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**Older adults’ and service providers’ experiences of a settings-based health promotion initiative in English football**

Patricia C. Jackman<sup>a</sup>, Aoife Lane<sup>b</sup>, Jacquelyn Allen-Collinson<sup>a</sup>, Hannah Henderson<sup>a</sup>

<sup>a</sup> School of Sport and Exercise Science, University of Lincoln, Lincoln, UK

<sup>b</sup> Department of Sport and Health Sciences, Technological University of the Shannon, Athlone, Ireland.

*Corresponding author: Patricia Jackman, Email: [pjackman@lincoln.ac.uk](mailto:pjackman@lincoln.ac.uk), School of Sport and Exercise Science, University of Lincoln, Lincoln, UK*

**ORCID**

- Patricia C. Jackman            0000-0002-5756-4494
- Aoife Lane                    0000-0001-9991-554X
- Jacquelyn Allen-Collinson   0000-0003-2146-8000
- Hannah Henderson         0000-0002-2742-4909

The authors have no conflict of interest to declare.

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### Abstract

The study was undertaken to explore the experiences of older adults and service providers in a settings-based health promotion initiative in a football club. We conducted semi-structured interviews with 10 older adults attending an ‘Extra Time Hub’ and two staff delivering the initiative. Our reflexive thematic analysis generated six themes. Findings revealed the brand of the sports club attracted some to join the Extra Time Hub, but through partnerships with local agencies, the initiative was also successful in widening participation beyond older adults with an interest in football. Participants perceived that the Extra Time Hub was beneficial for their mental health, helped them develop social connections, and promoted positive physical activity experiences. Moreover, the variety of pleasures derived from participation were also discussed. Our findings also illustrate the central role of staff in older adults’ experiences of this form of health promotion. Overall, our findings contribute to understandings of settings-based health promotion activities in sports clubs, and also demonstrates the potential for sports clubs to widen engagement with the local community through health promotion for older adults.

**Keywords:** physical activity; sports club; community; ageing.

# Older adults' and service providers' experiences of a settings-based health promotion initiative in English football

## Methods

Older adults ( $n = 10$ ) and service providers ( $n = 2$ ) in a health promotion initiative in football



Interview to explore participants' experiences of taking part in or delivering the initiative



Jackman, P. C., Lane, A., Allen-Collinson, J., & Henderson, H. (2023). Older adults' and service providers' experiences of a settings-based health promotion initiative in English football. *Health Promotion International*.

## Findings

- The **brand of the football club** was a hook to join for some, but not for all
- **Social benefits** included feeling connected, making friends, and having conversations
- Perceived improvements in **mental health**
- Physical activities promoted **enjoyment** and basic psychological needs
- The **pleasure** of participation was crucial
- **Supportive staff** were key to the experiences of older adults



39

## Introduction

40 Promoting health and wellbeing as people age has been highlighted as a global priority (World  
41 Health Assembly, 2020). One approach to promote health and wellbeing in older adulthood is  
42 frequent physical activity (National Institute on Aging, 2022). Being physically active in later life  
43 reduces the risk of cardiovascular disease (Soares-Miranda et al., 2017), osteoporosis (McMillan  
44 et al., 2017), cognitive impairment (Zhu et al., 2017), and mental ill-health (Cunningham et al.,  
45 2020). Furthermore, physical activity in older adulthood can promote pleasure and a sense of  
46 wellbeing (Allen-Collinson et al., 2011; Phoenix et al., 2014; Williams et al., 2018) and facilitate  
47 social interactions (Franke et al., 2017). To improve the wellbeing and independence of older  
48 adults, service providers, practitioners, and commissioners have been advised to establish  
49 initiatives to help older adults build or sustain social participation and engage in tailored,  
50 community-based physical activity (National Institute for Health and Care Excellence, 2016;  
51 Wolter et al., 2021). In this article, we report on a qualitative research project that explored older  
52 adults' and service providers' perspectives on a community-based, physical activity health  
53 promotion initiative delivered within a sports club; a setting increasingly being used to promote  
54 physical activity and health across the lifespan.

### 55 **Settings-based approach to health promotion**

56 Settings are places where people live, learn, work and play, and where their health may be  
57 impacted by environmental, social, organisational and personal factors. Engaging people with  
58 health promotion in settings and making these contexts more supportive of health is one of the  
59 original and lasting principles of health promotion, as defined in the Ottawa Charter (World Health  
60 Organisation [WHO], 1986). Subsequently, cities, schools and workplaces have become  
61 established contexts for implementing a settings-based approach to health promotion, typically

62 adopting individually-oriented interventions rather than targeting change to the broader setting  
63 itself (Kokko and Baybutt, 2022; Newman et al., 2015). This individually-oriented approach  
64 reflects a ‘passive’, ‘active’ or ‘vehicle’ model, where the setting offers access to participants for  
65 various health promotion initiatives, while also striving to provide some internal education and  
66 policy change around specific health topics. In contrast, an ‘organic’ or ‘comprehensive’ approach  
67 involves alignment of the core business of the setting with health and, as a result, seeks changes to  
68 the setting culture and structure (Whitelaw et al., 2001). Here, settings are systems with actions  
69 underpinned by a socio-ecological approach to health (Dooris, 2004) that should extend beyond  
70 the system itself to consider broader collaborations, relationships and interconnectedness (Rutter  
71 et al., 2019).

