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Title: Gamechanger: harnessing football for social change

Article classification: Case Study

Abstract

Background: The purpose of this paper is to present a case study of an intersectoral partnership that has taken place in Scotland (United Kingdom) entitled Gamechanger. The main idea of Gamechanger is for statutory, commercial and voluntary organisations to work in partnership to harness the power of football (soccer), to tackle health inequalities and social exclusion. The paper will detail how Gamechanger has been developed, with reference to the newly developed “Incite” model for effective intersectoral partnership working.

Design/methodology/approach: This paper draws on the authors’ experiences of leading and evaluating intersectoral partnerships from 2015-2019. The report draws on the work which took place during that period, and the achievements in relation to Gamechanger.

Findings: Gamechanger has led to very significant innovations. It has encouraged sectors to work together, and develop new ways of responding to difficult societal problems.

Originality/value: Gamechanger is believed to be the first initiative of its kind developed with a football club in Scotland.

Conclusions: This work has been developed through robust community-informed efforts. The scope and scale of the projects to deliver community benefits is significant. Gamechanger has provided a means for football to take a different approach to how it works to benefit its community.

Keywords Integration, Partnership working, Multi-disciplinary teamwork, Health and social care, Integrated care, Self-care

Introduction

Most objectives related to health inequalities and social exclusion cannot be achieved by any single person, organisation, or sector alone (Petch *et al.*, 2013). Improving the lives of people who are experiencing health inequalities and social exclusion does not constitute a single response or a prescribed service intervention. Instead, the multiplicity and complexity of need should be mirrored in services provided (White, 2007; Hardwick, 2013; Neale *et al.*, 2014). Significant social determinants lie outside the traditional health and social care sector; therefore action within and between sectors (intersectoral action) is required (Mikkonen and Raphael, 2010; Shankardass *et al.*, 2012). Intersectoral action recognises the many factors influencing the health and wellbeing of the population (Herens *et al.*, 2017).

In Scotland, intersectoral partnership working has increasingly become part of national policy (Scottish Government, 2018; Scottish Government, 2018a; Scottish Government, 2018b; Scottish Government, 2018c) and a means to address a wide range of issues, from health inequality and local regeneration to increasing employability and decreasing demand on hospital beds (Scottish Government, 2018). Legislation sets out an aspiration to shift from voluntary to mandatory partnership working.

In Edinburgh, Scotland's second largest and capital city, a number of Intersectoral Partnerships (ISPs) have been developed. The ISPs have involved collaboration among organisations based in the state (statutory or public sector), the market (private or commercial sector), and the third sector (charity or voluntary sector).

This paper presents a case study of one ISP, titled Gamechanger, whose goals were to build a partnership around the power of sport, specifically football (soccer), to tackle health inequalities and social exclusion.

Benefits and challenges of intersectoral partnership working

ISPs are a key solution to problems that cannot be tackled by an organisation or sector in isolation (Trickett *et al.*, 2011; Herens *et al.*, 2017). Not only can ISPs reduce duplication of effort and activity (Trickett and Beehler, 2013), but of key importance and value, they stimulate innovation and creative solutions (Cameron *et al.*, 2014). Individual partners within an ISP typically see only a part of the problem. Together, they can construct a more holistic view; one that enhances the quality of solutions by identifying where multiple issues intersect (Cook, 2015; Jagosh *et al.*, 2015; Herens *et al.*, 2017).

By working together, people involved in partnerships have the potential to break new ground, challenge accepted wisdom, and discover innovative solutions to problems (Petch *et al.*, 2013; Cameron *et al.*, 2014).

It is through synthesising and combining the perspectives, resources, and skills of partners that a group creates something that is greater than the sum of individual parts. Actors within partnerships have the potential not only to think comprehensively but also to act comprehensively, by carrying out interventions that coordinate a variety of reinforcing services, strategies, programmes, sectors, and systems (Trickett *et al.*, 2011; Trickett and Beehler, 2013). It is these collaborative, boundary-traversing partnerships that are capable of implementing comprehensive, multi-component interventions that are likely to achieve substantial changes in community programmes, policies, and practices (Trickett *et al.*, 2011).

