THE SOCIAL AND ECONOMIC VALUE OF GRASSROOTS FOOTBALL IN ENGLAND

AN ANALYSIS OF THE CONTRIBUTION OF GRASSROOTS FOOTBALL TO THE NATION'S ECONOMY AND WELLBEING

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PREFACE

The Football Association (The FA) is the not-for-profit governing body of football in England. It is responsible for promoting and developing every aspect of the game, from grassroots to professional.

Each year, 14.1m people play grassroots football in England across all forms and frequencies, with 13.5m people playing regularly[1]. This makes football the most popular team sport in England for children and adults.

Football has the power to achieve significant positive change for individuals, through improving mental, physical and social wellbeing. Therefore, The FA continues to invest in developing an understanding of the wider benefits of grassroots football for individuals, communities and the nation.

This report evidences how football in England can act as a vehicle through which societal challenges can be acknowledged, addressed and improved. This report also demonstrates how grassroots football participation in England contributes £10.16bn[2,3] to society per annum.

In 2019 The FA published its first social and economic impact report[4], demonstrating the contribution of adult grassroots football to the national economy and individual wellbeing. One year on, in 2020, this report widens and develops our knowledge in areas ranging from mental health benefits in children to physical health benefits in older adults, along with insights into two key enablers to participation: facilities and volunteering.

Such insight is particularly poignant at a time when Covid-19 has disrupted communities across the country. The data used to inform this report was collected pre-Covid-19 and therefore findings reflect the socio-economic contribution of grassroots football before this. However, the economic, health and social benefits of grassroots football described in this report remain crucial. Recent research undertaken by Sport England during Covid-19 found that 63% of people said getting active helped their mental wellbeing during lockdown[5].

Despite the disruption caused by Covid-19, the football sector's response to the crisis – at every level – is testament to the integral place that clubs hold at the heart of communities. The activity of the grassroots game during this difficult time has been nothing short of remarkable. In the face of financial uncertainty and the disappointment of months without play, numerous grassroots clubs and leagues have come together to provide help and support to the NHS and the wider local community.

Opportunities for social interaction are perhaps more important than ever after extended periods of isolation and limited social engagement. This report shows that playing football provides 1.77bn hours of social interaction[6] for England's population each year. That is equivalent to 83 minutes per regular child footballer per week and 185 minutes per regular adult footballer per week. This brings benefits at the community level with, for example, footballers having higher levels of trust than non-footballers. This benefit is greater in those from lower socio-economic groups[7].

One of the few positives to take from the pandemic has been how various elite footballers have used their profile and audiences as a platform to push for social change. Football should be proud of these outstanding ambassadors for the game and for the country.

The bedrock of what The FA does lies in grassroots football, together with the 50+ County FAs who work tirelessly in our local communities. Our collective ambition is to make football inclusive, safe and fun for all – regardless of age, gender, gender identity, sexual orientation, ethnicity, religion or belief, ability or disability or playing standard – and in so doing, positively impact society. Progress has been made by English football but we still have much more to do to ensure equal opportunities in both grassroots football and elite football, as well as in wider society.

Grassroots football is changing and more exciting than ever, with developing formats and opportunities to get

[1] 9m adults (The FA) and 4.5m children (Sport England) play regular football. 'Regular' adult footballers defined as playing within the last month (The FA). 'Regular' defined as playing once within the last week for children (Sport England).
[2] Portas Consulting Socio-economic model. Combined socio-economic value of adult and children's grassroots football. These figures are based on the value of regular football (adults: playing within the last month; children: playing within the last week) against reference group of rest of population, including those who play other sports and those who play no sports, and include both the male and female game. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details.
[3] Note this value does not include the effects of injuries due to limited data availability for the grassroots game.
[4] The FA (2019): The Social and Economic Value of Adult Grassroots Football in England: http://www.thefa.com/news/2019/jul/09/social-and-economic-value-of-adults-grassroots-football-in-england-090719
[5] Sport England (2020). Exploring attitudes and behaviors in England during the COVID-19 pandemic
[6] Social interaction hours are defined an as time spent in an exchange between two or more people. The average regular child grassroots footballer plays 83 minutes per week (Sport England, 2019. Active Lives Children and Young People Survey Academic Year 2018/19). The average regular adult grassroots footballer plays 185 minutes per week (The FA Participation Tracker November 2019 – February 2020). Calculation assumes all time spent playing football involves interacting with others.
[7] Based on OLS regression analysis comparing self-rated trust in regular adult footballers to reference group of the rest of the population, controlling for socio-demographic factors. See page 35 for further details.

involved. This season we saw the number of women and girls playing football in England reaching 3.4m, confirming the achievement of The FA's target to double female participation in the three years from 2017 to 2020. This achievement is as much about impact on the pitch as off it; our findings show that the benefits of regular football on confidence and communication are twice as great in women than men[8]. Grassroots football is also diverse. There is double the representation of BAME players in adult grassroots football than representation in wider society.[9]

The FA hopes this report is useful to researchers, academics, government officials and any members of the public who may be interested in the benefits of grassroots football FOR ALL.

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Note: Unless otherwise stated, all figures quoted throughout this report are made on a per annum basis.

[8] Based on OLS regression analysis comparing self-rated individual development in regular adult footballers to reference group of the rest of the population, controlling for socio-demographic factors. The FA Participation Tracker Survey (November 2019 – February 2020). See page 39 for further details.
[9] 21.8% of regular adult footballers are BAME and 10.8% of adults in England are BAME. The FA Participation Tracker Survey (March 2019-February 2020).

THE SOCIAL AND ECONOMIC VALUE OF GRASSROOTS FOOTBALL IN ENGLAND: AN INFOGRAPHIC SUMMARY

13.5m people across England play football regularly, contributing **£10.16bn** to society each year[i]. This includes:

£7.74bn
direct economic value[i]

£1.62bn
total healthcare savings[i]

£780m
social value[i]

Children[ii]

Childhood football participation contributes to the reduction of

66.5k cases
of depression and anxiety[iii], and

213.5k cases
of childhood obesity[iii].

Children who play football are more confident and more resilient than those who do not play sport[iv].

Adults[v]

Adult football participation contributes to the reduction of

203.3k cases
of physical and mental health disorders, including the reduction of chronic disease, depression and anxiety[iii].

Adults who play regular football are also happier than non-footballers. This impact is three times greater in adults from low socio-economic groups compared to high socio-economic groups[vi].

Older adults[vii]

Walking football is an important offering for older adults.
Of players surveyed:

88% report improved mobility or co-ordination.

74% agree it has provided them with a sense of belonging.

65% say it provides them with a sense of purpose[vii].

These benefits are achieved through approximately two hours per week of social interaction that individuals receive on average through playing[ix].

