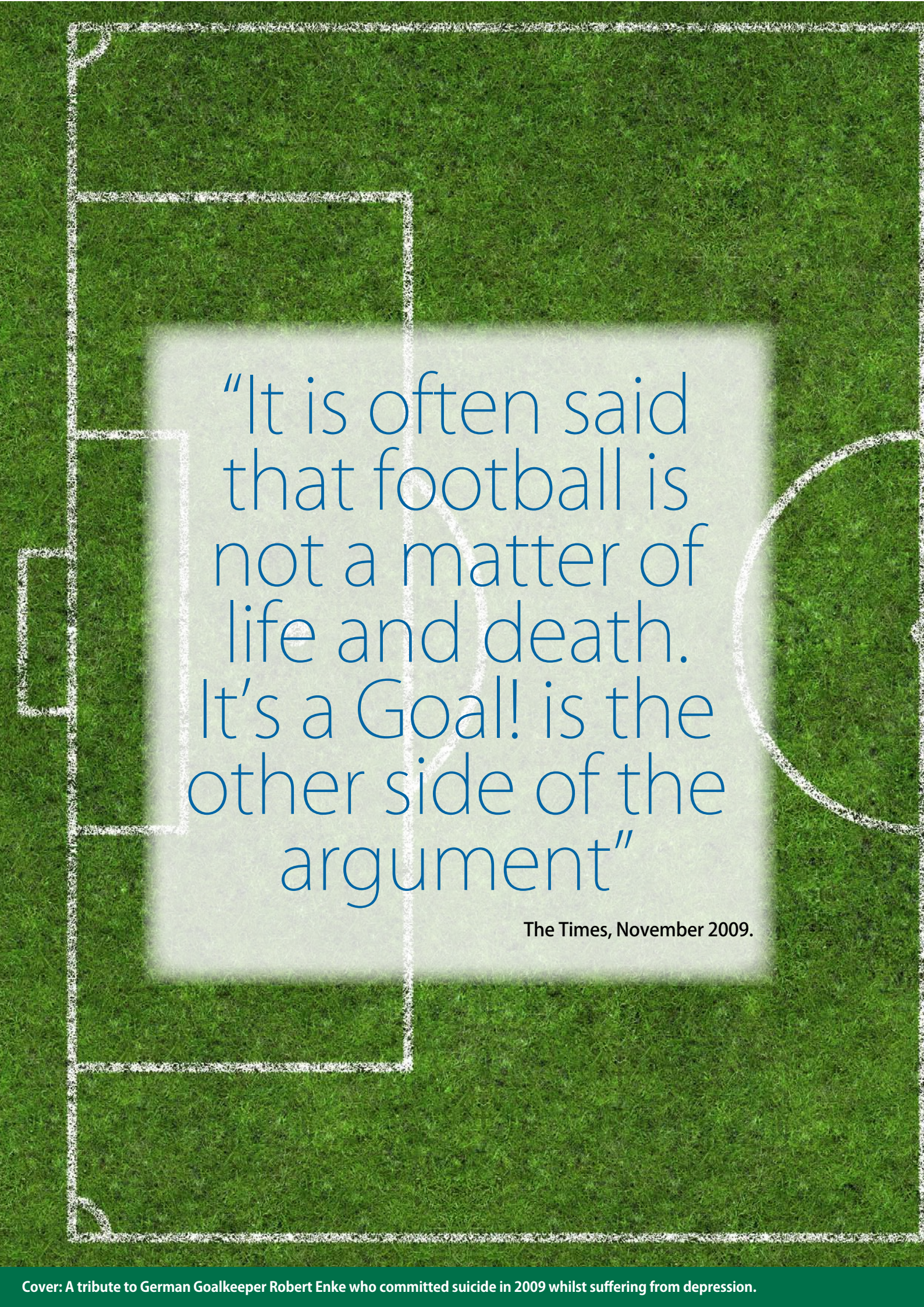


The Latest Score

An evaluation of the **It's a Goal!** programme





"It is often said
that football is
not a matter of
life and death.
It's a Goal! is the
other side of the
argument"

The Times, November 2009.

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It's a Goal!

It's a Goal! is an eleven week programme for men suffering from depression. It runs in football stadia around the country and uses football metaphor to help young men to take more control of the issues in their lives; rather than focusing on the negative debilitating effects of being depressed, it's emphasis is on 'being the best you can be'; and we do everything in our power to make it look and feel non-clinical.

This evaluation report suggests it works.

www.itsagoal.org.uk

From the Boardroom

Malcolm McClean, Founder, The **It's a Goal!** Foundation



Founder Malcolm McClean noticed at an early age that thinking about football could inspire – seen here with George Best



The tragic suicide of German goalkeeper Robert Enke in 2009 brought into sharp focus the issues facing men when they become depressed. Enke was successful, famous, wealthy, was married to a beautiful wife and surrounded day after day by his team mates. Yet still he could not open up about the way he was feeling. For Enke, as for many thousands of young men every year, a treatable illness became a killer illness.

Young men are most at risk of suicide. We are taught that 'big boys don't cry' so it is natural for men to withdraw when they become depressed. At The **It's a Goal!** Foundation we thought about this and had a small idea.

Sometimes small things can make a big difference. **It's a Goal!** is one of those small things which is making a big difference to the lives of a lot of people.

We have found a remarkable way to 'reach the parts the NHS cannot reach'. It is well documented that young men are more at risk of suicide when they are depressed. Despite their sterling efforts, the NHS still struggles to engage with these people.

By setting up a programme in a football stadium – a place where men are often thrilled to go to – and focusing on 'being the best you can be', we have found that we have been incredibly successful in engaging with depressed young men. Further, the programme completion rate has been in the region of 64% - something which is unprecedented when dealing with this kind of client group. For many young men, the outcomes have been astounding and life changing.

We began the programme at England's smallest professional club, Macclesfield Town. After three years refining the programme and evaluating the results, we opened our second programme at the World's biggest club, Manchester United. Now **It's a Goal!** is available as a social franchise through The **It's a Goal!** Foundation, a company limited by guarantee.

We are producing more and more compelling evidence that **It's a Goal!** works and this evaluation study is part of that.

Some people want to talk about the problem of depression in young men. We want to do a small thing. The evidence suggests that if we do we will make a big difference.

What do you want to do?

m.mcclean@itsagoal.org.uk

A word from the coach

Pete Sayers, National Development Director, The **It's a Goal!** Foundation



Six years ago as an overworked, stressed out community psychiatric nurse (CPN) operating in five local GP Surgeries in Macclesfield, the last thing I needed was another initiative to get excited about after being invited to a seminar at the local football club.

Fortunately for me, out of curiosity I attended the seminar, which launched me on a journey that has completely turned my working life around and has given me the opportunity to travel, to meet some fantastic people and to indulge the two major passions outside my family, namely football and mental health issues.

The idea behind the project is a simple one and was prompted by some disturbing figures published by the Government and the World Health Organisation which revealed that young men were committing suicide in disproportionately high numbers. Further examination showed that men, in general terms, were not using the facilities open to them in anywhere near the same way or numbers as women, reinforcing the old myth that men don't talk, particularly about emotional matters.

So if guys weren't using the facilities, maybe the facilities were not right for the guys. With this in mind, and presuming men might feel less stigmatised and more comfortable in football stadiums, we embarked on inviting men who might be depressed or anxious to a tailor made programme within their local football clubs.

That was nearly six years ago, and I feel the response has been fantastic. Using football metaphor and analogy, young men have been given the opportunity to successfully address their issues and problems at programmes run at Macclesfield Town, Manchester United and Stockport County, and since creating a franchise for **It's a Goal!** the word has spread further, notably to Plymouth, Stoke, Burnley and the Borders in Scotland with seven more planned to launch in 2010.

My role has changed from delivery of the programme, to establishing it in as many clubs as possible, and for me it is wonderful to see troubled guys who might not have accessed traditional services feel happy and comfortable working on their problems in a setting that is right for them.

A famous football manager once said that football was more important than life and death. I'm not sure about that, but I do know that using football in this way may well have proved the difference between the two for a number of young men, and I feel humble, privileged and fortunate to be a part of that process.

p.sayers@itsagoal.org.uk

This report outlines the development of the **It's a Goal!** (IAG) programme and evaluates the impact that the process has had on participants.

