



Synopsis

Group-based interventions to reduce gambling involvement among male football fans: a synopsis of findings from a feasibility study

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Abstract

Background: Gambling is associated with serious social and health harms, including suicidal ideation and suicide attempts. The risk of these adverse effects increases with consumption and imposes a substantial economic burden to the National Health Service and wider society, beyond the negative impacts on individuals and their families.

Sports betting is a major growth area for the gambling industry. Sports bettors are disproportionately male and younger, two risk factors for gambling harms. It is important to develop and implement preventative interventions that limit the escalation of gambling harms among this group.

We report on the feasibility of an intervention delivered within and by professional football clubs, a setting which has proved highly successful in attracting men to other behaviour change interventions (e.g. weight loss).

Methods: In what was originally designed as a three-phase study, a face-to-face group-based intervention (Football Fans and Betting) was refined in Phase 1, for delivery by trained community coaches at professional football club stadia. Eight 90-minute weekly sessions included interactive 'classroom-based' education around gambling behaviours, the industry and impacts, and group-based physical activity to promote social connectivity. Phase 2 assessed the feasibility of approaches to recruitment and retention and the acceptability of Football Fans and Betting to both coaches and participants. Phase 3 was intended to comprise a pragmatic, two-arm pilot randomised controlled trial of the Football Fans and Betting intervention at four professional football clubs in England.

Results: Data collected from participants and coaches via one-to-one interviews, observations and focus groups revealed significant barriers to recruitment, despite considerable iterative efforts to optimise 'branding' and strategies. Many of our target population did not perceive themselves as needing support. Instead, Football Fans and Betting was attractive to those with more severe gambling symptomology but who were ineligible as they required more specialist safeguarding support than Football Fans and Betting offered. It proved problematic to promote Football Fans and Betting as a programme to *prevent* progression to more serious gambling harms to men who were embedded in social networks where gambling was perceived as normal. The irony that many professional football clubs partner with

gambling companies was noted by participants and some expressed scepticism around club intentions for delivering Football Fans and Betting. Despite considerable efforts to run Football Fans and Betting at six English professional football clubs during 2022 and 2023, insufficient numbers were recruited and retained. Phase 3 did not take place as progression to a pilot trial was unviable. Despite low numbers participating in Football Fans and Betting, those who undertook the programme found it to be useful in supporting behaviour change and in providing greater insight into industry tactics. Football Fans and Betting was most successful in feasibility delivery when it was delivered within grassroots and local community contexts.

Conclusions: In the current climate of gambling industry penetration into professional football, promoting a gambling harms prevention intervention proved an insurmountable challenge.

Limitations: The study failed to attract sufficient numbers to the intervention.

Future work: Embedding Football Fans and Betting or similar interventions within footballing communities that are not hampered by commercial gambling arrangements should be considered, along with an emphasis on the importance of early intervention to prevent progression to serious harms from gambling.

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Introduction

This synopsis describes the work undertaken to refine and then test the feasibility of the Football Fans and Betting (FFAB) intervention, which aimed to support men who are involved in sports betting to reduce their gambling behaviour. The project was designed to test the feasibility of the delivery of the intervention by club community coaches in four professional football clubs in England. The project originally intended to also include a pilot randomised control trial upon completion of feasibility work.

Background and rationale

Gambling is a growing public health problem and is associated with a range of adverse consequences and harms, affecting the health and well-being of individuals, families, communities and society. Harms are wide-ranging, and include, but are not limited to, financial issues, relationship problems, decrements to health and well-being, as well as suicidality.^{1,2} These harms have enduring consequences that can exacerbate existing inequalities.³ Gambling disorder is recognised as a behavioural addiction and is identified by range of validated criteria which include behavioural symptoms and experience of adverse consequences (e.g. health problems including stress, depression and anxiety).^{4,5}

Gambling not only impacts on the quality of life of individuals and their families but also represents a substantial economic burden to the NHS and wider society. In the UK, the excess fiscal cost associated with gambling has been estimated at around £1.6B per annum.⁶ This is a conservative estimate, as this figure includes only observable and measurable social costs (health, employment, housing, and criminal justice). Evidence suggests that the Prevention Paradox, whereby those

with lower risk of harm contribute a greater burden of harms than those at higher risk because of the former's larger population numbers, may apply to gambling. Thus, a greater proportion of gambling harms (and social costs) accrues from those who are subthreshold for gambling disorder.⁷ This evidence motivated our study.

Sports betting is a particularly male-dominated form of gambling and is a major growth area for the gambling industry. Between 2014–5 and 2022–3, the online sports betting sector grew from £456M to £2.15B, with online football betting increasing from £160M to over £1B.⁸ One in six men have placed sports bets in the past year.⁹ Gambling companies are now the primary sponsor of half of the English Premier Football clubs, with in-play betting being heavily advertised and marketed to sports fans.

Men who bet on sports, our target population, are thus at increasing risk of experiencing gambling harms, with attendant social and economic impacts. This group is an important population because sports betting, online sports betting specifically, has seen significant growth in recent years. Between 2007 and 2016, the proportion of the British population betting online doubled (4% in 2007; 8% in 2016).⁹ People who bet on sports are not only disproportionately male but also younger: two well-established risk factors for the experience of gambling harms.⁹ It is therefore important to develop and implement effective preventative interventions to limit the escalation and incidence of gambling harms among this group.

One of the major hurdles to reducing gambling harms is identifying and attracting people at risk of harms but who do not experience gambling disorder to take part in a gambling behaviour change intervention. Equally, attracting men to engage in health/lifestyle behaviour change more generally has also been challenging. There is strong

evidence (generated by members of the current team) that using professional sports settings can overcome these challenges, attracting men^{10,11} to successful behaviour change interventions.¹² The Football Fans in Training (FFIT) programme, for example, has been shown to be effective in attracting and supporting men classified as overweight/obese (a traditionally 'hard-to-reach' group) from across the socioeconomic spectrum to make sustained weight and behavioural changes, with benefits evident for at least 3.5 years.¹³ The FFIT programme delivers intervention sessions at professional football clubs, facilitated by club community coaches, and fosters sports-related socially supportive environments. It works by attracting men who want to improve their health ('get fitter and lose weight') and encouraging them to make achievable and sustainable changes using a 'toolkit' of evidence-based behaviour change techniques, such as self-monitoring and goal-setting alongside 'men like them'. It provides a supportive group that enable men to incorporate new, healthier behaviours into their identities and daily lives.¹⁴ The FFIT model has demonstrated sustainable post-research roll-out and ongoing public health impact, with evidence of successful scale-up and scale-out to many professional sports settings internationally.¹⁵

Gambling research has similarly highlighted the importance of social networks, environments and gender-sensitised approaches in reducing gambling involvement and in shaping non-gambling identities.^{16,17} This evidence supported the adaptation of learning from FFIT and similar programmes to the FFAB programme, specifically drawing on the power of professional sports clubs to engage men, and social support and interaction within the group context to encourage behaviour change (reductions in gambling behaviour and increases in other more positive outcomes such as increased physical activity) and promote better health and well-being outcomes in a context with significant symbolic value to the target group: the football club.

This study was the first independent and systematic intervention designed specifically for men who bet on sports. Most 'responsible gambling' initiatives are industry led or funded. By contrast, our independent team drew on sports club affiliation to encourage men to engage with and establish strategies to support behaviour change.

The Football Fans and Betting programme

Football Fans and Betting was conceived as an 8-week, face-to-face group-based intervention. Initially entitled 'Reclaim the Game' after consultation with men with lived experience of gambling harms, FFAB was codeveloped by the research team. The team included the European

Healthy Stadia Network (Liverpool, UK) (a community interest company focused on improving public health via professional sports stadia); Betknowmore (London, UK) (a peer-to-peer gambling harm support organisation, providing lived experience input to the project); Beacon Counselling Trust (Liverpool, UK) (a specialist advice service for those harmed by gambling) and academics based at Glasgow, Stirling and Bangor universities.

Football Fans and Betting was delivered by specially trained community coaches at professional football club stadia who had undertaken training with members of the research team, drawing on many years of experience in working with professional football clubs and their community organisations. Each weekly session was designed to last 90 minutes and include 'classroom-based' education around gambling behaviour, motivations and impacts, and group-based physical activity sessions to promote social connectivity. Whole group discussions, games and small group working were designed to encourage men to support each other to discuss, practise and build skills in order to monitor and reduce the amount of money and time they spent gambling.

A full description of the intervention content, following the Template for Intervention Description and Replication (TIDieR) format, can be found in [Appendix 1](#), and the logic model is provided in [Appendix 2](#).

Objectives

The primary aim of the research was to develop, refine, test the feasibility, and then to evaluate the potential for FFAB using a pilot randomised controlled trial (RCT) across four professional football clubs.