However, given their clear benefits, developing ISPs is a challenge. Poor performance factors include personal agendas, conflict, politicking, poor managerial relationships, geographical distance, and cultural difference (Dowling *et al.*, 2004; Trickett and Beehler, 2013). There are complex issues which reside within each of the factors that require further exploration to understand how partnerships should be developed, nurtured, and sustained.

In this paper the Gamechanger ISP is the focus, and will be discussed. A theory of effective ISP development, termed the “Incite” model is also presented and used to frame the discussion of Gamechanger.

Introduction to the Incite Model

The Incite model was developed from a study of six ISPs in Edinburgh, including Gamechanger (Irvine Fitzpatrick, 2019). The organisations included in the original study targeted a range of needs including people with mental health problems, veterans and their families, people who require psychological interventions, people who have mental health and substance misuse problems, people who are in contact with the criminal justice system and people who have experienced significant trauma. Partners included business, the statutory sector and third sector organisations. People who attended the partnerships received help from doctors, social workers, psychologists, volunteers, justice system workers, and various other kinds of clinical, social and advocacy services. The ISPs reflected a number of core concepts, including: social cohesion, supportive

environments, recovery communities, the social model of disability, community participation, social justice, and social capital. They were informed by theories on partnership working and intersectoral collaboration, stakeholder involvement, collective advocacy, and adaptive leadership.

The Incite model was developed using realist evaluation methods (Pawson, 2006). The model contains themes on the delivery of intersectoral partnership. Within each theme, mechanisms for effective practice are identified, as well as expected outcomes. Restrictive and facilitative aspects of context are identified. In the model, three phases of development are presented. These phases focus on development over time, from nascent ideas, to collaborating with others, to fully developing a service or structure – and were termed the “invitation”, “creation” and “enactment” phases.

The Incite model originated in Scotland, and is therefore based on the particular circumstances there. However, the organizations that have endorsed and been used to develop it serve diverse populations. An advisory group, consisting of professionals and people with lived experience, provided review and the model. The model has been presented to sector leaders to ensure it is reflective of actual practice.

What follows below is an example of the Incite model through Gamechanger. The below focusses on describing the three developmental phases identified in the incite model – “invitation”, “creation”, and “enactment”. Reflections of particular note which have been learned through the design and embedding of Gamechanger approach are given.

Introduction to Gamechanger

The main idea of Gamechanger was to use football (soccer) to help tackle health inequalities and social exclusion. The intention was to capture the power and economic strength associated with football, and to make use of the physical, cultural and professional assets of the football club. These assets would be used to deliver improved health and social care outcomes for vulnerable, disenfranchised and disadvantaged people. Gamechanger included a number of foci including physical health and fitness, public engagement through the arts, mental health and wellbeing, social inclusion, and self-care for people with long term conditions. Gamechanger was based on a co-planning, and co-delivery approach, through which the public sector, third sector organisations (voluntary organisations, community groups, charities, social enterprises) and commercial organisations shared responsibility for designing and delivering services

and initiatives. Gamechanger is believed to be the first initiative of its kind developed with a football club in Scotland.

Invitation phase

The invitation phase began in December 2015 with a series of events. McGhee (2004) described such introductory stages as “policy spaces” where citizens and policymakers may come together and to grow transformative potential. Stakeholders were invited to attend events at the Football Stadium which signalled a beginning with the subject framed in such a way as to invoke curiosity.

Gamechanger built on extensive participation and engagement processes. A key effort was made to invite the “right” partners who would be attracted by engaging with a major football club. Attendance at “invite” events were open to members of the public, people with lived experience, carers and families and staff from third sector and public sector agencies, academia and the private sector. Over 100 partners (including individuals and organisations) participated in the invite phase. Included amongst these were local government, universities, colleges, and some of the region’s major charities and social enterprises.

At “invite” events, establishing an initial welcoming space, which evoked curiosity and built upon this curiosity by using different and novel approaches to presentation, resulted in people coming together with a sense of shared inquiry and desire for action. The priorities identified in the invite phase were focussed on the fact that the football club had very significant physical and social assets. It was envisaged that these could be utilised in ways that could create community benefits. The initial shared priorities were:

1. Promote health improvement and health promotion messages – maximising national awareness initiatives and campaigns
2. Promote and provide opportunities for vulnerable groups and communities to be engaged with sport and exercise activities
3. Provide opportunities for green space initiatives which focus on diet, exercise and eco diversity
4. Promote and support participatory activities which harness the power of sport and the arts to build community cohesion and capital

5. Create further educational and employment opportunities including the development of social firms and enterprises
6. Develop football Stadium and Training Centre as community assets and destination places

A key driving motivator for people's engagement was the idea that football could help to gain access to hard-to-reach communities. Football, due to its very high level of exposure to the public, high media coverage, and high popularity created high levels of awareness, and motivated people in a way that few other public activities could match. Partners were motivated by the "x-factor" that football could bring to tackling complex societal problems.

