



# **EVALUATION OF IT'S A GOAL!**

## **Final Report**

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# EXECUTIVE SUMMARY

## INTRODUCTION

The It's a Goal! (IAG!) programme was commissioned as a pilot by NHS North West as part of the wider Improving Access to Psychological Therapies (IAPT) agenda. The programme was commissioned for 18 months, up to May 2012. The IAG! programme is an 11 week therapeutic programme based at football venues which uses football metaphor to reach men with mental health needs. The evaluation was funded by the North West Mental Health Improvement Programme which completed its work programme in October 2010. The evaluation comprised a mixed method approach to data collection using a range of both quantitative and qualitative information.

This report updates the interim report in January 2012 and now includes updated data (see Sections 2.1 and 2.2) up to the end of the pilot. These additional findings have not altered our overall recommendations, but provide stronger evidence of successful outcomes in relation to improved well-being.

## FINDINGS

### *Key Benefits*

Participation in the It's a Goal! programme appears to have a significant impact on the mental health and well-being (using a validated well-being scale) of those players who complete it. Players' well-being scores increased from significantly below the population average (measured at pre-intervention) to near the population average at the end of the 11 week programme.

Key self-reported benefits of attending include developing confidence and self-esteem; improved communication skills (making social and emotional connections with others); developing alternative coping mechanisms; greater social participation in purposeful activities in the community; and taking up voluntary work, education and employment opportunities.

Whilst it is not possible to provide 'hard evidence' regarding certain key outcomes such as reduced health care usage, medication use and employment, we are confident that the benefits achieved for participants, especially in relation to increased confidence and self-worth, as well as developing new skills and coping mechanisms, are likely to have an important impact on the 'distance travelled' towards these outcomes (Dewson et al. 2000; Grove and Membrey, 2005).

### *Referral Pathways*

Initially referrals were slow to develop. This is to be expected in a new project due to limited awareness of the programme. The findings suggest that increasing the awareness of

potential referrers about the programme and its benefits to participants will increase interest and inward referrals.

Participant's sense of satisfaction with the programme was especially high which is very encouraging. Indeed many of the players who successfully completed the programme said that they would recommend the programme to others and some had already done so. This is important given that 'word of mouth' from other satisfied service users has proved to be an effective means of generating referrals; and self-referrals are important in uncovering and addressing otherwise unmet need in the local population.

### ***Programme Focus***

IAG! is deliberately focussed at men. This seems justifiable given the low uptake of relevant services amongst men. However, those women who have accessed the programme have experienced similar benefits to men.

Whilst there has been a previous policy interest in suicide amongst young men, it is now increasingly recognised that suicide happens right across the lifespan. Initiatives like IAG! can potentially play an important part in suicide prevention strategies.

### ***Programme Design***

The findings lend support to the idea that there are specific benefits of using football as a metaphor into delivering effective mental health and therapeutic support (Jones 2009; Smith 2010; Steckley 2005). The football metaphor appears to operate as both an initial hook which attracts people to the programme and as a therapeutic tool.

This evaluation supports and extends the findings of previous evaluations of the IAG! programme (Pringle & Sayers 2004; 2006; Smith and Pringle 2010). It appears that the IAG! programme, as delivered by the Naco team, was faithful to the IAG! model and consistency in quality was achieved throughout the seven sites in the north west.

Those who completed the programme positively contrasted IAG! with the experience of using mainstream (in particular mental health) services. These services could perhaps learn from how the IAG! programme is experienced in order to integrate some of these features and to provide more effective mental health interventions.

If health care providers wish to consolidate, develop and expand access to psychological therapies, we would recommend investing in programmes like IAG! However, changes to commissioning arrangements will pose particular challenges to consolidating and developing these efforts.

### **COST BENEFIT ANALYSIS**

IAG! appears to be a very promising and cost effective way of engaging men who are likely to struggle accessing, using and benefiting from mainstream services in a valuable

therapeutic programme. It appears to have both direct and indirect health, social and financial benefits in terms of improving mental health care, and potentially increased social inclusion, community involvement and employment.

## **SUMMARY RECOMMENDATIONS**

- Find ways to enable the continuity of this service; to maintain the programme's reputation; consolidate and develop monitoring and referrals systems; and to avoid losing the expertise of the coaching team who have developed the ability to deliver the programme effectively. This will help maintain good will, active referrals, and team spirit, all of which are remarked upon here.
- Actively promote IAG! to relevant services (especially health, employment and social care workers) and to local residents.
- To continue with the use of football venues as the preferred option.
- Enhance opportunities for IAG! graduates to continue to be supported after programme completion.
- Increase opportunities for IAG! graduates to contribute to future season's.
- Maximise the potential for using the IAG! programme to help break down service initiated silos.
- Consider the active strategies that might be necessary in order to ensure wider promotion, interest and accessibility in terms of age, gender and ethnicity.
- Future recruitment of IAG! coaches should take note of the qualities referred to as important by the players in this evaluation.
- The programme will benefit from systems which systematically record outcomes in terms of employment, education, medication use, use of services etc.
- Subsequent programme should continue to collect mental health and well-being data, using validated outcome measures. The project could consider using comparative well-being measures to other comparable interventions projects, for example within IAPT services. These should also be administered at least three months after the programme is completed to see whether benefits are sustained.

- Assess the links between attendance at Supporters Clubs and sustaining benefits.
- Explore the potential to link up with other related sport and mental health programmes such as 'Imagine your Goals' as potentially complimentary initiatives.



# 1. INTRODUCTION

The University of Central Lancashire was commissioned by the North West Mental Health Improvement Programme to carry out an independent evaluation of the It's a Goal! Programme. The programme is being piloted by 7 NHS Primary Care Trusts in the North West of England and delivered at 7 local football clubs by a team from Nacro (a third sector charity organisation). We provided an interim report in January 2012 to help inform funding and commissioning decisions, and this final report includes additional demographic and quantitative data (Sections 2.1 and 2.2).

## 1.1 The 'It's a Goal!' Programme

It's a Goal! (IAG!) is a franchise developed by the It's a Goal! Foundation. The metaphor of football and the environment of football venues are explicitly used to engage young men in a mental health intervention programme. The aim of the programme is to address mental health problems such as low self-esteem, depression and anxiety and prevent the development of serious mental health problems amongst young men, including suicide, and to help those who participate to develop their resilience. The programme focuses on men as the target group due to their perceived lack of engagement with psychological and therapeutic services.

IAG! provides an opportunity to engage in an eleven week programme structured around the use of football metaphor in order to address issues such as confidence, motivation, communication skills and goal setting. The programme uses football metaphor (not actually playing football<sup>1</sup>) to help men to take more control of the difficulties in their lives; rather than focusing on the negative and debilitating effects of being depressed or isolated. Its emphasis is on 'being the best you can be'; and a great emphasis has been placed on making it look and feel non-clinical. Whilst the programme is not aimed at women, women can be referred and, if they are seen as potentially benefiting, they can be accepted onto the programme.

The programme aims to provide those who take part an opportunity to:

- Meet in a non-clinical environment to discuss their difficulties.
- Engage with one another as a team.
- Locate hope and strength and share their experiences.
- Set realistic goals.
- Monitor the progress of their goals by equipping and encouraging them with tools and affirmation respectively.
- Find out about other services on offer that may help them in the future.

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<sup>1</sup> Although some clubs have added on the option of playing football at the end of the programme.

Adapting the football metaphor, participants of the programme are called ‘players’; programme facilitators are called ‘coaches’; sessions are called ‘matches’; and each 11 week programme is referred to as a ‘season’ (11 being the number of players in a football team).

The programme has been run successfully in a number of other PCTs and participating football Clubs around the country (including Macclesfield, Burnley, Stockport County, Plymouth Argyle and Stoke) and has been previously evaluated (Smith and Pringle 2010). This evaluation focuses on the Pilot programme commissioned in the North West of England.

## 1.2 Participating PCTs and Football Clubs

The It’s a Goal! (IAG!) programme was commissioned as a pilot by NHS North West as part of the wider Improving Access to Psychological Therapies (IAPT) agenda. IAPT services are intended to help deliver important cost savings because untreated depression and anxiety are associated with increased health care usage, sickness benefits and the associated financial and social costs of unemployment. IAG! is seen as a part of an innovative and flexible range of services to address the mental health needs of the local (especially male) population .

**Table 1: Participating PCTs and Football Clubs**

PCTs and Football Clubs		
PCTs		Football Clubs
Blackpool		Blackpool FC
Manchester		Bury FC
Cheshire		Chester FC
Central Lancashire		Preston North End FC
Oldham		Oldham FC
Rochdale		Rochdale FC
Wirral		Tranmere Rovers FC

The pilot is currently being delivered by a team employed by Nacro. Five staff members were employed by Nacro to work part-time as ‘coaches’ in each of the seven areas with a full-time IAG! project co-ordinator. The programme ran for 18 months, up to May 2012, and this report updates the interim report (January 2012).

## 1.3 Contextual Issues

We were made aware of a number of initial teething problems with the setting up of the programme mostly due to the changing landscape within which the IAG! programme was implemented. For example, there were some difficulties setting up the initial contract to commission the programme and initial referrals were slow to develop. In addition, the development of the programme took place during a period of rapid change within the health and social care sector. For example, the PCTs and Nacro were undergoing a period of considerable re-structuring and re-organisation, and this was set against a backdrop of budget cuts.

There were also a few more football club-related difficulties. For example, there were some problems ensuring the full support and participation of the football clubs. It is worth noting that those clubs with the lowest levels of initial engagement (Bury, Oldham and Preston) are those clubs where the programme encountered some initial difficulties with getting the clubs on board and having to find alternative arrangements. Initially, for example, the programme had hoped to involve clubs such as Manchester City, Manchester United and/or Blackburn Rovers, but unfortunately, these (Premier League) Clubs pulled out after expressing an initial interest. This meant the IAG! team had to find alternative clubs which led to some delay starting the programme.

It appears to be difficult to secure the interests of some clubs, especially the 'bigger' and more 'successful' clubs, in such community based initiatives. This is in part because securing space at the clubs at a low cost in order to run programme is difficult due to its commercial value. In addition, the Premier League clubs are involved in a different, potentially complimentary, football and health programme called 'Imagine Your Goals' which involves people with mental health needs actually playing football with the aim of increasing social inclusion and reducing stigma.

## 1.4 The Evaluation

The evaluation was funded by North West Mental Health Improvement Programme which completed its programme of work in October 2010 MHIP. It is a joint collaboration between the School of Social Work; the Psychosocial Research Unit (PRU); and the School of Health at the University of Central Lancashire. Ethics approval for the evaluation was granted by the University of Central Lancashire.

The evaluation comprised a mixed method approach to data collection using a range of both quantitative and qualitative information. This report will focus on findings from the following key elements of data collection:

- Demographic information about people who were referred to, accessed and completed the IAG! programme.