Three phases of the study were designed to meet project aims:

- Phase 1: intervention refinement – aimed to develop and incorporate insights about men who bet on sports into a prototype version of the FFAB intervention to refine it for initial delivery. We aimed to recruit approximately 12–16 men ($n = 6–8$ per group) to 2 focus groups in 2 football clubs (1 focus group in each club).
- Phase 2: feasibility study – aimed to test the feasibility of delivering the FFAB intervention at two professional football clubs to find out if it was acceptable to: the target population (men who bet on sports); the coaches who delivered it; and the football clubs whose premises were used. We aimed to recruit approximately 12–16 men to take part in the programme at each club.

- Phase 3: pilot RCT – aimed to pilot the design and conduct of a pragmatic, two-arm RCT of the FFAB intervention at 4 professional football clubs with 120 male sports bettors ($n = 30$ at each club). We intended to recruit four clubs with different characteristics to test our procedures in a range of settings, including: (1) at least one club with a primary betting partner and at least one with little or no gambling sponsorship; (2) at least one urban/city-based club and at least one suburban club; and (3) at least one larger club (attendance at home games > 20,000 people) and a smaller club (attendance at home games < 20,000).

The *target population* was men aged 18–44 years who regularly bet on sports (i.e. bet at least once a week) and who felt their gambling may be affecting their health, well-being or relationships *and* who wanted to take positive steps to change their gambling behaviour. Initially, we excluded anyone who experienced high-severity gambling harms. This was first measured using the Problem Gambling Severity Index (PGSI) mini-screen. From answering three questions a score between 0 and 9 is possible, with a score of 4 or more representing those most likely to be experiencing so-called ‘problem gambling’. Men who exceeded this cut-off were not considered for recruitment to the study but were instead signposted to gambling support and treatment services. After initial trial, it was clear that the PGSI mini-screen did not provide enough information to determine eligibility and we used the full PGSI instrument instead. This asks nine questions about gambling, with scores ranging from 0 to 27. A score of 8 or more represents those experiencing higher severity of gambling harms. Men with this score were initially ineligible for FFAB and instead signposted to support and treatment services.

During the course of the study, we made amendments to the criteria used to identify the target population. After recruitment at the first club in the Phase 2 feasibility study, we identified that men with a greater severity of PGSI scores expressed interest to take part in FFAB. We consulted with our treatment partners, Beacon Counselling Trust, and clinicians at the National Gambling Support Network as to whether offering FFAB to some of these men would represent a clinical risk. Following these consultations, we widened our recruitment criteria in the second Phase 2 club by increasing the PGSI cut-off score to 14. Men with a score of 15 and over were still signposted to relevant support services.

Challenges during the course of the study also required us to modify our objectives for Phases 2 and 3. We encountered various difficulties in relation to recruitment

and retention (detailed in our [Results summary](#) below) during Phase 2. After in-depth consultation with National Institute for Health and Care Research, the Study Steering Committee and the wider FFAB research team, we decided not to progress to Phase 3. Instead, we re-profiled the study to focus on further feasibility work in what is now described as Phase 2b of the project. An additional change to Phase 2b was to offer FFAB to men aged up to 54, based on feedback from prior feasibility participants and clubs.

The objectives of Phase 2b were to:

- revise our recruitment, retention and safeguarding strategies
- test the feasibility of this revised approach in two football clubs.

Methods and analysis

The initial study design, as set out in Protocol V01, was intended to refine, test the feasibility of and then evaluate FFAB in a pragmatic, two-arm RCT. The revised study design is described in Protocol V02. The changes are summarised in [Figure 1](#).

Recruitment for both phases was conducted through club-led initiatives, with potential participants expressing interest online and undergoing screening with the PGSI tool.

Phase 1 began in January 2020. Between January 2020 and March 2020, the main focus of Phase 1 was the adaptation and refinement of the FFAB intervention manual. Due to the coronavirus disease discovered in 2019 (COVID-19) pandemic, the project was paused between April 2020 and October 2021. Phase 1 was restarted in November 2021 once it was clear that professional football was unlikely to be subsequently disrupted by the pandemic, when spectators had returned to stadia and when clubs were comfortable resuming their in-person community outreach programmes. Two workshops were held to inform FFAB refinements, with particular focus on recruitment strategies and branding: one with men with lived experience of gambling harms to inform the study design ($n = 4$) and one with staff from the Community Trusts of the Phase 2a feasibility clubs (November–December 2021).

Phase 2a of the study began in January 2022. Two clubs were initially recruited; one subsequently dropped out but was replaced (see clubs A–C in [Table 1](#)). Coach training was conducted in February 2022 and recruitment was carried out between March and June 2022. Phase 2b

Intended project process	Phase 1: Refining FFAB	Phase 2: Feasibility study	Phase 3: Pilot RCT
	<ul style="list-style-type: none"> Two focus groups with sports bettors ($n = 16$) Trial FFAB app with sports bettors ($n = 4$) Refine FFAB programme and associated app with input from the project codevelopment group Develop coach training programme Recruit additional clubs $n = 2$ for Phase 3 	<ul style="list-style-type: none"> Train coaches to deliver FFAB at two clubs Feasibility deliveries of FFAB to groups of men ($n = 15$ per group) Observations of all delivery sessions Recruitment and retention data collected Post-delivery interviews with noncompleters ($n = 4$) Post-delivery interviews with coaches ($n = 4$) Post-delivery focus groups with participants ($n = 6$) 	<ul style="list-style-type: none"> Collect baseline data from 120 regular sports bettors in 4 clubs Randomise participants to intervention and wait list control (WLC) Deliver FFAB to intervention group Collect recruitment, attendance and app usage data Collect follow-up data: post programme, 6 months (both groups); 12 months (intervention only) Conduct post-delivery interviews with noncompleters and coaches/club reps, and participant focus group ($n = 8$) Deliver FFAB to WLC. Conduct interviews with coaches/club reps, and participant focus group ($n = 8$)
Actual project process	Phase 1: Refining FFAB	Phase 2a: Feasibility study	Phase 2b: Extended feasibility
	<ul style="list-style-type: none"> Workshop with people with lived experience of gambling harms ($n = 4$) Trial FFAB app with sports bettors ($n = 4$) Refine FFAB programme and associated app with input from the project codevelopment group Develop coach training programme Recruit additional clubs $n = 3$ for Phase 3 (these became Phase 2b clubs) 	<ul style="list-style-type: none"> Coaches trained to deliver FFAB at three clubs $n = 6$ Feasibility deliveries of FFAB to five men at two clubs Observations of all delivery sessions Recruitment and retention data collected Post-delivery interviews with noncompleters ($n = 4$) Post-delivery interviews with coaches ($n = 4$) Post-delivery focus groups with participants ($n = 16$) Fieldnotes during site visits for recruitment drives 	<ul style="list-style-type: none"> Train coaches to deliver FFAB at three clubs ($n = 6$) Feasibility deliveries of FFAB to five men at one club. Observations of all delivery sessions Recruitment and retention data collected Post-delivery interviews with coaches ($n = 6$) Post-delivery focus groups with participants ($n = 5$)

FIGURE 1 Changes to the FFAB study design.

TABLE 1 Recruitment activity by feasibility club

Lead for activity	Recruitment activity	Club					
		Phase 2a			Phase 2b		
		A	B	C	D	E	F
Club Community Trust (CCT)	Recruitment via other CCT programmes	✓	✓	✓	✓	✓	✓
	Recruitment via CCT e-mail lists	✓	✓	✓	✓	✓	✓
	Social media campaigns [Twitter (Twitter, Inc., San Francisco, CA, USA); Facebook (Facebook, Inc., Menlo Park, CA, USA) including paid for ads]		✓	✓	✓	✓	✓
	Engagement with partner organisations (mental health, local authority etc.)		✓	✓	✓	✓	✓
	Engagement with fan organisations		✓		✓		✓
	Articles on CCT website		✓	✓	✓	✓	✓
	Press release		✓		✓		✓
Research team/ CCT	Match-day fliers		✓	N/A ^a			
	Posters/leaflets in local area		✓	N/A ^a	✓	✓	✓
	Engagement with local media		✓	✓	✓	✓	
Club	Amplification of campaign via club social media channels			✓	✓		✓
	Match-day advertisement: programmes		✓	✓	✓		✓
	Match-day advertisement: pitch hoardings/big screens		N/A ^a	N/A ^a			✓
	Press release						
	Engagement with local media						
	Amplification of campaign by players/management etc.		✓	✓			✓

a Recruitment was out of season.

commenced in January 2023. A further three clubs (clubs D–F, [Table 1](#)) were recruited, and coach training and recruitment of participants were conducted between March and May 2023.

To assess recruitment to the programme in both phases, we tracked the number of expressions of interest received from men at each club, the number who were eligible and the number who joined and attended the programme. These data were collected via an online form (expression of interest) and via registers taken at each FFAB session by community trust coaches.

To assess retention to the programme, we reviewed the registers completed by the researcher observing the session to count how many and which participants attended each of the eight FFAB programme sessions. To assess acceptability of the programme to participants and coaches, we conducted observations of delivered sessions and semistructured interviews

with coaches and with those participants who attended the programme.