Using a mixed methodology involving statistical analysis of data, focus group material and drawing on individual personal narratives, the report will outline the ways in which the programme was perceived by participants and the impact that the structure and process of **It's a Goal!** had on engagement.

Men and Mental Health

Although men, as a distinct group, have not always been identified as a definite sub-group in writings on mental health in the way that women have, the particular problems experienced by men are now starting to be acknowledged in psychology and sociology literature and are beginning to feature in mainstream mental health research¹. Men are traditionally seen as not having the same level of mental health needs as women and the number of specifically 'women's' services hugely outweigh the number of 'men's'.

It is well recognised that men are often reluctant to access most health services, and especially mental health services. Some suggest men's reluctance to access health services could be to do with men's need to feel in control and self-sufficient. Traditional male social roles are associated with strength and prowess and an illness such as depression, which can be perceived as a weakness, can serve to stop men from asking for help, which would be, in effect, admitting to weaknesses and not "being a man".

According to figures published on their website, the National Mental Health Development Unit² state that;

- 75% of people who kill themselves are men.
- 73% of adults who go missing from home are men.
- 90% of rough sleepers are men.
- One man in eight is dependent on alcohol (men are three times more likely to become alcohol dependent than women).
- 78% of drug-related deaths occur in men (men are more than twice as likely to use Class A drugs than women).

- Almost every personality disorder, including antisocial personality disorder, is more likely to be diagnosed in men.

- Men have measurably lower access to the social support of friends, relatives and community

Yet despite these figures they go on to state that; **"Men's mental health needs have not, to date, been paid the same attention (as women's)."**

Reluctance to access services, despite these depressing figures, comes against the backdrop of an increasing number of men being diagnosed with and treated for mental health problems as well as the fact that suicide rates for men are substantially higher than those for women. Suicide is the biggest single cause of death of men aged 25-34 and young men are four times more likely to take their life through suicide than young women³.

The tragedy for mental health services is that if men would engage with services many of them could be helped, but getting them to come to services remains major problem for service providers across the country.

The **It's a Goal!** programme aimed to address this problem in two distinct ways. Firstly the idea of placing a mental health intervention in a football stadium aimed to increase the access to services by operating in an environment that many men would find attractive and engaging. It was thought that many men would actively want to go to a football stadium. This contrasts sharply with the stigma associated with attending a mental health service in a clinical setting.

Secondly **It's a Goal!** aimed to use the language of

1: Pringle, A. and Sayers, P. (2004) **It's a Goal! Basing a CPN service in a football stadium**. Journal of the Royal Society for the Promotion of Health 124(4): pp.234-238.

2: National Mental Health Development Unit (2009) Available at; <http://www.mentalhealthequalities.org.uk/our-work/gender/mens-mental-health/> [Accessed 29 December 2009]

3: Sayers, P. And Pringle A (2006) **It's a Goal!** The half time report Mental Health Nursing 26 (3): pp10-13

football to explain and illustrate mental health issues. It was felt that the replacing of clinical language with examples using football language and metaphor could help engage men with concepts and idea in a way that would be more appealing and often more understandable.

Bearing this in mind the idea to run the whole programme (or season) using a football metaphor was adopted because the language of engagement was acknowledged as an important aspect of the interventions. Men are likely to feel more comfortable using a language that is at once both familiar and accessible, and to respond for example to the idea of a “team” as opposed to a “therapy group”. Focus is placed on the importance of team work, helping each

other out, confidence when under pressure, exploring personal strengths and weaknesses and taking care of the self in both body and mind. The use of football analogy, language and metaphor all serve to make IAG accessible and non threatening; in short it is as far removed from a traditional mental health setting and culture as possible.

Discussion with the players and others has highlighted that the techniques of using football metaphor for engagement, although aimed primarily at young men, were not necessarily gender specific. As referrers became more familiar with the process some female referrals were received and some older men also came through into the programme.

The aims of It's a Goal!

The aims of the It's a Goal! (IAG) project were identified at the outset as;

- To employ innovative ways of making accessible a service that helps young men focus on mental health issues - especially around depression and self esteem.
- To establish the project as a mainstream process that could be available to any football club
- To raise the profile of mental health promotion and mental health care for men as a perceived vulnerable group.
- To play a small part in changing cultural attitudes towards men and their mental health.

Since launching at Macclesfield Town in 2004 **It's a Goal!** has also run at Manchester United, Stockport County, Stoke City, Plymouth Argyle, and Burnley, with teams to start imminently at locations within the Scottish Borders. Further additions to the programme are planned in 2010 for Blackburn Rovers, Blackpool, Tranmere Rovers, Oldham Athletic and Rochdale.

The It's a Goal! programme

The eleven week IAG programme is based around group working with a group consisting of anywhere between three and eight participants. The groups are facilitated by one or two staff members.

In some cases these are members of the IAG team itself and in some staff from the local PCT who have had training and supervision from IAG staff.

Referrals – at each launch of **It's a Goal!** attempts are made to ensure that local providers of services, voluntary agencies, service user groups and other potential referrers are invited. At the launch IAG staff present the programme and are available to discuss the referral process. The programme takes referrals from any source and also takes self referrals.

Assessment – assessment for the programme is by informal interview with IAG staff. This usually takes place at a venue suggested by the person referred with the majority of interviews taking place at the person's home.

The programme – The eleven sessions of **It's a Goal!** are called a season with each individual session being known as a match. The season is based around football metaphor, eleven being the number of players in a football team. The season also fits the analogy by being broken down into a classic 4-4-2 formation as follows:

Goalkeeper (1st match) - An introductory session where players sign up for the team, get to know each other and set their first goals.

Defence (4 matches) - The defence sessions are based on principles of teamwork, support, roles and includes the concepts of resilience and change.

Midfield (4 matches) - These sessions concentrate heavily on creativity and linking up, looking at relaxation, visualisation, communication, motivation, assertiveness and posture.

Attack (2 matches) - The attack sessions provide, as all good strikers should, a great finish! They focus on taking opportunities and delivering the goods through changing negative behaviours and perspectives; practicing some of the techniques learned and evaluating their success.

There is a degree of flexibility as regards match times and days. Generally matches are held during the day, but seasons of evening "floodlit matches" have been run to suit the individual needs of the players.

Supporters Clubs – Supporters clubs are follow up groups run to provide extra support once the season is over. These have a drop-in structure and are open for anyone who has been through the programme to attend. These groups also take place within the football club.

More detailed descriptions of the process can be found in the published literature about the programme in professional journals and textbooks. These include:

Pringle, A. and Sayers, P. (2004) **It's a Goal!** Basing a CPN service in a football stadium. **Journal of the Royal Society for the Promotion of Health** 124(4): pp.234-238.

Sayers, P. And Pringle A (2006) **It's a Goal!** The half time report **Mental Health Nursing** 26 (3): pp10-13

Sayers P. **Men and suicide**. In Conrad D & White A (Eds). (In press). Promoting men's mental health. Oxford: Radcliffe.

Evaluation Strategy

SAMHS, an independent consultancy, was given access to all data generated by the evaluation strategies currently embedded within the It's a Goal! programme and conducted a series of focus groups and individual interviews with people who are currently undertaking or have completed the IAG programme.

The evaluation strategy has three threads. Firstly an analysis of data collected by **It's a Goal!** staff will examine demographic details to evaluate if the programme is being taken up by the target audience, namely young men with emotional and/or mental health difficulties. The data collected will also help identify important key indicators of success such as attendance figures, return to employment or education, and involvement with socially inclusive activities.

Secondly a series of focus groups examined with participants how the aims set out for **It's a Goal!** had or had not been achieved. These groups addressed such

issues as the importance of the setting, the usefulness of football language and metaphor, the use of group working techniques, the contrast between the IAG approach and traditional mental health services, the length and structure of the course and the follow up available after the season had come to a close.

The third thread of the evaluation process followed the personal narratives of three participants. This gave the evaluation team the opportunity to explore the effects that the programme had on these players in the months and years after the initial season had ended.

All participants in the focus groups and interviews were provided with information about the process and were informed that they could leave and have their contributions removed at any time. All participants who came to the process consented. Interestingly all participants were offered the choice of anonymity, but all decided to use their own names to, as they said, "keep it real". All were happy for their name, and in some cases, their image to appear in the final report.