This is supported by **1.4m** volunteers[x] **& £1bn** investment into facilities by the National Football Facilities Strategy, of which **10% is in the 10 most deprived areas** in England[xi].

i) Portas Consulting Socio-economic model. Combined socio-economic value of children's and adult grassroots football. These figures are based on the value of regular football (adults: playing within the last month; children: playing within the last week) against reference group of rest of population, including those who play other sports and those who play no sports. Economic value comprises £2.7bn of workforce contribution, £1.72bn of volunteering value and £3.32bn of participant consumption. Healthcare savings comprise £525m direct savings (cost savings for the NHS, such as preventing treatment and public social care costs) and £1.1bn indirect savings (wider societal cost savings, for example improving productivity in the workplace and reducing informal care) and are based on primary analysis or academic research with controls for socio-demographic factors. Social value comprises £777m of GDP growth annually through improved educational performance and £6.5m savings through juvenile crime reduction. Based on the links between improved academic attainment, reduced crime and sport participation in children in academic research, controlling for socio-demographic factors. See Chapters 3 and 4 and Appendix 3. ii) Aged 5-18. iii) Portas Consulting socio-economic model. Based on the number of active regular football participants and primary analysis or academic research showing the reduced odds of developing physical or mental disorders in active individuals, controlling for socio-demographic factors. iv) Descriptive analysis of The FA Participation Tracker Survey. Children aged 14-18. Results are statistically significant at the 1% probability level. See Chapter 4 and Appendix 5. v) Aged 19+. vi) Statistically significant results from regression analysis of regular football participation in The FA Participation Tracker Survey, controlling for socio-demographic factors. See Chapter 4 and Appendix 9. vii) Walking Football is used as a proxy to analyse the benefits of participation in older adults: 91% of participants surveyed were aged 50+ (note: not nationally representative) and so research in Chapter 5 is focused on this age group. Note the socio-economic value of grassroots football for older adults is included in the 'adults' figures here and in Chapter 4. viii) The FA Walking Football Survey. See Chapter 5 and Appendix 11. ix) The FA Walking Football Survey. The average Walking Football participant surveyed plays for 118 minutes per week. See Chapter 5 and Appendix 11. x) The FA and Sport England (2019). See Chapter 6.1. xi) Joint investment over the next 10 years by The FA, Sport England and Premier League through the National Football Facilities Strategy (NFFS), delivered by the Football Foundation. Over £96m is directed at the ten most deprived areas. See Chapter 6.2 and Appendix 13.
Note: figures may not sum due to rounding.

CONTENTS

EXECUTIVE SUMMARY

The Football Association (The FA) plays a leadership role in the provision of grassroots football and in recent years has invested c. £80m annually in its development[10]. Football is the most popular team sport in England for children, adults and older adults, with 13.5m people playing regularly[11].

In 2019, The FA published a report demonstrating the social and economic value of adult grassroots football. This report expands on those findings to quantify this value across the entire lifetime of a player, from childhood participation through to football in later life. It also explores the impact of the broad support network of volunteers and facilities. While the findings in this report are based on football participation before Covid-19, the current climate highlights the importance of physical activity for maintaining positive mental and physical health[12]. There is therefore a continued need to demonstrate the full contribution of grassroots football to our economy and to the wellbeing of the nation.

Grassroots football participation in England contributes £10.15bn[13,14], to society, including:

- Direct economic value of £7.74bn, with £670m[15] of this going direct to the Exchequer via tax. This includes:
  - £2.70bn of workforce contribution;[16]
  - £1.72bn of volunteering value;[17]
  - £3.32bn of participant consumption[18]
- Healthcare savings through disease reduction of over £1.62bn, of which £525m is direct savings for the NHS[19].
- Social value totaling over £780m through educational improvement and youth crime reduction[20].

Playing football provides 1.77bn hours of social interaction[21] for England's population each year. This brings benefits at the community level: for example, footballers have higher levels of trust than non-footballers – and this benefit is greater in those from lower socio-economic groups (SEGs)[22].

These social interactions also provide opportunities for individual development across all ages:

- Children who play football have higher self-rated leadership, confidence, communication and resilience levels compared to children who do not play sport[23].
- Regular adult footballers report significantly higher leadership, confidence and communication skills compared to adults who do not play football.[24]
  - These benefits are greatest in those who play 11-a-side football;
  - The impact on confidence and communication is twice as great in women than men.
- 58% of adult footballers with a healthy diet agree that football has a direct influence on their healthier food choices.[25]

[10] Financial investment is 2018/19 actuals as current budgeted figures are under internal review due to the ongoing Covid-19 crisis (see Chapter 2).
[11] 9m adults (The FA) and 4.5m children (Sport England) play regular football. 'Regular' adult footballers defined as playing within the last month (The FA). 'Regular' defined as playing once within the last week for children (Sport England).
[12] Sport England (2020). Exploring attitudes and behaviours in England during the Covid-19 pandemic. 63% of people surveyed said getting active helped their mental wellbeing during lockdown.
[13] Portas Consulting Socio-economic model. Combined socio-economic value of adult and children's grassroots football. These figures are based on the value of regular football (adults: playing within the last month; children: playing within the last week) against reference group of rest of population, including those who play other sports and those who play no sports, and include both the male and female game. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details.
[14] Note this value does not include the effects of injuries due to limited data availability for the grassroots game.
[15] Portas Consulting Socio-economic model. Combined economic value of adult and children's grassroots football. Tax value based on 20% VAT paid on £2.7bn participant expenditure on adult grassroots football and 20% income tax contribution from 'additional' workers in adult and children's grassroots football. All wages to coaches and referees are assumed to fall under the minimum tax bracket. See Appendix 3 for further details.
[16] Portas Consulting Socio-economic model. Combined value of the workforce in adult and children's grassroots football. Value in direct GVA terms. This does not account for 'counterfactual deadweight' (the situation in the absence of grassroots football) or displacement factors (the fact that jobs in the football sector could be taking away jobs in other sectors). See Appendix 3 for more details.
[17] Portas Consulting Socio-economic model. Combined £1.10Bn value of salary-equivalent hours dedicated by adult volunteers and £615M wellbeing value of adult volunteers (calculated with the wellbeing valuation approach – see Appendix 12) who volunteer in adult and children's grassroots football. See Appendix 3 for more details.
[18] Portas Consulting Socio-economic model. Combined value of participant and familial expenditure in adult and children's grassroots football. Figure represents direct value of expenditure of regular footballers and the indirect benefits to upstream services. See Appendix 3 for more details.
[19] Portas Consulting Socio-economic model. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details. Direct savings are cost savings for the NHS, such as preventing treatment and public social care costs. Indirect savings are wider societal costs savings, for example improving productivity in the workplace and reducing informal care.
[20] Portas Consulting Socio-economic model. Based on the links between improved academic attainment, reduced crime and sport participation in children in academic research, controlling for socio-demographic factors. See Chapter 3 and Appendix 3 for further details.
[21] Social interaction hours are defined an as time spent in an exchange between two or more people. The average regular child grassroots footballer plays 83 minutes per week (Sport England, 2019. Active Lives Children and Young People Survey Academic Year 2018/19). The average regular adult grassroots footballer plays 185 minutes per week (The FA Participation Tracker November 2019 – February 2020). Calculation assumes all time spent playing football involves interacting with others.
[22] Based on OLS regression analysis comparing self-rated trust in regular adult footballers to reference group of the rest of the population, controlling for socio-demographic factors. See page 38 for further details.
[23] Descriptive analysis of the FA Participation Tracker (November 2019 – February 2020) comparing self-rated life skills in children aged 14-18 who play regular football to children who have not played sport in the last month. All results are statistically significant at the 1% probability level. See page 29 for further details.
[24] Based on OLS regression analysis comparing self-rated individual development levels in regular adult footballers to reference group of the rest of the population using data from The FA Participation Tracker, controlling for socio-demographic factors. See page 39 for further details
[25] Descriptive analysis of the FA Participation Tracker (November 2019 – February 2020). See page 37 for further details

EXECUTIVE SUMMARY (CONTINUED)

Football contributes to improving the physical and mental wellbeing of 2.9m children and 8.2m adults[26].