Members of the research team (CD, MP, KH, CG, HW, BB) observed 24 FFAB sessions across deliveries in three clubs. Observations were initially recorded in an unstructured form but were focused on the acceptability and fidelity of the programme content and delivery. For the final set of observations at Club E, observations were conducted using structured pro-forma allowing researchers (BB, HW, CG) to assess session delivery and participant engagement systematically.

Observations of deliveries in both phases were complemented by semistructured interviews conducted with all programme participants after programme delivery ended ($N = 13$), those who signed up but did not complete the programme ($N = 1$), coaches involved in delivery ($N = 9$), and other Trust staff involved with the programme ($N = 3$). All interviews were transcribed verbatim.

Following the difficulties experienced in recruiting adequate numbers in Phase 1 clubs, in order to support refinement of the recruitment process, we conducted two focus groups with men who were currently taking part in other community trust programmes at Club D ($N = 4$) and Club E ($N = 10$) in January–February 2023. These focus groups were designed to explore how eligibility criteria, recruitment strategies and messaging should be adapted for the Phase 2 deliveries. They were audio-recorded and transcribed verbatim and were analysed using rapid analysis¹⁸ by BB. The findings from this analysis were discussed with the wider project team and informed the changes we made to eligibility criteria, recruitment methods, and communication strategies.

In relation to process data from Phase 2a and 2b deliveries, we used descriptive statistics to analyse expressions of interest, eligibility, attendance and retention. To assess recruitment of clubs and participants we counted the number of each recruited at each stage. To assess retention to the programme, we again simply counted how many participants attended each session, how many dropped out and how many completed the programme. Observations of programme sessions and interviews were analysed thematically by BB, following Braun and Clarke's six-stage approach, constructing themes inductively and reflexively.¹⁹ A mixed-methods analysis of the combined data sets was then conducted utilising the triangulation protocol method²⁰ to determine the possible insights each data set contributed to understanding the recruitment and retention processes for FFAB, along with FFAB's acceptability among both coaches and participants. This facilitated a comprehensive and systematic assessment of the study's data, ensuring that insights from all methods informed our understanding of successful and unsuccessful aspects of recruitment and programme delivery.

Results summary

We summarise our findings using the following headings: refinement of the FFAB programme; feasibility of the FFAB programme; examining FFAB recruitment challenges; and acceptability of the FFAB programme.

Phase 1: Refining FFAB

Intervention manual

The refinement of the FFAB intervention manual underwent a process of expert review. Two expert workshops, involving all team members, were conducted where the FFAB manual was critically appraised and refined. Further refinement was conducted during the initial coach training sessions, held in February 2022, where, over the course of 2 days, coaches tested out sessions and gave feedback on them. As a result, the

order of the sessions was changed (i.e. the sessions on harms was moved to come later in delivery once coaches had established a rapport with the group; the session on industry tactics was moved earlier to give a stronger hook and focus on how the gambling industry operates). Content was also refined, reducing length of some classroom-based sessions and including more interactive elements. Coaches reported that the content of the manual was engaging and easy to follow.

Recruitment and branding

Club recruitment: Healthy Stadia were responsible for recruitment of all club community trusts over the course of the programme and meetings were held with clubs well ahead of project delivery to sensitise them to the project objectives, deliverables and milestones. This commenced in Phase 1 and extended into Phase 2.

Participant recruitment and FFAB branding: following consultation with men with lived experience of gambling harms, and community coaches, FFAB was initially branded as the 'Reclaim the Game' programme. This emphasised clubs' search for men to participate in a structured support programme to reduce gambling but tapped into the notion of fans reclaiming football from the gambling companies who are now heavily involved in professional sports. The more nuanced title was also intended to counter stigma attached to terms like 'gambling' and the recognition that some people do not view themselves as gamblers. Men with lived experience of harms felt other men might be more likely to sign up to a scheme where they could say they were 'reclaiming the game' rather than reducing gambling – especially as many people do not disclose the full extent of their gambling to others.

Phase 2: Assessing the feasibility of the Football Fans and Betting programme

Six clubs were recruited to implement the FFAB intervention. However, two clubs pulled out of the study before implementing the programme. Specifically, Club A withdrew during Phase 2a, shortly after the launch of recruitment and Club D withdrew during Phase 2b, after failed recruitment attempts (see below). Clubs C and F stepped in as replacements for Clubs A and D, respectively. Coaches from all six clubs were trained in delivering the FFAB programme.

Approaches to recruitment

The various multifaceted approaches to recruiting men during Phases 2 across the six clubs are shown in [Table 1](#). The bulk of these recruitment endeavours were spear-headed by community trust personnel, with additional support from the research team. Football club staff contributed to recruitment efforts in half of the six clubs

involved. These three clubs had substantial gambling industry partnerships that either were known at the time or subsequently emerged. Significantly, in two of the three clubs that were unable to carry out the FFAB programme (Clubs A and D), there was a lack of public facing endorsement from the clubs to support recruitment.

Recruitment numbers

Table 1 offers a condensed overview of participant recruitment numbers for each feasibility club during Phases 2a and 2b. In Phase 2a, a total of 40 men expressed interest in joining the FFAB programme across 3 clubs. Nineteen were judged ineligible due to various factors (Table 2, column 2), such as exceeding the PGSI score threshold or falling outside the specified age range. This left 21 men eligible to participate.

During Phase 2a, two distinct PGSI eligibility criteria were trialled. The first approach targeted individuals with a PGSI score below 8, aligning with the programme's early intervention goal (referred to as 'Approach 1'). However, data from Clubs A and B indicated that most of the interested men ($n = 14/21$) had a PGSI score exceeding 8, diverging from the original anticipated risk profile.

Following extensive consultation with lived experience collaborators and clinical advisors, the eligibility criteria were broadened to include those with a PGSI score of 14 or less. This adjustment aimed to address the apparent demand for the programme among men scoring higher levels of gambling problems (in the 8- to 4-point range on the full PGSI) without specifically targeting the most severe cases (score 14+). This reformulation

of eligibility criteria was considered to be the optimal balance between the ethical considerations of meeting an evident need and interest in FFAB while prioritising safeguarding measures among those most seriously affected by their gambling.

After implementing this adjustment ('Approach 2') in Clubs B and C, 12 individuals were screened into the FFAB programme.

In Club B, despite ongoing engagement efforts by coaches, only 3 out of 12 eligible sign-ups attended the initial FFAB session, with just 4 men attending regularly until the programme's conclusion. In Club C, five out of nine eligible men attended the first session, but attendance dwindled to only one by the fourth session. The challenges posed by low recruitment numbers were exacerbated by poor retention rates.

In Phase 2b, despite further vigorous recruitment endeavours, the number of men expressing interest in the programme remained limited. In Club D, five men expressed interest, but three were screened out due to having PGSI scores above 15, and two opted out of screening despite signing up. No eligible men were identified in Club D, meaning that the FFAB programme could not proceed in that Club.

In Clubs E and F, five and four men respectively were recruited after meeting the eligibility criteria. In Club E, where the programme was integrated into an existing social football group facilitated by the Community Trust, retention was high, with all five men attending all sessions.

TABLE 2 Recruitment and retention to FFAB

	Expressed interest			Session attendance		
	Eligibility not known	Ineligible	Eligible for FFAB	Attended first session	Attended four or more sessions	Attended final session
Phase 2a						
Club A: Approach 1: PGSI < 8	0	5	0	N/A	N/A	N/A
Club B: Approach 1: PGSI < 8	0	8	9			
Club B: Approach 2: PGSI score < 15	0	1	3			
Club B: total	0	9	12	3	4	4
Club C: Approach 2: PGSI score < 15	0	5	9	5	1	1
Phase 2b						
Club D: Approach 2: PGSI score < 15	2	3	0	N/A	N/A	N/A
Club E: Approach 2: PGSI score < 15	1	0	5	5	5	5
Club F: Approach 2: PGSI score < 15	1	3	4	2	N/A	N/A

In Club F, only two out of four men attended a study sign-up session, prompting the decision not to proceed with the FFAB delivery in this club.

Thus, across Phases 2a and 2b, the overall recruitment of eligible men ($n = 30$) remained low regardless of the eligibility approach and despite very considerable effort on behalf of most clubs and the research team. At the time, we hypothesised that recruitment issues in Phase 2a may have been compounded by the legacy of the COVID-19 pandemic, with many people only relatively recently returning to normal activities. However, continued recruitment issues in Phase 2b suggest other factors provide more likely explanations.

Examining Football Fans and Betting recruitment challenges

During Phases 2a and 2b, the research team and clubs actively evaluated and adapted recruitment materials and strategies to attempt to address the recruitment challenges described above. Here, we present key findings relating to how the programme branding was received and the barriers and facilitators to recruitment that participants and coaches identified when interviewed.