Statistics

Statistical information from IAG programmes at Macclesfield Town, Plymouth Argyle, Manchester United and Stockport County was conjoined to give an overarching statistical overview of the programme nationally. There is a difference in the amount of data generated by each area as the length of time the programme has been running in each area differs markedly. Burnley and Stoke City for example have only run one season each so far whilst Macclesfield kicked off in late 2004. Statistics from Burnley and Stoke are not yet available.

Thread one - statistical analysis

IAG Macclesfield Town, Manchester United and Stockport County presented combined statistics for the period February 2004 to December 2008, a period of 58 months. In that time a total of 280 referrals were made and the breakdown of those making the referrals is shown in Table 1 opposite.

The two largest referring groups were Community Psychiatric Nurses (23%) and self referrals (19%). Interestingly, after General Practitioners, the next

highest referrer into IAG was Mind, one of only two third sector organisations to make direct referrals. The remainder of the referrals came from a range of statutory and governmental organisations from the health and social care sector.

As seen in Table 2 the vast majority of referrals were for men, whose average age was 28.9 years, with the oldest being 59 years old and the youngest being 18; the majority of referrals were aged between mid twenties to low thirties.

Further analysis of the available data (see Table 3) revealed that 81% of the men were living a single life and 19% were either married or co-habiting. 70% of the men declared themselves to be currently unemployed at the time they were undertaking the IAG programme.

Out of a total of 280 referrals 206 were interviewed (74%) by the coach, with the remaining 26% either not attending or withdrawing their referrals. Of those 206 interviewed 123 fulfilled the criteria and started a season (60%), and of those starting the season 79 completed (64%).

Table 1

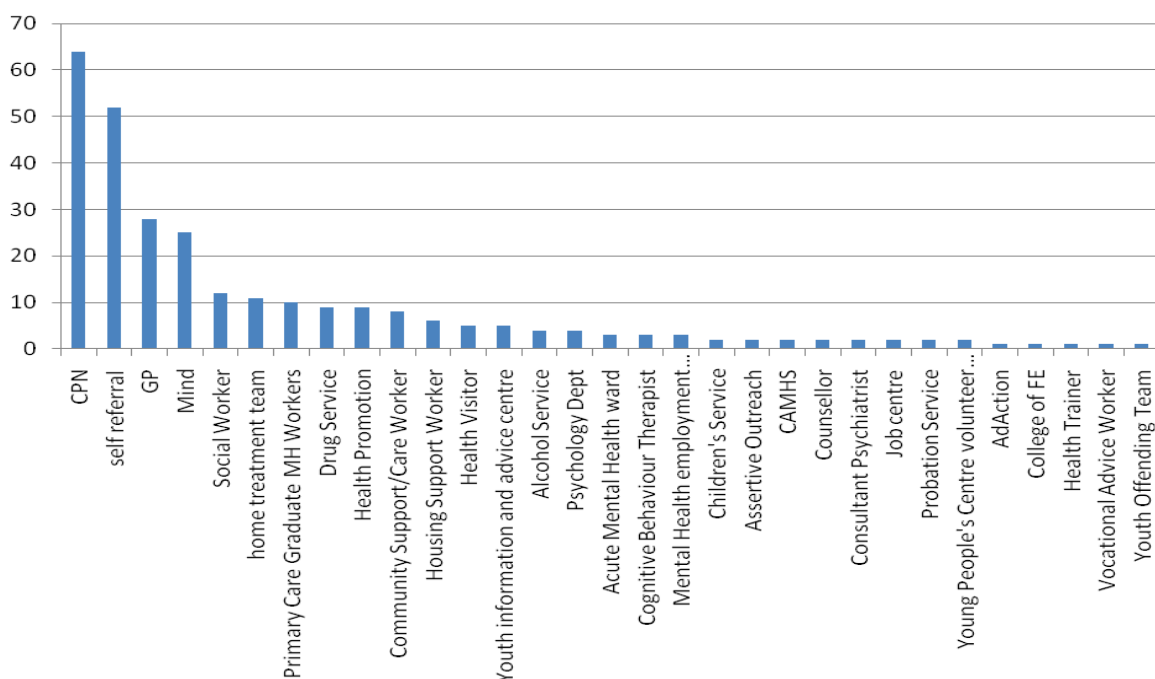
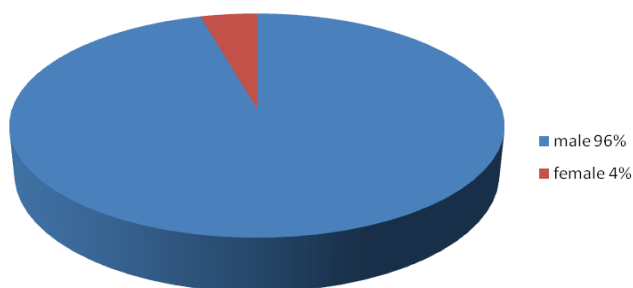


Table 2



96% of referrals to IAG at Macclesfield Town, Manchester United and Stockport County were men

Table 3

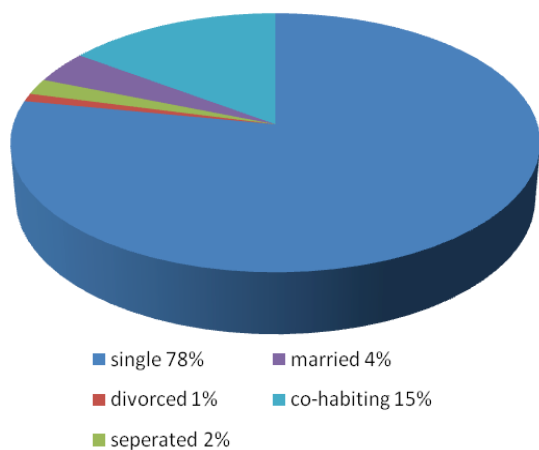
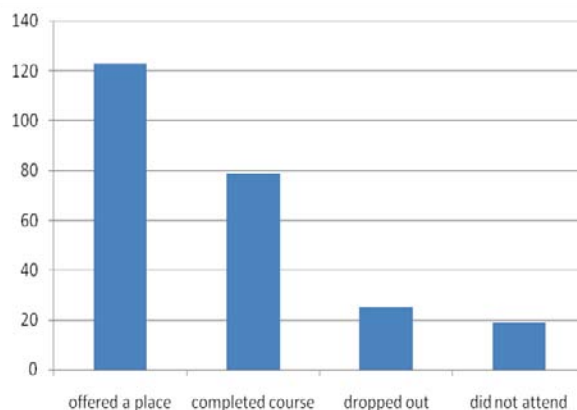


Table 4

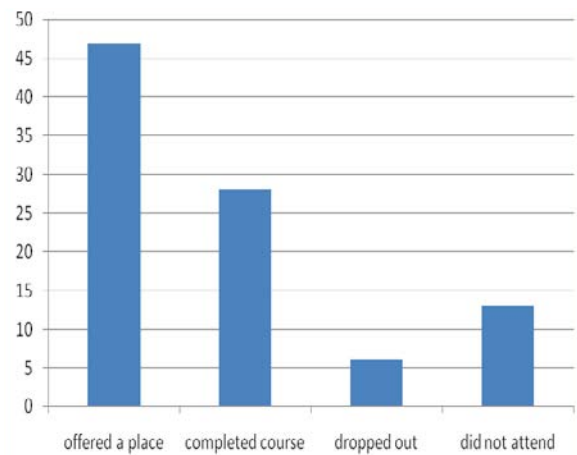


The following table shows the outcomes for the 79 successful completers in the period; (figures for 2009/2010 unavailable). The largest percentage remained in unchanged, however it is unclear what percentage of this figure were employed or unemployed. Twenty four percent, however, found employment, with four other individuals gaining some form of part time employment, six others actively seeking employment and three more doing voluntary work.

OUTCOME	NUMBER
Moved into work	19(24%)
No change in circumstances	22(27%)
Part time work	4
Maintained employment	10
Moved into voluntary work	3
Gone to college/university	4
Actively seeking work	6
Service involvement (drug service)	2
Moved out of area	1
Unknown	8

IAG Plymouth figures are separate from the other IAG franchise and somewhat smaller as they have only been running for 2 years. Below is a graph showing the attendance and attrition for the Plymouth Argyle seasons. 59% completed the programme with 41% either dropping out or not attending.