72 In the early, 2000s, the sports club was recognised as a setting where the whole system of  
73 the club and external actors could impact positively on the physical, mental and social health of  
74 members (Van Hoyer et al., 2022). A health-promoting sports club (HPSC) model has since been  
75 established and refined to support implementation of HPSC activities. These may be targeted to  
76 address cultural (e.g., club policy), environmental (e.g., facilities, expertise), social (e.g., attitudes  
77 to sport and health promotion) and economic (e.g., time and money) determinants of health in the  
78 club, and delivered across all levels, from club policy to coach-player interactions (Kokko et al.,  
79 2014; Johnson et al., 2019; Van Hoyer et al., 2020). There have been many subsequent efforts to  
80 understand, describe and deliver health promotion in sports clubs in Europe and worldwide (Kokko  
81 et al., 2016). In turn, Geidne and Van Hoyer (2021) differentiated between types of health  
82 promotion activity in sports clubs, suggesting that these can range from communicating the health  
83 benefits of participation in sport through to using sports settings to deliver health promotion  
84 activities aimed at specific groups. Such health promotion initiatives are accessible and feasible

85 for most sports clubs, while some can evolve to a HPSC, which involves the sport club system  
86 embracing health promotion in all of its activity. This is more complex and challenging to deliver,  
87 requiring commitment and investment by national sporting organisations (Lane et al., 2021). Van  
88 Hoye et al. (2021) proposed that indicators of a HPSC include the promotion of health beyond  
89 physical activity or a singular topic, engagement with internal and external partners, and  
90 establishing a long-term commitment to health promotion. Recent reviews of health promotion  
91 interventions in sports clubs (McFayden et al., 2018; Geidne et al., 2019) have indicated that this  
92 activity is continuously growing. Despite this, evidence of the health impacts for any type of health  
93 promotion activity in sports clubs is lacking, largely due to poor research design and evaluation,  
94 alongside few examples of HPSCs.

### 95 *Health promotion in football clubs*

96 Football<sup>1</sup> is one of the most popular sports in the world and, therefore, it is unsurprising  
97 that a football setting was found to be the most used sport context for health promotion (Geidne et  
98 al., 2019). Programmes have focused on healthy stadium environments (Drygas et al., 2013; Van  
99 Hoye et al., 2022), coach and youth player health education (Fuller et al., 2017), player welfare  
100 (Sadisgursky et al., 2017), and community health initiatives using professional soccer clubs as a  
101 setting for programme delivery (Lozano et al., 2019; Pringle et al., 2021; Robertson et al., 2013;  
102 Wyke et al., 2019). A number of these community-based programmes, including the Football Fans  
103 in Training (FFIT), EuroFIT and Premier League Health (PLH) initiatives, are gender-sensitised  
104 programmes targeted at men, which include physical activity sessions and health education.  
105 Evaluations have shown a significant impact on weight loss, physical activity, diet and self-esteem  
106 (Wyke et al., 2019) and, importantly, emphasised the potential of sport, in this case football, in

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<sup>1</sup> In this article, we use the term ‘football’ to refer to the sport of soccer, as is customary in the UK.

107 recruiting and maintaining participation of men in a health promotion initiative (Robertson et al.,  
108 2013; Geidne and Van Hoyer, 2021).

109         A recent review of health promotion initiatives across European professional football clubs  
110 noted that most activity was oriented toward younger people (Roynesdal et al., 2021). This group  
111 offers a strategic return for clubs in terms of partnership and investment, thus positioning HPSC  
112 activity as corporate social responsibility (CSR) work for clubs (Lozano et al., 2019; Pringle et al.,  
113 2021; Roynesdal et al., 2021). Approximately one-third of European professional football clubs  
114 examined offered physical activity or healthy-eating programmes for adults (Roynesdal et al.,  
115 2021), but there was a relative paucity of evidence concerning initiatives for older adults. Sport  
116 participation, in an age-appropriate form that includes social interaction, is attractive for older  
117 adults (Jenkin et al., 2021) and sports-club membership has been found beneficial for this group  
118 (Watts et al., 2017). Several UK football-club based programmes, targeted specifically at older  
119 adults, have reported good recruitment and engagement, and positive impacts on social and  
120 psychological health, albeit with little notable impact on physical health outcomes (Bingham et  
121 al., 2014; Lozano-Sufrategui et al., 2017; Pringle et al., 2014; Parnell et al., 2015). In synthesising  
122 findings across this literature, offering a variety of activities, an emphasis on social interaction and  
123 inclusivity, and experienced practitioners were fundamental to older adults' engagement in  
124 programmes. Despite some progress in this area, additional research and practice linking and  
125 evaluating older adults' experiences in health promotion initiatives within sports-club initiatives  
126 is recommended (Wolter et al., 2021).