- Boys and girls who are physically active and play football have 39% and 20% decreased odds of obesity respectively[27]. This is linked to a reduction of 213,500 cases of childhood obesity[28].
- Children who regularly play team sports such as football are significantly happier and have higher life satisfaction than those who do not[29]. By meeting the physical activity guidelines, academic research shows they also have decreased odds of depression and anxiety[30].
- Adults who play regular football are also happier than non-footballers. This benefit is three times greater in adults from low SEGs compared to high SEGs[31].
- Adult annual football participation is associated with the prevention of 203,300 cases of physical and mental health disorders, including the reduction of chronic disease, depression and anxiety[32].

Walking Football is a specially adapted form of the game with a unique ability to engage older adults and those who are less able to take part in full-paced football – enabling the continuation of football's benefits into later life. The new FA Walking Football Survey[33] found it provides significant health and social benefits for older participants, including those with disabilities:

- 91% of Walking Football participants surveyed are over the age of 50 (with 15% over 70) and 29% have a disability;
- 91% of participants surveyed say it has improved their stamina and 88% report improved mobility or co-ordination;
- 75% of Walking Football participants agree it has provided them with a sense of belonging and 65% say it provides them with a sense of purpose. This is achieved through the ~2 hours per week of social interaction that individuals receive on average through playing.

[26]65% of children and 91% of adults who play football meet the Chief Medical Officers' (CMO) guidelines and so are 'physically active'. The CMO guidelines recommend children aged 5-18 should take part in an average of at least 60 minutes physical activity each day across the week, and adults aged 19+ should take part in an at least 150 'moderate intensity equivalent minutes' of physical activity per week.
[27]University of England. UCL Institute of Education. Centre for Longitudinal Studies, Millennium Cohort Study: Sixth Survey, 2015-2016. 6th Edition. Colchester, Essex: UK Data Archive, March 2007. SN: 4683. Calculated using logistic regression analysis, controlling for socio-demographic factors.
[28]Portas Consulting socio-economic model. See page 24 and Appendix 3 for further details.
[29]Based on OLS regression analysis comparing self-rated wellbeing levels in children aged 11-16 who play team sport compared to reference group of the rest of the population using data from Sport England, Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See page 26 for further details
[30]Soyeon Ahn, PhD, Alicia L. Fedewa, PhD (2011) A Meta-analysis of the Relationship Between Children's Physical Activity and Mental Health, Journal of Pediatric Psychology, Volume 36, Issue 4, Pages 385–397
[31]Based on OLS regression analysis comparing self-rated wellbeing levels in regular adult footballers to reference group of the rest of the population using data from The FA Participation Tracker (November 2019 – February 2020), controlling for socio-demographic factors. See page 35 for further details.
[32]Portas Consulting socio-economic model. See page 31 and Appendix 3 for further details.
[33]The FA Walking Football Survey. See Appendix 13 for further details.

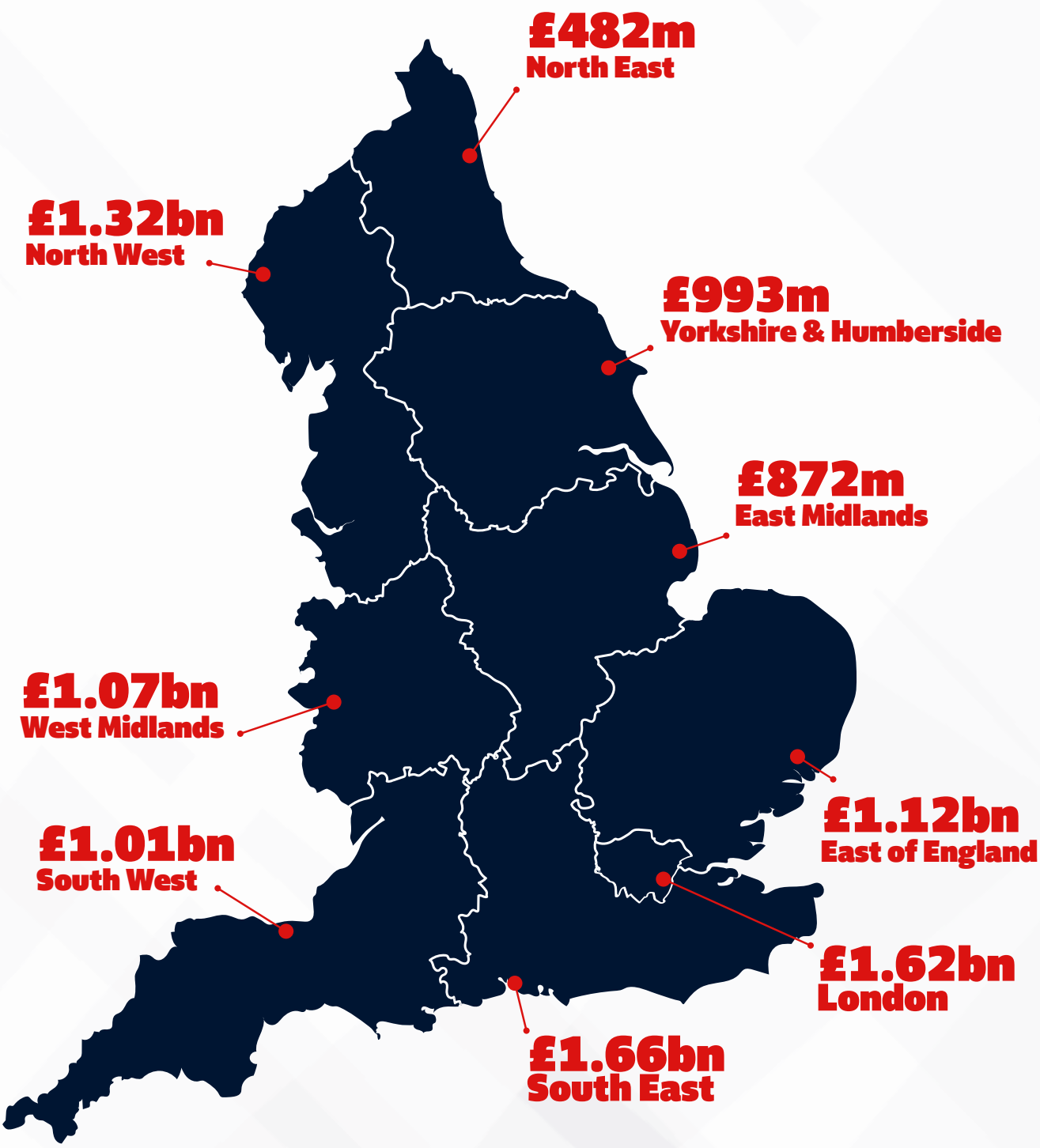
EXECUTIVE SUMMARY (CONTINUED)

None of these benefits could be achieved without the support of a wide range of elements across the country. This study has focused on two such factors – volunteers and facilities:

- Approximately 1.4m people volunteer in grassroots football across England annually, contributing £1.10bn in economic value[34] plus £625m in individual wellbeing value[35]. Each volunteer supports the participation of ~10 people[36] .
  - The average league or club official dedicates 12 hours per week to grassroots football, compared to two hours per week for the average volunteer in any sector. The top two reasons they started volunteering were to give back to their club and community.[37]
  - Facility provision is one of the biggest barriers to football participation. The FA is therefore funding a third of the Football Foundation's £1bn investment into grassroots facilities over the next ten years, with 10% directed at the 10 most deprived areas in England[38]. A critical element of delivery is the Football Foundation Hubs programme, whose high-quality facilities almost eliminate match cancellations, provide better playing experiences and generate significant socio-economic impact in their local area.