Table 5



Within the figures are those from ethnic minorities. Six people who declared their status were offered places in a season, and of these three completed successfully and three did not complete the season. A player from

Palestine described how he was, in his opinion, not well served by the mental health system in his country and also by the NHS when he first entered this country. In IAG, however, despite having very little experience of football as a sport, he felt that the atmosphere and the support have had a profound impact on him, and his depression. He said:-

**“We are as a team, I am welcomed.
This has changed my life, I no longer
take tablets – I am at peace”**

IAG Plymouth Argyle took a decision to include adult men with a psychotic illness, opening up the scheme to them and attempting to engage with those who usually are hard to engage and usually served by mental health teams such as Assertive Outreach (for those with severe and enduring mental health difficulties, limited insight and chaotic lifestyles) and forensic services (for those who have been through the courts). This attempt to broaden the inclusion criteria has had an impact on the figures above as only two out of thirteen offered places completed the course.

The outcomes for the seasons in terms of employment and education for the 28 who completed the season are contained in the table below:-

OUTCOME	NUMBER
Moved into work	3
Maintained employment	4
Moved into voluntary work	5
Gone to college	2
Other (NVQ placement)	1
Service involvement	9
Unknown	4

It’s a Goal! was targeted at men in the 18 to 35 age bracket and the referral pattern suggests that this target has been successfully addressed, with the majority of referrals within this demographic, the average age of attendees being 28.9 years.

Where the referrals have come from is interesting when examining the trends. When first launched Macclesfield had a very high rate of referrals from professionals and little in the way of self referral. As time progressed, mostly through word of mouth, the number of self referrals increased to the point that self referrals accounted for almost 50% of

referrals to the most recent groups in Macclesfield. Plymouth has shown an increase in self referrals as time has progressed. This may suggest a high level of “consumer satisfaction” and word of mouth recommendation.

Completion rates for the programme are of interest. Of the numbers who actually start the process 64% completed in Macclesfield, Manchester and Stockport and a similar 59% completed in Plymouth.

Women make up around 10 to 15% of supporters at matches across the country. Most people, for example, remember that 96 Liverpool fans died at Hillsborough but not that nine of them were women and girls. Although the IAG programme was designed primarily with young men in mind, women have attended the programme and this has proven successful for the 4% who have done so.

Similarly although IAG targets a young male demographic, a number of older people have attended. The oldest participant in the programme was 59 years old. The project has had two referrals under the age of 18. In the discussion for assessment purposes it was felt that neither of these people would be able to work well within the IAG group process but this does not mean that being under 18 is a criteria for exclusion from the programme. The youngest participant was 18 years of age.

Thread two - focus groups

Focus groups ran with players who had completed IAG programmes at Macclesfield Town, Manchester United, Stoke City, Plymouth Argyle and Burnley.

A total of 31 players attended the groups. The groups were run by an experienced facilitator and notes were taken by a second member of the evaluation team who had no part in the discussion. The first question that the groups were asked was:-

How did you first come into contact with IAG?

Most of the players had been referred by health care professionals who had come across IAG either from attending a launch, reading the literature disseminated by IAG or through word of mouth from other professionals who had referred into the service.

“My GP sent me”

“Community mental health staff referred me... I was surprised that the IAG staff came to me to do the initial interview. This meant I was more comfortable talking about my problems.”

Interestingly some players were sent to the scheme whilst engaged with employment services:-

“Action for employment sent me along”

Whilst others surfed the net and found out about the programme in other parts of the country:-

“I surfed the net and saw IAG in Macclesfield, so I rang them and found out that it was running here in Plymouth”

A recurring comment was that players were surprised that the initial meeting with a member of the IAG team took place at a venue of their choosing and was so informal:-

“Pete came to see me at home after my CPN had sent me; that was a surprise”

“It was friendly and relaxed with no fixed agenda. In some places they are more concerned with filling forms and ticking boxes than they are in you”

“I chose to see Rob at the stadium ... he was on the ball and seemed organised ... it drew me in”

At Stoke there was an observation from the coach that referrers had commented to the coach about this being a quick and novel process.

Overall there was a view from players that referrers had some idea of what IAG had to offer but were unclear of the details and the specifics of what the project offered, and how it differed from other services.

The next question asked about the impact that the setting had on the decision to access the programme.

Did locating the project in a football stadium influence your decision to come to the programme?

The Location of IAG within a stadium had a strong perceived impact on several levels for the players in the focus groups.

Firstly the setting appeared to be a powerful motivator in getting players through the door in the first instance. This was found in comments such as:-

"I was reluctant at first I didn't really know what it was all about but it was in the Burnley stadium so I went."

"I walked through the doors at Old Trafford and BINGO – what a massive effect, inspirational, uplifting. It drew me back for a second and a third week, and then it all began to make sense. Sitting in the room with images of the players and all their goals – it's iconic. We would do the group and then look out onto the pitch. For me as a lifelong Man Utd fan it was spiritual."

"I heard about IAG through my support worker. It was important that it was in a stadium because I am really into football and it ensured that I would come"

"The setting made me want to come back"

"Awe inspiring – it really gives you a lift"

"I always look out onto the pitch . . it is a funny mixture of inspiring, and yet calming"

When the idea of the significance of the setting was pursued further, some key reasons emerged around why the setting carried so much importance.

One reason, sadly, was that the stigma of attending a mental health unit and being seen entering one was seen as important for the men involved. In some cases players stated that they had previously had poor experiences in clinical settings and that if the programme had run in a clinical area they would not have come.

"I have become immune to clinics and if it had not been in this setting I would not have gone"

"Clinics are rushed It's a Goal! isn't and allows time for growth in a better environment"

"I did not feel like a patient at a football ground the way I did at a clinic."

"It's all grey and depressing at the clinic . . . this (IAG) is more personal . . it lets you know what your worth!"

Another key feature of the environment was how relaxed it made the players feel. In each club setting the groups are held in a comfortable room in the stadium often with a view out on to the pitch and have tea and coffee provided.

"It was a relaxing environment and surroundings"

"I found it much more relaxed than at the GPs and much more comfortable. It felt unofficial because of the setting and because of the staffs' attitude"

Some players described having attended clinics and hospitals where the décor was depressing and the "atmosphere" was charged with tension. The setting for IAG appeared to be the opposite of this.

"At Burnley even the receptionist at the stadium is warm and friendly"

"It felt less official and so much more inviting"

"I was treated like part of the club . . . I felt respected"

Another interesting comment to come from two separate players was how the structure for IAG allowed for a player to turn up at the same place, at the same time and see the same person. This had not always been their experience in traditional settings.

"In this setting I was not passed from pillar to post but all aspects were covered under one roof"

One key reason for placing the programme in a stadium was to attempt to minimise the sense of stigma that many men feel if they access, or are seen accessing, mental health services.

Interestingly in the Stoke City focus group it turned out that one of the players was a fan of Stoke City's local rivals Port Vale. This was the first time in a focus group that a player had been a fan of the local rivals and had come to the stadium of "the enemy". Apart from the obvious banter that would be exchanged between fans of opposing teams, which was described as light hearted and visible on the day of the focus group, this player had no difficulties in attending or felt it impacted in any way on the programme. Clearly being in enemy territory did not deter this Port Vale fan from attending – perhaps a true acid test of the stadium venue?

The next question asked:-

Do you think it has helped by not being a venue linked to stigma?

There was an overwhelmingly positive response to this question. Despite a belief amongst some mental health professionals that stigma is not as powerful or as present as it used to be, for the players it was still an important consideration when thinking about asking for help. The embarrassment that some men feel in accessing services was clearly articulated by several players and highlighted in comments such as:-

"There were certainly less looks from the general public"

"If my mates saw me going into the stadium they wouldn't bat an eyelid"

"If I had been sent to a clinic I just wouldn't go"

"It is a nice place to go and nobody would mind being seen going in"

The focus group moved on to look at the way IAG used football language and analogy to describe aspects of life and relationships that can have an impact on mental health and well being. Using the metaphor of football was a key strategy when designing the course.