## 127 **The current study**

128 The aim of the current study was to explore the experiences of participants and service providers  
129 in the Extra Time Hub (ETH), an initiative delivered via football clubs and designed to promote

130 physical activity, health, and social connections among older adults. The English Football League  
131 Trust is the community arm of the English Football League and is responsible for advising,  
132 representing, supporting, and resourcing the club community organisations (CCOs) within each of  
133 the 72 clubs in the English Football Leagues, to create stronger, healthier, and more active  
134 communities (English Football League Trust, 2023). A growing body of literature has focused on  
135 health promotion initiatives in football clubs (Pringle et al., 2021; Roynesdal et al., 2021), yet scant  
136 attention has been directed towards the experiences of older adults within these contexts.  
137 Consequently, we sought to contribute original insights to literature on health promotion initiatives  
138 in sports clubs, and the broader literature on physical activities and active ageing. Our findings can  
139 also inform the design, delivery, evaluation, and promotion of analogous future initiatives.

## 140 **Methods**

### 141 **Intervention context**

142 Supported originally by funding from Sport England and the English Football League Trust, 11  
143 ETHs were launched by CCOs linked to football clubs across England in 2019. The ETHs are  
144 weekly social gatherings at football clubs (e.g., stadia) that seek to bring people who are retired,  
145 semi-retired, or approaching retirement together to socialise and be active, with intended outcomes  
146 of the programme including improvements in participants' physical and mental health, life  
147 satisfaction, and sense of belonging within their neighbourhood and community. The football club  
148 germane to the study, located in the Midlands region of England, had a professional men's team  
149 that competed in one of the lower tiers of the English Football League, and an amateur women's  
150 team that competed in a national league run on a regional basis. The CCO's premises were based  
151 at the football club's stadium, but it delivered activities in a wide range of locations, including  
152 within the club grounds (e.g., within the stadium, adjacent football pitch) and in community venues



153 across the city and region. Activities for the ETH at the CCO have been delivered on a weekly  
154 basis since 2019 in a football club's: city-centre stadium and adjacent football pitch; at several  
155 community venues across the city; and via online Zoom calls, which were necessary during periods  
156 when movement restrictions were in place during the COVID-19 pandemic. The mission of the  
157 CCO is to improve the physical, mental, and social wellbeing of individuals and the local  
158 community through work in several key areas, including sport and physical activity, health and  
159 mental wellbeing, and inclusion and community cohesion.

160         The main ETH session took place on Wednesday mornings for two hours. During this  
161 session, which cost £3 to attend, hub members could engage in different activities, including  
162 quizzes, bingo, and physical activities (e.g., bowling, table tennis). Light refreshments were also  
163 provided, giving attendees a chance to socialise before, during, and after sessions. Additionally,  
164 several other activities linked to the ETH were available throughout the week, both within the  
165 football stadium grounds (e.g., seated exercise sessions, walking football) and at community  
166 venues (e.g., local parks, new age kurling) within a 15-minute drive of the stadium. Some activities  
167 were free (e.g., wellbeing walks at local parks), whilst for others, a £2 fee was paid for facility  
168 hire. All sessions were delivered and facilitated by employees of the football club's CCO. Older  
169 adults (over 55s) were recruited via club communication channels (e.g., website, match  
170 programmes, social media, contact with season-ticket holders), local media adverts, partner health  
171 services (i.e., via social prescribing) or charitable organisations for older adults, and by word of  
172 mouth.

### 173 **Research design**

174 This study was underpinned philosophically by ontological relativism and a subjective  
175 epistemology, where data represent a co-construction of knowledge between researcher(s) and

176 participants (Tamminen and Poucher, 2020). A semi-structured interview approach was employed,  
177 as we sought to generate rich, detailed accounts from older adults and service providers at the  
178 ETH. Aligned with our epistemological position, we recognised the importance of being reflexive  
179 about our own positions and how these shaped the construction of knowledge. All research team  
180 members had extensive qualitative research experience, including in community-based health  
181 promotion activities and/or sports clubs. In reflecting critically on our situatedness, we fully  
182 acknowledge limitations in our lived experience of participants' lifeworlds, as most of the  
183 researchers were younger than participants, all identified as female, and were physically active.