Programme branding

In response to the low levels of interest and recruitment in Phase 2a, focus groups were conducted with football fans from Clubs D and E prior to Phase 2b. Both groups criticised the 'Reclaim the Game' branding, citing confusion over its relevance and the incongruence and irony of clubs apparently promoting a programme to reduce betting while being sponsored by gambling companies. Participants also reviewed the recruitment materials used in Phase 2a. They reported that they found them unclear about programme's purpose and details and suggested this may impact willingness to sign up. Phase 2b materials were revised incorporating this feedback. These groups also helped to develop revised taglines for the project, such as 'love the game, not the gamble'. The programme was rebranded as 'Football Fans and Betting' and recruitment materials and messages simplified. However, these subsequent revisions to branding yielded even fewer people expressing interest in the FFAB programme.

Recruitment barriers and facilitators

Throughout the study, interviews, observations and focus groups revealed various barriers to recruitment. Crucially, participants often did not perceive themselves as the intended audience for FFAB, believing that only individuals with more severe gambling problems needed support. In other words, it proved extremely difficult to promote the idea that this was a programme to *prevent* progression to

more serious gambling harms, among men who already had some discomfort about the amount of time or money they were spending on gambling activities. The association between seeking help for gambling and acknowledging a problem hindered recruitment efforts. Furthermore, many men spoke about how embedded gambling was within their peer group and viewed gambling as normal, even if they were experiencing some adverse consequences from their gambling. A range of qualitative data suggested that being seen to be attending a gambling-related public health programme like FFAB is stigmatising and may undermine football-related forms of masculine identity.

The commercial relationships between clubs and gambling companies created a perceived conflict, with some participants questioning the clubs' commitment to FFAB due to their sponsorship arrangements and the targeting of promotional activities to football fans by gambling companies. Similar points were raised by participants in focus groups ahead of Phase 2b, who queried the authenticity of the clubs' intent when also actively engaging in commercial partnerships with the gambling industry. This powerful disconnect may have undermined trust in both the programme and the club and hampered recruitment. Additionally, the visibility of our recruitment campaigns varied across clubs, and it is notable that the two community trusts (A and E) who did not receive recruitment amplification from their clubs were the clubs with strong commercial gambling partnerships. It is difficult for Community Trusts to expand their range of recruitment efforts if they do not have the full backing of their club, as it limits the ranges of options available to them and, in some cases, how much they can publicly say on issues. With regards to club E where no club-level support was given, the initial recruitment methodology yielded no initial recruits. It was only when the Community Trust gained agreement to incorporate the FFAB sessions within an existing social-football programme that the coaches were able then able to recruit men to take part.

The two clubs where recruitment and retention were most successful were Clubs B and E. In both cases, the location of the FFAB deliveries was geographically situated within the local communities targeted, with coaches already deeply embedded within these communities and thus able to have greater range of continuous and repeated engagement with men from these communities. Thus, a potential facilitator of recruitment appears to have been taking a 'grass roots' approach. The need for local support and accessibility was evident. However, any future attempts to recruit to and deliver the intervention would have to consider the feasibility and sustainability of such approaches in larger clubs.

Acceptability of the Football Fans and Betting programme

Throughout Phases 2a and 2b, a total of 10 men completed the FFAB programme. Among this small group, and the coaches who delivered it, the FFAB programme received largely positive feedback. To assess FFAB's overall acceptability, we analysed findings related to intervention necessity, programme content and delivery, message dissemination, social dynamics and potential for behaviour change.

Intervention necessity

A consistent message emerging from the qualitative data concerned the necessity of a programme such as FFAB, despite the intense challenges with recruitment, to help men address gambling harms. Some coaches emphasised the need for FFAB, likening it to other programmes addressing important issues, such as poor mental health among men. Despite anticipating difficulties, there was shared excitement among the club staff and coaches who were involved about addressing gambling issues through FFAB. One coach expressed optimism that, despite recruitment challenges at his/her club, another club might successfully run the programme in the future, enabling the programme to 'take off'.

Participants also emphasised the necessity of a programme like FFAB. For instance, during an observation at Club E, a participant who had experienced severe gambling harms 3 years prior expressed his belief that he would have made different choices if he had access to such a programme at that time.

Programme content and delivery

Feedback from both participants and coaches indicated satisfaction with the programme's content and delivery. Participants found the programme engaging and informative, contrasting it positively to traditional educational settings. The programme's focus on understanding the gambling industry's tactics received support from participants, who reported heightened awareness of gambling advertisements and marketing strategies in their surroundings as a result of taking part in the programme.

Observations of programme delivery noted how quite quickly the men cohered as a group and started to share experiences, often sharing very personal experiences of gambling harms with resulting empathy and support from other participants.

We also conducted interviews with four coaches and one coach manager, who reported a positive experience.

They reported feeling: capable and confident in terms of programme delivery; satisfied by the level of support they experienced during the feasibility deliveries; and positive about the future benefits that the programme may offer.

Our interviews suggest that the programme is attractive to people with somewhat higher levels of gambling harms than we had originally intended, with participants scoring in the higher mid-range of gambling harms (according to screening with the PSGI) telling us they had a positive experience and had benefited from it. The study team concluded that we have identified a significant level of unmet need among this underserved group, who are traditionally hard-to-reach and are often excluded (or self-exclude) from existing sources of treatment and support. For some men, the experience of FFAB was the first contact they had ever had with any form of gambling intervention and first step to recognising themselves more publicly as 'at risk'. Post-programme feedback suggested that participants felt that FFAB provided something unique in opening them up to considering the potential benefits of gambling harm prevention strategies or services that they had previously been unable or unwilling to access. In a post-programme interview, one participant told us: *'It's Reclaim the Game, but it's also myself, I've like adjusted the way I think for myself'*. We feel that the programme could offer a potentially unique form of intervention to these people.

Involving others

An unanticipated outcome was FFAB acting as a conduit to spread information about gambling and gambling harms to wider networks through participants and coaches. Coaches reported sharing insights gained from FFAB with their personal networks, spreading awareness about gambling-related issues. Participants also reported discussing the programme with others in their lives. At least one participant reported discussing his gambling with his spouse for the first time, who encouraged him to take part. Some expressed discomfort discussing it with non-participants due to stigma surrounding gambling.

Social element

Participants highlighted the importance of the social aspect of FFAB, finding value in connecting with other men who they perceived to be facing similar challenges in relation to controlling their gambling while continuing to be engaged in watching football and sport fandom. The programme provided a supportive environment for participants to share experiences and build relationships. This social dynamic contributed significantly to the perceived benefits of the programme among those who attended.

Potential impact on gambling behaviours

Participants reported enjoying and benefiting from the programme, particularly those aiming to reduce their gambling habits significantly. The programme's emphasis on setting and achieving SMART (specific, measurable, achievable, relevant, time-bound) goals contributed to positive changes in participants' behaviours, supported by the coaches' facilitation skills. Even participants who did not engage with SMART goals still found the programme enjoyable and insightful, leading to increased awareness of gambling-related issues and, in some cases, reduced gambling behaviour.

Discussion/interpretation

Principal findings and take-home messages

Our study suggests that the FFAB intervention itself appears to have great potential for men who need support for their gambling. However, the models of promotion and recruitment that we codeveloped with input from clubs and football fans, which built on prior and successful public health programmes attracting 'hard-to-reach' men through professional football clubs, were not feasible. Finding the right approach to recruitment of male football fans at risk of gambling harms proved elusive. The various strategies adopted failed to recruit target numbers of participants in all six clubs that partnered in the research, and, overall, engaged a small number of men who met the eligibility criteria. There was some evidence that men at the highest level of risk severity were attracted to the programme. Given the severity of harms this group may experience, offering FFAB in its current incarnation to this group represents a safeguarding risk and is not recommended. This recommendation has not changed with the publication of the National Institute for Health and Clinical Excellence's (NICE) guidelines for the identification, assessment and management of harmful gambling this year.

A key driver of our recruitment challenges includes the stigma attached to those who seek help for their gambling, which is connected to masculinities which celebrate and normalise gambling. This is reinforced by strong industry messaging suggesting that retaining control over one's gambling and any resultant harms is a simple matter of individual agency (e.g. although it has now been phased out, gambleaware.co.uk's 'When the fun stops, stop' strapline was used for a long time within industry promotion). Additionally, the current commercial environment of professional football remains dominated by interests that

support the ongoing high-profile and visible partnerships between clubs, leagues and the gambling industry. This produced practical challenges during recruitment, and it was also perceived by some men as undermining the aims of the study which made them less likely to want to sign up.

Despite the obstacles and challenges, our feasibility work has positive aspects. The study has identified significant unmet need for support in an underserved group with complex needs. While recruitment was limited, we were able to engage some men who wanted and needed help to address their gambling. This suggests that professional football clubs may still have a positive role to play in providing a bridge between their fans and a range of therapeutic offerings, based on level of need.