Examples of this include using team positions to help players identify how they see themselves fitting into their social circumstances. For example some players have described themselves as "strikers"; not that involved, drifting in and out of things and less than hard working whilst others have described themselves as "defenders"; hard, uncompromising and very black and white in their approach to things.

Another example is using football stories as a vehicle for discussion. When looking at anger management as an issue the IAG programme has used the infamous example of Eric Cantona's "Karate Kick" assault on a Crystal Palace fan as a starting point for the discussion. The question for this part of the group asked:-

Has the deliberate use of football language and metaphor helped you grasp some aspects of mental health in a way that you did not before?

One aspect of the language that was important to players was that their understanding of concepts was enhanced by using football language and metaphor. Players suggested that using well known football incidents and well known players to illustrate points or open discussions helped them conceptualise ideas and relate them to real life situations.

"Using football language made it all make sense"

"Down to earth, real language ...not therapeutic language"

"I know football I have always followed it so it made sense to me when things were put in football language"

"The language aided in understanding and to relate it to real situations in language I could understand and articulate"

The second important theme to come through about using football language for players was around how using this language helped them to feel able to become involved in discussion. Rather than using words and psychological terms that were both unfamiliar, intimidating and made them feel stupid, they felt that, as they had a good knowledge of the players and situations being used, they could offer a valid opinion :-

"It works due to knowing the football stories and the lack of formality"

*"I liked the language . . . it gave me confidence"
... "every guy knows how to talk about football so using football made it better"*

A player for whom English was not his first language stated that the plain language increased his understanding:-

"I can understand this so much better than the hospital talk . . . I understand plain talk from other men like me"

Players also felt that there was a clear link between the choice of language and the level of participation that was generated. Most players felt that because everybody in the room understood the football analogies they were able to be more engaged in the discussion and contribute more:-

"I understood the football analogies and they inspired player participation"

"It's fun, enjoyable . . . you get instant feedback. You don't feel like a patient . . . at the clinic I felt emasculated, that there was something wrong with me. At IAG there is a positive masculinity . . . it's ok to admit to being vulnerable, we are part of a team"

At Plymouth the players talked about how watching short video clips featuring well known players helped to illustrate various aspects of life, mental health problems and strategies:-

"Team spirit, helping each other out, it helps you to open up. The coach focuses on communication skills and we listen to each other. We watch video clips of players and it generates really good discussions"

The groups went on to explore what components of the programme had the greatest impact on them.

What are the key indicators that would lead to the successful completion of an It's a Goal programme?

There were three distinct elements in the responses to this question. Firstly players talked about how the setting and language kept them coming back. The number of people completing the course who started it is relatively high, and the venue and structure of IAG was felt to be an important contributor to this:-

*"Using football language made it all make sense"
"Down to earth, real language . . . not therapeutic language"*

"I wanted to come back for every session"

"By the third week I was really looking forward to coming"

The second strong component was that across all venues the approach, attitudes and encouragement of the staff contributed to a good experience for players. Those who had previously been involved with traditional services in clinical settings were often very vocal in their observations about the difference between clinical groups and settings and IAG; in particular how the staff created a non judgemental and trusting atmosphere:-

"There were no judgemental attitudes so I settled quickly"

"The non judgemental attitude of the staff was very important"

"The coaches worked well together, they had different personalities but complimented each other"

"The group trusted each other and felt comfy with each other"

"It never felt clinical"

"There is a sense of belonging. They are flexible, adaptable and down to earth"

Perhaps the most important component though was the fact that players, some of whom had never worked in a group setting before, felt the process met their needs successfully:-

"I was able to talk openly"

"I was saying stuff I never dared before – it was like a trade off, you tell me – I tell you."

"I had never talked in front of people before and thought it would be difficult but it wasn't"

"I knew that for one part of the week I could escape and get what I needed"

In the end this meant that players actually enjoyed the experience, sometimes from the very first session, and this was in marked contrast to some of their experiences in more mainstream, NHS based clinical settings:-

"It is hard to actually explain but I really liked the whole experience"

"I felt comfortable coming into the room for the first time"

"Doctors and that, they're so full on ... they want to get inside your head. They use labels and tags ... they only see a patient, not me"

"It was stilted, false ... there was no connection"

"Talking about depression full on for an hour ... it was depressing"

The focus groups moved on to examine the sustainability of the process and explore if the strategies and approaches learned in IAG were sustained beyond the life of the group itself. They were asked:-

In what ways are you different after IAG?

Perhaps the strongest material to emerge from this line of questioning was the idea that players had learned new skills, and utilised these in the real world to change what were often long standing negative coping strategies. This was most apparent in players who had previously used alcohol and drugs to help cope with mental health and emotional difficulties, or who had histories of difficulties due to uncontrolled anger:-

"I used to use alcohol, drugs and fighting as a way of coping but I don't now"

"Before IAG I would hit first and ask questions later"

"I have less anger than I had, I now think before I act"

"Taught to consider the consequence of the action prior to the action ...not after it!"

For other players the key factor was the development of the ability to talk out problems and to seek help. This was reflected in comments about how some players had learned to be honest with themselves and others and felt confident enough and able to articulate ideas:-

"I have regained my integrity"

"I think I have more confidence and that other people have more confidence in me"

"I am able to talk about my problems to people this is something I could not do before"

Some players talked about a "continuity of ideas", about how (even in some cases a couple of years after being through the programme) they still used the goal setting techniques, thought in football terms about problems, and used what they had learned at IAG in everyday situations rather than rely on prescribed antidepressants and other drugs:-

"I don't think I need medication as much"

"I have continued to set goals for myself"

A player in Stoke focussed on the gain in personal confidence:-

"I have more confidence in myself. Even talking to you, .. I wouldn't have done that before."

In some cases players talked about the changes being very dramatic for them and about IAG being positively life changing :-

"I am a completely changed person"

"It put me back on the pitch of life. Before I was outside the ground, listening to the crowd, then I was on the subs bench, and now I've got a game!"

Perhaps the most poignant of the responses was from one player who looked at the evaluation team completely in earnest, and said simply :-

"I am still alive !!"

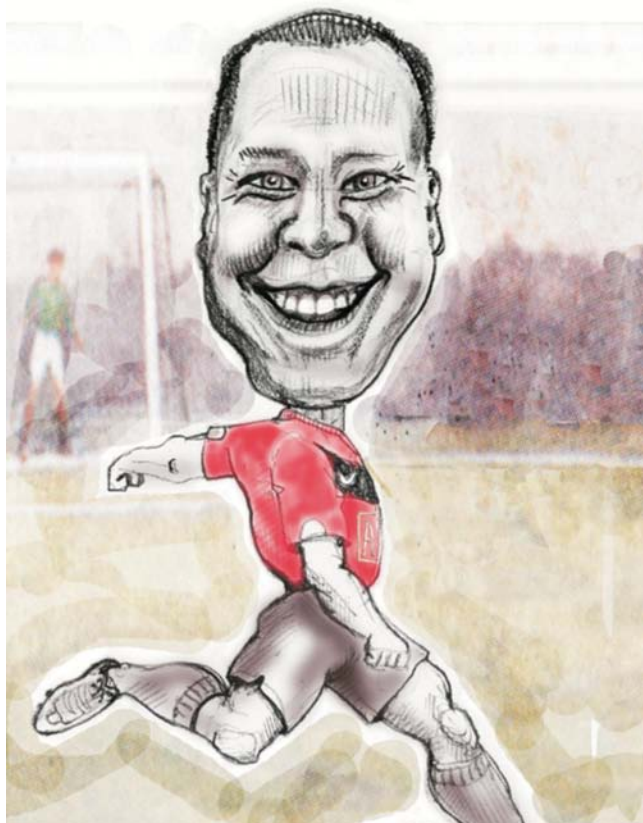
The third and final thread of the evaluation process used extended, semi-structured interviews with three participants from the IAG programme to construct personal narratives. The evaluation team felt these were important for contextualising how IAG had impacted on the player's life, and for understanding how their lives were different before and after the IAG process. Narrative enquiry is an approach supported by McKeown et al⁴ who conclude in their work that "there are some potentially far-reaching benefits of life story work in health and social care practice."

The players came from three different IAG settings, Macclesfield Town, Plymouth Argyle and Manchester United and had gone through the programme between one and five years ago.