#### 184 **Procedures**

185 Ethical approval for the study was provided by the first author's institution's research ethics  
186 committee. Individuals were eligible to take part in the study if they were (1) a participant in the  
187 ETH at the football club focused upon in the study, or (2) a staff member delivering activities at  
188 the same ETH. In October 2021 – February 2022, the CCO shared the study information via email  
189 with over 150 eligible individuals who had taken part in ETH activities, with the same information  
190 shared with both staff involved in delivering the programme in May 2022. No incentive was  
191 offered for participation. In total, 10 primarily White-British (90%), older adults (female  $n = 6$ ,  
192 male  $n = 4$ ), who had been attending the ETH for 3-24 months, were recruited. Two staff members  
193 (female  $n = 1$ , male  $n = 1$ ) took part, one of whom had been involved in delivering the programme  
194 since it commenced in 2019, and the other since 2020. Most participants attended the ETH stadium  
195 session on Wednesday mornings ( $n = 7$ ), with the other three participants attending activities  
196 specific to older adults linked to the hub (i.e. wellbeing walks and walking football). Five self-  
197 identified as supporters of the football club ( $n = 3$ ) and/or other football clubs ( $n = 2$ ). Interviews  
198 were conducted face-to-face with the ETH participants (ETHP) from October, 2021-April, 2022

199 (*M* length = 56 minutes) and online via Microsoft Teams with staff in June - July, 2022 (*M* length  
200 = 32 minutes). During this time, all activities were being delivered in person, although some  
201 ETHPs attended activities delivered virtually during the COVID-19 pandemic. To aid  
202 contextualisation and familiarisation and enrich the data, the first author attended the ETH on some  
203 Wednesday mornings. Most ETHP interviews ( $n = 9$ ) were conducted by the first author, with the  
204 remaining ETHP and both staff members interviewed by the third author. The semi-structured  
205 interviews explored key areas via curiosity-driven questions (Smith and Sparkes, 2016) that  
206 generated information about: how ETHPs became involved in the ETH; their perspective on the  
207 ETH as an initiative; and the meaning of taking part in the activity for them. In the case of staff  
208 members, interview discussions focused on: the role staff played; their experiences of delivering  
209 the ETH; and challenges they faced working on the programme. Before the interviews concluded,  
210 participants were offered an opportunity to add further information. All interviews were audio-  
211 recorded and transcribed verbatim by the research team.

## 212 **Data analysis**

213 Our analysis drew on principles for reflexive thematic analysis (Braun and Clarke, 2019, 2021),  
214 involving recursive shifts between stages. The first author led analysis of the ETHPs' transcripts,  
215 with the third author leading analysis of the staff members' transcripts. After enhancing familiarity  
216 with the dataset through reading and re-reading the transcripts, we identified meaningful segments  
217 of text and labelled these as codes. For example, the segment, 'As soon as I go in there today, we  
218 will feel as though we are all friends', was coded as 'forged new friendships through the ETH'.  
219 After developing initial codes, these were reviewed and codes considered to hold shared meaning  
220 were grouped into more substantive, overarching candidate themes. For instance, the codes,  
221 'forged friendships' and 'a chance to have a conversation', were combined within the theme

222 ‘Friendships, conversation, and keeping me connected’. Throughout our analysis, we engaged with  
223 extant literature to deepen our interpretations. The first and fourth author worked together as  
224 ‘critical friends’ (Smith and McGannon, 2018), combining our respective analyses, challenging  
225 each other’s interpretations, and (where relevant) offering alternative interpretations, drawing on  
226 our different disciplinary backgrounds. Subsequently, the first author re-engaged with the analysis,  
227 dataset, and also literature that could aid interpretations, together with critical dialogue with the  
228 second author. At the conclusion of this process, we wrote up our six themes, using participant  
229 quotes to highlight their ‘voices’, and literature to demonstrate our interpretative analysis.

## 230 **Findings and Discussion**

### 231 **‘The power of the badge?’ An allure for some, but not for all**

232 Similar to past research with older adults in football-based health promotion activities (e.g., Parnell  
233 et al., 2015; Pringle et al., 2014), the connection with a football club provided a ‘hook’ for some  
234 ETHPs. Six ETHPs (female  $n = 3$ , male  $n = 3$ ) were football supporters, with five being past or  
235 current supporters of the club. ETHP 1 initially became aware of the ETH through an online fan  
236 forum, explaining that the connection with the football club was a salient reason for joining:

237 I didn’t really know what it was, but anything that was with the club in the [club social  
238 area] and associated with the football club, to me, it is always going to be a bonus anyway.

239 As I started to learn a bit about this and a bit about that, I thought ‘great’.

240 Likewise, from a staff perspective, the club ‘brand’ was considered important for promotion and  
241 viewed as the ‘driver’ at the outset. Although the allure of the football club was important for  
242 some, a football allegiance was not necessarily a hook for others. Similar to previous HPSC  
243 research in Ireland (Lane et al., 2021), the ETH successfully recruited non-sports club members,  
244 in turn providing an enhanced reach into the community ETHP. Accordingly, the affiliation with

245 health, supported by partnerships with relevant agencies and a credible club governance model,  
246 appeared to open the gates of the football club to other older adults in the community. ETHP 7 had  
247 previously been a supporter of the football club, but only became aware of the ETH through social  
248 prescribing. When asked about how she joined the ETH, she responded:

249 I think it was the local social services. They sent me details about the hub, when I think I'd  
250 spoken to them about my partner's needs and my needs and what was going on at home.  
251 So, they sent me an email about this, and I thought it would be worth a try.