[34]Portas Consulting Socio-economic model. Combined £1.10bn value of salary-equivalent hours dedicated by adult volunteers who volunteer in adult and children's grassroots football. See Appendix 3 for further details.
[35]Calculated with the wellbeing valuation approach (Appendix 12). Based on the wellbeing value of a general volunteer and number of grassroots volunteers aged 16+. See Chapter 6.1 and Appendix 12 for further details.
[36]1.4M volunteers and 13.5M regular players in grassroots football.
[37]The FA Volunteering Workforce Survey (2018). n=1667 (1,037 general volunteers, 630 key club and league officials). All respondents are aged 18+. Respondents are assumed be representative of the whole grassroots volunteer landscape.
[38]Over £96M is directed at the ten most deprived areas. The ten areas included are the most deprived Local Authorities based on the proportion of neighbourhoods in the most deprived 10% nationally from the Ministry of Housing, Communities & Local Government's report – The English Indices of Deprivation 2019: Middlesbrough, Liverpool, Knowsley, Kingston upon Hull, Manchester, Blackpool, Birmingham, Burnley, Blackpool with Darwen. See Appendix 13 for details.

GEOGRAPHIC BREAKDOWN OF SOCIO-ECONOMIC VALUE



The socio-economic value of grassroots football to regions and Local Authorities across England is calculated based on the number of people who live in each region or Local Authority using ONS data. The analysis assumes the distribution of regular football players by geography is equal to the distribution of population by geography. This approach was taken as Local Authority sample size in The FA Participation Tracker is insufficient to analyse the distribution of regular football players at the local level. However, the pattern of distribution of regular football players at the regional level is similar to the distribution of population, providing confidence in the assumption. Note some Local Authorities have been grouped due to the format of the ONS data. See Appendix 14 for further details.

1. CONTEXT

1.1. THE FOOTBALL ASSOCIATION

The Football Association (The FA) is the not-for-profit governing body of football in England.

Its principal revenue streams are from broadcasting rights and sponsorship associated with the England teams and The Emirates FA Cup, as well as events held at Wembley Stadium connected by EE. Any surplus is then invested back into football. While revenue streams fluctuate and so accordingly must The FA's return to football, in recent years The FA has typically invested £80m annually in grassroots football[39].

This investment enables 14.1m people each year across England to play grassroots football across all forms and frequencies, with 13.5m people playing regularly[40]. This makes football the most popular team sport in England for children, adults and older adults.

The FA plays a leadership role in the provision of grassroots football. It governs the rules of the game and leads the research, development and implementation of national strategies for participation, facilities, volunteering and other areas. It also works closely with the network of County FAs, who provide local insight and expertise and are responsible for developing football on the ground.

The FA's remit covers the entire grassroots landscape:

13.5m people play football regularly in England[i]

Football is the most popular team sport for children and adults:

- **4.5m** children aged 5-18 play regular football – 67% of boys and 30% of girls[ii].
- **9m** adults aged 19+ play regularly[iii].

Grassroots football is diverse:

- There is double the representation of BAME players in adult grassroots football than there is in wider society[iv].
- Football has higher regular participation rates amongst lower SEGs than other team sports in children[v] and adults[vi].

i) 'Regular' adult footballers defined as playing within the last month (The FA). 'Regular' defined as playing once within the last week for children (Sport England).
ii) Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19. Includes 'informal' football.
iii) The FA Participation Tracker Survey (March 2019-February 2020)
iv) 21.8% of regular adult footballers are BAME and 10.8% of adults in England are BAME. The FA Participation Tracker Survey (March 2019-February 2020)
v) Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19. SEG group based on family affluence score (FAS)*. 35% of children aged 5-16 from lower SEGs play regular football, compared to 32% across all other 'team sports' as categorised by Sport England. The difference in participation rates between higher and lower SEGs is 17% for football, compared to 37% across all other 'team sports' as categorised by Sport England. This difference is statistically significant at the 1% probability level.
vi) Sport England (2019). Active Lives Adult Survey 2018/19. SEG group based on the Index of Multiple Deprivation (IMD)**. The difference in participation rates between higher SEGs and lower SEGs is -15% for football (a higher proportion of lower SEGs play football compared to higher SEGs), compared to 3% across all other 'team sports' as categorised by Sport England. This difference is statistically significant at the 1% probability level.

*FAS is an indicator of social status. Children are placed on a scale of 0-13 depending on answers to a series of questions about household possessions and expenses. Low FAS groups (equivalent to 'lower SEGs') defined as a score of 0-6 and high FAS (equivalent to 'higher SEGs') defined as a score of 11-13, as defined by Sport England.
**IMD is a relative measure of deprivation assigned according to seven domains including income, education and housing. Low IMD deciles (equivalent to 'lower SEGs') defined as the two most deprived deciles, high IMD deciles (equivalent to 'higher SEGs') defined as the two least deprived deciles.

[39]Financial investment is 2018/19 actuals as current budgeted figures are under internal review due to the ongoing Covid-19 crisis (see Chapter 2).
[40]9m adults (The FA) and 4.5m children (Sport England) play regular football. 'Regular' adult footballers defined as playing within the last month (The FA). 'Regular' defined as playing once within the last week for children (Sport England).

1.2. PURPOSE OF THIS REPORT

The FA continues to develop an understanding of the wider benefits of grassroots football for individuals, communities and the nation. Last year, the first report of its kind was published[41], demonstrating the contribution of adult grassroots football to the national economy and individual wellbeing. This contributed to a growing evidence base alongside significant studies such as the UEFA GROW SROI (social return on investment) model, which quantified the impact of participation on economic, social, health and performance outcomes for seven national associations[42].

The purpose of this report is to further develop knowledge of the impact of grassroots football such that, where appropriate, more informed decisions can be made by all stakeholders regarding provision and benefits. Additionally, we hope this report is useful to consumer researchers, academics and any members of the public who may be interested in the benefits of grassroots football.

This report builds on last year's findings to quantify a broader impact across the entire grassroots football landscape. For example, by:

- Capturing the value of children's grassroots football participation, in addition to adults.
- Investigating the benefits of football to older adults through the lens of Walking Football. Insights were developed through a groundbreaking new survey of Walking Football participants which, to The FA's knowledge, is the largest of its kind in Europe.
- Expanding the economic outcomes to capture the value of volunteer hours and those employed in football.
- Expanding the health outcomes to analyse case reductions in over 10 different disease groups. This expansion drives the significantly higher healthcare savings compared to last year's report, which only captured savings through reduced GP visits.
- Removing the Wellbeing Valuation method[43] for health impacts due to overlaps with the new health metrics[44].
- Expanding the social outcomes to enable more detailed assessment of the benefits of football to communities and individuals.
- Exploring the impact of football volunteers and facilities.

The impact of football participation in children and adults, including older adults, forms the majority of the report (Chapters 3-5). This is supplemented in Chapter 6 by the assessment of two critical enablers of participation: volunteers and facilities (the latter using the Football Foundation Hubs programme as a proxy). Conclusions for these leverage case studies and interviews to provide tangible examples of football's impact.

Note: this report is based on the football participation that took place in the period of March 2019 to February 2020, and all annualised impacts are for this time period unless otherwise stated. Insights into the benefits of this participation were mostly derived from targeted use of The FA Participation Tracker survey during November 2019 to February 2020 (see Chapter 2).

[41] The FA (2019): The Social and Economic Value of Adult Grassroots Football in England
[42] http://uefadirect.uefa.com/183/en/30-1
[43] Wellbeing Valuation is measured as the equivalent amount of income a person would need to make up for the wellbeing they gain from playing regular football. See Appendix 10 for further details.
[44] Note the analysis was re-run on the new dataset for triangulation purposes. This showed that the value obtained in the 2019 report and the value that would have been obtained though this method in the 2020 report are not significantly different, giving greater confidence in the validity of the results. An alternative calculation using life satisfaction was investigated, but following academic review was also deemed unsuitable for inclusion due to limitations in the sample and the magnitude of the result. A discussion of this and an illustration of the calculation and relevant findings have been included in Appendix 10.