4: McKeown, J, Clarke, A and Repper, J, 2006. **Life story work in health and social care: systematic literature review.** Journal of Advanced Nursing, 55(2), 237-47

Life story 1

Jerry - IAG Macclesfield Town season 2004/5



Before it all went wrong – things were okay. A middle class background, decent hard working parents, nothing to complain about really. I think, looking back, I didn't enjoy school and I started bunking off in the last year or two. I left school and went into the motor trade on the old YTS scheme – heavy diesel mechanic – then went onto the paint shop. As one of the best four on the scheme I went to work for the Ford dealership in Stockport.

I finished my apprenticeship, left the motor trade and went into sales – Kitchens, Kirby Vacuum cleaners – I was never out of work and was earning a fair deal. I went into car sales and found my niche - I even won a top salesman award in 1990. I was driven, earning very good money, trying to maintain success, and I started taking drugs – well I say I started, I had used them recreationally in clubs and pubs and Raves. But now it got out of hand and I couldn't function without them.

I started to really feel the pressure. I pulled into a fuel station one day and began to feel really disorientated, falling over and feeling sick and dizzy – I tried to drive to a friend's house but never made it – I ended up at home and crawled in and slept for 18 hours. I was 25 and I had had a stroke! I lost my speech and the use of my arm and leg.

I was off work for over three months, I had speech therapy, physiotherapy and made a reasonable recovery – but I could not get my "spark" back, I had no drive, no energy. I suffered with a really short temper, road rage once I had been cleared to drive again – I was really bad – my mum encouraged (nay insisted) that I go to my GP. He diagnosed depression and anxiety – I thought no way!

I tried to do it on my own – get better but it persisted. Sometime later I saw a different doctor who explained to me that a high percentage of people suffered from depression after a stroke. By this time I was about 30 and was seeing all my friends move on, get married, have families etc. I felt stuck, left behind. I was on antidepressants, fed up, drifting and feeling totally crap!

I stopped taking the antidepressants and my mood and temper got worse. I used substances to take the edge off it. I was still working, earning £1000's – but spending it on drugs. In my mind I didn't want to be an addict, I varied what I took, I never injected but kept on taking more and more in various combinations. Things started to get out of control at work – I was always irritable, it was always "other people's fault". It came to a head when I gave a colleague's girlfriend a lift – in the car with Mr Angry – she looked and was terrified. She said to me "have you seen anyone for anger

management". I was shamed into action. I went back to the GP for help with the drugs.

I saw various therapists, CBT, counselling – it didn't do it for me. I was referred to IAG – I didn't fancy it if I'm honest – but then I spoke to Pete (the coach) and he was so easy to talk to. It was an assessment really – but it felt like a two thousand pound therapy session – I got it all out – what a result!

I went to the first IAG session – it was so different to going to the Psychiatric clinic or hospital. At the hospital or clinic I wondered what people would think – I tried to distance myself from the other people, they were not like me, nor I like them. I set myself apart, I was judgmental.

At IAG it was in a football stadium! I was talking to a group of other guys, we all got to talk, to tell our stories – confidentiality was the key. We all had a contribution to make. The language of football was so accessible, there was a team ethic, we were learning without realising it, it was everyday language. The football thing isn't a gimmick – it really works – Pete is the coach, we discuss tactics – it kind of makes sense.

I was saying stuff I never dared before – it was like a trade off, you tell me – I tell you.

I had a "blip", missed some sessions, but when I went back Pete and the lads didn't judge me. I felt in pieces

–like I was back at square one – but the team held me, stuck with me – they were my supporters. For me that was a test of the team ethos. I felt safer in IAG – a non medical setting, put at ease – there is no shame in a football match.

IAG helped me to set goals. I started working in the care game – with adults with learning disabilities. The pay is shit but the job satisfaction is immense. I began to view myself in a different light; I did NVQ's at levels 2 and 3, a computer course and a counselling course. I went to some IAG launches and some brave guys gave interviews etc. Not me – I was on the periphery, and then Pete said to a guy from the radio – "talk to Jerry". I was plain thrown, caught out – but I did it and it felt right, what an achievement – amazing!

The other stuff was all wrong – in CBT they were more interested in the process than in me. In IAG it's a combination of the environment, the trust and camaraderie, the credibility of the Coach (Pete) and hearing blokes speak from the heart. One guy made a first disclosure of sexual abuse when he was at school – imagine that - the trust and feeling of safety for that guy.

How did IAG make a difference to me? It put me back on the pitch of life. Before I was outside the ground, listening to the crowd, then I was on the subs bench, and now I've got a game!

Life story 2

Malachy - IAG Manchester United season 2006/7



I had a difficult upbringing – my dad, I hate him, really loath him. Mum had me and my siblings really young – she had it hard, but had a real work ethic. I had no real male role models. I hated school – wagged it mostly. My aspiration – to be a good criminal!

I worked on the bins with a load of National Front blokes – I went off sick rather than work with folks like that. I made money by selling marijuana – lots of money. I sold dodgy gear on the markets and car boot sales – dodgy cassettes and CD's – I got mixed up in gangs; serious guys who would kill you. I sold drugs 'cos I felt it was more moral than doing some of the stuff they did – it was more like offering a service that folk needed. Some of the stuff I saw others do was horrendous.

I sold drugs and took drugs – there isn't a drug I haven't tried, starting aged 14. I was sectioned at 17 and went into a hospital. I was doing some big time stuff; I had a driver and two cars and was doing ok until I took a lot of LSD – that messed up my head. People around me were too scared to comment, but I was really paranoid. I really started to fuck up.

I was taking heroin and full up on alcohol. My girlfriend was begging me to get help – so I paid "lip service" to it. I went to drugs services but they were easy to fool. I gave up class A drugs and got really bad tinnitus – it made me suicidal, I planned to take an overdose – I went onto Subutex and that seemed to make the tinnitus better, but I was in a bad way.

I had been on various courses, had been on the CBT waiting list for 3 years! I read about IAG and thought – this is different, never seen anything like this. It talked about self development. I went along, paying lip service to it again – not really bothered. I walked through the doors at Old Trafford and BINGO – what a massive effect, inspirational, uplifting. It drew me back for a second and a third week, and then it all began to make sense. Sitting in the room with images of the players and all their goals – iconic. We would do the group and then look out onto the pitch. For me as a lifelong Man Utd fan it was spiritual.

The NHS stuff was useless – not hands on enough, just there to make up the numbers, to fill in forms, it had no value and they didn't give a shit.

IAG was completely different, using football as a metaphor – BRILLIANT – what players? What position?, the coach, supporters club, all of it just brilliant. I connected, no longer giving lip service – I really benefitted.

Goal setting – I had never written stuff down in my life before – I got mum to write all the positives down for me. I tried new things, painting and stuff.

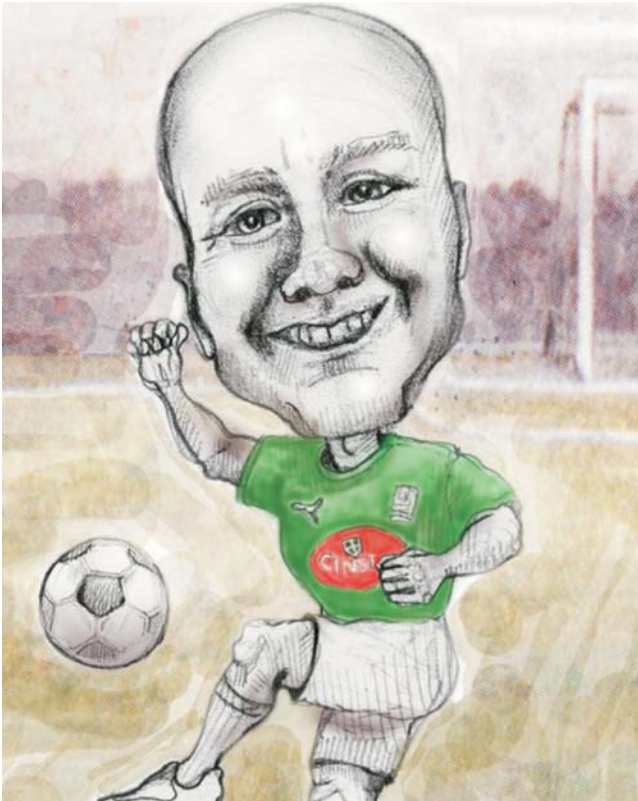
I was unemployable, had lost my integrity. Five years ago if you had told me I would be here, in this place, in this state of mind I would have laughed at you! I had done bad things, robbed and been ready to kill.