Additionally, we have produced and received almost exclusively positive feedback on a unique programme that was deemed beneficial by and for the small number of men whom FFAB engaged. Linked to this, our work suggests that club coaches are enthusiastic about the FFAB programme, recognising a need to address the increasingly complex integration of gambling into the lives and activities of those who watch football and identify strongly with the sport. With the 2-day structured training materials that we developed, coaches felt capable of delivering the programme. Thus, the programme was deemed acceptable for those who did participate in or deliver it.

Key take-home messages from our feasibility work are:

1. Using the 'hook' of delivering a programme within a professional football club context to a group of 'like-minded' men – based on the model which has proved so successful for FFIT and similar public health interventions – has not neatly transferred to the context of gambling in the current climate.
2. There is unmet need for support to address developing gambling harms and prevention of progression to more serious and intractable harms in our target group: men between 18 and 55 years who are football fans and bet regularly on sport.
3. The design and content of FFAB were acceptable to the participants who took part in the programme and to the coaches who delivered it.
4. Stigma around gambling harm, inability to accurately assess one's vulnerability to harm in the face of current marketing, as well as the normalisation of betting as an expression of masculinity, hindered effective recruitment of our target group.

5. The commercial landscape around football and gambling created challenges for the delivery of an early intervention in this space.

Contribution to existing knowledge

To the best of our knowledge, our study is the first to develop and feasibility test a group-based gambling harm prevention programme delivered to at-risk men in a professional sports club setting. Given the success of using professional sports clubs to attract men to interventions in other areas of public health (notably programmes designed to support positive changes in weight management, physical activity and mental health), our study set out to examine whether the model was transferable to gambling harm prevention. While we found that the approach is not feasible in the current commercial climate (see below), this project, nevertheless, contributes to understanding the range of options that may, or may not, be feasible to support a growing unmet need.

Our project also contributes to knowledge of the commercial landscape surrounding football and gambling, and its meaning for football fans at risk of gambling harms. The fact that the 'FFIT model' did not effectively translate into an early health intervention for gambling has highlighted the pervasive influence of gambling within professional football, as emphasised by the fans we engaged. Some of our partner Community Trusts did not receive full backing of their professional football clubs, hindering recruitment efforts. Some participants noted the omnipresence and problematic nature of gambling within their clubs and the broader football community (through, e.g., sponsorship deals and broadcast advertising).

The association between some football clubs and gambling, whether direct or indirect, posed challenges to our recruitment efforts, reflecting tensions arising from commercial relationships between clubs and gambling companies. This tension appeared to be further exacerbated when Community Trusts tried to promote a programme focused on reducing gambling, and some of the professional football clubs did not engage in recruitment amplification activity.

While professional clubs have demonstrated efficacy in delivering public health interventions, as evidenced by programmes like FFIT upon which FFAB was based, our findings suggest that significant challenges remain in effectively engaging men who stand to benefit most from participation. The 'hook' of undertaking a programme within the football club did not appear to be powerful enough in its own right to overcome the many intricacies,

tensions and complexities associated with the penetration of gambling into many men's consumption of football and the commercial environment of the professional game. Also of note is that those who did respond to the marketing and branding for the FFAB intervention were predominantly individuals with higher PGSI scores than initially anticipated or intended, underlying the importance of finding the right 'hook' to engage men in early support to prevent any unwanted progression of their gambling activities.

Unlike the successful FFIT programme, which attracted participants motivated to lose weight, become more active and (re)gain a desired level of fitness, FFAB faced additional challenges. The harms of gambling may not be as widely recognised as other health harms (obesity, poor mental health), and the associated stigma of recognising oneself as being not only 'at risk' but also willing to attend a group-based programme may be even greater. Gambling behaviours are often hidden, and the group setting of the programme requires men to reveal their betting status and also to be willing to discuss their levels of consumption in a more public forum. The challenges of enabling our target population to identify themselves as being able to benefit from a programme to reduce gambling remain significant. For many, their primary identity may be that of a football fan who is becoming involved in gambling rather than a person who is losing or has lost control.

Challenges faced and limitations of the study

We encountered a number of challenges throughout this study.

In March 2020, we were forced to pause the study after only 2 months due to COVID-19. We began a phased restart of the project in November 2021, and the project was fully restarted in January 2022. This delay pushed back our timetabling for recruitment and programme delivery. It also meant that we had to adapt to a changed post-COVID sports landscape upon return. Within it, the clubs we were working with were still trying to organise and adapt to a new set of circumstances, and the men who we hoped to recruit were also coming to terms with returning to group activities and to socialising after the enforced isolation brought about by the pandemic. Given that the rationale for FFAB is based on its social, group-based dynamic, it is conceivable that this unique historical context played some role in unsuccessful recruitment efforts to the programme.

The *commercial and funding landscape* in which football clubs operate is a challenging context. As one example,

events in this landscape created a situation in Phase 2a, in which one of our flagship clubs was unable to deliver on the agreed recruitment plan because they were in the process of signing a new contract with a gambling company to be their front of shirt sponsor. They were unable to remain in the study. Because we were not made aware of the club's changed position as it was occurring, we were unable to undertake contingency planning in a timely manner, and this in turn led to delays with recruitment which had knock-on effects on timetabling for the remainder of the study.

Other key challenges related to problems with *recruitment and retention* of participants. Linked to these were *safeguarding challenges*. Our initial *recruitment strategy* was not effective in attracting sufficient numbers from our original target population of those at risk of gambling harms but not experiencing the most severe harms. FFAB appears not to have appealed to them for several reasons. Many men did not (yet) identify as having issues with gambling, or as being 'at risk', and so did not see the relevance for them of an early intervention programme. In particular, two powerful factors proved even greater challenges than we had originally anticipated: the social context of younger men who were embedded in peer groups in which gambling was normalised and being seen as susceptible to its harms (in a marketing context which promotes a mantra which suggests anyone can simply 'stop' their gambling if they become concerned about its impact on their enjoyment and their daily lives) were stigmatised, and the broader, contextual penetration of professional football by the gambling industry.

Alongside recruitment, we faced some *retention* challenges. In one club, we encountered situational problems where unexpected changes to the location and the timing of the FFAB session made it difficult for many men to continue to participate.

Raising the PGSI threshold at which men could be recruited to the programme brought some *safeguarding* challenges. The programme was attractive to individuals with concerns about their gambling but especially those reporting greater impacts on their health and well-being, some of whom already had more complex gambling and mental health problems. Accepting men with more complex issues onto the programme raised ethical issues and necessitated revised safeguarding.

Individual training and capacity-strengthening activities

A landmark achievement of the FFAB study was providing club community coaches with their first exposure to

comprehensive gambling harm prevention training. Through tailored training workshops, supported by the programme materials, these coaches received invaluable insights into recognising and addressing gambling-related issues within their communities. The training sessions equipped them with knowledge about the signs and consequences of gambling harm and provided practical strategies and resources for supporting people affected by gambling addiction. Moreover, the study facilitated connections between football club community coaches and a diverse array of partners specialising in gambling harm prevention and support services. These partnerships expanded the coaches' access to a range of resources (e.g. GamBan), counselling and treatment services (National Gambling Support Network; NHS Gambling Clinics) and peer support programmes and networks, enabling them to offer more informed support to individuals experiencing gambling-related difficulties. By fostering collaboration between football clubs and external stakeholders, the FFAB study empowered community coaches to feel more confident in addressing gambling harm within their respective communities, ultimately enhancing their capacity to promote holistic well-being among football fans and participants. These skills could, in turn, enhance coaches' capabilities and confidence in terms of engaging with other at-risk groups in future.

Through the research process, researchers enhanced their understanding of the intricate relationship between football fandom and betting behaviours. This knowledge has enhanced insights into the specific challenges and dynamics present within football communities regarding gambling, which the research team hope to develop in future research projects. Overall, the study served as a catalyst for enhancing researcher capacity to work with football clubs and fans to tackle gambling-related harms, ultimately fostering future potential for a robust and co-ordinated approach to prevention efforts.

In addition, the FFAB study served as a pivotal platform for the professional development of two post-doctoral researchers (Drs Biggar and Donnachie), enabling them to enhance their capacities as researchers and research managers. The study enabled them to gain hands-on experience of large-scale research projects within the complex context of football fandom and betting behaviours, and amidst the challenges of the post-COVID environment. They were involved throughout the research process, including study design, data collection, analysis, interpretation and dissemination of findings. This immersive experience enhanced their understanding of the subject area and honed their broader research skills. Moreover, their roles as research managers allowed

them to develop valuable project management skills, such as co-ordinating research activities, overseeing team members and planning project timelines. Their involvement also provided them with opportunities for professional growth, including networking with stakeholders in the football industry, presenting findings at conferences, and publishing research articles in peer-reviewed journals. Accordingly, the study contributed to the career advancement and skill development of emerging researchers in the academic community (one of whom has now obtained a permanent lectureship position).