1.3. THE IMPACT OF COVID-19

The data used to inform this report was collected pre-Covid-19 and therefore findings reflect the socio-economic contribution of grassroots football before Covid-19.

The economic, health and social benefits of grassroots football described in this report remain crucial to society. A recent research report[45] found that 79% of people surveyed stated that their quality of life has been reduced because of Covid-19 and levels of all measures of wellbeing are at their lowest since records began in the UK. Research undertaken by Sport England during Covid-19 found that 63% of people said getting active helped their mental wellbeing during lockdown[46].

Research has also highlighted inequalities in physical activity. A Sport England survey found that 27% of people from lower SEGs are doing more activity during the pandemic than before, compared to 39% of people from higher SEGs[47]. 68% of children from lower socio-economic groups surveyed by StreetGames said they became less active during lockdown[48]. Football has higher regular participation rates amongst lower SEGs than other team sports in children[49] and adults[50].

Despite the disruption caused by Covid-19, the football sector's response to the crisis – at every level – is testament to the integral place that clubs hold at the heart of communities. The activity of the grassroots game during this difficult time has been nothing short of remarkable. In the face of financial uncertainty and the disappointment of months without play, numerous grassroots clubs and leagues have come together to provide help and support to the NHS and the wider local community. The FA commends their response. This activity has included setting up food banks, providing and delivering hot meals, delivering facemasks, donating medical supplies, contributing funds to the NHS, and a whole range of other enterprising initiatives, as well as fun online activities to keep fans' spirits up.

In addition to demonstrating the full contribution of grassroots football to our economy and to the wellbeing of the nation, The FA is providing financial support and guidance across grassroots football.

In May, the Football Foundation, which is funded by The FA, Premier League and the Government (via Sport England), launched the Pitch Preparation Fund to provide clubs with grant funding to ready their pitches for the return of football. The £7m scheme has provided financial support to 2,902 clubs and organisations which will allow 9,588 football pitches to be made match-fit, benefiting 33,153 football teams in the grassroots, non-league and women's game, as well as Welsh Cymru Premier League.

The FA, Premier League and Government's Football Foundation has also created a new £1.69m Club Preparation Fund for clubs needing to modify their facilities ahead of the new season to:

- Promote good hygiene;
- Keep facilities and equipment clean;
- Maintain social distancing and avoid congestion.

This is in the form of a grant available to clubs operating a clubhouse building within the National League System, Women's Pyramid, Welsh Premier League and grassroots football.

There has been a huge national effort to re-start the grassroots game as soon as Government guidance allowed. The scale of this effort further testifies to the importance of football to the wellbeing of the nation.

[45]Simetrica-Jacobs and LSE (2020). The Wellbeing Costs of COVID-19 in the UK.
[46]Sport England (2020). Exploring attitudes and behaviours in England during the COVID-19 pandemic
[47]Sport England (2020). Exploring attitudes and behaviours in England during the COVID-19 pandemic
[48]Street Games (2020). Youth Voice Research: Covid-19 & Lockdown
[49]Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19. SEG group based on family affluence score (FAS)*. 35% of children aged 5-16 from lower SEGs play regular football, compared to 32% across all other 'team sports' as categorised by Sport England. The difference in participation rates between higher and lower SEGs is 17% for football, compared to 37% across all other 'team sports' as categorised by Sport England. This difference is statistically significant at the 1% probability level. *Note FAS is an indicator of social status. Children are placed on a scale of 0-13 depending on answers to a series of questions about household possessions and expenses. Low FAS groups (equivalent to 'lower SEGs') defined as a score of 0-6 and high FAS (equivalent to 'higher SEGs') defined as a score of 11-13, as defined by Sport England.
[50]Sport England (2019). Active Lives Adult Survey 2018/19. SEG group based on the Index of Multiple Deprivation (IMD)*. The difference in participation rates between higher SEGs and lower SEGs is -15% for football (a higher proportion of lower SEGs play football compared to higher SEGs), compared to 3% across all other 'team sports' as categorised by Sport England. This difference is statistically significant at the 1% probability level. *Note IMD is a relative measure of deprivation assigned according to seven domains including income, education and housing. Low IMD deciles (equivalent to 'lower SEGs') defined as the two most deprived deciles, high IMD deciles (equivalent to 'higher SEGs') defined as the two least deprived deciles.


Impact

2. METHODOLOGY AND APPROACH

2.1. OVERVIEW

Throughout the report, findings are based on a combination of analysis from primary datasets and secondary research from academic literature. Key datasets used across the chapters are listed as follows:

- The **FA Participation Tracker** dataset is a national survey run by The FA every month, capturing football and non-football participants. Within circa 1,200 respondents each month, it enables nationally representative and robust statistical analysis and is the largest regular participation tracker for any National Governing Body of sport in England. The primary target audience is people aged 16+, with supplementary data collected for children aged 14-15. In this report it is therefore predominantly used in the adult chapter to understand the national football participation landscape and the health and social benefits of grassroots football participation in adults aged 19+.
- The **Active Lives Adult Survey** collects information across England about individuals aged 16+, including their level of physical activity and their participation in a range of sport and recreational activities, including football. This enables analysis of physical activity rates, aligned to the Chief Medical Officer's (CMO) guidelines[51] (see **Appendix 3**), and football participation rates in adults and children aged 16-18.
- The **Active Lives Children and Young People Survey** is run in parallel to the Active Lives Adult Survey but collects data from children aged 5-16 in schools. Data from the survey is used in this report throughout the chapter on Children (Chapter 3) to understand football participation, physical activity and the benefits of grassroots football participation on health and social wellbeing measures.

Full descriptions of the datasets used are provided in **Appendix 1**. Academic research used is cited throughout the report.

The FA appointed Portas Consulting Ltd to analyse and interpret the above data to understand the impact of grassroots football using rigorous statistical analysis and socio-economic modelling and to support the writing of the report. The FA also appointed Dr. Ricky Lawton (Director of Research and Analysis at Simetrica-Jacobs on behalf of Jump Projects) to act as special technical advisor on elements not relating to the Portas Consulting socio-economic model. An academic panel consisting of Dr. Justin Davis Smith (Cass Business School), Dr. Charlie Foster (University of Bristol), Professor Carol Holland (Lancaster University) and Michael Kitson (University of Cambridge) reviewed the work. For further information on the project team and academic panel, please see Chapters 7 and 8.

The methodology used varies across the different sections of the report as follows:

- The benefits of regular grassroots football for **children** and **adults** were primarily analysed using OLS regression analysis and the Portas Consulting Socio-economic Model – see Chapters 3 and 4.
- Additional insights into the benefits of football participation for **older adults** were developed through a separate survey using Walking Football as a proxy – see Chapter 5.
- Supplementary insights into two key enablers of participation – **volunteering** and **facilities** – were developed using mostly a mixture of proprietary data and case studies – see Chapter 6.

[51] The CMO guidelines recommend children aged 5-18 should take part in an average of at least 60 minutes physical activity each day across the week, and adults aged 19+ should take part in an at least 150 'moderate intensity equivalent minutes' of physical activity per week.