Now there is no more "lip service". IAG has given me back my integrity. I have spoken to a group in front of Lou Macari – I am doing it 'cos I want to do it – not paying lip service. I get motivated, not fallen back into old ways. I set goals. IAG has reinstated me – what normal people do I find hard, a legitimate bill paying existence – each week I am re inspired. I have cycled long distances, I paint and would like to exhibit. I have done public speaking, my lifestyle is completely different. I would probably still be waiting for CBT!

IAG – highly irregular, but very productive! In the club room the photographs of players inspire you to meet your own goals!

Life story 3

Chris - Plymouth Argyle season 2009/10



I had my first contact with mental health services about 15 years ago. I can't put my finger on it – I just fell out with everybody, my family in particular. I was working in an office job and just thought “everyone must feel like this”. I went to my GP who put me on some medication; I had a bad reaction to it and then for a few years just muddled on. I knew I had a problem, I had no confidence, work was difficult but I felt I had to keep going.

I went travelling, supposedly for 7 months – I lasted 5. I was in New Zealand (a beautiful place) but I felt empty, like I was gutted from the inside. I went to Australia but I hated it and came back. I was living in Edinburgh and I was referred to the NHS in Scotland – my girlfriend encouraged me to go to see them, but it wasn't for me.

I moved again, this time to London and went on a waiting list for counselling (a 1 year wait!!) . . . I got so despondent and angry, really pissed off. I was 44 and a mess, I could not get help quick enough. I took it out on other people, this has been a recurring pattern – I felt like I was on my own and the anger and my mood kept people away.

There was an incident at work and the company referred me privately to see someone. Just as I thought – great, at last – the budget ran out and I was referred back into the NHS More Prozac!

I had a job, but just quit, I felt I had to find something... counselling, anger management, but I didn't want to do a group thing – too up close!

Action for Employment got me some CBT. This woman was out of her depth, it didn't go well and I stopped going. That was a real wilderness summer for me.

A friend told me about It's A Goal, but I was apprehensive. I spoke to the coach who said I could just pop in to do the coaching session and play. A taster session if you like. I was seduced!

IAG has been the real deal for me. It's nothing like the NHS Mental Health services that I have tried – I am really not impressed with any of them.

In IAG there is team spirit and I look forward to coming. I feel relaxed and more confident in the stadium setting. It is flexible and they (the coach and the players) make you feel welcome – it's really normal – we all have common ground, we know what the coach is on about.

Even though I have been down, I have been mostly up and I think it's the IAG. I had a bad patch and had to use the NHS (medication) as a sticking plaster, but I came back to IAG and was not judged or anything.

Now?? I am looking forwards. I am applying the goal setting - I am thinking long term, and that is such a big difference. My self esteem is improving and I am confident because I have support in place – the supporters club at the end of the season and a great bunch of guys. I have completed a sports coaching qualification. IAG has given me tools to fix things with. I have contacted my family who I haven't seen in over 10 years. My thinking is more realistic, it's been a real sea change for me. Perhaps I wasn't ready before, but I think rather than tablets and waiting lists IAG has supported me and given me the support I have been looking for in a way that makes sense and feels so right. Before I used to run away, now I run towards the goal. You feel a part of something . . you know?

Themes from life stories

These frank and powerful personal stories really bring to life the range of difficulties that the men, each from different locations and backgrounds, have faced in their personal struggles with mental health problems over a number of years. Yet each story has within it personal examples of the themes explored above in the focus group work. The dissatisfaction with mainstream NHS mental health services that appear to be characterised by long waiting lists, indifference, reliance on medication and bland, even hostile environments.

In contrast to this the welcoming atmosphere of IAG, the huge impact of the location within the stadia and the general de-medicalisation of the approach come through in these brief histories. The power of the group to generate trust and mutual respect is clear and the instant accessibility of the imagery and metaphor of football helped each of them to understand sometimes complex and challenging concepts.

Making and keeping goals appears to be a mechanism that works for these men within IAG. Seeing and hearing from inspirational footballing legends appears to carry great weight with participants. As one player put it:-

"It's was nice to meet an England captain. He was down to earth and you thought – if shit can happen to him despite fame and money, if he can go tits up and make a comeback then that gives me both humility and hope"

Getting back into "the game of life" appears in no small measure to be facilitated by the coaches from each of the IAG franchises. The personal credibility and qualities of these mental health professionals appear to be crucial in engaging, sustaining and developing the players at every stage of the process, from the initial interview through to the supporters club. Many of the professionals involved with IAG appear to have a passion for football as well as mental health as they chose to play in the leagues, games and tournaments alongside the players. Football, it appears, truly is a great leveller!

Such closeness and involvement appears to add to the levels of trust and belief that appear in the stories above, lending themselves to the generation of confidence in the system, the confidentiality of the group work and the general feelings expressed of feeling part of the team ethos.



IAG FC

One of the interesting areas to develop as the IAG programme progressed was the idea of actually playing football as a component of the programme. The idea of using “playing football” as a vehicle for delivering some mental health interventions had been in use since the 1990’s, with strong service user leagues in existence wherein people with mental health problems played either in eleven a side versions or shorter versions of the game.

Two strong service user leagues, one in Manchester and another in London, had been in existence for a number of years and a paper by McIlroy⁵ showed that sustained regular football helped the players in their Manchester league in areas such as social inclusion, bonding, developing support networks and management of anger.

In the early stage of the IAG programmes at Macclesfield Town and at Manchester United the players themselves instigated discussions about extending IAG to include playing games of football. Several of the players had asked about the possibility of playing on a regular basis, and it was decided to form a team from players who had passed through the programme and enter the Manchester Care Services Improvement Partnership (CSIP) six-a-side league. This team has now played three years in the league and has improved session on session.

The Macclesfield team has also played in European tournaments in Austria, England and in Germany and the team have developed a strong set of friendships through the experience. Of importance here is that the players have now gone on to also play in a regular league rather than a service user league. This of course is the aspiration of any intervention that aims at true social inclusion.

One of the interesting aspects of the IAG programme is the way in which different franchises can develop local versions of the process. In Plymouth the IAG franchise have included playing football into their programme in a different way from Manchester. They have no regular league to play in, but each week after the session the players take part in a one hour football session in a



IAG Manchester pictured whilst competing in the European tournament in Austria 2008.

leisure facility a short distance from the stadium. This session is run by a trained coach attached to Plymouth Argyle FC and involves the players in developing fitness, communication and other life skills through structured training. The players then go on to play a short match.

As previously stated the Plymouth team have no regular league to play in, but they have entered competitions in various parts of the country. The highlight for this team was being presented with runners up medals by ex Arsenal and England Captain Tony Adams, after they narrowly lost the final in a national competition organised by the FA and SHIFT (the Government’s anti stigma organisation) in Manchester.

The newest of the IAG programmes to use playing football as an integral part of the therapeutic strategy is IAG Stoke FC. Like the Manchester/Macclesfield team any player who has gone through the IAG programme can play for the team. This team have also joined the CSIP league in Manchester and so play in the same league, but not the same division, as the Manchester IAG.

⁵ McElroy, P, Evans, P and Pringle, A (2008). **Sick as a parrot or over the moon: an evaluating the impact of playing regular matches in a football league on mental health service users.** Practice Development in Health Care 7 (1) 40-48,

IAG and mental health policy

As mentioned briefly earlier in this report, the underpinning philosophy of the IAG programme is in line with current best practice models and thinking, usually described as a Recovery model or approach. Ramon⁶ argues that “the concept of recovery has the potential to bring about profound and needed changes in mental health theory and practice”.