Institutional capacity strengthening

The FFAB study had an important impact on Beacon Counselling Trust, bolstering its capacity to connect with football clubs and offer safeguarding support to community coaches. Through collaboration with the study, the Trust gained a deeper understanding of the unique challenges surrounding gambling harm within football communities, enabling them to tailor their services and support mechanisms to better meet the needs of football clubs and their coaches. The Trust's enhanced capacity to engage with football has also laid the groundwork for future collaborations using alternative modes of intervention to prevent and respond to gambling harms in the football community.

The FFAB study also served as a cornerstone in building the capacity of Betknowmore to engage in substantive academic research, marking a milestone in their evolution as a key organisation in the field of gambling harm prevention. Through their involvement, Betknowmore gained invaluable hands-on experience in all aspects of the research process, from study design and data collection to analysis and dissemination of findings. This immersive experience provided them with insight into research methodologies and best practices, equipping them with the skills and knowledge to contribute to rigorous academic research. Moreover, collaborating with academic partners and stakeholders within the football community allowed Betknowmore to expand their network and establish a positive reputation within the research community.

Patient and public involvement

The aim of our patient and public involvement (PPI) partnerships was to inform every stage of this research, from the development of the proposal to recruitment and branding of the programme and the conduct of the fieldwork and interpretation of findings. These partnerships included Beacon Counselling Trust and

Betknowmore. Individuals from these organisations were co-investigators on the study, and together, formed our codevelopment group. The group was central to the design, delivery and implementation of the research and benefited from Healthy Stadia's well-established collaborations with professional sports clubs and academic partners. We also worked closely with people with lived experience of gambling harm, and with male football fans and community club coaches to develop and refine our recruitment and branding strategies for the programme.

Phase 1: intervention optimisation

Facilitated by Beacon Counselling Trust, we conducted a workshop with men with lived experience of gambling harms to help review our project and specifically provide feedback on optimum marketing and branding. Coaches at Community Trusts also contributed extensively to programme optimisation, drawing on their experience of delivering other, similar, programmes, and coaches routinely consulted with football fans at their clubs for feedback. Discussions with experts by experience also led to specific changes in our recruitment criteria and approaches, namely studying branding development of recruitment taglines.

Phase 2a and 2b: implementation and improvement

Patient and public involvement was key to the ongoing development of the project in Phases 2a and 2b. We sought views, feedback and insight from football club coaches and male football fans on our recruitment strategy and the content of programme sessions. Participants and coaches from Phase 2a gave feedback on the programme design which was incorporated into Phase 2b intervention manual.

Football clubs were centrally involved with the research. Led by Healthy Stadia and supported by the academic team, they advised on the best methods for recruiting our sample and for promoting the programme. This involvement was crucial as it informed our strategies, including tailoring to local contexts, settings and demographics.

Dissemination

Our PPI partners are also important for dissemination and impact activities. Beacon Counselling Trust are part of a nationwide network of gambling treatment providers, and Healthy Stadia are involved in national and international networks for the delivery of health interventions. Their networks will enhance the communication of findings from the study to a wide audience in the fields of sport and gambling and to the public more generally.

Reflections

Working closely with PPI partners was integral to the conceptualisation, delivery, refinement and interpretation of this project. It considerably strengthened the research and enabled the team to adapt to challenges within the research landscape. We believe that the process of being part of the research also informed our partners in various ways. In the process of inputting their experiences, individuals who had been harmed by gambling learnt about research practice and were able to reflect on the kinds of knowledge that it produces and the ways this can impact policy and academic understanding. Working collaboratively with the team offered upskilling for Club Community Trusts and coaches. Community Trusts became increasingly aware of the issue of gambling harms in their local communities, and the ways these intersect with other issues they encounter, such as men's mental health. Football coaches received specialist training and support from the team for delivery of the programme. This training involved transferable skills relating to wider issues around safeguarding and ethics.

Equality, diversity and inclusion

We know from our past work with FFIT that the professional football setting attracts men from across the socioeconomic spectrum and many clubs are located in areas of high deprivation. As with FFIT, our recruitment processes were not limited to men who can afford to be season ticket holders and/or attend matches regularly, but they aimed to include men who follow their team through televised/streamed matches which are accessible to a wide audience. The physical activity element of the programme was optional for participants.

Our recruitment strategy aimed to include men of a wide range of ages, ethnic groups, and socioeconomic statuses (e.g. employment status, level of area deprivation, education level). However, due to limited participation on the programme, we were unable to collect these data. All participants to the study were of white ethnicity and from lower socioeconomic groups.

Impact and learning

Lessons learnt for future research

Our recruitment strategies were not effective in attracting sufficient numbers of the men we originally aimed to target. FFAB recruitment materials did not engage our target population of 'non-problem gamblers' for a number of

reasons. For many, it was difficult to recognise themselves as potentially being 'at risk'. Because they did not identify as having issues with gambling, they did not see the value of an early intervention prevention programme. In addition, the contextual situation of younger men, their peer groups and the capture of football by the gambling industry were much bigger obstacles than we originally anticipated. As so many of their peers gambled, many men saw their gambling behaviour as normal, even if they were experiencing financial and other harms.

The draw of the football club was not sufficiently powerful for some men in overcoming the stigma of tackling gambling harms. This being the case, we needed to work harder than other similar programmes to find additional approaches to overcome the stigma of gambling and attract more men to the programme.

The programme appears to be attractive to individuals with concerns about their gambling but especially those reporting greater impacts on their health and well-being, some of whom have more complex gambling and mental health problems. In initial stages of the project, these men were being turned away, but we knew they were not taking up other services to support them. Hence, our recruitment efforts in the feasibility study have shone a spotlight on unmet needs among men experiencing gambling-related harms. It has also highlighted the reluctance, among this group, to reach out to existing, more clinical forms of support. This is typical of vulnerable people who are part of underserved groups.

Men with PGSI scores of up to 15 have taken part in the programme and have contributed to good group dynamics. So, we have learnt through our earlier feasibility work that a higher level of experience of gambling harms is not a barrier to fostering group dynamics or to engagement in this type of programme. Indeed, in observations of deliveries of programme sessions, we have been surprised by how quickly men open up and want to discuss their gambling. Accepting men with more complex gambling and mental health problems onto the programme does, however, also indicate a need for revised safeguarding.

Impact

At the time of synopsis submission, the research team have presented preliminary findings through papers at the following conferences: the *Football Collective Conference* in Leeds, England (25–26 November 2023); the *European Public Health Association (EUPHA) conference* in Dublin, Ireland (8–11 November 2023); the *Current Advances in*

Gambling Research in London, England (28–29 June 2023) and at *Lisbon Addictions* (23–25 October 2024). We also ran a workshop and film screening titled ‘Football, Betting, and Gambling Harms Workshop and film Screening’ at the *ESRC’s Social Sciences Festival 2023* in Glasgow (4 November 2023). The work was also presented at the University of Glasgow’s newly formed Sport Research Network Symposium (May 2024).

The team have also spoken about the study results to two parliamentary committees: presenting the All Party Parliamentary Group for Gambling Harms in October 2023 and the Northern Irish All Party Parliamentary Group for Gambling in November 2023.

Part of the research team are developing ideas for further funding bids for further intervention work based on the learnings of FFAB. One proposal, ‘Reclaiming the Game: supporting community action with grassroots football clubs to reduce gambling harms’, was submitted to the Nuffield Foundation (April 2024).

What could we do differently?

Despite our programme being a novel intervention in the gambling space, our primary finding was of the difficulty of recruiting the target population. However, our experiences suggest potential adaptations that could yield more promising outcomes:

1. A pathway towards further support to treat or prevent gambling harms: Our findings indicated that the programme attracted more interest from men with higher PGSI scores than those initially included in our eligibility criteria. From this, we could consider the potential benefit of rethinking FFAB as a localised, targeted means of signposting our target population towards further interventions, such as treatment and/or peer support. However, the development of these pathways would necessitate substantial development work with clinical partners. If this use of the FFAB intervention as a gateway for further support for those with higher PGSI scores were to be followed, it would be worth considering whether FFAB should be redeveloped to be delivered over fewer weeks, to fast-track people to more intensive support within a shorter period.
2. Local engagement: There was some indication that recruitment efforts might be more successful when rooted in local communities. Therefore, we suggest a more grassroots approach to recruitment may be more effective in engaging our target demographic compared to recruiting through their preferred professional clubs.

Implications for decision-makers

- Our research suggests the existence of a substantial population of male sports bettors who are at risk of, or are currently experiencing, harms from gambling and who at present are underserved in terms of support.
- Support for this group needs to take into account high levels of stigma surrounding gambling harms and the entanglement of betting with practices of masculinity among some sports bettors.
- Decision-makers need to be aware of the extent to which the gambling industry has penetrated football club culture and finances and current cultural practices of football fandom, among younger men at least. These relationships normalise gambling and contribute towards making recognition of and help seeking for harms difficult for many men.
- Clinicians who worked and continue to work on the NICE guidelines for the identification, assessment and management of gambling harms should consider the implications of these findings and how alternative settings could be incorporated into broader pathways for hard-to-reach groups for help and support. It may be that specific, localised settings could have a role to play in raising awareness of gambling harms and signposting hard-to-reach and/or at-risk individuals towards appropriate sources of support. This approach may also be useful as a means of supporting those in recovery from harmful gambling. Both possibilities would require the careful development and implementation of appropriate safeguarding protocols.