- A quantitative analysis of well-being assessments which players completed before and after using the IAG! programme.
- A thematic analysis of brief telephone interviews with 27 referrers who had referred clients who had subsequently 'dropped out' of the programme.
- A qualitative analysis of 6 Focus Group interviews conducted with players who had completed the IAG! programme (a total number of 40 players).
- A comparative unit cost assessment of the programme.

## \* UPDATED EVALUATION FINDINGS <sup>2</sup> \*

### 2.1 Demographic Information

#### Total Figures of Use of Programme

This information was collated as part of the on-going monitoring process during the programme. Figures are presented for the full 18<sup>th</sup> month pilot period (end point: End of April 2012)

**Table 2: Referral Information**

Area	Number referred to date	Number who engaged *	Number completed
<b>Blackpool</b>	60	33	21
<b>Bury</b>	51	20	14
<b>Chester</b>	69	30	20
<b>Oldham</b>	38	21	9
<b>Preston</b>	46	28	16
<b>Rochdale</b>	43	27	18
<b>Tranmere</b>	77	27	19
<b>Total</b>	384	186	117

We can see that 186 people engaged with the programme (i.e. attended more than 1 session) and 117 people completed it. Whilst regular attendance is recommended, it is not expected that players will necessarily be able to attend all 11 weeks of the programme (although many did). Coaches made an assessment regarding attendance and players who attend most of the matches regularly are awarded a certificate upon completion<sup>3</sup>.

Approximately 48% of initial referrals actually engaged with the programme. Information was not routinely recorded about why people didn't start the programme. However, coaches reported a variety of reasons including unsuitable referrals, insufficient motivation

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<sup>2</sup> These figures have been updated since the interim evaluation report in January 2012

<sup>3</sup> Most players who attended 8 or more 'matches' were considered to have completed the programme. If players miss 2 or more matches in a row, it is difficult for them to catch up and re-engage. In this instance, coaches usually recommend that they discontinue and offer them an opportunity to re-engage the next season. People who started one season but didn't complete and have decided to commence the next season are counted as included as non-completers here, unless they have completed a new season, at which point they are counted as completers.

to attend; people taking up other opportunities; changing their minds etc. As the programme ran on an 11 week cycle, some players may have had to wait 2 months to start the programme although players were usually seen for an initial interview within a week or two of referral.

Most players who did not complete the programme tended to discontinue after 1-3 weeks. The completion rate upon starting the programme was 63% which means a non-completion rate of 37%. We understand anecdotally that a drop-out rate of approx. 50% is common in other interventions within the IAPT programme. Therefore, this attrition rate is actually lower than might be expected. However, because the attrition rate is still a concern, issue, we contacted referrers of players who did not complete the programme. We shall see from these interviews a number of possible reasons for non-completion, most of which did not relate to the programme itself. Moreover, and cannot assume that people who did not complete the programme did not benefit.

These numbers (and our evaluation findings overall) must be understood in the context within which the initiative was being piloted and the teething difficulties any new initiative is likely to encounter getting off the ground, generating interest and new referrals. As expected, referrals were slow at the start but gradually increased as potential referrers got to know about the IAG! and it began to benefit from increased referrals (often via ‘word of mouth’).

The project collected demographic about 214 people who attended at least one session of the IAG! programme and 106 who completed the programme. The following is based on an analysis of this data.

## Age Range

**Table 3: Age Range of Players**

Age range	Number	% of Participants
< 18	1	0.5
18-25	38	18
26-35	74	34.5
36-45	61	28.5
46-55	28	13
56-65	8	4
65 plus	1	0.5
Not recorded	3	1
<b>Total</b>	<b>214</b>	<b>100</b>

Whilst it is often assumed that a football and mental health programme is likely to engage younger men, it is interesting to note that men from across the age range were accessing IAG! This is important given the recent focus on men’s mental health and especially the concern about the male suicide rate, not just amongst young men, but men across the life span. It is perhaps not surprising that younger men are well represented given that arguably the peak years for interest in football coincides with life-span risk for onset of mental health difficulties.

## Ethnicity

**Table 4: Ethnicity of IAG! Players**

<b>Ethnicity</b>	<b>Numbers accessing programme</b>
<b>Black African</b>	<b>1</b>
<b>Black other</b>	<b>1</b>
<b>Other Mixed</b>	<b>2</b>
<b>White British</b>	<b>192</b>
<b>White Irish</b>	<b>4</b>
<b>White other</b>	<b>3</b>
<b>White and Caribbean</b>	<b>3</b>
<b>Not recorded</b>	<b>8</b>
<b>Total</b>	<b>214</b>

Given that football is especially popular within the male urban and white working class population, it is perhaps not surprising that the majority of players who accessed the programme were white British men. Although arguably ethnic minority interest in football is growing, few of the significant ethnic minority groups in the North West have accessed the programme at all. The following table offers a comparison of ethnicity across IAG! and general mental health service use and as a proportion of total population in the North West.

**Table 5: Ethnicity of IAG! Players - Compared to Count me in Census and General Population Census**

<b>(North West England) % in-patient service users<sup>4</sup></b>		<b>It's a Goal! % players</b>		<b>North West England % population<sup>5</sup></b>
<b>White</b>	British	84.5	89.7	94.4
	Irish	1.1	1.9	
	Other	1.8	1.4	
<b>Mixed</b>	White & black Caribbean	1.2	1.4	0.9
	White & black African	0.5	0	
	White & Asian	0.3	0	
	Other mixed	0.4	0.9	
<b>Asian</b>	Indian	0.9	0	1.1
	Pakistani	1.9	0	1.7
	Bangladeshi	0.5	0	0.4
	Other	0.7	0	0.2
<b>Black</b>	Caribbean	2.0	0	0.3
	African	1.4	0.5	0.2
	Other	0.8	0.5	0.1
<b>Other</b>	Chinese	0.2	0	0.4
	Other ethnic groups	0.7	0	0.2
<b>Not stated</b>		1.1	3.7	
			100	

The North West of England has the third largest share of ethnic minority groups as a proportion of total population (8%) outside of London and the West-Midlands (NWDA 2008) and the regional numbers are concentrated in the sort of urban areas where football clubs, and the It's a Goal! programme are situated. This underrepresentation of Black and Asian people is telling given this context and the acknowledged over-representation of these groups in inpatient psychiatric services and under-representation in psychological therapies (Bhui et al. 2003, Care Quality Commission 2011). Interestingly, 12% of BME respondents to the Football League Supporters Survey said they never attended live football matches, which is double the figure for their white British counterparts (Football League 2011). Ensuring accessibility seems particularly important given the recent and high profile concerns about (and challenges to) racism within the sport.

<sup>4</sup> Count me in Census 2010

<sup>5</sup> 2001 census



## Gender

**Table 6: Gender of IAG Players**

Gender	Number	Completion
Male	201	99
Female	13	7
<b>Total</b>	<b>214</b>	<b>106</b>

Not surprisingly, given the target population, the vast majority of players were men. Whilst the programme was not specifically targeted at women, it is interesting to note that some women were referred to the programme. This has also been the case in previous evaluations of the programme (Smith and Pringle 2010) and needs to be seen in a context of increasing levels of women's interest in football, both in terms of active participation in playing the game, and as fans attending matches and holding season tickets (Football League 2011). Of the 13 women who engaged with the programme 7 went on to complete (54%) which is slightly less than the completion rate overall (63%)

On referral, potential players were asked if they had an interest in football and or other sports.

**Table 7: Interest in Sport and Football**

Gender	Number	Interest in football
Male	201	167
Female	13	12
<b>Total</b>	<b>214</b>	<b>179</b>

Out of 214 players, only 2 players reported not being interested in any sport. Both of these were men. As would be expected, the vast majority of players expressed an interest in football at the outset of the programme (84%). 179 said they were interested in football (some of these were also interested in other sports too). 12 of the 13 women reported an interest in football and the other reported an interest in the Olympics (but not football specifically). However, it is notable that 35 players who engaged with the programme (16%) did not express a specific interest in football. In addition, in the focus groups, it appeared that the *level* of interest in the game differed considerably. Whilst the majority described themselves as football fans, and, for example, followed particular team/s, a significant

number of others told us that they had more of a passing interest in the game. A number of these had said their interest in the game had waned over the years for a variety of reasons (usually financial and personal).

Whilst it appeared to be the case that those who were more interested in football experienced specific benefits using the programme, it appeared that these benefits were not necessarily dependent on a current passion for the game.

## Mental Health and Other Issues

The IAG! programme was used by clients (players) with a variety of mental health needs. The most common presenting problems were related to depression, anxiety, low self-esteem, self-confidence, self-worth and social isolation. Many of the players had also experienced suicidal thoughts and some had attempted suicide in the past. Upon referral players were asked about any existing mental health or other disabilities and difficulties.

**Table 8: Mental health and Disability**

<b>Mental health and disability</b>	<b>Numbers<sup>6</sup></b>
Mental Health difficulty	92
Physical disability (including visual impairment)	24
Dyslexia	13
Moderate learning difficulty	15
Multiply disabilities	8
Aspergers	3

The responses relating to 'mental health difficulty' usually related to the person reporting having a specific mental health diagnosis (such as anxiety, depression, psychosis etc). The eight people were recorded as having 'multiple difficulties' included people who had a combination of 3 or more kinds of disabilities which may include physical, mental and/or learning difficulties. Unfortunately, we didn't collect data on people who had difficulties relating to drug and alcohol use and our qualitative data suggested that a number of players had this experience.

It is clear that the programme is successfully reaching men with mental health needs (and other difficulties) and it appears that these people were not necessarily averse to recognising their mental health needs. As we shall also see, players were not new to services as they had recently used a variety of health and social care services. However, as our qualitative data will suggest, their experiences of other services were often unsatisfactory.

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<sup>6</sup> A number of people referred to multiple difficulties so this doesn't add up to the total.

## Service Use

The vast majority of players (76%) had accessed other services in the past 12 months.

**Table 9: Service use**

Previous use of services	Number
Number who had accessed services in last 12 months.	163
Number who had not accessed services in last 12 months.	43
Not known	8
<b>Total</b>	<b>214</b>

**Table 10: Services used in the last 12 months**

Services used in last 12 months	Number <sup>7</sup>
GP/Primary Care	103
Therapy/Counselling	64
Other statutory mental health services (e.g. social work, CPN, OTs)	60
Mental health in-patient	18
Probation services	13
Voluntary orgs & self-help groups)	24

Unfortunately we didn't specifically ask about previous use of specialist drug and alcohol services but 7 people specifically reported this under 'other' service use.

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<sup>7</sup> As some people referred to their use of multiple services, this doesn't add up to the total

## Referrals

Players were referred from a range of different referral sources (see Table 11).