According to Julie Repper and Rachel Perkins in their book *Social Inclusion and Recovery - a model for mental health practice*⁷, “the challenge facing people with mental health problems is to retain, or rebuild, a meaningful and valued life, and, like everyone else, to grow and develop within and beyond the limits imposed by their cognitive and emotional difficulties”

The national mental health charity Rethink summarises the Recovery approach to mental health as;

“Recovery involves personal development and change, including acceptance there are problems to face, a sense of involvement and control over one’s life, the cultivation of hope and using the support from others, including collaborating in solution-focused work with informal carers and professional workers”

The metaphor of football has all the ingredients mentioned in these descriptions and is perfectly suited to deliver these new philosophies and approaches to mental health care. It could be argued, for example, that a game of football reflects the ups and downs of people’s lives (the game), and that the language of football (as used to make mental health care accessible to lay people) is rich with a vocabulary that can be used to describe many situations in a person’s life. If, as Repper and Perkins suggest, people using mental health services should be able to grow and develop and have the same opportunities to establish and maintain respectful connections and friendships with a diverse array of other people, then IAG appears to offer this to the men who participate in it. The process of playing and supporting football can be characterised as offering relationships between people that are

based on respect for talent and equality; in effect football can be seen as offering “a level playing field”.

From supporters clubs to goal setting and the camaraderie of the team, the IAG model of care delivery, using football as a metaphor for life, dovetails with the Recovery approach, which is currently gaining momentum in the Department of Health as the major influential philosophy in modern mental health care policy.

A further mainstream mental health policy that IAG finds resonance with is that of Choosing Health: Supporting the physical health needs of people with severe mental illness⁸. This commissioning framework document provides best practice guidance to help Primary Care Trusts plan for, design, commission and monitor services that will deliver improved physical health and well-being for people with severe mental illness. This document follows on from research that demonstrates how people with mental health problems tend to live less active lives, suffer health related consequences of unhealthy lifestyle choices such as obesity, and have higher mortality rates from heart disease and stroke. The potential for encouraging the playing of football, (either through service user and mainstream leagues, or using the IAG Plymouth model of coaching and playing), is fully in line with the Choosing Health agenda and has the advantage of promoting physical well being as an integral part of the overall approach.

6 Ramon. S (2007) Recovery from Mental Illness as an Emergent Concept and Practice in Australia and the UK *International Journal of Social Psychiatry*, Vol. 53, No. 2, 108-

7 Repper, J. and Perkins, R. (2003). *Social inclusion and recovery: A model for mental health practice*. Edinburgh: Balliere Tindall.

8 DoH (2006). *Choosing Health: Supporting the physical health needs of people with severe mental illness*. Department of Health, available at: http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138290.pdf accessed 21/02/2010

Influencing the perception of Mental Health in society

From its inception IAG aimed to contribute towards raising the profile of mental health care for men as a perceived vulnerable group. In doing so IAG is playing a small part in changing negative and stereotypical cultural attitudes towards men and their mental health, and is setting the pace as an innovative method of men's' health promotion.

The IAG programme has achieved this by disseminating its ideas in a range of settings including TV, Radio, Newspapers, academic journals and text books; a combination of maintaining a high public media profile and ensuring that it is visible, credible and influential within health, social care and academic circles.

It's a Goal! has featured nationally on BBC TV's "The One Show", Radio 4's Mental Health flagship programme "All in the Mind", and has had an extensive article published in The Times newspaper. Weightier

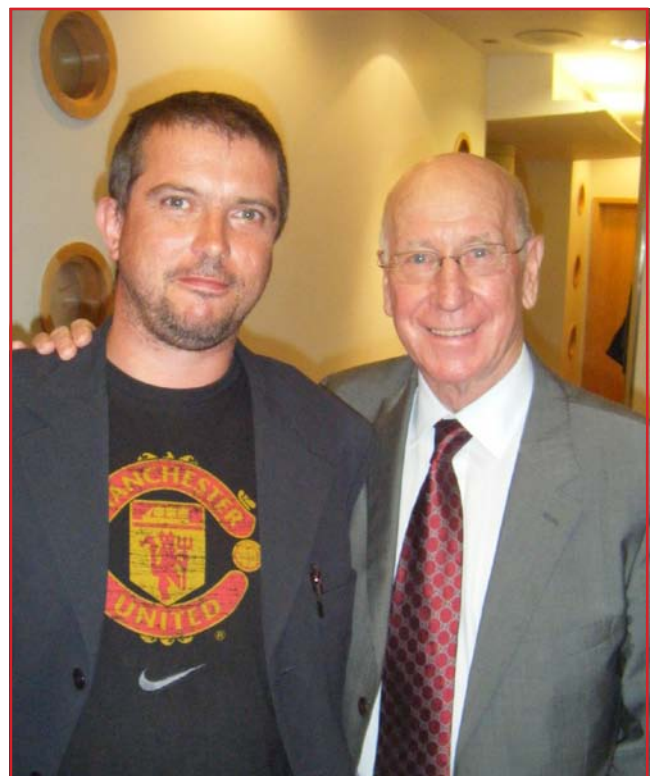
academic articles have been written for professional journals, including the Nursing Times, Mental Health Today as well as the Journal of Psychiatric and Mental Health Nursing and Practice Developments in Health Care. The high profile and clinical success of IAG has led to invitations to present at a range of national and international conferences which has fostered and maintained further interest in IAG, both in the U.K and abroad.

At a local level, wherever IAG has been launched, local media has been targeted ensuring that IAG has also featured in various local newspapers and on local commercial and BBC radio and television bulletins.

Along the way IAG has developed relationships with a number of high profile people who have shown their support for mental health and the IAG project in particular, including Lou Macari, Alastair Campbell and Sir Bobby Charlton.



IAG Stoke City Launch Dr Alan Pringle (Report Co-author) University of Nottingham; former Stoke City Manager Lou Macari; Andy Oakes NHS North Staffordshire.



IAG Manchester United Malachy (Life Story 2) with It's a Goal! supporter and Laureus World Sports Academy member Sir Bobby Charlton.

Conclusion

From its inception IAG aimed to:-

- To employ innovative ways of making accessible a service that helps young men focus on mental health issues - especially around depression and self esteem.
- To establish the project as a mainstream process that could be available to any football club
- To raise the profile of mental health promotion and mental health care for men as a perceived vulnerable group.
- To play a small part in changing cultural attitudes towards men and their mental health.

This evaluation has shown that, in the view of those who have attended the IAG programme, the first aim has been achieved. The overwhelmingly positive response to using football settings and football language has shown that the process is a very successful vehicle for engagement of a traditionally hard to reach group.

The second aim has been partially achieved by the expansion of the process into a number of clubs across the country. The size of the club and the location appear not to influence the success of the process. Small clubs like Macclesfield Town and Stockport County appear to evaluate very similarly to larger Premiership clubs like Stoke City and Manchester United. Like all new ideas, the concept of using football as a medium to deliver mental health services will take time to take root and to grow, but this evaluation study has found evidence of a really good start, with IAG moving up the league table like Melchester Rovers with their legendary captain - Roy of the Rovers.

Aims three and four have been addressed by the dissemination processes described above, through both high profile publications and features in national and local media, down to word of mouth stories and testament from players to their friends, families and referrers. The invitations from mainstream health academics and strategic bodies to present at professional forums such as conferences and seminars has helped IAG influence, in a small way, attitudes towards men's mental health and the delivery of services for this group in a non traditional way.

As the process goes from strength to strength perhaps the most important piece of the evaluation jigsaw is the fact that the people who have passed through the process have evaluated it so positively in their own words, and this is encapsulated well by the player Jerry who stated:-

"It put me back on the pitch of life. Before, I was outside the ground, listening to the crowd, then I was on the subs bench, and now I've got a game!"



Bearhunt is the home of the
It's a Goal Foundation

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Bearhunt is about creating the spirit, the mindset, the curiosity, creativity, skills, knowledge and support that stops you from tinkering around at the edge of your obstacles – and helps you to smash through them. If the future is indeed both exciting and frightening, we have to be positive, we have to move forward... so let's go on a magnificent Bearhunt.

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The It's a Goal! Foundation would like to thank Laureus Sport for Good Foundation for it's generous support and it's belief in an idea which many people said was totally unworkable. Innovators

inevitably have no evidence that their idea will work. Laureus backed people, took a risk and provided ongoing support. As a result some people have turned their lives around, whilst others who may have allowed a treatable illness to become a killer illness, are still with us today. An idea has grown into evidence. Laureus has been true to its mission. Thank you.



Consultancy and education



The University of
Nottingham

The Latest Score

An evaluation of the **It's a Goal!** programme