL Risk Assessment Form</h2>	
<b>Name of Assessor:</b>	Nathan Simmonds-Buckley	<b>Date of Assessment:</b>	27.07.2022
<b>Activity title:</b>	Team of Life group	<b>Location of activity:</b>	[REDACTED]
<b>Signed off by Manager: (Print Name)</b>	Dr Paula Corredor-Lopez	<b>Date and time: (if applicable)</b>	
<p>Please describe the activity/event in as much detail as possible (include nature of activity, estimated number of participants, etc.).                  If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:</p>			
<p>Team of Life group, estimated 8-10 participants. Sat around two tables in groups of 5 with a whiteboard. Participants will not be required to do anything active during the session.</p>			
<p><b>Overview of FIELD TRIP or EVENT:</b></p>			
<p> </p>			

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

## Hazards attached to the activity

Hazards identified	Who is at risk?	Existing Controls	Likelihood	Severity	Residual Risk	Additional control measures required (if any)	Final risk rating
<b>Obstruction of safe exit routes in event of fire or other emergency, due to blocking of doors/thoroughfare/ fire exit routes with tables, chairs or banners.</b>	Participants, Facilitators	Ensure know the fire escapes, and point them out to the group at the beginning of each session. Make sure tables and chairs do not obstruct exits/entrances or routes.	1	2	2	Monitor regularly during day.	1

<b>Slip or trip hazard due to resources, objects, or rubbish, being dropped on the floor.</b>	Facilitators, participants	Be vigilant to make sure that all items are picked up off the floor.	2	1	2	Regular monitoring during day. Provide bin bags/recycling bags to collect any rubbish/unneeded resources. Dispose of appropriately at the end of each session	1
<b>Session discussions being experienced as distressing</b>	Participants	Plan agreed with co-facilitator around how to manage situation where young person becomes distressed, contact number for parent/guardian,	1	2	2	Provide details for local services if required	1
<b>Safeguarding – young person revealing information that meets safeguarding concerns</b>	Participants	Agreement with co-facilitator how to manage situation, access to [REDACTED]'s safeguarding plan	1	2	2	Contact [REDACTED] Safeguarding Children Partnership for local safeguarding advice, contact police if required. <a href="https://cscp.org.uk/professionals/children-and-families-contact-service/">https://cscp.org.uk/professionals/children-and-families-contact-service/</a>	1
<b>Allergies from refreshments</b>	Participants Facilitators	Check [REDACTED] existing information list regarding allergies and health related requirements. Ensure refreshments are checked for allergies.	1	2	2	Regular monitoring. Ensure participants have medications accessible.	1

<b>Review Date</b>	
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