**Table 11: Referral source**

Referral Source	Numbers
Support worker	49
Self-referral	58
Job Centre advisor	18
Mental Health Practitioner (social worker, CPN, OT etc)	15
Probation officer	6
GP/Primary Care	6
Youth worker	1
Housing worker	2
Therapist/Counsellor	4
Other	56
Not known	17
Total	214

The main category was ‘support workers’ which tended to cover quite a range of different workers, reflecting the changing nature of the health and social care workforce. This included workers from third sector organisations (such as MIND); drug and alcohol workers; and workers in residential care and homelessness services. A significant number also came from self-referrals and we might expect this method of referral to rise if the programme continues and people get to hear about the project. Indeed, one of the women reported being referred by a female friend who had recently completed the programme herself.

A number of referrals were also received from specialist and statutory mental health practitioners (such as CPNs and social workers). There was also a significant number of referrals from job centre advisors at employment organisations such as Job Centre Plus. Referrals from employment advisors were usually referrals for clients who were stuck in a cycle of unemployment and low self-esteem, whose underlying mental health issues were contributing to (and exacerbated by) the prospect of long term unemployment. As we shall see below, most of the players were long term unemployed.

## Employment

**Table 12: Employment status**

Employment	Number of players
Unemployed	132

<b>Sickness benefits</b>	55
<b>Employed</b>	13
<b>Not recorded</b>	11
<b>Self employed</b>	2
<b>In education</b>	1
<b>Total</b>	214

Of those 132 people who were recorded as unemployed, 100 had been unemployed for over a year, of these 74 had been unemployed for over 2 years. See below:

**Table 13: Length of Unemployment**

<b>Length of Unemployment</b>	<b>Number of players</b>
<b>Over 2 years</b>	74
<b>1-2 years</b>	26
<b>Under 1 year</b>	32
<b>Total number unemployed</b>	132

These figures are commensurate with wider studies of unemployment amongst people with mental health problems; such individuals being twice as likely to lose their jobs as workmates who do not have mental health difficulties (SEU 2004).

Given this profile, the following section reports our findings about the impact of the programme on participants' mental health and well-being.

## 2.2 Well-being assessments

All players who accessed the IAG! programme were asked to complete a well-being questionnaire at the beginning and again at end of the programme. The well-being questionnaire is based on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)<sup>8</sup>. This questionnaire was designed to measure individual mental health and well-being. Our version included 13 items relating to positive mental health and well-being. Individual items were scored using Likert type scales in which people indicated their agreement with statements from 1 (none of the time) to 5 (all of the time). Hence the minimum possible score is 13 (exceptionally low) and the maximum score is 65 (exceptionally high)<sup>9</sup>.

The scale is not designed to identify people who have a 'mental illness' and does not have a 'cut off' level to divide the population into those who have 'good' or those who have 'poor' mental health in the way that scores on other mental health measures often do. This was important as IAG! is designed to be a non-stigmatising and a non (or pre) clinical intervention. However, we can use this to compare players' scores with the average scores of the general population and we are able to measure whether players' scores improved after using the programme.

At the end of the pilot, we analysed results from 171 questionnaires from people who had completed the well-being questionnaires at the beginning of the programme. Of these, 102 had also completed the 'after' questionnaires.<sup>10</sup> Our analysis included some imputations to make up for missing data<sup>11</sup>

The average (mean) starting point for players who went on to complete the programme was 35 points and their average score upon completing the programme was 45. Therefore, for

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<sup>8</sup> The WEMWBS was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

<sup>9</sup> The WEMWBS has 14 individual items and we intended to use the full assessment. However, somehow one of the individual items ('I've been thinking clearly') was omitted when the questionnaire was administered in the programme. This is important because WEMWBS has been validated using all 14 items. Nonetheless, the measures generated in this programme still provide useful indications of wellbeing and we do not anticipate that using 13 items has significantly affected the validity of the tool.

<sup>10</sup> These numbers do not reflect the exact numbers of people who used the programme. This is for a number of reasons. Not everyone who started or completed the programme completed the questionnaire as participation in the evaluation was voluntary. In addition, not everyone who completed the programme necessarily attended the last session when the well-being forms were completed. Players did not have to complete all 11 sessions to have technically completed the programme. In this instance, where possible, players were approached as soon as possible after the final session and asked to complete the questionnaire.

<sup>11</sup> Players occasionally missed one or two of the individual questions. We used an acceptable and conservative way of 'imputing' data to make up missing values by the method of equivalence i.e. we put in the same score from the person's response in the 'after' missing item with their response to the same item in the 'before' questionnaire item and vice versa. This method assumed a neutral intervention effect and therefore didn't artificially inflate the effect of the intervention. If a player's responses had more than two missing answers on either questionnaire, or if both questionnaires were incomplete, we had to omit their responses from the sample.

the 102 people who completed the programme, and completed the well-being questionnaire, their average (mean) improvement was 10. points on the WEMWBS. This was significant at the 0.1 % level ( $P < 0.000$ ) i.e. it was highly unlikely that this improvement was due to chance. The average improvement rate was between 8.5 to 11.5 points with a 95% confidence interval rate.

For the purposes of this evaluation, we are assuming that the average score for the general population, using the 13 item scale, would be around 47.<sup>12</sup> Therefore, this analysis suggests that players started the programme with below average well-being scores. Upon completing the programme, their well-being scores had risen to near the population average (approx. two points below). It is worth noting that we had 6 completed ‘before’ and after well-being questionnaires from women participants. There was no significant difference between their improvement in well-being scores and the overall sample, suggesting that women had similar benefits from using the programme as the men<sup>13</sup>

These findings tally with the statistics provided in the Interim evaluation report in January 2012. Indeed as the sample size increased we can be even more confident of the results.

**Table 14: Wellbeing scores for IAG compared to general population**

Well-being Scores:		
It’s a Goal! Programme <sup>14</sup>		Estimated score for general population
Before	After	
35	45	47

Given the relatively high non-completion rate, we wanted to know whether completion was more likely for those with higher wellbeing scores. Hence we compared the differences between the average pre-intervention scores for those who subsequently completed the programme and those who dropped out. There was no significant difference in scores on the adapted WEMWBS (just an average of 0.1 point difference). Therefore, it did not seem to be the case that those who dropped out necessarily had greater mental health needs than those who completed the programme (or vice versa).

<sup>12</sup> The mean score on the WEMWBS for the general population is around 51 (Tennant et al. 2007). The average (mode and median) score on this individual item in the general population surveys is 4 (ibid). Therefore, our estimate of the general population score on our 13 item questionnaire is based on subtracting 4 from 51 to equal a score of 47.

<sup>13</sup> The women’s ‘before’ score average was 37.7 and their average ‘after’ score was 47.7.

<sup>14</sup> Based on the 102 completed ‘before’ and ‘after’ questionnaires.

Therefore, at this stage we can say that the programme appears to have a *significant and positive impact on participants' well-being*.

However, we do need to state a few caveats:

1. We had no 'control group' (i.e. of a 'no intervention' or another type of intervention) to compare these results. This means that we cannot say for certain whether these improvements were specifically due to the programme itself. However, qualitative data we generated, especially the focus group interviews with 'players' (service users) lends support to the suggestion that the significant well-being improvements were due to the programme.
2. The well-being measure relies on self-assessment. Therefore, the results are dependent upon the self-awareness of individuals' completing the forms. While this is important to bear in mind, this fact does not in itself prejudice the results, either in favour of (or against) the programme.
3. We do not know whether this increase will necessarily be sustained over time although, again, the qualitative data (focus groups) provides some indicative evidence in this regard.
4. Finally, any benefits accrued from initial engagement in the programme are not captured in the findings presented here (although we were able to gain some insight about these issues from our conversations with referrers). In other words, the analysis presented here only includes data from players who completed the programme, not those who may (or may not) have benefited from a few sessions of the programme but did not complete it.



## 2.3 Information from the referrers of non-completers

Given the high ‘attrition rate’ (drop-out) in these types of interventions we attempted to contact all referrers of players who did not complete a full 11 weeks ‘season’ in each club<sup>15</sup>. For the interim report, we conducted approximately 27 brief telephone interviews with referrers who had referred clients who did not complete the programme<sup>16</sup>. This also included 3 people who had self-referred. We asked them about their perceptions of reasons for non-completion<sup>17</sup>.

The following table illustrates the reasons they gave for non-completion/drop out:

**Table 15: Reasons for non-completion**

Suggested reasons given for non-completion <sup>18</sup>	Number of times mentioned
Changing circumstances	8
Severity of current mental health difficulties	8
Perceived lack of motivation	7
Difficulties with groups	7
Current situation (e.g. drug/alcohol use, homelessness)	6
Difficulty getting to venue.	2
Low numbers of people attending sessions	2
Unable to attend a few sessions & couldn’t re-engage	2

From the referrer’s point of view, reasons for non-completion were based on circumstances around the players, rather than the programme itself. Basically their perception was that there was nothing inherently wrong with the programme, but that it had come at the ‘wrong time’ for some people.

A small number of people suggested that some participants had felt coerced to attend by the Job Centre, which didn’t help engagement. A few others felt that their clients had required a greater level of support than this programme could offer. For example, one referrer felt that their client might have continued attending if they could have received

<sup>15</sup> We avoid using the term ‘drop-out’ because of its pejorative connotations. As already indicated, and as we shall see, not completing the programme does not necessarily indicate a ‘failure’.

<sup>16</sup> It was not always possible to get this information as some referrers were unavailable, no longer in the same post, were off sick or didn’t have any further information about the client they had referred (e.g. they had been discharged or were unable to access any information about the referral).

<sup>17</sup> This method also gave us some additional information about the benefits of the programme as many of the referrers were spoke to had also referred people who *had* completed the programme. This additional information was used to supplement the sections on the key components and benefits of the programme

<sup>18</sup> Many referrers suggested multiple reasons for each player they’d referred who had dis-continued.

more intensive one-to-one support. Another didn't like the group format, as it was 'too much like AA' (Alcoholics Anonymous). Another was worried about starting a programme which he felt might not continue and so was reluctant to engage. Some others felt that they were not able to relate to others on the course whose problems they saw as more severe than their own; in these cases people suggested that they didn't want to be 'brought down' by other people's problems.

Referrers reported that despite these issues, they believed that clients tended to enjoy the sessions they did attend and most thought they might re-engage at a later date and felt they would benefit from it (indeed it appears that a number of people had done this, and gone on to successfully engage with and complete the programme). The next section presents findings from our focus groups with players.

## 2.3 Focus Group Interviews with participants

We decided to conduct Focus Group interviews, rather than individual interviews. This approach had three advantages: (i) it mirrored the group-based structure of the programme (ii) it allowed us to see the ways in which certain issues were agreed upon or contested within and across the groups, and (iii) it allowed us to reach more participants within the resources and timescales available.

We conducted group interviews approximately midway through the pilot to ensure that the programme had sufficient time to develop and to maximise the chance of getting a reasonable turn-out. Therefore, we tried to organise each local focus group after the 3<sup>rd</sup> season (of 6 in total). All players who had ‘graduated’ (i.e. completed) from the preceding seasons were invited to attend. Most groups included players from the first 3 seasons which offered a good cross-section of graduate players. In one case all the players were from one season which offered a useful comparative insight into the relationships which existed within this group.