252 Similarly, another participant reported joining through social prescribing, while the remaining  
253 three non-football club supporters joined the ETH due to partner organisation connections (e.g.,  
254 Age UK, army veterans club). Although these participants had limited interest in football, none  
255 stated that this limited their ability to feel included, with social inclusion aided by the lack of  
256 emphasis placed on football during activities, both by staff and other attendees. Furthermore, some  
257 felt that physically locating activities outside the football stadium widened the potential catchment  
258 area:

259 With the [football club community trust] coming into being, it has shown the public and  
260 those who want to take it up, it isn't just a football club. It does take in the community. I  
261 think that as far as going on the walks and that, they do get quite a few people who do the  
262 walks in their own areas, which shows that the football club actually covers a bigger area  
263 than just this stadium. (ETHP 6)

264 Despite these positive reports, it was felt that many might be unaware of the ETH and that the  
265 football club connection could lead some to assume a football interest was requisite to feel  
266 welcome: 'I am sure there are still people who might see [the crest], and then if it is [community  
267 arm of football club] with [crest], then they can't go because they have no affiliation to the club'

268 (ETHP 1). Overall, these findings demonstrate that the association with a football club helped to  
269 reach individuals with an interest in football, and that partnerships with local partner agencies  
270 facilitated engagement with a wider range of older adults, thus broadening the reach of the health  
271 promotion initiatives in the sports club within the community.

272 **‘I don’t want anything competitive at my age, you are there to enjoy it’**

273 One objective of the ETH is to increase the quantity of physical activity in previously ‘inactive’  
274 and ‘active’ older adults, yet none of the ETHPs stated that increasing physical activity was a core  
275 motivation for joining. Although our study did not seek quantified physical activity data, most  
276 participants were already active to some degree prior to commencing the ETH and tended to report  
277 limited impact on the *quantity* of physical activity they undertook. In contrast to the lack of  
278 perceived impact on quantity, however, participants clearly identified the impact on the *quality* of  
279 their physical activity experiences. At the core of such quality lay hedonic aspects of physical  
280 activity, with enjoyment, fun and relaxation reported by many. Enjoyment of physical activity is  
281 associated with longer-term engagement (Allen-Collinson et al., 2011; Williams et al., 2008), and  
282 experiences of fun and enjoyment were widely discussed by participants. Most also commented  
283 positively on the unpressurised, non-competitive atmosphere involved:

284       It is very relaxed. You can play table-tennis, I am not any good at it, but you can just take  
285       part in things without feeling you have to be an expert. It is not competitive. It is just done  
286       purely for fun, which I think is important, I think. (ETHP 7)

287       Why is that important? (Interviewer)

288       I don’t want anything that is going to be competitive, not at my age. You are just there to  
289       enjoy it. It is just about enjoyment. (ETHP 7)

290 The importance of non-competitive physical activity resonates with other research on physical-  
291 activity programmes (e.g., Allen-Collinson et al., 2011). The psychological benefits of novelty  
292 (Gonzalez-Cutre et al., 2016) and perceived variety (Dimmock et al., 2013) were discussed by  
293 ETHPs, and considered helpful for promoting fun and enjoyment, a point further reaffirmed by  
294 staff. Another salient element in promoting enjoyment was the importance of engaging in physical  
295 activity socially, a theme we expand on below. For instance, ETHP 1 pointed out that, ‘going for  
296 walks with four people or six people, like I have been on two already this week, I find this more  
297 enjoyable than going on my own or just me and the dog’. Alongside this, participants commented  
298 on the enjoyment of being able to choose the type, intensity, and duration of (physical) activities,  
299 being able to move in a way that suited their competence. Using self-determination theory (Deci  
300 and Ryan, 2000) as an interpretative lens, the physical activities offered, and the experiences of  
301 participants in these activities, appeared to enable the ETHPs appeared supportive of the basic  
302 psychological needs of competency, autonomy, and relatedness. Whilst these findings offer limited  
303 evidence to suggest perceived changes in physical activity, participants commented positively on  
304 various qualitative aspects that enriched their experiences of being physically active (see later  
305 sections).

### 306 **Friendships, conversation, and social connectivity**

307 Aligning with the English Football League Trust’s (2022) aspirations, this theme portrays the  
308 social benefits of the ETH reported by all participants. Social isolation and loneliness are risk  
309 factors for poor health (Coyle and Dygan, 2012) and concerns about social isolation and loneliness  
310 have grown since the COVID-19 pandemic (Wu, 2020). Similar to other community-based health  
311 promotion initiatives for older adults (e.g. Simes et al., 2023), the ETH enabled participants to  
312 meet people, engage in conversation, and build new friendship networks. Some, especially those

313 who lived alone or often spent lengthy periods of time at home during their week, reported that  
314 connecting with other people at the ETH was important for addressing social isolation:

315         It does make me feel better, you know if you are stuck at home and down today, just to get  
316         out and talk to somebody is good. There are days when apart from talking to my partner,  
317         who hasn't got much conversation, I don't talk to anybody else. And I think we all need  
318         that. We all need social interaction. (ETHP 7)

319 Alongside addressing social isolation, participants commented on how the ETH reduced  
320 loneliness. As ETHP 5 stated: 'It stops me from feeling lonely, and if I could encourage other  
321 people to come here and not feel lonely and be part of it, then that is great'. Likewise, staff also  
322 recognised that the ETH was about building connections and friendships rather than the activity  
323 *per se*. Meeting new people had also provided ETHPs with social support, broadened their outlook  
324 on life, and developed new understanding of their community. Moreover, socially connecting with  
325 people made some more willing to converse and partake in social activities:

326         I think it has made me a better person. I can see that if I don't do a lot, I can fall back into  
327         my shell a little bit, so it has definitely influenced me, because when you get there, people  
328         there probably think I talk a lot more than I do, because if I didn't go out or just saw one  
329         person, I would be a lot quieter. (ETHP 1)

330 Consistent with the 'social cure' thread within research on social determinants of health (Haslam  
331 et al., 2018), our findings demonstrate the benefits of the ETH for older adults' social relationships,  
332 social interactions, and social support. More so, the social interactions at the ETH were also  
333 perceived as helpful for improving the mental health of participants, as we now elaborate.



334 **‘You definitely feel a lot better in your mental health’**

335 The ETH had become an important way to protect and promote mental health, through the enactment  
336 of cognitive and social skills, helping participants cope with life events, and enabling performance  
337 of their social roles. For some, participation helped to protect against mental ill-health: ‘I have a  
338 bit of PTSD [post-traumatic stress disorder], which this [ETH] helps me immensely with, because  
339 I don’t have to sit and think about it’ (ETHP 2). Linked to the previous theme, a salient pattern  
340 concerned the perceived mental health-enhancing impact of social interactions:

341       If I didn't come, I'll be sat at home. I'll be looking at the wall and you've got things going  
342       through your head all the time, saying ‘no, no, not yet’. [When] You come here, there's  
343       none of that because first thing you do is [say] ‘Morning. Morning everybody’, and then  
344       as soon as someone sits next to you, you start talking and everything’s gone. There's  
345       nothing, you know, I mean there's no depression there then, it's all gone because someone  
346       spoke to you...Hopefully they keep it going, because if they don't, all I'll do is, I'll sit at  
347       home again, do nothing. I've been miserable and I don't want to do that anymore. (ETHP  
348       4)

349 As portrayed here, the ETH had become an important part of this participant’s life and the thoughts  
350 of not being able to attend evoked worry. Likewise, ETHP 7 discussed feeling better after attending  
351 the ETH, explained how it helped her to cope, and outlined that because of these perceived  
352 benefits, the ETH had become a social priority in her week:

353       I feel better when I get home. I feel more able to cope, if you like. Yeah, it does you good.  
354       I look forward to coming. I try now to definitely keep Wednesday mornings free so that I  
355       can come here. So I say ‘I can’t do that on Wednesday because I come here’.

356 Alongside the mental health-enhancing benefits of social activity, several participants also  
357 discussed the perceived benefits of engaging in various cognitively-stimulating tasks (e.g., quizzes,  
358 sudoku). More broadly, some felt that taking part in the ETH had boosted their confidence in social  
359 situations and their self-worth. ETHP 8, for example, had returned to walking football, 20 years  
360 after retiring:

361           It gives me a feeling that I have still got something to give [pause], because when you are  
362           retired, unless you find other interests, you can be cast upon the heap and feel that you have  
363           not got any worth anymore, but this is something I want to do for *me*. It gives me a buzz,  
364           it gives me a feeling that I am doing some good.

365 Taken together, our findings clearly demonstrate that the ETH was perceived to have a positive  
366 impact on mental health.

### 367 **The importance of pleasure**

368 Recent critiques of physical activity health promotion have emphasised the need to shift away from  
369 dominant biomedical perspectives and an almost exclusive focus on health outcomes of physical  
370 activity (e.g., Pullen and Malcolm, 2018; Tulle, 2017; Williams et al., 2018), to more critically  
371 informed and diverse understandings of the meanings surrounding physical activity (e.g., Phoenix  
372 and Tulle, 2017). Consistent with such critiques, this theme demonstrates how the ETH was much  
373 more than an activity pertinent to quantifiable health-related outcomes. Although our study extends  
374 beyond solely physical activities, we draw here – at least in part – on Phoenix and Orr’s (2014)  
375 typology, to interpret the pleasures of engagement in the ETH. Many participants commented on  
376 the pleasure of habitual action (see also Phoenix and Orr, 2014), such that the ETH gave a sense  
377 of structure, direction, and purpose to participants’ everyday lives, something some felt they had  
378 lost since retiring:

379 Most people do need to do a little bit more physical and probably mental-type activities.  
380 So, if they can come somewhere like this and they can do a bit of walking football, a bit of  
381 walking cricket, a bit of health walks and all those kind of things, it's giving them  
382 something to look forward to. (ETHP 1)

383 As portrayed in the above extract, participants also reported feelings of anticipatory pleasure;  
384 thinking about the ETH elicited pleasant emotions. This was portrayed by ETHP 5, who drew  
385 attention to the pleasures of knowing that the ETH would be part of her day:

386 'When I think "what day is today?" [I think] "oh yeah [the Hub]" [smiling and excited]  
387 and you get your trainers on [pointing towards shoes] and your gear [points to jacket], and  
388 I am ready. Excitement. It's something to look forward to'.