2. METHODOLOGY AND APPROACH (CONTINUED)

2.2. QUANTIFYING THE BENEFITS OF REGULAR GRASSROOTS FOOTBALL FOR CHILDREN AND ADULTS

This report captures the benefits of grassroots football participation in children (aged 5-18) and adults (aged 19+) using three approaches[52]:

- Analysing primary datasets to assess the statistical association between grassroots football and a range of health and social measures. Where possible, this is conducted using detailed Ordinary Least Squares (OLS) regression analysis to isolate the effects specific to football (see **Appendix 2**).
- Quantifying the value of 'regular'[53] grassroots football participation using a socio-economic model (see **Appendix 3**). In line with previous academic and government studies[54], all monetary values are based on primary analysis or academic research that control for socio-demographic factors[55].
- Providing additional insights from academic research, case studies and individual interviews.

Sources for figures presented throughout this report are captured in the footnotes on each page. Further details on sources and methodologies are provided in the Appendix.

Note: Due to data availability it was not possible to conduct OLS regression analysis on childhood football participation. Instead, OLS regression analysis was conducted on team sport participation and findings are presented in the terms of 'team sport such as football'. The benefits of team sport are assumed to apply to football.

The Government's Department for Digital, Culture, Media and Sport (DCMS) Sporting Future strategy advocates that the impact of sport should be measured across five fundamental outcomes[56]:

- Economic development (impact on GDP);
- Physical health (physical activity);
- Mental health (subjective wellbeing);
- Individual development (self-efficacy, skills, employment);
- Community development (social cohesion, social trust).

The three metrics used in this report to quantify the socio-economic benefits of grassroots football are closely aligned to the above DCMS priorities. In summary:

Economic impact

- Grassroots football contributes directly to the economy through expenditure by regular footballers (e.g. membership, travel costs); value of volunteer hours; and wages of workers. This is quantified using a socio-economic model (see **Appendix 3**).
- The monetary value of the improved wellbeing associated with volunteering is also quantified using the Wellbeing Valuation method (see **Appendix 10** and **Appendix 12**)[57].

Health impact

- Through contributing to physical activity levels, grassroots football provides health benefits for regular participants through disease reductions. This, and the associated healthcare savings, are quantified using a socio-economic model (see **Appendix 3**). Healthcare savings are split into direct NHS saving, and wider indirect savings to society [58].
- The report also uses OLS regression analysis to capture the association between football participation in The FA Participation Tracker (adults) or team sport participation in the Active Lives Children and Young People Survey (children) and mental wellbeing outcomes, such as happiness and life satisfaction **Appendix 2**).

Social impact

- The socio-economic model captures the contribution of grassroots football to:
  - Improved educational attainment and contribution to GDP;
  - Hours of social interaction;
  - Juvenile crime reduction and associated cost reductions.
- The report also uses OLS regression analysis to capture the association between football participation The FA Participation Tracker (adults) or team sport participation in the Active Lives Children and Young People Survey (children) and social outcomes such as social trust and life skills.

[52] Note this age split aligns with the age split in the CMO's guidelines for physical activity.
[53] 'Regular' adult footballers defined as playing within the last month (The FA). Children: 'regular' defined as playing once within the last week (Sport England).
[54] Fujiwara. et al (2014). Quantifying the Social Impacts of Culture and Sport. DCMS Research Paper.
[55] The outcomes of 'crude' or descriptive analysis are not used to inform monetary valuation. Arem H, Moore SC, Patel A, et al. Leisure Time Physical Activity and Mortality: A Detailed Pooled Analysis of the Dose-Response Relationship. JAMA Intern Med. 2015;175(6):959–967. doi:10.1001/jamainternmed.2015.0533
[56] DCMS (2015). Sporting Future: A New Strategy for an Active Nation
[57] Note the Wellbeing Valuation method can be used in this instance as no health outcomes are quantified for volunteers
[58] Direct savings are savings to the NHS from activities such as reducing treatment and public social care costs. Indirect savings are wider societal costs savings, for example improving productivity in the workplace and reducing informal care.

2. METHODOLOGY AND APPROACH (CONTINUED)

2.3. GENERATING ADDITIONAL INSIGHTS INTO OLDER ADULTS THROUGH WALKING FOOTBALL

Walking Football is used as a proxy to analyse the benefits of participation in older adults. The Walking Football Chapter (Chapter 5) combines evidence from academic research, cited throughout the chapter, with primary analysis of propriety data from The FA Walking Football survey and interviews with players.

To The FA's knowledge, the Walking Football survey is the largest of its kind in Europe. Data was collected from over 900 respondents to understand the motivations for and impact of playing Walking Football. See the Walking Football chapter and **Appendix 11** for survey results and methodology.

2.4. DEVELOPING SUPPLEMENTARY INSIGHTS INTO TWO KEY ENABLERS OF PARTICIPATION

Volunteering

The benefits of volunteering in grassroots football presented in this report were identified using three areas of research and analysis:

- The value of volunteering to society as quantified by a socio-economic model (as above);
- The monetary value of social wellbeing impact through volunteering using the 'Wellbeing Value' equivalent income method[59];
- Additional insights into the benefits of volunteering from The FA propriety data, academic research and qualitative interviews.

Note: Where possible, the benefits of volunteering presented are specific to football. Otherwise, the benefits of general volunteering are assumed to apply to football, as detailed in the footnotes throughout Chapter 6.

Facilities

The impact of facilities was demonstrated using the Football Foundation Hubs programme as a proxy, with a specific focus on the Sheffield and Liverpool hubs due to available data. The impact on local football provision and communities was assessed using propriety data from The FA, Football Foundation and Pulse Fitness (see **Appendix 13**). In addition, the impact of football participation on local communities has been quantified using a socio-economic model (as above). This was supplemented with case studies and interviews.

[59] Jump (2019). Happy Days

2.5. FURTHER CONSIDERATIONS

Evidence presented in this report and used in the model is largely correlative rather than causative. Determining causality between sport participation or physical activity and health/social outcomes is complex, particularly with more subjective measures such as wellbeing. This is because establishing causality requires a specific experimental design (a randomised control trial), while current available studies and datasets, such as The FA Participation Tracker and Active Lives surveys, are typically observational in nature.

In line with best practice, analysis controls for potentially confounding variables (such as socio-economic status and gender) to better isolate the impact of football. This is the most rigorous approach given the nature of the data[60]. Where academic research is used within the model, studies that also control for potentially confounding variables are used. All contributions assigned to a monetary value are based on such primary analysis or academic research with controls for socio-demographic factors.

Nevertheless, the aggregate values of grassroots football reported in this study are likely an underestimate for the following reasons:

- The socio-economic model predominantly captures the value of individuals who play regular football, with less insight into the value of those who play less regularly[61].
- Regular footballers are compared to a reference group of the rest of the population (including those who play other sport), rather than making comparisons with those who do not engage in sport.

[60] Fujiwara. et al (2014). Quantifying the Social Impacts of Culture and Sport. DCMS Research Paper.
[61] 'Regular' adult footballers defined as playing within the last month (The FA). Children: 'regular' defined as playing once within the last week (Sport England).