Each Focus Group ran for approximately two hours at the relevant Football Club. Where possible, we held the interview in the room where the programme was delivered. The interview was facilitated by two members of the evaluation team. They were run without the IAG! coaches present to enable players to be as open and honest about their feedback as possible.

We conducted a total of 6 Focus Groups, with 40 players who have completed programme, one each at the following clubs:

**Table 16: Focus Groups with Participant Players**

Club	Numbers of players attended
Chester	5
Rochdale	9
Blackpool	6
Bury	6
Tranmere	10
Preston	4
<b>Total number</b>	<b>40</b>

Due to difficulties setting up a focus group at Oldham at the time we had planned it, we invited the players from this team to attend the Rochdale FG (the IAG! coach is the same in both these clubs). Similar themes emerged across the six focus groups and hence we decided that whilst a focus group at Oldham might develop some new information, overall the additional value would be small.

The following three sections are primarily based on an analysis of the qualitative focus group data i.e. the perspectives of players themselves<sup>19</sup>. First, we present what appeared to be the most important components and elements of the programme. Second, we present the perceived benefits and outcomes of attending the programme. Finally, we report on suggested improvements to the programme.

### **2.3.1 Key Components of the programme**

This section presents an analysis of the key components which players suggested were crucial elements to the success of the programme. It seemed clear to us that these elements are not discrete components, but interrelate, overlap and tend to feed off each other. In other words, they combine together to form the key components of the programme. In 'Realistic Evaluation' terms, these elements can be considered as key 'mechanisms' which are seen as resulting in the benefits or outcomes of engagement in the programme (Pawson and Tilley 1997).

#### ***Playing with football***

People reported a lot of benefits emerging from the football theme and also used football anecdotes to illustrate some of their reflections on the value of the course. To start with, the football theme seems to operate as a 'hook' which attracts people to engage in the first place:

*'I came through mental health services and a lot of the stuff we did on the programme was about self-esteem and assertiveness and rebuilding confidence. The thing that made me want to do it in the first place was football 'cause I'm really into football. So I drifted into it and I just went along with it and when I came I enjoyed doing it and it makes you think about stuff that you wouldn't normally think about.'*

In particular, football 'banter' seemed to work as a gel and an icebreaker, something players can use to ease their way into the programme. Fans of different teams would make their allegiances apparent and this could be a focus of humorous engagement with the previous week's football results and the performance of the various teams. For one IAG! group, the local derby match occurred during their season and this amplified the banter for the following session. In fact, the researchers themselves found football worked well as a conversational icebreaker before and during the focus groups. As one person said, football is helpful because it is a '*common denominator*':

*'It's good that it's all based around football it's something we all have an interest in'*

For some people, the football tag specifically helped them to overcome the potential stigma of needing to seek help for mental health difficulties. As one person put it:

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<sup>19</sup> All quotations in italics are from players themselves.

*'So you are going to a programme, it's at a football club and you're talking about football. Sounds OK to me'.*

Football language and examples help by translating key therapeutic ideas and make them understandable, palatable and digestible:

*'what I liked about it was the football analogy of it ... the fact that if you are in to football you can relate to it'*

*'The football language and setting really helped...I actually found that I started reading stuff about mental health'.*

In particular, it provided a useful way to structure the course programme and content which helped make it feel relevant to them. A number of players pointed out how football was a less direct and less threatening way-in to talking about their difficulties. As one player pointed out:

*'It's not like some places you go, where they sit you down and ask you 'so what's your problem?'...This helps you open up more'.*

As football was a subject most felt they knew something about, participants felt they could contribute something without feeling inferior. Players felt that the football elements lightened up what were often quite heavy going conversations and material and made it fun and engaging:

*'A lot of it was heavy going and without the football making it a bit lighter it would be a bit too much. The football makes it more fun.'*

In this regard, people often chose to position the programme in positive contrast to standard treatment (mainly mental health, but also addiction treatment) or to other psychological therapies. Their critique of these other approaches included that they were too clinical, too professional-led and directed, or delivered mechanically without warmth or in difficult language, by people they felt learned from books rather than experience:

*'it's not as much text-book ... you see a psychiatrist and you tell him this and he tells you that and then he puts you on medication ... it's all by the book ... this was totally different, it was more like a light hearted look at mental illness'*

In this way, some suggested that the use of the football metaphor allowed for an unpressured engagement with serious ideas and opened up the possibilities for friendships and mutual support to develop within the groups. In particular, the use of football metaphors within sessions helped them to understand complex issues and demonstrated ways they might try to address these:

*'you might know the question in your mind ...but you don't know how to answer it .. and he [the coach] might say "now compare it to a football situation" and then he*

*says “now explain it in a real life situation” ... so by explaining an answer to a question in a subject that you are really enthusiastic about and then applying it to real life ... it made more sense’*

The above quote demonstrates the idea that the football metaphor can provide a collective emotional space in which difficult ideas can be approached safely and ‘played with’ before bringing them back into real life situations. Most importantly, most of the players felt that the football theme enabled them to apply particular situations to themselves. This was often facilitated via a discussion about the qualities of different players in a team:

*‘The attributes of different players, strikers having confidence, midfielders needing to hold things together and all that...provided a good way of looking at my own issues’.*

*‘It certainly helps when you look at the different players and the different positions and then you relate those characteristics to your own life’.*

Some of the players specifically mentioned examples of famous footballers themselves who had experienced mental health difficulties or problems. Some were doing the programme when the Welsh football player and manager, Gary Speed, was reported to have committed suicide and they recalled their discussion about this during the matches.

The common language of football also meant that players who were not that interested in football could also relate to and benefit from the programme. Some men (and women) who did not describe themselves as big football still felt they could still understand, and relate to, the examples used. In addition, as already indicated, the coaches would sometimes give them other non-football example. As we shall see, the coaches were adept at acknowledging different levels of interest in football and accommodating players who might have little interest in football, or be more interested in other activities.

The football metaphor, though important, was not so appealing for everyone or not the be all and end all of the programme for them. For these participants, ultimately, attendance at IAG and sense of value was based on perceptions of efficacy and impact on well-being. As one player was keen to stress:

*‘It’s not really about the football, it’s about me. I did this for me, to help build my confidence’*

### **Goal setting focus**

Players agreed that they really benefited from the goal-setting focus of the course, and for many, this was the main ‘active ingredient’ of the programme. First, the process of goal setting was simple to understand and follow:

*'We all set a long term goal and then as you go through the course set short term goals that were achievable. And then if you can achieve it you write it down, and I think most of us ticked them off'.*

*'it made me feel good, because he came back each week and showed us what we had done ... that's what works'*

Players specifically mentioned the benefits that came from setting short-term and long-term goals and breaking things down into manageable and achievable personal objectives.

*'I liked the idea of breaking things into small goals and it got me to analyse things before I jumped in'.*

Many had set themselves what might appear to be really small goals at the start of the programme such as just getting out of the house once a week to go for a newspaper, or getting to the next IAG! session. Some explicitly referred to setting '*smart goals*' which are measurable and attainable. People reported that goal-setting helped create and sustain their motivation:

*'setting goals each week gives you something to aim for'*

The programme institutes a process of feedback amongst participants that is appreciated, whereby the group affirm each other's progress towards goals and congratulate each other on successes. Players seemed to get a lot of encouragement from achieving goals, however small, and getting validation and positive feedback from self and others:

*'this ... you are living it at the same time ... achieving your goals, setting goals ... for me it's about validation'*

*'It's about hearing that you have done well from other people and telling it to yourself.'*

*'After match 3-4 I started to feel good, I got that round of applause and liked it, I wasn't feeling so isolated'.*

Connecting again with the use of football metaphor, some groups celebrated who was the '*top goal scorer*' in terms of achieving most success in reaching personal goals. This whole process – goal-setting and validation - was important in helping players to start to become more positive and optimistic about changing aspects of their lives:

*'the cumulative effect of 11 weeks positive feedback, positive experiences, enough to start turning people round, put people on an upswing...the positives start to eat away at the negatives'*

*'you get to a point when you are depressed ... you get to a point where nothing can work ... whatever you do it's going to go wrong ... so there is no point doing anything'*

*because you will never get anywhere. And the whole business about making a difference in your life ... even a small step ... that starts eating away at this whole massive self-doubt thing'*

The positive feedback process also helped players to stay positive, despite experiencing inevitable set-backs. This seemed important in that players felt that they weren't made to feel like they'd 'failed' if they didn't meet their goals. Here the support of team members and the coach had helped them to re-assess the reasons why things hadn't been achieved and to try again.

*'Reminding each other what we've achieved, no judgment to it'*

Others spoke about becoming much clearer about what their personal goals might be, achieving greater clarity about what they wanted to do with their lives and sharpening up how they might think about achieving their goals.

### **Group Setting**

Perhaps not surprisingly, given the team-based nature of football, it seemed important to most of the players that the programme was situated within a group setting. People reported that they liked the group component of IAG! for a number of reasons. Being in a group offered the opportunity to listen as well as to talk and people suggested that observing others conversations was useful and offered a space to think. People also saw the group as a way of testing out ideas (their own and those put forward by the coach).

*'Most of what we did on mental health services was one-on-one and although they told you stuff you didn't always believe it. Being with another people and sharing it with other people you believe in yourself more and see how it relates to your life'.*

In particular, players talked about how they valued the mutual support available in the group. Players referred to the importance of getting to know one another, sharing problems, listening to each other and giving each other advice. One particular aspect of this which stood out was finding out that other people had similar problems and were in *'the same boat'*. Another said, *'It was like a level playing field, we all had our problems'*

In particular, they recognised that fellow players had similar underlying problems, even if they were expressed differently e.g. in terms of mental health difficulties, drugs/alcohol, anger/aggression; involvement in crime etc.

*'you can understand that others have problems too even if they are not the same as yours'.*

*'People might have different illnesses or whatever but it all boils down to mental health'*



*‘Everyone in the group was different and that was good, people from all walks of life, it helps to break down barriers’.*

This aspect seems especially important when services are often artificially divided up into categories of ‘problems’ of ‘symptoms’. It also had the potential to tackle stigma about particular issues which are often surrounded by misunderstandings (such as mental health, drug addiction etc). This extended to breaking down some of the finer grains of stigma and prejudice that might pertain in wider society. For example, before starting the group, one person with a background of problematic drug use felt there might be an ‘us and them’ dynamic between drug users and non-drug users but was pleased to find this was not the case.

It seemed that players started gelling as a group and offering each other mutual support. Again, players often specifically drew on the football metaphor of being a ‘team’ and getting encouragement from ‘team mates’.