389 For those who engaged in the wellbeing walks, the pleasures of sensory engagement in green  
390 spaces were also discussed. ETHP 10, for example, described a walk she had just completed:  
391 'Today, we've been round here we have been looking at different birds and saying, "can you see  
392 so and so?" We discussed various flowers like there's some white violets down there'. These  
393 pleasures of sensory embodiment resonate with other research findings on physical-activity  
394 programmes (e.g., Allen-Collinson et al., 2011). As the group leaders and co-walkers drew  
395 attention to various aspects of the environment around them, this enriched the visual and auditory  
396 pleasures of walking, which helped to promote immersive pleasures (Phoenix and Orr, 2014).  
397 Although ETHP 3 found pleasure in the social interaction of the ETH walks, she also spoke about  
398 how conversation-free periods on the walk enabled sensory engagement with the wider  
399 'soundscape' (Schafer, 1994) and the situated pleasures of the surrounding environment: 'I love it  
400 when we go for a walk because we don't have to talk. We could just walk, [and] listen to the birds  
401 as we are walking along'. In contrast, underscoring the importance of social interactions, the social

402 pleasures of the ETH were regularly discussed. For some, the ETH enacted the pleasures of giving  
403 and eliciting happiness and joy in others. When asked, ‘Why is taking part in the ETH been  
404 worthwhile for you?’, ETHP 2 said:

405           It has given me the satisfaction of being able to sit down and talk to people. I bring the dog  
406           in and all of these, I keep saying ‘older people’, they are all the same as me, and they say,  
407           ‘can I give the dog [rubs fore finger and thumb to indicate food]?’ , [and I say] ‘Yeah go  
408           on’, and I can see the joy in their face to give my dog a bit of biscuit. If that is causing them  
409           five minutes of happiness, then so be it, we will bring the dog again. That’s why I want to  
410           take part.

411 Here, ETHP 2 draws attention to the reciprocal pleasures derived from making others happy,  
412 further highlighting the role of the ETH as a health promotion initiative that can engender and  
413 promote pleasure among older adults.

#### 414 **Going above and beyond: the pivotal role of staff**

415 Like many community-based, health promotion programmes in football (e.g., Bingham et al.,  
416 2014; Curran et al., 2014; Lozano-Sufrategui et al., 2017), staff were reported to play a pivotal  
417 role. The friendly and welcoming demeanour of staff was noted, with several participants  
418 commending how support from staff transcended the ETH programme. As ETHP 9 noted, ‘If you  
419 have a problem outside the hub, each and every one of them would give you support if you needed  
420 it’. Paralleling past research (Lozano-Sufrategui et al., 2017), creating an atmosphere that fostered  
421 a sense of community and interpersonal bonds between participants was considered important for  
422 staff and ETHPs. For some, the care and support from the ETH staff had improved their state of  
423 mind:

424 They always have a smile on their face. They always have time for you. You can talk to  
425 them about your own problems, so without any doubt, you definitely feel a lot better in  
426 your mental health than if you hadn't come out. (ETHP 4)

427 The role of supportive staff resonates with other health promotion programmes, such as exercise  
428 referral, where knowledgeable, reassuring, and supportive instructors were considered invaluable  
429 (e.g., Moore et al., 2013). The importance of such qualities was noted by staff during the COVID-  
430 19 pandemic, when lockdown restrictions necessitated adaptation to services. During this period,  
431 befriending calls, shopping for people, and online meet-ups were organised for ETH members and  
432 season-ticket holders. Reaching out to the ETH members engendered realisation for the ETH staff:

433 It really made us realise the need of people very locally to us, when we're finding all  
434 these people who were so lonely and they wanted someone to talk to every week and  
435 we realised actually, you know, there's people that had no one, no family, no friends in  
436 [place]. They couldn't even go and do their shopping, we realised kind of more what our  
437 role could be. (Staff 1)

438 The support that staff provided during the lockdown periods was appreciated by ETHPs who  
439 engaged with the club at this time. Connecting with ETH members during lockdown provided a  
440 vital support network to many, with the ETH subsequently increasing its membership by 300%  
441 upon returning to face-to-face activities. Staff spoke about then being focused on how they could  
442 develop the existing service and build a sustainable ETH.