Research recommendations

We have identified key areas for future research and have categorised them based on their respective domains. However, it is crucial to undergo a formal process of scoping and prioritisation to determine the most effective ways to operationalise these questions.

1. Destigmatising gambling harm: Our study revealed the stigma surrounding gambling harm, which hindered both recruitment and retention efforts. This highlights the need to address the normalisation of gambling and the language used to describe its associated harms. Further work to explore ways in which stigma prevents support-seeking behaviour, and ways in which to challenge this, is warranted. We recommend, as one step towards this, adopting non-stigmatising and respectful language when discussing gambling harm and people who experience it.²¹

2. Local settings: Despite our challenges with the FFAB model, we believe that smaller community clubs without ties to gambling sponsors may have potential for implementing early health interventions. Research exploring the efficacy of adopting a grassroots recruitment approach within such settings could produce valuable insights.
3. Greater understanding and exploration of commercial influences upon professional sports clubs as a setting for health behaviour interventions are needed.
4. Women: While our project focused exclusively on men, acknowledging their higher likelihood of experiencing direct gambling problems, future developments could explore the support requirements of women, who represent a significant portion of sports bettors in the UK. Drawing from the success of programmes like FFIT, which expanded to include women, future iterations of interventions such as FFAB could investigate strategies for engaging and supporting women.
5. Clinicians should examine the features of our programme to understand why those with the highest level of risk severity found FFAB attractive despite other treatment and support systems being widely and freely available. The people who participated in our study were extremely reluctant to access these types of more clinical settings. For many, the FFAB programme was their first contact with any kind of gambling harm intervention. We recommend exploring the potential of non-clinical, community-based forms of intervention that benefit from a strong social component as potential settings for future iterations of the FFAB programme.

Conclusions

Football Fans and Betting was the first early gambling intervention of its kind to support men to reduce their gambling. It was conceived on the premise that the fanbase of professional football clubs could confer legitimacy and support to encourage men to join the programme. However, recruitment proved highly challenging. This was due to the commercial landscape of gambling and football clubs, the stigma around gambling harms, and the related challenges of recruiting our target demographic in this context. Together, these challenges affected the conduct and the results of the study.

The ubiquitous presence of gambling sponsorship in football meant that pro-gambling advertising which

normalised gambling as an entertaining hobby had far more visibility than a programme to support men to reduce their gambling, even for fans of clubs without gambling sponsors. The visibility and uptake of our programme paled in comparison to the encouragement and normalisation of gambling through professional football. This lessened club interest in the programme as well as interest from potential participants.

Engaging the target group for FFAB was difficult in this context. They perceived gambling as normal and did not view themselves as part of the intended audience. Stigma surrounding gambling meant that many assumed only people with severe 'problems' would need support for their behaviour. Situating the programme in the setting of professional clubs did not allow men to bypass the deeply entrenched stigma around gambling and its associated harms.

To address this challenge, the research team believes that efforts to de-stigmatise gambling harms and denormalise gambling as an activity are required. This would encourage potential participants and the broader population to regard the gambling industry and its practices as a source of harm that requires intervention, rather than viewing individuals as inflicting harm upon themselves.

Despite the challenges described here, it is noteworthy that the small number of participants who went through the programme as well as the coaches who delivered it reported positive experiences of FFAB. This suggests the utility of socially situated interventions to support men to come together to reduce their betting and gain critical insights into the gambling industry. Our study underscores the perceived necessity of the programme, with strong interest expressed by Community Trusts affiliated with football clubs to implement the initiative.

While the intricacies of independent research within the commercial gambling and sports landscape present formidable challenges, our findings underscore the potential for a more grassroots, localised approach in future interventions.

Additional information

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Data-sharing statement

This is a qualitative study and therefore the data generated are not suitable for sharing beyond that contained within the manuscript. Further information can be obtained from the corresponding author.

Ethics statement

This research was conducted in accordance with the World Medical Association Declaration of Helsinki to ensure the highest standards of ethical conduct and governance. The research team sought ethical approval to carry out the research from The University of Glasgow College of Social Sciences Research Ethics Committee. An application was submitted for each phase of the project, and for every amendment to the research process. The approvals are listed as follows:

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Primary conflicts of interest: In the last 5 years, Gerda Reith discloses funding for gambling-related projects from The British Academy, the Economic and Social Research Council, the National Institute for Health Research, the Medical Research Council, the Glasgow Centre for International Development, the Department of Culture Media and Sport. Gerda Reith was a Commissioner on the Howard League for Penal Reform's Commission on Crime and Gambling Related Harms 2019–22 and is currently a member of the World Health Organization panel on gambling and an Associate Editor of the journal *Critical Gambling Studies*. Gerda Reith declares travel and accommodation expenses paid by the Turkish Green Crescent Society; the University of Helsinki Centre for Research on Addiction, Control and Governance/ Finnish Ministry of Social Affairs and Health; the University of Sydney (via the Australian Research Council); the University of Bremen; the Ruhr Universität, Bochum; Scottish Parliament; the UK Society for the Study of Addiction and the Howard League for Crime and Penal Reform's Commission on Crime and Gambling Related Harms (via the Gambling Commission).

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In researching the gambling industry and their practices, Heather Wardle declares occasional attendance at events where gambling industry actors are present (including industry-sponsored conferences). As part of her work on the Gambling Survey for Great Britain, Heather Wardle is required by the Gambling Commission (the funder) to participate in events disseminating research findings to their stakeholders, which includes the industry. Her attendance at events where industry is present is independently funded and does not involve collaborations or partnerships with industry.

Cindy Gray, Sally Wyke, Matthew Philpott, Kate Hunt, Robert David Rogers, Nicola Greenlaw, Manuela Deidda and Craig Donnachie have no declarations to disclose.

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This synopsis was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

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Award publications

This synopsis provided an overview of the research award *Football Fans and Betting (FFAB): a feasibility study and randomised pilot trial of a group-based intervention to reduce gambling involvement among male football fans*. Other articles are planned to be published as part of this thread. These were still under review when this synopsis was published. The following preprint versions are available for the reader, please be aware these may not have been peer reviewed:

Biggar B, Bunn C, Reith G, Wardle H (submitted). Not an even playing field: the challenges of implementing an intervention for male sports bettors through football community clubs. *BMC Public Health*. https://osf.io/preprints/osf/wt2yc_v1

Biggar B, Bunn C, Reith G, Wardle H. One of the lads? Exploring the intersections of masculinities, football, and gambling. *Social Res Online*. https://osf.io/preprints/socarxiv/wtqrd_v1

For more information about this research please view the award page (www.fundingawards.nihr.ac.uk/award/NIHR127665).

Additional outputs

Biggar B, Reith G, Wardle H. The 'FFAB' project: lessons learned from an early health intervention for male sports bettors. *Eur J Public Health* October 2023;33(Supplement_2):ckad160.173. <https://doi.org/10.1093/eurpub/ckad160.173>

Conference papers

Biggar B, Wardle H, Reith G. *The 'Football Fans and Betting' Project: Challenges and Lessons Learned from an Early Intervention for Male Sports Bettors*. Current Advances in Gambling Research (CAGR 2023), London, UK, 28–29 June 2023.

Biggar B, Wardle H, Reith G. *The 'Football Fans and Betting' Project: Challenges and Lessons Learned from an Early Intervention for Male Sports Bettors*. 16th European Public Health Conference, Dublin, Ireland, 9–11 November 2023.

The 'Football Fans and Betting' Project: Challenges and Lessons Learned from an Early Intervention for Male Sports Bettors. Conference paper presented at the Current Advances in Gambling Research in London, England, 28–29 June 2023.

The 'Football Fans and Betting' Project: Challenges and Lessons Learned from an Early Intervention for Male Sports Bettors. Conference paper to be given at the European Public Health Association (EUPHA) conference in Dublin, Ireland, 8–11 November 2023.

The Football Fans and Betting Project – Preliminary Findings from an Early Intervention for Male Sports Bettors. Conference paper given at the Football Collective Conference in Leeds, England, 25–26 November 2023.

The Football Fans and Betting Project – Findings from an Early Intervention for Male Sports Bettors. Conference paper at Lisbon Addictions, 23–25 October 2024 [UNDER REVIEW].

Seminar papers and parliamentary sessions

Wardle H. Presentation to All Party Parliamentary Group on Gambling Harms, Westminster, 24 October 2023.

Wardle H. Presentation to Northern Irish All Party Parliamentary Group on Gambling, 14 November 2023.