THE BENEFITS OF FOOTBALL PARTICIPATION FOR CHILDREN

Playing football regularly is associated with:

12% increase in life satisfaction[i]

6% increase in happiness rating[i]

Greater confidence, resilience and leadership[ii]

5% greater trust[i]

12% increase of life worthiness[i]

Total value of **£3.28bn**...
...with **4.49m** children playing football regularly in England[iii]

Economic

£560m
is generated by the

290.5k
people employed in children's grassroots football[iv]

£1.20bn
of value is generated by volunteers[v]

£660m
in participant consumption[vi]

Health

£76.5m
in savings for the NHS[vii] from

213.5k
fewer cases of obesity[vii] and

66.5k
fewer cases of depression and anxiety[vii]

Social

323m
hours of positive social interaction[viii]

£777m
growth in GDP through improved education outcomes[ix]

£6.5m
savings through crime reduction[x]

i) Based on OLS regression analysis comparing self-rated wellbeing and trust levels in children aged 11-16 who regularly play team sport compared to reference group of the rest of the population using data from Sport England, Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See Chapter 2 for further details regarding the use of team sport and football participation. ii) Descriptive analysis of the FA Participation Tracker Survey. All results statistically significant at the 1% probability level. iii) Portas Consulting Socio-economic model. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details. iv) Portas Consulting Socio-economic model. Value in direct GVA terms v) Portas Consulting Socio-economic model. Combined £767bn value of salary-equivalent hours dedicated by adult volunteers and £428m wellbeing value of adult volunteers in children's grassroots football. vi) Portas Consulting Socio-economic model. Combined direct value of participant (aged 14-18) and familial expenditure (spending by parents on children aged 8-15) in children's grassroots football and indirect benefits to upstream services. vii) Portas Consulting Socio-economic model. Based on the impact of physical activity on disease in primary analysis and academic literature, controlling for socio-demograhic factors. See Appendix 3 for further details. viii) Portas Consulting Socio-economic Model. See Appendix 3 for further details ix) Portas Consulting Socio-economic model. Based on the link between improved academic attainment and sport participation in children in academic research, controlling for socio-demographic factors. See Appendix 3 for further details. x) Portas Consulting Socio-economic Model. Based on the link between reduced risk of juvenile crime and sport participation in children in academic research, controlling for socio-demographic factors. See Appendix 3 for further details.
Note figures may not sum due to rounding

3. CHILDREN

3.1. OVERVIEW

Over a third of children (aged 5-18[62]) in England play football each week on average, making it the most popular team sport for children[63].

- Each week 67% of boys and 29% of girls aged 5-18 participate in football – a total of 4.49m[64].
- Football has higher participation amongst lower socioeconomic groups[65] than other team sports.
- Children are 81% more likely to play football if their parents play football[66].

This participation provides benefits to children and young people as well as the communities that they grow up in, contributing £3.28bn in social and economic value to society each year in England. This includes £2.42bn of economic value, £76.5m in healthcare savings and £784m in social benefits[67].

Participation in football can positively impact the physical and mental wellbeing of children, improve their development and help them become happier and healthier adults.

- Children who regularly play team sports such as football are significantly happier and have higher life satisfaction than those who do not – with greater benefits reported in lower SEGs[68].
- Children who play football are also more confident, resilient and less likely to take part in criminal activity than those who do not play sport[69].
- Child football participants are also more likely to interact with individuals from different social groups and trust people in their community[70].

Further details of the above and other outcomes are described in detail in the remainder of this chapter.

[62]The definition of 'children' used throughout this report is ages 5-18 unless otherwise stated
[63]Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19
[64]Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19. Includes 'informal' football.
[65]Socio-economic groups are "constructed to measure the employment relations and conditions of occupations...these are central to showing the structure of socio-economic positions in modern societies and helping to explain variations in social behaviour and other social phenomena". The Office for National Statistics. https://www.ons.gov.uk/methodology/classificationsandstandards/otherclassifications/thenationalstatisticssocioeconomicclassificationnssecrebasedonsoc2010
[66]The FA Participation Tracker (November 2019 – February 2020). Linear regression analysis statistically significant at the 1% significance level. See Appendix 6 for a full breakdown of regression results.
[67]Portas Consulting Socio-economic Model. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details.
[68]Refer to page 26 for further details.
[69]Refer to page 29 for further details.
[70]Refer to page 28 for further details.

3.2. ECONOMIC IMPACT

4.49m children play football on average each week in England. This participation contributes £2.42 billion to the economy per annum (see Figure 1)[71].

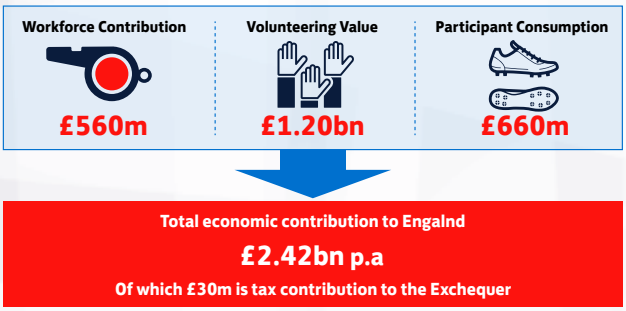


Figure 1: Total economic contribution of children's grassroots football to the economy. This includes workforce and volunteer contributions as well as participant consumption. All values stated on an annual basis.

- £560m is generated by the 290,500 people who are employed in children's football[72]. £30m of this value is tax contribution to the Exchequer[73].
- An additional £1.20bn of value is created through volunteers in children's grassroots football[74,75]. This includes £428m of social wellbeing value generated through the positive impact volunteering in children's grassroots football has on individual wellbeing in adults[76].
- Of the £660m participant consumption total, £380m is direct economic value generated through parental spend on children playing football[77].
  - Each month the average family spends £8.50 per football-playing child[78]. For context, each month the average family spends £45 per child on all leisure activities and hobbies[79].

[71]Portas Consulting Socio-economic Model. See Appendix 3 for further details
[72]Portas Consulting Socio-economic model. Value in direct GVA terms. This does not account for 'counterfactual deadweight' (the situation in the absence of grassroots football) or displacement factors (the fact that jobs in the football sector could be taking away jobs in other sectors). See Appendix 3 for further details.
[73]Based on income tax contribution from additional workers in the sport sector. Wages to coaches and referees are assumed to fall under the minimum tax bracket.
[74]Includes adults who volunteer in children's football and children who are volunteers in football. See Chapter 6 for details
[75]Portas Consulting Socio-economic Model. Value of salary-equivalent hours dedicated by adult volunteers in children's grassroots football. See Appendix 3 for further details
[76]See Chapter 6 for further details. Calculated with the wellbeing valuation approach (see Appendix 10 and Appendix 12). Based on the wellbeing value of a general volunteer and number of grassroots volunteers aged 16+. Note there is scope for further research into wellbeing value of sports volunteers.
[77]Portas Consulting Socio-economic Model. Combined direct value of participant (aged 14-18) and familial expenditure (spending by parents on children aged 8-15) in children's grassroots football and indirect benefits to upstream services. See Appendices 3 and 5 for further details
[78]The FA Participation Tracker. See Appendix 5 for full breakdown of participant expenditure. Note a 42% reduction is applied to the annual kit and equipment costs figure to account for imports in the socio-economic model (ONS).
[79]Halifax (2017).

3.3. HEALTH IMPACT

Physical activity has significant benefits for children's physical and mental wellbeing – including improvements to metabolic function and bone strength and a reduced risk of depression and anxiety (see remainder of chapter).

The UK CMO physical activity guidelines recommend that children aged 5-18 achieve an average of at least 60 minutes of physical activity every day across the week in order to experience these benefits.

- 64.9% of children who play football meet these guidelines and so are physically active[80]. This means football contributes to improving the physical and mental wellbeing of 2.9m children.

Physical wellbeing

Childhood football participation contributes to a reduction of 213,500 cases of childhood obesity, a cost reduction for the NHS of over £8.8m per annum[81].

- A record 1.7m children in England are currently classified as obese or severely obese[82].
- Football helps address this obesity crisis: boys and girls who are physically active through football have 39% and 20% decreased odds of obesity[83] respectively.