### 443 **Concluding Thoughts**

444 The study explored the experiences of participants and service providers of a settings-based health  
445 promotion initiative for older adults, delivered by the community arm of an English League  
446 Football club. Our research demonstrates how the brand of a sports club, and in this case a football

447 club, can help attract older adults to partake in health-related activities. Furthermore, the ETH in  
448 the current study was also successful in widening participation, to include older adults with no  
449 allegiance to football, through effective referral mechanisms and promotion of the ETH with local  
450 partner agencies. Consequently, this emphasises the importance of dialogue between health  
451 services and sports clubs promoting health initiatives to ensure that awareness is raised about the  
452 activities on offer. Additionally, it demonstrates the potential for sports clubs to widen engagement  
453 with the local community through an affiliation with health promotion (Lane et al., 2021) for, in  
454 this case, older adults.

455         Consistent with previous studies, we show that the sports club can be a valuable setting to  
456 promote health, with our research adding fresh insights to the small but growing corpus of evidence  
457 specifically on health-promoting initiatives for older adults in football clubs. Accordingly, our  
458 study demonstrates the potential for perceived improvements in mental health, quality of physical  
459 activity experiences, and social connectedness through engagement in the ETH. Whilst sport-  
460 related groups for older adults can have social and health benefits, our findings reinforce the  
461 importance of the role played by experienced staff in enabling this (Wolter et al., 2021). Although  
462 the long-term English Football League Trust model was intended to create a self-sustaining  
463 programme (i.e., members could be responsible for programme delivery on a voluntary basis),  
464 given the clear importance of staff for the experiences of the ETHPs, further consideration as to  
465 how a self-sustaining programme could be implemented (effectively) is warranted.

466         Theoretically, our study also makes a contribution to understandings of pleasure in older  
467 adulthood (Allen-Collinson et al., 2011; Phoenix and Orr, 2014; Tulle, 2017) and highlights the  
468 potential to diversify understandings of physical activity within health promotion initiatives in  
469 sports clubs. Drawing on elements of Phoenix and Orr's (2014) typology, we illustrated how

470 ETHPs sourced pleasure from sensory experiences, habitual action, and immersion through  
471 activities in the ETH. It should also be noted that the pleasures described by the ETHPs were not  
472 limited solely to physical activity, thus demonstrating a form of conceptual generalisability (Smith,  
473 2018) with respect to Phoenix and Orr's (2014) typology of pleasures. Currently, the physical  
474 activity guidelines for older adults (Department of Health and Social Care, 2019) continue to  
475 emphasise the health benefits of physical activity, while sport-for-health promotional messaging  
476 tends to focus only on the health outcomes derived from participating in such activities (McFayden  
477 et al., 2018; Geidne et al., 2019). Based on our findings, and, specifically, the centrality of  
478 pleasures to the experiences of older adults, future efforts to promote physical activity and health-  
479 promoting activities in sports clubs to this particular population could draw on co-production  
480 methods (Smith et al., 2022) to identify the messaging most suited to engaging older adults with  
481 health promotion initiatives within sports clubs. For instance, the possibilities of co-production to  
482 amplify pleasures are highlighted in recent research with disabled people, where unanimous  
483 support for emphasising the potential enjoyment of physical activity was obtained (Smith and  
484 Wightman, 2021). Therefore, attempts to promote physical activity in older adults through health  
485 promotion initiatives in sports clubs should embrace hedonic perspectives rather than rely on  
486 biomedical perspectives, ensuring that the pleasures of physical activity are emphasised.

487 Overall, our findings contribute to understandings of settings-based health promotion  
488 activities in sports clubs, particularly in relation to older adults in football clubs. Nevertheless, we  
489 acknowledge that the study focused on understanding the perspectives of a small number of older  
490 adults and staff involved in the ETH at one English League Football club. Thus, although our  
491 findings might hold the potential for naturalistic generalisability (i.e. through resonating with  
492 wider populations; Smith, 2018), further research is warranted to understand the experiences of

493 individuals in health promotion initiatives delivered for older adults in other sports and physical  
494 activities, countries, and cultures. Findings of the current study demonstrate that sports clubs that  
495 have staff members to organise and deliver activities, as well as links with partner agencies, have  
496 the potential to contribute positively to the lives of older adults through health promotion initiatives  
497 delivered within their club. Nevertheless, other sporting organisations have embraced networks of  
498 volunteers, specifically activating relevant skillsets, to support the delivery of health promotion in  
499 sports clubs, often with the support of health and sport agencies (Lane et al., 2021). The application  
500 of this volunteer-driven model to health promotion initiatives for older adults delivered in  
501 voluntary, grassroots sport clubs warrants further examination, as this could have far-reaching  
502 benefits for communities. Ultimately, with the increasing life expectancy of much of the global  
503 population, expanding the evidence base on settings-based health promotion initiatives for older  
504 adults within sports clubs more widely will better equip clubs to capitalise on the potential to utilise  
505 this setting as a vehicle to promote both pleasure and health-related outcomes.



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