*‘We have become a team ourselves and are bouncing off each other and supporting each other, like if one player isn’t doing so well we can support them’.*

Many of the players spoke of the value of shared experience in developing these bonds and solidarity within the group. Some explicitly linked this to notions of acceptance within the group:

*‘It’s like a big family basically. You’ve all got the same stuff going on inside you ... eventually it pours out of you’*

*‘it can be quite isolating that experience of anxiety or depression ... you start to kind of withdraw from society ... obviously it builds your confidence just being with other people ... but more than that it’s that experience of saying “look you are not the only one, it doesn’t matter how you got where you are, there are other people like you and other people understand it”’*

The non-judgemental atmosphere of the group contrasted with stigmatised experiences or a general lack of compassion or understanding elsewhere, even within close relationships with friends, family or partners:

*‘a lot of people don’t understand mental health issues and so on ... you’re always going to have people who say “just get over it”. I don’t think until you have actually experienced it you have any way of knowing just how debilitating it is. I mean, even if you are sympathetic you cannot fully appreciate it’*

On occasions this mutual support was made explicit within the focus groups when one player would recall something meaningful in relation to one of their fellow players that had occurred in the IAG! sessions. For example, by reminding each other what they had achieved or what their initial goals were. Therefore, players seemed to develop some sense

of personal agency to change things in their own life and a sense of ‘vicarious agency’ that they achieved through contributing to one another’s change processes. In other words, while they were proud of the things they had achieved in their own lives, this sense of contributing to one another’s change was also palpable and important:

*‘It’s boosted my confidence and helped me to feel good about myself, also listening to other people in the team and helping them with things, working together as a team’*

One group even described how they had elected an older and more experienced ‘player’ as their captain. This was in part about his seniority (in age), however, the spontaneous nickname of ‘Captain’ was also a humorous recognition of his own commitment to meeting his life goals; from a very low starting point, he was seen by his team mates to have made considerable progress. This also connects well with the remarked upon value of football metaphor and the positive use of humour and banter within the groups:

*‘we had a laugh ... it wasn’t all just ‘let’s get better’ ... you know, we had some craic at the same time’*

In addition, some of the men talked about how the programme had actually helped them care more about others as they started to really care about other people on the programme. Many of the men found that this was a space in which they could do emotion with other men, in a way they were often not able to in existing male friendships.

*‘It’s important to be able to discuss how you feel without feeling like you’re going to be ridiculed for it’.*

Some players specifically liked the small groups as they felt it was more intimate and personal. Indeed a few people expressed some frustration at having to ‘wait their turn’ and that some examples given were not relevant to them. Thus it seems important that the group size is large enough to enable mutual support and generate motivation and enthusiasm but small enough to feel safe and personal; and to recognise that people’s individual sense of these distinctions will vary.

In the context of the importance of the mutual support and group-based aspect of the programme, it was significant that some suggested that the depletion in numbers in some of the early seasons had led to some choosing to leave the programme.

*‘I know one lad dropped out because the group had gone down to 3, and he said he would try again in the future’.*

## **The Coaches**

There was unanimous agreement that the coaches were a key component of the programme and players valued this role considerably. In particular, players referred to a number of key qualities and skills the coaches had possessed.

First, all the coaches were seen as approachable, down to earth, with flexible boundaries. People used phrases such as *'he is like one of us'* & *'someone we can relate to'* to describe how coaches had *'got on a level'* with them. In particular, players also valued the coaches sharing details of their own personal struggles, when appropriate, because it normalised their own experience of problems. This supported the idea that the coaches weren't simply delivering the programme via a 'text book' but through relating real life experiences:

*'He was on a level with us... He spoke on a level and shared his own life experience'.*

*'We felt [the coach] had learned through life, not just a text book'.*

This added to the credibility of the coaches in the eyes of the players and their reception within the group:

*'In services they say a lot of things but you don't always believe them'.*

*'you're not going in having to explain yourself or excuse yourself ... or try and pretend that you are 100% when you are not ... there is no need to cover anything up basically ... certainly having the people who have experienced it running it has a huge benefit ... it does offer a credibility to them ... they are much better able to adapt and understand.'*

In particular, the players felt that coaches willingness to talk about their own struggles and vulnerabilities seemed to help the players feel more relaxed and able to open up about their own difficulties.

*'He talked about being in a bad position himself and how he had dealt with it...this made you feel you had more in common'*

As another player said, this helped him relate to the coach who *'was more of an actual person, he wasn't picture-perfect himself'*. It appears that the coaches had achieved the important balance between appropriate self-disclosure and retaining a focus on the player's needs:

*'He strikes the right balance between sharing stuff about himself and making it about us'.*

Second, coaches were described as being warm, concerned and empathic. Players said things like the coaches *'actually cared about us'*, and *'showed an interest in us'*. Coaches demonstrated their concern in different ways. For example, some talked about coaches

contacting them by phone or text after sessions if they were having a particularly difficult time. Players in one session reported that their coach had made them a compilation CD of songs on which they had each chosen a song that meant something to them; he had also put a photo of the team on the front. Mostly it was achieved by showing a genuine interest in the players' lives and current struggles:

*'He gives you time...He would remember stuff about us and ask us about stuff'*

*'He was warm and supportive, not forceful or pushy'.*

*'being able to talk to [name of coach] he's not forceful or too direct, he just kind of coaxes it out of you'*

Third, the coaches were described as being able to be flexible and adapt the content of the programme to different people e.g. using examples that players might be able to relate to other than football where necessary (e.g. music or athletics).

*'The course was structured but [the coach] tailored it to our own needs'.*

*'The lad who did it with me hated football ... and what [the coach] done was to note a bit about music [which this person was into]'.*

*'It didn't put me off, because [the coach] made it clear from the start that if I was not interested in football he would work around it'*

Fourth, the coaches appeared to have good group facilitation skills. Players valued the coaches taking a lead but also facilitating mutual support:

*'[The coach] made everyone feel at ease and we felt like a team from the second session...He knew when to take lead on issues but also to step back and let us help each other. One lad was having an issue with accommodation and several of us were able to offer him advice on places to go and it helped'.*

It is important to note that many of these positive attributes of the coaches were contrasted with previous relations with clinicians in mainstream mental health services. Good practitioners were seen to share the effective inter-personal skills observed in the coaches, but many encounters with professionals were seen to be lacking in some of the key basics of engagement and relationship skills: they were seen as cold, impersonal or overly concerned with boundaries. Some felt that professionals often, as one player put it, *'look down on you'*. Others expressed similar views:

*'Professionals just sit and take notes, you don't hear anything back from them'*

*'he [the coach] didn't just sit there like a shrink listening to you ... he got involved'*

The fact that the coaches were not medically trained, or seen to come from a professional background, was an important aspect of the extent to which they were appreciated by the players:

*'You would never meet your psychiatrist for a brew, would you? ... I see [my coach] as more of a friend ... I text him about football'*

*'[The coach] was great, I'd seen psychiatrists in the past but he put it in a way men understand. He could just lay it out. With psychiatrists it's more regimental.'*

## **Football Venue**

On the whole, players liked the fact the programme was held at the football club. This helped make people who often felt isolated, excluded and stigmatised feel important, that they were part of something they (and their peers) valued in the community. This often led to an initial sense of pride which helped engagement:

*'it felt special .. I'm allowed into this theatre... like, I'm part of the club .. I can walk these halls and hold my head up high'*

*'You walk down through the big gates, I don't know, there's just some nice feeling goes through you, I can't really put it into words, it makes you feel good. As soon as you walk into the Pacific Room or the Board Room you are sitting there and for some reason you feel very important and you get on with the session, it's good'.*

In some cases, the clubs had gone to particular efforts to make the players for welcome by inviting people from the club to welcome players and show them around. This was often appreciated:

*'At the beginning [the coach] introduced himself with his co-partner and then he said 'just before we kick off we are going to have the director from the football club come down stairs'. And it was very nice that he came downstairs from his office and said 'welcome' and 'it's nice to have you all here', and it was he who said we're going to sort you out some tickets. It was nice to see him, he took his time out, this busy person and you felt valued. It lifts you an awful lot.'*

Some areas were able to use a room with a view of the football and this situation is seen by the IAG! founders as the 'ideal' setting. This situation was possible in at least two of the Clubs (Blackpool and Bury) and seemed to add to the positive experience:

*'It felt special to be here, to walk through the door and just say 'hi' and to walk these corridors with other people and feel part of the club. And you get to sit here and see the pitch'.*

Some even referred to reserve matches being played during sessions which they enjoyed and it offered them a break or an opportunity to use the game for discussion. Other rooms were decorated with club memorabilia or shrines to famous ex-players and this was also

appreciated. Some of the IAG players got to experience what it was like at pitch side or even received complimentary tickets for a match; others were a little disgruntled that this wasn't offered or the suggestion had not materialised.

The venue was appreciated as being a non-stigmatising environment which was set apart from services and other people they might 'bump into' so they felt more comfortable about attending. This helped to make the course more appealing than if had been in a more clinical service type environment:

*'The football club is a relaxed venue... I am sick of going to places where people are wearing suits and they talk down to you. Here, it's a level playing field.'*

*'In the health centre I usually feel like I'm labelled....[Football venue]...helps you feel normal and relaxed and it's a convenient location, it's out of the way, but not too out of the way'*

Even the non-football fans liked the venue as it had some of the similar benefits for them too. However, while there was widespread agreement that the venue helped, there was some disagreement about how *essential* the venue was to the success of the programme. Most agreed that the football club was an ideal environment but at the least, it should be in a sports/leisure type environment.

Most, but by no means all, of the players tended to support the 'bigger' local clubs (in Liverpool and Manchester) and would clearly have been especially pleased if the programme had been held there. However, the venue was still an important 'hook' to aid engagement, especially for those with a keen interest in football and, especially fans of the particular clubs where the programme was held, and those with a connection to the local area:

*'It's a draw, even though it's only Chester, we all relate to Chester because we are from Chester. It's a draw that it's your home city and that gives it more interest. If it was at the post office I'd be like 'I don't want to go there' [they all laugh] but here, you might see someone famous'.*

It transpired that there were some difficulties with using football venues. Some rooms were more comfortable and conducive than others and there were examples of rooms being changed at the last minute. One group reported that they had been made to wait outside for half an hour before a couple of sessions because no one had turned up to open the room. Another group reported that they had to meet in the club's Changing Rooms one week. Whilst this particular example might have inadvertently even added to the football atmosphere of the programme, it was unfortunate and it is obviously crucial that players knew where the meetings were to be held from week to week. In fact, one of our focus groups had to change rooms at the last minute due to a press conference being organised on the day.

The sense the researchers gleaned in visiting the clubs to conduct the focus groups was that some had a much greater understanding of the programme and engagement with its ideals than others. In one club the managing director had been to talk to the players and they had also been given a tour of the ground. These positive experiences added significantly to the sense that they were attached to a programme that was valued by the club and also sought to enhance the sense that the club took its role in the community seriously.