Other important activities were creating a "safe" space which enabled people to talk about and understand power relationships and dynamics, and allowing people to explore their professional identity and redefine that identity both personally and professionally in order to take more supportive action.

Creation phase

The creation phase began in February 2016. It was within the creation phase that the importance of acknowledging a plurality of discursive styles became most apparent. The gulf in perspective between commercial partners and health providers was very significant at times. Simply creating a space for collaboration does little to rid it of the dispositions participants may bring into them or how professionals valued for their expertise in one context may be unwilling to countenance the validity or value of alternative knowledge or practices in another (Bourdieu, 1986; Soja, 2009). With regards to Gamechanger using the creation phase to explicitly discuss power was a key feature. The contrast was striking between institutional power conferred by legislation or policy to the National Health Service, contrasted with the low perceived power of 3rd sector agencies. There were also perspectives that many organisations first and foremost would protect their own organisational needs before considering doing cooperative and collaborative work which could involve power sharing. The creation phase required discourses which were not singular or fixed. Ideas, strategies and practices were required to be in flux; this led to people remaining engaged as there were opportunities to hear several voices and consider different ways of working.

A key aspect was developing shared values, to allow a solid foundation for all partners to understand each other and feel safe to work together. Values were collaboratively designed and agreed upon by participants over a series of events as a foundation for moving forward. These values were:

1. Mutual respect and trust
2. Open and transparent communications
3. Co-operation and consultation
4. A commitment to being positive and constructive
5. A willingness to work with and learn from others
6. A shared commitment to addressing inequalities and social justice
7. A shared passion for the using the power of football to galvanise communities of interest and geographical communities
8. A desire to make the best use of resources.

There was a need for the programme of work to be endorsed by senior leaders and also to provide opportunity for those on the frontline to introduce innovations. Events were held which included senior leaders and front-line practitioners, supporting decision making, and addressing organisational barriers. Providing opportunities for all staff, not just senior staff, to share their perspectives led to greater engagement and creative solutions being identified. It was important to be mindful of experiences people had that might make them not want to work as partners and to consider what has worked well for people previously.

The lived experiences of people with health inequalities was a central feature. This helped to mitigate against Gamechanger simply replicating ineffective paternalistic approaches (Carroll *et al.*, 2012). It was acknowledged that Institutions can be spaces for creating citizenship, where citizens can acquire skills that can be transferred to other, less discriminatory spheres (Trickett *et al.*, 2011; Trickett and Beehler, 2013). How the space and/or the medium chosen can increase the ability of people to exercise their agency by first recognising themselves as citizens (or in the case of Gamechanger football fans) rather than by seeing themselves as beneficiaries or clients (Bromage *et*

al., 2017; Rowe and Davidson, 2017; Ponce and Rowe, 2018). Creating such different relationships with “service users” was an important aspect of Gamechanger.

Enactment phase

The enactment phase began in June 2016. The enactment phase was characterised by switching from discussion to doing. Attitudes towards failure were important.

Gamechanger partners appreciated that although some initiatives may be difficult to get off the ground, they were not viewed as a negative, but rather a natural consequence of engaging in innovation. Shared values and priorities developed into a cohesive set of developments, projects and strategic objectives. A full-time project manager was recruited to ensure momentum and progress actions.

The enactment phase resulted in consolidating the various partnerships and being in a stronger position to take more radical actions. This was expressed in several ways. First and foremost, visible progress and changes were made for the benefit of people and communities. Stakeholders described how the actions generated by Gamechanger as a whole helped them to overcome some long-standing and cynical views about the value of partnership working. Building relationships with a major football club enabled people to feel different about their organisation and its status and influence.