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List of abbreviations

COVID-19	coronavirus disease discovered in 2019
FFAB	Football Fans and Betting
FFIT	Football Fans in Training
NICE	National Institute for Health and Clinical Excellence
PGSI	Problem Gambling Severity Index
PPI	patient and public involvement
RCT	randomised controlled trial
SMART	specific, measurable, achievable, relevant, time-bound

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Appendix 1 Template for Intervention Description and Replication description of Football Fans and Betting

The Football Fans in Training programme

Name (1)	FFAB
Why (2)	Men who bet on sports are among the most at risk of experiencing gambling harms and are targeted by the gambling industry. The health harms from gambling can be severe, including self-harm, suicidal ideation and suicide attempts. Harms not only impact gamblers, but also impact their families, social networks, communities and society. Very few seek formal treatment. The aim of FFAB is to help men aged 18–55 years who bet on sports regularly (at least weekly) to reduce their gambling. FFAB draws on the Football Fans in Training and European Fans in Training models ^{12,22} and is designed to attract men by appealing to interest in their football club and in being active/playing football with other men.
What, materials (3)	FFAB is grounded in self-determination theory (promoting autonomy, relatedness and competence in managing betting behaviours), ²³ behaviour change techniques previously used in other gambling reduction interventions, ²⁴ and sociological understandings of social networks, masculinity and gambling. ^{16,25,26} FFAB requires access to club facilities for weekly group discussion and physical activity sessions. Coach delivery manuals include the rationale, content and suggestions of how to deliver each weekly session. Coaches also receive a PowerPoint (Microsoft Corporation, Redmond, WA, USA) slide deck to support deliveries. Participants receive: a manual including information and self-monitoring forms; and access to a bespoke app called 'Reclaim the Game' that enables participants to track and set goals around their gambling practices.
What, procedure (4)	Football clubs: Football clubs opt in to delivering the FFAB programme. Training: Club community coaches are trained to deliver the programme over 2 days. Training is experiential and interactive and focuses on the ethos of the FFAB programme. It covers: the nature and extent of gambling harms; the risks men face and how to safeguard; promoting the use of self-monitoring, goal setting, problem-solving and action-planning; supporting men's motivation to sustain behaviour changes; facilitating group discussions; fostering a safe and comfortable environment which enables men to support one another and develop autonomy. Recruitment: Clubs attract participants using various methods, including online promotion (such as advertisements on club or fan websites), e-mail, newsletters, social media announcements [like Twitter (Twitter, Inc., San Francisco, CA, USA) and Facebook (Facebook, Inc., Menlo Park, CA, USA)], posters, flyers, advertising during matches, direct recruitment at home games (distributing leaflets and gathering contact information), coverage in local or national media, engagement with local supporters' groups, and recommendations through informal communication.

The Football Fans in Training programme

Content: FFAB prioritises the commencement of behaviour change followed by its maintenance, framed by information that gives a critical insight into the tactics used by the gambling industry to attract and retain customers. The coaches assist men in adjusting behaviours that may challenge their masculine identities, while still aligning with them, such as by focusing on acquiring new skills supported by evidence for managing lifestyle. Each session promotes peer interaction, experience-sharing and enjoyment. Men are actively taught how to utilise a collection of specific behaviour change techniques, referred to as a 'toolbox', and are encouraged to experiment with and adopt those methods that prove effective and sustainable for them. This toolbox encompasses personalised and accessible health and lifestyle information, setting both behavioural and outcome goals, problem-solving, action planning, self-monitoring using a gambling diary (either through the 'Reclaim the Game' app or on paper), and establishing social support networks within the group (including through social media). The sessions additionally incorporate physical activity sessions at club venues, where coaches motivate each participant to exercise at a level suitable for their own fitness and capabilities. As the programme progresses, men are supported in sustaining changes by incorporating the behaviour change methods they find beneficial and meaningful into their everyday routines (such as goal-setting, self-monitoring and action planning), and by utilising relapse prevention strategies. Coaches foster shared learning of maintenance strategies through group interaction and encourage a growing sense of connection to the club, the coach and fellow participants. The significance of the changes already implemented is emphasised, with men being urged to discover methods of incorporating new behaviours into their daily schedules in a way that is both enjoyable and manageable. They are also prompted to acknowledge the advantages of behaviour change that are relevant and important to them (e.g. improved finances, better relationships, better mood).

Who provides (5); How (6); Where (7); How much (8) Community coaches from professional football clubs conduct 8 weekly in-person sessions lasting 90 minutes each for groups of up to 15 men. These sessions take place at the club's stadiums or training facilities, aiming to cultivate a sense of belonging by providing participants with an inside look at the club and increasing their physical and symbolic closeness to it. This, in turn, fosters a stronger connection to the club.

Appendix 2 Football Fans and Betting logic model

Inputs	Activities				Outcomes	
	Attracting men	Engaging men	Initiating change	Maintaining change	Short term	Long term
Relational	Draw on multiple motivations:	Ensure men feel their decision to join the programme is valued			Behaviours	Behaviours
<ul style="list-style-type: none"> Club and coach commitment to engage with programme training package, and preparation for each session 	<ul style="list-style-type: none"> Desire to reduce gambling 	<ul style="list-style-type: none"> Encourage a team spirit (relatedness) through: 	<ul style="list-style-type: none"> Demonstrate and encourage practice of self-monitoring, goal setting (through the app), problem solving and feedback around gambling behaviours 	<ul style="list-style-type: none"> Build skills and competence through: 	<ul style="list-style-type: none"> Men spend less time gambling 	<ul style="list-style-type: none"> Men continue to spend less time and money gambling
Physical	<ul style="list-style-type: none"> Desire to (re) gain control of time/finances 	<ul style="list-style-type: none"> Promoting similar interests (e.g. football club, physical activity (PA) as part of the session) 	<ul style="list-style-type: none"> Promote men's understanding of their own gambling behaviours and how gambling works in favour of industry 	<ul style="list-style-type: none"> i. Practice of behaviour change techniques 	<ul style="list-style-type: none"> Men spend less money gambling 	<ul style="list-style-type: none"> Men continue to gamble less frequently on fewer activities
<ul style="list-style-type: none"> Access to club facilities 	<ul style="list-style-type: none"> Love of football club and behind-the-scenes access 	<ul style="list-style-type: none"> Demonstrating and sharing similar challenges in relation to gambling 	<ul style="list-style-type: none"> Appeal to men's sense of wanting to be in control of their (gambling) behaviours, and help them identify ways they can do this (autonomy) 	<ul style="list-style-type: none"> ii. Optimal challenges in relation to gambling 	<ul style="list-style-type: none"> Men gamble less frequently 	Psycho-social

Inputs	Activities				Outcomes	
	Attracting men	Engaging men	Initiating change	Maintaining change	Short term	Long term
<ul style="list-style-type: none"> Programme manuals 	<ul style="list-style-type: none"> Desire to play football 	<ul style="list-style-type: none"> Use of social media 	<ul style="list-style-type: none"> Promote substitution of gambling for other (positive) behaviours (e.g. PA) 	<ul style="list-style-type: none"> iii. Promoting self-referenced feedback 	<ul style="list-style-type: none"> Men engage in a lesser range of gambling activities 	<ul style="list-style-type: none"> Continued increased in wellbeing and self-esteem
<ul style="list-style-type: none"> Self-monitoring app 	<ul style="list-style-type: none"> Appeal in ways that are congruent with existing identities (e.g. men only; at football club) 	<ul style="list-style-type: none"> Facilitate enjoyment in the sessions through interactions, fun and football 	<ul style="list-style-type: none"> Promote stimulus control and financial restraint to limit access, time and money spent gambling 	<ul style="list-style-type: none"> Encourage men to pursue a new interest (e.g. a form of PA they enjoy) that they can substitute for gambling 	Psycho-social	<ul style="list-style-type: none"> Decreased relationship/problems breakdowns
Financial	<ul style="list-style-type: none"> Reassure men they will not stand out, they will be with other men 'like them' 		<ul style="list-style-type: none"> Promote competence in performances of new gambling behaviours including limiting gambling and abstinence 	<ul style="list-style-type: none"> Encourage recognition of the personal benefits of changing gambling behaviour (e.g. more money, higher self-esteem, more connected to important people in their lives) 	<ul style="list-style-type: none"> Men improve their well-being 	<ul style="list-style-type: none"> Decreased levels of financial hardship
<ul style="list-style-type: none"> Resources to pay for materials and facilitator and coach time 			<ul style="list-style-type: none"> Promote development of a socially supportive network to support behaviour change A 	<ul style="list-style-type: none"> Encourage practice of strategies to avoid negative social influences Encourage a deepening sense of positive social connectedness with peers (outside group session), family, friends Help men to understand how to avoid and overcome setbacks 	<ul style="list-style-type: none"> Men improve their self-esteem Men feel more connected to important people in their lives Men have more social support to facilitate behaviour change 	<ul style="list-style-type: none"> Men continue to feel well supported socially