One area also ran a pilot season outside the football venue, in a Job Centre Plus (Wallasey pilot). One player did report their initial disappointment that the venue was not at the football ground,

*'the venue at the job centre was really convenient, just around the corner from me and it had a disabled parking bay .. but I would have preferred it to have been here [the football club] ... when I found out about it and it was run at Tranmere Rovers as was expecting to come to Tranmere to do it'*

The fact that this was not held at the football club, however, did not appear to make a major difference to the players' positive appreciation of the programme: Indeed the mental health worker at the Job Centre Plus, who had organised the pilot in collaboration with the IAG! coach, felt that players who participated had benefited greatly from the programme and felt it was a great success, although she acknowledged the venue wasn't ideal, in that the space provided was not really private enough.

### **Course Structure**

There were a number of positive comments on the value of the programme structure, which was seen as well organised and put together, with a logical flow of content:

*'It's broken up into 11 sessions, they're all themed and so on, they all lead on from one another, so they run smoothly'*

*'the content was very well thought out and every week I thought 'that so accurately applies to my life' '*

Some specifically mentioned the hand-outs they were given during the programme which they could take home and read again between matches:

*'What I found with its a goal was that it made me think about my life and what I found was that I would look back at the material [handouts] afterwards and it would all coming flooding back, it was useful'*

For some, these allowed them to share and talk about the things they were doing with other people in their lives. For others they offered the opportunity to rethink certain issues they had found difficult and to do some further reading about them. A few even brought the

course materials to the focus groups to show the researchers, clearly keen to describe the ways in which they had used the materials in relation to their own lives.

Participants commented favourably on the pace of the sessions and how the level of interest in the content, and hence personal attention, was maintained:

*'I did get a lot out of it, and I found each session ... they lasted an hour and a half, and I found it rushed by'.*

In particular, some reported the confidence they got from seeing themselves meeting goals and 'climbing the league table' as they progressed. This was another football tool used in the programme to help players monitor their progress. One player described the programme as *'like CBT, but gentler'*.

### **Targeting Men**

One of the key components of the programme is that it actively and specifically targets men. Most felt that the programme was particularly appropriate for men who often have problems expressing themselves to men, and indeed other women and often talk in football language:

*'perhaps it's because women are better able to open up emotionally'*

*'the subject matter [of IAG!] is a more masculine area I suppose, that they are using for their references ... I think that's distinctly helpful'*

Some also mentioned that the programme positively contrasted with the rest of the NHS, which they saw as very female orientated. One person reported that in their previous contact with health services they usually preferred to talk to women staff, but the qualities of the IAG! coach and experiences in the group now meant that they were more comfortable talking about their feelings with other men.

As we have seen, a small number of women also accessed the programme. Overall most players didn't express any objection to the groups being mixed. Indeed, many thought of good reasons why the groups could include women. Most acknowledged that some women really like the game and know a lot about football and cited examples of women who knew as much, or even more, about football than many men:

*'My mum, for example, knows more about football than most lads I know'*

More importantly, they felt that they could learn from one another about how they express themselves. Some thought it might break down the barriers, stereotypes and expectations about how men and women think and feel. For example, they thought it would be good for men to see that women struggle with their emotions, and for women to see that *'men can open up too'*.



A minority of the men (mainly from one club) felt they would rather it be a male-only group as they specifically valued the fact that the group was one means to have male company which they could relate to:

*'We could talk openly, mainly I think, because it was all fellas'*

*'The two genders are different and I was always brought up not to show my feelings and if it's just a group of men we open up a lot easier. It is just the way we are made up, I am not saying every man, but there are things that perhaps I would not have said that I needed to.'*

The researcher's perception was that this seemed mainly to be about the fact that for a couple of people in this focus group difficult relationship issues with ex-(female) partners were an important issue they had wanted to address within the group. In another group, one person reflected on the extent to which his taken for granted outlets for socialising had become more limited once he had given up drinking and that these had previously revolved around male company.

Some felt that women wouldn't necessarily understand or relate to the football terminology used. Some of the men felt that the football focus might put off women:

*'It's all football based ... quite a few [women] aren't interested because it's all football'*

A minority of the men also expressed some concern that they might have to censor their jokes and banter if women were present. On the other hand, some thought this might actually be beneficial as it might help them to respect each other more and to think about the consequences of how they express themselves.

In addition, whilst all the coaches were men, some felt that as long as they shared the qualities of the current coaches, it wouldn't necessarily matter if the coach was a woman.

*'It might have been weird if I had come in and the coach had been female, but if they had known what they were talking about and had been a football fan, it would have been OK'.*

Two women attended the focus groups, neither of whom expressed a strong interest in football, but both reported similar benefits from using the programme to the male players. They also felt that the football terminology was relatively easy to relate to, as they knew enough about the game, and could engage with some of its key elements, especially the idea of goal-setting. Both women expressed some initial nervousness about coming into a possibly male dominated domain, but said they were soon comfortable within the groups and neither reported difficulties being in a small minority in a group of men. One season, at one of the clubs, included two women players which helped one of the women to engage:

*'I think I was quite anxious about how the rest of the group would feel about me ... but they were all alright and we all got on very well ... I nearly didn't come on it because it was very male oriented ... and I was going to be sitting here with all these fellas, you know .. but then another lass came on it as well'*

Players clearly related these key components of the programme to the benefits they gained from their involvement. We report on these perceived benefits in the next section.

### **2.3.2 Reported benefits**

Players reported a range of ways in which they had benefitted from attending It's A Goal! The findings presented here are mostly gleaned from our analysis of the focus group interviews. These are supplemented with other information such as that gathered from 'testimonials' that players were invited to complete after the programme, as part of the programme's own evaluation. In a similar way to the key components, the following benefits were also interrelated, in that they often fed into one another.

#### ***Developing confidence and self-esteem***

This was the most frequently cited benefit and one many players reported as personally important. Most of the players reported having difficulties with issues such as: low mood, getting out of the house, being socially isolated, withdrawn, unmotivated, and with a personal sense of negativity. Many reported that their goals in the early sessions (matches) were often things such as 'getting out of the house' or 'getting to the next session'. One player's first goal had been to 'go to the paper shop and buy a paper one day in the week'. The descriptions offered in the focus groups suggested many had started the programme feeling very low, and that attending had offered them strategies for initiating change and a sense of recognition that change was possible and happening.

*'At the start I would not leave the house by myself, I came the first week and there were very low numbers and it was hard to come. On the third week I came by myself'*

These elements of the experience of attending the programme had been vital in helping people to address some underlying issues of low self-esteem, confidence and self-worth. Things people said in relation to this included:

*'I definitely feel more confident now. I feel like I can go out without fear.'*

*'At the end I felt my head was held high'*

*'I feel more confident...a lot more'*

*'I have learnt so much over the weeks, my confidence has gone right up'*

A small but significant number of the players talked in very moving and profound terms about how they were in a very despairing state of mind and how attending the programme had really helped them to begin to make changes in their lives by feeling valued and this helped them find some direction and purpose:

*'What I am worth, I am not worth nothing. I have been suicidal. Well now I'm not, I don't want to die I want to do this and to try and achieve it'.*

Another one young man talked about how profoundly socially isolated he was before the programme and how he could only go out if two people accompanied him.

*'I can't stress enough how much of a different person I was before I came on this course ... I was a recluse...I lived in one room of my house.'*

He reported that the programme had really made a profound difference by helping him to 'turn my life around'. In addition, as one player described how other people had noticed changes in his demeanour as follows:

*'Other people have commented on the changes in me. I saw a community bobby I haven't seen for a bit and he said, 'wow look at you, you're a different fella!''.*

Some of the players expressed initial scepticism about the course but found that they benefited from sticking with it:

*'I wasn't sure what to expect from the course, the first week I wasn't sure it was for me, but as the weeks went by I really started to grow and benefit. Without the course I don't know where I'd have been today'.*

Many of those who completed the course said this had given them a real sense of achievement. Many of these suggested that they had often failed to finish other courses in the past:

*'I feel a lot more positive in myself now... the first session I thought 'this is useless, I want to get off'... but I stuck with it ... and now have a sense of achievement ... just setting myself small goals, things that I can do.'*

*'This was the first time I'd ever stuck at anything, finished anything before, cos I was so depressed and low and couldn't stick at anything'*

### ***Communication skills: making social and emotional connections***

It was clear that many of the players were quite socially isolated and had quite limited social circles. Players reported a range of issues which indicated ways in which their personal well-being had been compromised by historical and on-going experiences of stigma and marginalisation, with often limited social circles, and which often related to a struggle for a sense of connection and citizenship. Connecting with others in the programme had helped

them address some of these issues together in the group and this, for many, had a knock-on effect on their relationships with other people in their lives such as partners, parents, friends and work colleagues. Given that well-being is strongly related to the on-going availability of meaningful social relations, this was an important benefit of the programme. As one put it:

*'I have realised that I am not on my own with these issues...I realised that I could talk about my issues to other people who had similar, and different, problems.'*

As we shall see this was often facilitated, at least initially, through the interpersonal skills of the coaches and the medium of football conversations. Some players talked about actually making new friends on the programme and developing important connections with others that they hoped would last.

The social connections often led to players feeling able to 'open up' and talk with others about their problems, emotions and struggles, something they usually found very difficult to do either because of their own sense of inhibition or because they felt other groups of friends would not be open to discussing these things:

*'It's important to open up and get things off your chest, not bottle it all up'*

*'It's helped me to talk more, reach out to people who want to help me'.*

### ***Developing alternative coping strategies***

Many reported that the programme had helped them develop new, more successful, coping strategies for life situations they found difficult and stressful. In the past many had used drugs, isolated themselves, acted out aggression, found themselves feeling suicidal and/or engaged in self-harm, or withdrawn as means of coping with difficulties:

*'It's helped me find out about different ways of dealing with stuff, having different options'.*

*'I've learnt that life will throw things my way but I'm learning to deal with these things better'.*

*'All the things I have learnt helps you deal with stuff. I am on a course and there are lots of young people on it and I am having to put up with them, in the past I would have dropped out but I am finding ways to cope'.*

Players often related these benefits to specific goals they had set themselves:

*'myself, I achieved a goal of how to control anxiety and not let that control me'*

The positive effect of the group was an important component of developing new coping strategies as people shared their own coping strategies and techniques with one another and sometimes trying them out:

*'you end up thinking of techniques as a group ... taking it on board thinking "that's good, I must try that and see if it works for me. You learn off each other.'*

*'there's a lot of support from the players ... if people are struggling you might think, "hold on, I know something that might help" that kind of thing'*

This intra-group support extended to discussing other sources of support available locally (e.g. mental health services), community facilities (e.g. sports facilities), and practical issues like sharing information on how to access various local services (e.g. accommodation services).