One important aspect of the enactment phase for Gamechanger was that other actors could join, as there were visible initiatives and concrete actions which people could see and wished to associate with. Several “new” actors entered into the enactment phase who may not have participated previously. There needed therefore to be attention and awareness paid to this. Different power relations (Cornwall, 2002; Best *et al.*, 2010; Best and Williams, 2018) may develop or emerge as partnership activities increase or spread.

A period of formulation or reformulation was required to “recalibrate” what Gamechanger was about at the beginning of 2019. Key aspects of importance were: (1) talking about values of the partnership and asking people to sign up to these (2) developing partnership slowly and not rushing into partnership too quickly, however (3) it was equally important not to get “stuck” – as it was through ongoing actions that the partnership coalesced and developed. An example of the (re)formulation process is in figure 1

FIGURE 1: INVITING STAKEHOLDER BACK TO PLAN PRIORITIES FOR SEASON 2019-20

Figure 1 around here

Outcomes to date

In practice, Gamechanger has led to the provision of varied services and initiatives being delivered at the football stadium and in collaboration with the football club. These outcomes relate to the period September 2016-August 2019, and are present below.

Health and fitness

“Are You Match Fit?” health stalls began operating in September 2016. These stalls, run by statutory national health service (NHS) providers, have delivered an opportunity for football fans to have their Body Mass Index (BMI) and Blood Pressure (BP) tested during intervals at games. Fans were also encouraged to sign up for regular health checks with their own doctors. The initiative has been promoted in the stadium through advertising boards, electronic screens and in the match day programme. Health checks provided have informed individuals with health concerns of which they were unaware, and these individuals have sought appropriate medical advice. The feedback from fans attending was that while they rarely visit their GP they were happy to have their health checked at the environment they are most comfortable in. An end of season survey of fans indicated that fans felt matches were an appropriate place for health checks and advice. The initiative also promoted and hosted weekly fitness classes in the stadium, with an additional referral pathway from Local General Practitioners (GPs) and Primary Care teams. From September 2016 onwards, approximately 65 people have attend a fitness class each week at the stadium.

Wellbeing centre

A wellbeing centre was opened within the stadium in January 2018. This centre has functioned as an asset for statutory and 3rd sector agencies to support delivery of primary care, mental health and substance misuse services. It is available from 10-4 pm every weekday and is free to Gamechanger partner organisations of which there are over 70. For example, the venue has been used for running a group programme for psychological therapies for adults, and this was recently extended to including children and young people.

Self-care of individuals with long term conditions

With input from a footballer with Type-I diabetes, an event was hosted in June 2016 at the stadium which focused on the management of diabetes for children. The event attracted approximately 300 people (children and their families). The event was exciting and enjoyable for children, with input from a positive role model on life-long management of diabetes. A related event was completed in June 2017. In this event, health clinics were provided for people with enduring mental health problems at the stadium. These clinics were for people who may have physical health problems which were overshadowed by their mental health condition(s). The take-up was very positive. Feedback from providers indicated higher take-up than when health check-ups were run in mainstream care. There was additional added value in terms of access to exercise opportunities through access to the football pitch.

Public engagement through the arts

A theatre company was commissioned to produce a play to explore the experience of immigrants, exploring themes of connection and belonging and relationships to people's health and wellbeing. The play covered Edinburgh from the late 1850s and the arrival of Irish immigrants driven from their homes, until the 1890s, and tells the story of the people who founded the football club. A professional team of stage managers, designer, lighting designer and musical director as well as a cast of non-professional actors from the local community rehearsed at the stadium. This play was performed at the stadium, during the Edinburgh Festival Fringe in August 2017. The Edinburgh Festival is the world's largest arts festival. Five performances with capacity of 150 were scheduled with tickets selling out. An additional free performance was held. Over 1,000 people saw the play and there were press coverage in high profile venues including the New York Times.