A number of players were at pains to point out that attending the programme had not always helped them resolve all of their underlying problems (e.g. long term mental health issues, especially pain and illness and for some isolation in their lives outside of the programme). They felt that it did, however, offer them either respite or a way to learn new coping strategies which might help change things over time:

*'It's not necessarily getting completely over what has happened, as learning to kind of dance with it almost. Just dealing with it as it is and adapt to where you are and so on, and take it a bit at a time ...'*

*"I'm still really depressed and anxious, but I suppose it got me out of the house and gave my partner [who's my full time carer now] a break...Without it's a Goal! I probably wouldn't have gone out of the house"*

*'I slipped down into a black hole of despair ... tried to commit suicide, and since then I've been gradually coming back up ... It's a Goal! has been part of that for me and today I had my first interview in god knows how many years'*

### ***Social participation and involvement***

The programme clearly seemed to help players move some way towards their goals by helping them developing new connections with others, feel more confident and find alternative coping mechanisms. As already mentioned, many of the players reported that at the beginning of the programme there were socially isolated, unemployed and lacking motivation and hope for the future. In other words, they struggled for any sense of social inclusion and citizenship that might come from feeling part of the wider community. These issues could often be seen directly in the particular goals they set themselves – especially their longer term goals. A number of people reported concrete 'outcomes' in their own lives which they attributed to attending the programme. These outcomes included getting

involved in some purposeful activity in the community, re-connecting with friends and family, stopping illegal drug use, going voluntary work, going to college etc.

*'It has turned my life around, from being on heroin to being a volunteer and drug free'.*

One participant was unable to attend the group as he had gone on holiday, which for him was an important achievement in itself. In addition, some players reported that the programme had actually helped re-ignite their interest and passion for football. As a result some had actually started playing the game or going to matches. This has additional benefits for the players some of whom hooked up with friends they had lost touch with widening their social circles and re-establishing old network. It also had benefits for the football clubs themselves, who gain new income from people attending games.

*'I hadn't been to a game for a good couple of years, and now I've been to games every so often and the last couple of weeks'*

*'I've started going to the games again which I used to 15 years ago. I'm hooking up with old friends as well who I haven't seen for years. I'm going to get a season ticket next year.'*

At least one Club (Rochdale) started to build in actually playing football after the sessions were finished and some of the players really enjoyed re-engaging with the game physically playing football. In addition, a few started playing football with friends outside the programme:

*'oddly enough, one of my mates started up a football team recently .. just after the course started ... I actually joined for a couple of weeks'*

Whilst the programme did not inspire many of the players who were not keen football fans into a passion for the game, some did talk about how they had started to follow football a bit more:

*'Even though I started out with no football knowledge at all, the learning curve with football as a vehicle worked and worked enough to get me watching football as well'*

Whilst this isn't an explicit aim of the programme, because of the already noted common language of football in UK culture, this could have knock-on social inclusion and citizenship benefits.

## **Employment and education**

We didn't specifically elicit information regarding take up of employment as we thought would be an unlikely outcome from an 11 week programme, especially in light of the current employment situation. However, a number of the people who completed the

programme had gone on to take up employment or education opportunities. Indeed a number of these were unable to attend the focus group because they were working or attending college. Tellingly, one focus group member told us that he had recently taken up employment but had changed his shift just so he could attend the focus group. Another focus group participant reporting how he had achieved a return to work after a significant absence with the support of his employer and trade union representative but only having the confidence because of the impact of the IAG! sessions.

These outcomes were supported by additional information provided from the referrers and the coaches themselves. For example, one of the mental health advisers at a local Job Centre Plus reported the unexpected impact of the programme on their customers who were struggling with mental health issues, some of whom went on to take up employment. She reported being so impressed with this outcome that she decided to invite the IAG! coach in to run sessions at the Job Centre for those who were long term unemployed and were severely lacking in confidence, self-esteem, anxiety etc. These sessions also proved to be successful. She reported that she could really see the difference in participants after only a couple of weeks, as people got more pro-active, building up their confidence and self-esteem. From this group at least one person had got a job and another had signed up with an employment agency.

Given the importance of demonstrating such hard outcomes such as these, we present below a selection of direct quotes from focus group participants:

*'I've got a job interview next week!'*

*'the Princes Trust was an on-going achievement from It's a Goal, to carry on, to get out of the house really ... to have something to keep yourself busy, get up for, get up and go ... enjoy myself really.'*

*'I've got myself on a college course and I'm picking up bits of work'*

*'I've got myself some voluntary work which I hope will lead in the long term to some employment'*

*'by match eight I had an interview for a job and now I am employed .. which I am really made up about ... that last session, which was just before my interview, was really beneficial because it was talking about interview processes and stuff'*

*'Before I came into contact with It's a Goal! I was pretty much drifting and I didn't know what my goal was, but now I am on a full time plumbing course.'*

As we have seen, these benefits are really important given the high rates of unemployment noted in the people accessing the programme. The IAG! focus on goal planning and resilience, therefore, appeared to have an important impact on this situation.

### **2.3.3 Suggested Improvements**

Players reported very few negative aspects of the programme itself. Any negative feedback could be clearly related to suggestions for improvements as outlined here:

#### ***Maintaining group numbers and active referrals***

The main negative feedback from some players related to participant numbers dropping-off and small group numbers, especially in the early seasons when the programme was just starting off. This reflected some initial, and not unusual, teething problems in relation to starting a new programme such as difficulties generating new referrals. This could have impacted on people's motivation to attend or minimised some of the positive intra-group effects remarked upon elsewhere. In two of the clubs there were some difficulties with change of personnel amongst the coaches that disrupted the smooth running of the groups for some participants.

Many players commented that not enough potential referrers knew about the programme or were willing to refer. Although it was important to note that many of the players had said that they had told others about it (including friends and health and welfare professionals). The vast majority said they would certainly recommend it to others (and many had already).

#### ***Follow-up Support***

One of the aspects of the It's a Goal programme is the provision of an on-going 'Supporters Group' for players who have graduated from the programme. This group is designed to be less structured than the 11 week programme to offer informal on-going mutual support. Unfortunately, there were a number of difficulties in getting support for these groups from the clubs (securing a regular venue) and the players (many of whom had progressed to other activities so there wasn't a 'critical mass' to attend).

Only one Club so far had managed to get a regular Supporters Club off the ground (Blackpool) and that hadn't been that well-attended, although other areas such as Preston and Bury were hoping to start soon. The Blackpool supporters club was appreciated by those who did attend, and this was about more than just the chance to maintain links with fellow group members. One participant explained that there was also the opportunity to use the telephone, make use of the computer, watch a film, access information and find out about other helpful services.

It seems that this is more likely to be successful when there has been more seasons and graduates to keep it going. Indeed a number of players did mention the lack of follow-up support and the players seemed to lack any information about the possibility or existence of a Supporters Club. Some people didn't like the cut off at the end of the 11 weeks which effectively cuts them adrift - with some new skills but little other changes in their



circumstances leaving them potentially vulnerable and isolated. There was some concern that people were not always able to stay connected with others from the group.

Players suggested a variety of ways they would like to see the support continue after the 11 week programme. For example, more reunions so people can continue to develop towards their goals, re-fresh their learning and stay connected with others. Players suggested the possibility of using graduates to provide support. For example, there was support for the idea of a 'check-in' group for graduates that might meet once a month for a brew and a chat:

*'I would like it to carry on and to continue to check-in with people about my weekly goals'.*

These were the most frequently cited suggestions. In addition, a small minority mentioned the following:

### ***Additional components***

A few players suggested that they would like more guest speakers (from within football club and outside) to provide inspiration and advice. Having speakers from the football club itself (e.g. players, ex-players, coaching staff or even management) is often seen as an important element of the IAG! programme. However, this was often difficult to organise and seemed to be a rare occurrence during the pilot.

Some players also suggested that there could be more involvement of graduates (who have completed the course) in the matches, for example, to come and talk about how the programme helped them. Indeed some of the players said that they would be willing to do this themselves. Some clubs had done this but one group expressed a bit of frustration when previous players came and sat in but didn't contribute very much.

### ***Extending the programme***

A small number of players felt that the programme itself could be extended over more weeks so the sessions could go into more detail. One player suggested that the season could include 'substitute' sessions where necessary, if there hadn't been sufficient time to cover the material in enough depth. A small minority felt that the session themselves could be longer than two hours, especially the time devoted to focusing on individual goals, were different people were able to proceed at different rates ('extra-time'); although one person felt that it was already a little too long.

### ***Finding ways to keep people engaged***

Some Players expressed some concern about people who didn't continue with the programme and suggested a few ways that the programme might engage people early in

the programme so they don't 'drop-out'. For example, some felt that additional one-to-one support might be helpful for some individuals who found it difficult to participate and engage. A few others suggested things like finding an activity to do to get them interested e.g. doing active team games. Other suggested the option of playing football and attending matches. Indeed some players expressed disappointment at not getting football tickets or getting someone from the football club to speak to them, when coaches had suggested this was a possibility.

### 3. COST ANALYSIS

#### 3.1 Cost of Programme

Nacro, who are the current service provider of the IAG! programme in the North West pilot, have provided an estimate of projected costings for the programme to continue. These figures are based on assumptions that:

- All 7 areas continue to deliver the IAG! programme each comprising of 11 weeks (44 active weeks per year); each week will have two components, a match session (3 hours) and a supporter club session (2 hours) – individual players will also be offered one-on-one support from the coach where necessary.
- Each area would provide 4 programmes per year ('seasons').
- 10 people would be offered a place on each season (40 p/a per area) with an estimated 5 completions (20 p/a per area)

Therefore, the cost to each PCT (or other commissioning agent) per year to deliver the programme 2012-13 is likely to be as follows:

**Table 17: Estimated cost of Programme 2012-13**

Estimated cost of programme	
Cost per person per week	£78
Cost per week per player completing programme.	£155
Cost of each season per area	£8600
Cost per PCT / area	34,400 per annum
Total cost for 7 areas	£240,000 per annum

There are no directly comparable services within 'Improving Access to Psychological Therapies' (IAPT), although IAG! can be seen as most closely comparable to a low to medium level intervention. Therefore, we have chosen a number of alternative interventions that offer a useful comparison and also indicate the potential cost to PCTs should clients go on to use more intensive interventions. However, it is important to note that these provide only indications of cost comparisons and the figures need to be treated with some caution.

As a group intervention, with variable attendance, the cost of each IAG! session is calculated based on the capacity of the group. Ten players can attend each season, but the expectation is that between 5-6 players will complete so calculations are shown based on both maximum and expected attendance figures. These figures do not include certain additional

activities such as initial informal interviews with potential players to see whether they might be suitable to attend the programme and additional 1:1 support with coaches.

We have used cost comparisons taken from the *Unit Costs of Health and Social Care 2011* (Curtis 2011). PSSRU employ a method which identifies the full economic cost of an intervention, rather than simply staff costs, and provide a unit cost of care in the form of the cost of an hour of client contact time. This offers a more direct cost comparison with the figures available for IAG! We have chosen to make cost comparisons with those interventions which are broadly within the IAPT remit and where comparable data was available.