Using football to deliver national health and wellbeing strategy

Two national strategies were targeted for delivery using football (1) the national strategy for death and dying (Scottish Government, 2008) and (2) the national strategy for mental health and wellbeing and suicide prevention (Scottish Government, 2017; (Scottish Government, 2002). From September 2016 onwards, an annual amateur football tournament has been held. Targeted at men, with regards to mental wellbeing and suicide prevention, the participants were provided information about mental health and wellbeing, how to manage stress and the importance of understanding emotions and

communication. Over 200 people participated in the tournament with approximately 18,000 people at match day receiving information on the “GameChanger - five ways to positive mental wellbeing” during a home football match. A related initiative, focussing on death and dying, titled “Absent Friends” was held in 2016. Football fans were asked to write messages to “Absent Friends,” including photographs or other tributes. More than 540 individual messages were posted. A wide range of sentiments were expressed around memories, missing, remembrance and – interestingly – how shared support of football had helped.

Food and social inclusion

Starting in July 2017, a weekly lunch club has provided a free nutritious two-course meal for people. It was designed to be appropriate for persons of all ages and there were opportunities for those who were interested in learning cooking and volunteering to support meal preparation. The lunch club aimed to build a sense of community, allowing relationships to be created and an increase in feelings of self-esteem and confidence amongst those who attend. There have been between 50-70 attendees each week, with over 3500 meals cooked to date. A related initiative has opened the football stadium on Christmas day, starting in 2017, to provide a free festive lunch. Food was also made available to individuals who could not attend the stadium, and distributed through charities to people’s homes. Information on self-care, mental health and wellbeing was provided to the participants alongside the food. The lunch was provided to more than 100 people in its first year and expanded to approximately 300 people in its second year. Hampers of food have been provided to approximately 1000 families.

Discussion

Communities around the world are facing challenging health inequalities with complex socio-economic and environmental components, many of which have not responded to single-agency interventions (New Economics Foundation, 2012). This paper presents a model and learning to build a new paradigm for understanding some major societal issues such as the increase of diabetes and care and support for vulnerable people — which were often traditionally and historically viewed as issues for resolution by statutory providers only. Discussion of Gamechanger, with reflection using the Incite model (Irvine Fitzpatrick, 2019) sets out our experience of creating an intersectoral partnership to co-create solutions which will improve health and social inclusion outcomes for people with a range of needs.

The reflections drew upon the authors' experiences of creating and evaluating ISPs. The research has also been presented and discussed with beneficiaries of Gamechanger and front line staff. Throughout the process it was important to gain a deeper understanding via the perceptions of the principal actors. Professionals, people with lived experience and other stakeholder have been extensively involved in this process to understand how to replicate the important learning from this programme of work to other areas.

Many of the components of Gamechanger are already in existence in most countries – public health medicine, community-based interventions, therapy services, voluntary organisations responding to different social needs, and commercial and/or independent organisations which can provide short and long-term support. Bringing these together into more integrated and holistic models using football as a key linking aspect has been very successful in developing and reframing relationships across professional, practitioner and commercial interests. This reframing relates to roles, relationships with others and use of resources. Accountability to and involvement of service users, families and communities has been core to the process to ensure that people are truly put at the centre of the vision.

Our ideas around developmental phases (invite, create, and enact) are not completely novel, as other authors (Bourdieu, 1977; Cornwall, 2002; McGhee, 2004; Curtis, 2010) have identified stages and phases of partnership development. However, the current work adds further detail regarding the Gamechanger initiative, which may support others to shed light on how similar initiatives may be developed in future. These insights are valuable, as developing effective partnerships is a significant challenge. Partnership requires relationships, procedures, and structures that are different from the ways people and organisations have worked in the past (Lasker, Weiss & Miller, 2001). Building effective partnerships is time consuming, resource intensive, and, in short, very difficult (Petch, Cook, & Miller, 2013). Considering these challenges, it is not surprising that many partnerships fail to thrive (New Economics Foundation, 2012).

Our experiences with Gamechanger suggest that whilst challenging it is possible to achieve sustainable partnership with a supportive political and social context, and a co-ordinated programme of activity. It could also be argued that whilst this model is undoubtedly positive it is still limited. Other aspects of health care, social care and social inclusion could be included in Gamechanger in the future.

Conclusion

In this article we have described a novel initiative titled Gamechanger. The potential transferability of Gamechanger to similar settings or partnerships with similar objectives seems strong. The scope and scale of the projects being planned to deliver community benefits is significant. Gamechanger has provided a means for a football club to take a different approach to how it works to benefit its fans and community. It was the first time a Scottish Football Club has been involved in a intersectoral partnership with statutory and 3rd sector providers, and on such a significant scale.

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