**Table 18: Comparable costs of It's a Goal! Programme**

It's a Goal!	Per service user	Per contact hour
Per player (If 10 on course)	<b>£16</b>	<b>£78</b>
Per completer (If only 5 complete)	<b>£31</b>	<b>£78</b>
<b>Comparable Service Costs <sup>20</sup></b>		
Counselling in Primary Care (1:1)	<b>£66</b>	<b>£66</b>
Cognitive Behavioural therapy (1:1 CBT with a psychologist)	<b>£115</b>	<b>£115</b>
Assertive outreach team for adults with mental health problems	<b>£55</b>	<b>£55</b>
Mindfulness based cognitive therapy - group based intervention (12 on course)	<b>£14</b>	<b>£84</b>

<sup>20</sup> **Counselling in primary care** covers a range of talking therapies delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing.

**Cognitive behaviour therapy (CBT)** based on costs estimated for a randomised controlled trial of interventions for adolescents with depression in two Child and Mental Health Services (CAMHS) teams in secondary care.

**Assertive outreach team for adults with mental health problems** provide intensive support for people with severe mental illness who are 'difficult to engage' in more traditional services.

**Mindfulness-based cognitive therapy** is a manualised, group-based skills training programme designed to enable patients to learn skills that prevent the recurrence of depression. In order to provide the unit costs of this service, data was used from three mindfulness-based cognitive therapy therapists who took part in the study. There were 12 individuals in each group.

The most comparable intervention in the PSSRU research was the ‘Mindfulness based cognitive therapy’, which involved group based work with 12 clients per group. However, as the IAG! project works with a smaller groups of individuals to address their goals it could be seen as more individually focused and intensive group work than the mindfulness sessions. In this sense the programme presents value for investment as the cost is comparable with less intensive group based sessions.

It seems likely the It’s a Goal! programme will have similar benefits and outcomes to other short term psychological and CBT type interventions at no greater cost, and probably at a significantly lower cost than most interventions, especially one-to-one sessions with a professional. As would be expected, the cost of more intensive 1:1 interventions is far higher. One aim of the IAG! project is to work preventatively, by engaging ‘players’ with services at an early stage and so preventing longer term and more intensive service use.

### **3.2 Cost related outcomes**

Based on our evaluation, we present below our analysis of the cost benefits of the IAG! programme in relation to key outcomes that are likely to influence commissioning decisions.

#### ***Health Service Use***

As the programme explicitly used non-clinical language in order to reach men who might not engage in therapeutic support, it was often difficult to elicit information at the outset about mental health service use, medication and diagnosis. However, people who engage with the IAG! programme had recently used services, mostly mental health services, as well as drug and alcohol services. Our evaluation suggests that people who have used IAG! are less likely to require on-going use of health care services. This is based on our well-being analysis which suggests that the programme help to increase participant’s well-being scores from significantly below the national population average, to near the population average score.

In addition, as a result of attending IAG!, participants are more likely to positively engage in other psychological type interventions as a way of preventing deterioration in their mental health because of increased emotional and communication skills developed on the programme. As a result, it seems probable that they are less likely to require crisis-type interventions and hospital in-patient care, which are significantly more expensive. Whilst the programme was mainly targeted at young men, engagement and benefits were apparent appeared across the age range. Given that older people are a growing proportion of the population in the North West and present significant demand upon mental health services, IAG! might be a potentially important intervention option for men of all ages.

## ***Self-management of symptoms***

In addition to the significant increase in participants well-being scores, our qualitative interviews with 40 people who completed the programme strongly suggests that participants gained valuable coping skills and strategies. These often revolved around developing better communication skills, talking about problems rather than ‘bottling it up’, and asking for help from others. These coping mechanisms are likely to increase participants’ resilience, prevent deterioration of mental health problems (including the likelihood of self-harm and suicide); and decrease problems associated with violence and aggression, drug and alcohol use. Whilst some people will clearly still require on-going mental health support, it is likely that on-going participation in the IAG! Supporters Group, to refresh their learning, as well as more effective engagement with other support services, will help prevent relapse.

## ***Medication Use***

We were not able to specifically collect data on medication usage. It is important to note that assigning value to any change in relation to medication is likely to be fraught with difficulty. This is because in some contexts decreased use of medication and services might be seen as a positive outcome, but in other contexts increased use might equally well be positive, depending on individual circumstances. Change may also relate to a shift in type of medication, or in intensity but not frequency of service use, making it difficult to assess these differences simply in terms of increases and decreases. In addition, changes in medication and service use were rarely mentioned in relation to participants’ reasons for attending the project and it is arguable that it is not reasonable to evaluate projects on dimensions they are not intended to address or which participants themselves did not prioritise. Indeed as we shall see, the programme did appear to address the outcomes that participants did explicitly want to address. In the long term, these benefits are likely to have a beneficial effect of medication as well as service use.

## ***Employment***

The vast majority of participants of IAG! were unemployed and these high rates of unemployment represent a significant social and economic problem, with over 200,000 new recipients of incapacity benefit resulting from mental health problems being registered every year with this group accounting for 41% of all such claimants in 2006 (Black 2008). It has been argued that mental ill-health could represent a burden of around £26 billion to the economy as a whole (Sainsbury Centre for Mental Health 2007). Arguably, many of those who become unemployed because of their mental health could have kept their jobs with better support (Sainsbury Centre for Mental Health 2009) and the It’s a Goal! players reflected this.

Once out of work, individuals face substantial prejudice, stigma and other barriers to regaining employment, including lacklustre support from mainstream mental health services and with over half of UK employers stating they have never consciously employed a person with mental health problems (CIPD 2007, Sainsbury Centre for Mental Health 2009). The IAG! focus on goal planning and boosting resilience is reported as providing a welcome redress to these factors. Whilst we did not systematically collect data of uptake of education and employment, we did collect some qualitative evidence from a number of participants that they had moved towards employment and educational opportunities, some even taking up employment.

Despite the widely reported fact that most people excluded from the labour market because of mental health problems would like to work (SCMH 2009) supportive staff and organisations should also remain conscious of the need for good quality employment that provides for the positive benefits of work and be aware of the overarching contemporary economic context which is acutely inimical right now for those seeking work from a position of long-term unemployment.

‘Hard outcomes’ such as returning to work are unlikely to be achieved in the short term (Dewson et al., 2000) and longer term studies would therefore be required to detect these. In the shorter term, ‘distance travelled’ outcomes may be important indicators of project effectiveness. The improvements in well-being we found, and especially the self-reported increases in confidence and self-esteem, are an example of such outcomes. In particular, increases in self-efficacy and self-worth may be important in the longer term, since high levels of self-efficacy have consistently been identified as one of the best predictors of returning to work for people with mental health needs (Grove and Membrey, 2005).

### ***Participant Satisfaction***

As clearly evidenced in the rest of our report, IAG! achieved a very high degree of client satisfaction. When starting the programme participants hoped to achieve outcomes such as increased self-confidence, motivation, better coping skills and increased employment and work opportunities. These were the key dimensions that the project was able to directly address, as evidenced both from the well-being scores and qualitative interviews.

Participant satisfaction is a very important aspect of the programme given that the target population, young men, are often hard to engage in therapeutic services and therefore, have a high drop-out rate and tend to disengage. We have seen how participants positively position IAG! in relation to other mental health services which they often feel alienated from.

### **3.3 Conclusion**

It's a Goal! appears to meet the criteria set for the commissioning of IAPT services in general. What is unique about the IAG! programme is in framing its intervention around the metaphor of football which clearly helped men to engage with, and benefit from the programme. Our evaluation suggests that it provides a unique, innovative and additional way of engaging men in a mental health programme. Given the costs of the intervention and the direct and indirect health, social and financial benefits, the programme appears to be good value for money in term of the benefits it achieves for the individual participants and the wider community.



## 5. RECOMMENDATIONS

- Given the consistency of quality demonstrated throughout the pilot programme in the seven sites we recommend finding ways to enable the continuity of service. This is important in terms of maintaining a good profile and reputation; developing monitoring and referrals systems; and the not losing the expertise of the coaching team who have developed the ability to deliver the programme effectively. This will help maintain good will, active referrals, and team spirit, all of which have been remarked upon here.
- There is insufficient evidence as yet as to make any firm recommendations about the use of non-football venues, therefore our recommendation would be to continue with football venues as the preferred option.
- Enhance opportunities for IAG! graduates to continue to be supported and make the most of peer support by developing regular Supporters Groups.
- Increase opportunities for IAG! graduates to contribute to future season's and matches; building upon the extent to which shared experience is valued by players and its impact of the credibility of the messages and learning.
- Maximise the potential for using the IAG! programme to help break down barriers and stereotypes in relation certain 'us and them' social characteristics e.g. barriers resulting from the compartmentalisation of problems e.g. people with alcohol, drugs issues, mental health problems etc.
- Active promotion of IAG! to:
  - Relevant services, especially to health, employment and social care workers, in order to ensure that services are aware of the programme and its potential benefits to clients, primarily, but not exclusively, men across the age range.
  - Local residents and workers who require accessible information about services to improve mental health and well-being.
- Consider how to ensure wider promotion and accessibility in terms of age, gender and ethnicity.
- For example, whilst the programme is mainly targeted at young men, engagement and benefits were apparent appeared across the age range. Given that older people

are a growing proportion of the population in the North West and present significant demand upon mental health services, it might be worth IAG! targeting a wider target population in terms of age.

- In addition, very few people from BME communities were accessing the programme. It is worth considering factors which might make the programme more accessible and perhaps linking these to other local sport, football-related, community and inclusion strategies.
- The inclusion of women in the programme requires further thought and consideration, given the justifiable focus on men and the fact that those women who access the programme seem to make positive contributions and achieve similar benefits. This is especially significant given the increase in women's interest and involvement in football, which was especially evident during the London Olympics 2012.
- It may also be worth giving more thought to the role of gender as a topic for the programme and as a social relation (how men relate to one another and to women) to maximise participants learning and insight about how men (and women) deal with emotions and difficulties.
- Future recruitment of IAG! coaches should take note of the qualities referred to as important by the players in this evaluation (e.g. their flexibility and willingness to share and reflect on their own experience).
- Develop more robust monitoring systems. In particular, we recommend that the programme develop systems to systematically record outcomes in terms of employment, education, medication use, use of services etc.
- Subsequent programmes should continue to collect mental health and well-being data, using validated outcome measures. The project could consider using comparative well-being measures to other comparable interventions projects, for example within IAPT services. These should also be administered at least three months after the programme is completed to see whether benefits are sustained.
- Assess whether attendance at Supporters Clubs is important in relation to sustaining benefits.
- Explore the potential to link up with other related sport and mental health programmes such as 'Imagine your Goals' as potentially complimentary initiatives.



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