The reduction in childhood obesity will lead to further significant future savings for the NHS (see Figure 3).

- Obese children are up to twice as likely to die before age 55 than their slimmer peers[84]. 88% of obese children will go on to become obese adults[85].
- Based on the current growth in obesity rates, the annual cost of obesity to the NHS will rise to £7.5bn by 2030. By preventing these 213,900 cases now it will prevent 188,200 children becoming obese adults, which could save over £511m per year[86,87].

Childhood football contibutes to a reduction of

213,500

cases of obesity

Which saves the NHS over

£8.8m

per year

[80]Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19. Based on the number of football participants (at least once a week) who were also deemed physically active.
[81]Portas Consulting Socio-economic Model. Based on the number of regular footballers who are physically active and primary cohort analysis showing the reduced risk of developing obesity in active individuals, controlling for socio-demographic factors. See Appendix 3 for further details
[82]NHS Digital. National Child Measurement Programme, England 2018/19 School Year
[83]University of England. UCL Institute of Education. Centre for Longitudinal Studies, Millennium Cohort Study: Sixth Survey, 2015-2016. 6th Edition. Colchester, Essex: UK Data Archive, March 2007. SN: 4683. Calculated using logistic regression analysis, controlling for socio-demographic factors.
[84]Franks, PW. et al. (2010). Childhood obesity, other cardiovascular risk factors, and premature death. New England Journal of Medicine, 362(6): 485-493.
[85]Ward, ZJ et al. (2017). Simulation of Growth Trajectories of Childhood Obesity into Adulthood. N Engl J Med, 377:2145-2153
[86]Portas Consulting Socio-economic model. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details. Direct savings are savings to the NHS from activities such as reducing treatment and public social care costs. Indirect savings are wider societal costs savings, for example improving productivity in the workplace and reducing informal care.
[87]Public Health England (2017) Health matters: obesity and the food environment. This cost includes overweight and obesity related ill-health. Childhood costs calculated from NHS England admitted patient care statistics. Future costs have accounted for future discounting of benefits. See Appendix 3 for details.

3. CHILDREN (CONTINUED)

£8.8m
Direct (NHS) savings

88%
of obese children become obese adults

£93m
Direct (NHS) savings

£418m
Indirect societal savings

Figure 3: Total monetary impact of childhood obesity cases in England associated with general physical activity and physical activity in the football population. Assuming 88% of all childhood obesity cases become obese adults by preventing these 213,500 cases now, it will prevent 187,900 children becoming obese adults. The cost per case of adulthood obesity is much higher as the most significant health consequences of childhood obesity do not manifest until adulthood (WHO).

Research shows that childhood football participation lowers the risk of poor health and disability in adulthood by improving childhood cardiometabolic and bone health.

- In 2000, the first cases of type II diabetes were reported in children and there are now over 6,800 children being treated for type II diabetes in England and Wales[88]. Being physically active through football reduces the likelihood of a poor cardiometabolic risk score, which is a precursor for both type II diabetes and cardiovascular disease[89].
- 1 in 2 girls and 1 in 5 boys will suffer from osteoporosis during adulthood[90]. Impact sports – such as football – strengthen bone and muscles in childhood[91] by contributing to a higher bone mineral content for boys (9% higher) and girls (17%)[92], compared to inactive children. For context, a 10% increase in adult bone mineral density reduces the risk of osteoporotic fracture by 50%[93].

Research also demonstrates that boys and girls who play football, through being more active in childhood, are up to 19x and 7x more likely to become active adults respectively[94].

- The link between childhood and adult activity is stronger for children who participate in organised sports such as football, as this improves physical literacy and habit formation[95].
- Being active over a lifetime drastically reduces the risk of developing multiple diseases in adulthood, such as heart disease, dementia and cancer[96].

[88] Diabetes UK
[89] Magnussen, C. G. et al. (2016). Continuous and dichotomous metabolic syndrome definitions in youth predict adult type 2 diabetes and carotid artery intima media thickness: the Cardiovascular Risk in Young Finns Study. The Journal of paediatrics, 171: 97-103.
[90] International Osteoporosis Foundation
[91] Hagman, M. et al. (2018). Bone mineral density in lifelong trained male football players compared with young and elderly untrained men. Journal of sport and health science, 7(2): 159-168
[92] Bailey, DA. et al. (1999). A six- year longitudinal study of the relationship of physical activity to bone mineral accrual in growing children: the university of Saskatchewan bone mineral accrual study. Journal of bone and mineral research, 14(10); 1672-1679.
[93] Cummings, SR. et al. (1993). Bone density at various sites for prediction of hip fractures. The Lancet, 341(8837), 72-75.
[94] Compared to inactive children
[95] Telama R. et al (2009) Tracking of physical activity from childhood to adulthood: a review. Obesity Facts, 2(3):187–95
[96] Refer to Chapter 4 for further details. Lee, IM. et al. (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The lancet, 380(9838); 219-229.

3. CHILDREN (CONTINUED)

Mental wellbeing

There are currently 66,500 fewer cases of childhood depression and anxiety linked to football participation. This equates to a cost saving for the NHS of over £68m annually[97].

- 1 in 8 children in England currently have some form of mental health condition, with 861,000 estimated to be suffering from anxiety or depression[98].
- By meeting the physical activity guidelines through football, children have 30% reduced odds of all mental health disorders[99]. This is linked to a reduction of over 66,500 cases of emotional disorder through annual football participation in England.

Children who regularly play a team sport such as football are significantly happier than those who do not play sport[100].

- Recent research has found that the happiness levels of children are currently at their lowest in over a decade[101,102] and teenage suicides rose by 107% from 2013 to 2016[103].
- Children who play a team sport such as football feel on average 6% happier, 12% more satisfied with life and have 14% higher life worthiness ratings compared to children who do not play team sport[104].
  - This benefit is greater for team sport compared to individual sport and greater for children from a lower socio-economic background[105].
- Happier children are more likely to become happier adults. As 50% of all mental health conditions are established by the age of 14 and 75% before the age of 24[106], these mental health benefits are long lasting throughout players' lifetimes.

[97]Portas Consulting Socio-economic Model. Based on the number of regular footballers who are physically active and academic research, controlling for socio-demographic factors. See Appendix 3 for further details
[98]NHS Digital. Mental Health of Children and Young People in England, 2017
[99]Ströhle, A. et al. (2007). Physical activity and prevalence and incidence of mental disorders in adolescents and young adults. Psychological medicine, 37(11): 1657-1666.
[100]Based on OLS regression analysis (see Appendix 2) on team sport participation using data from Sport England (2019), Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See Appendix 6 for full breakdown of results.
[101]The Children's Society (2019). The Good Childhood Report
[102]The Prince's Trust and Ebay (2019). Youth Index
[103]Brent Centre for Young People. Freedom of Information Request.
[104]Based on OLS regression analysis (see Appendix 2) on team sport participation using data from Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See Appendix 6 for full breakdown of results.
[105]Based on OLS regression analysis (see Appendix 2) on team sport participation using data from Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See Appendix 6 for full breakdown of results.
[106]Kessler, RC. et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry, 62(6) 593-602.

3.4. SOCIAL IMPACT

760,000 young people aged 16-24 in the UK are not in education, employment or training (NEET)[107]. These individuals are more likely to become homeless, involved in crime and misuse drugs[108]. Despite a downward trend in recent years, youth crime is still prevalent: over 4,500 knife and offensive weapons' offences were committed by children in England and Wales in 2018/19[109].

Childhood football participation helps address these societal challenges by supporting children's development, both as individuals and as part of their community (see Figure 5).

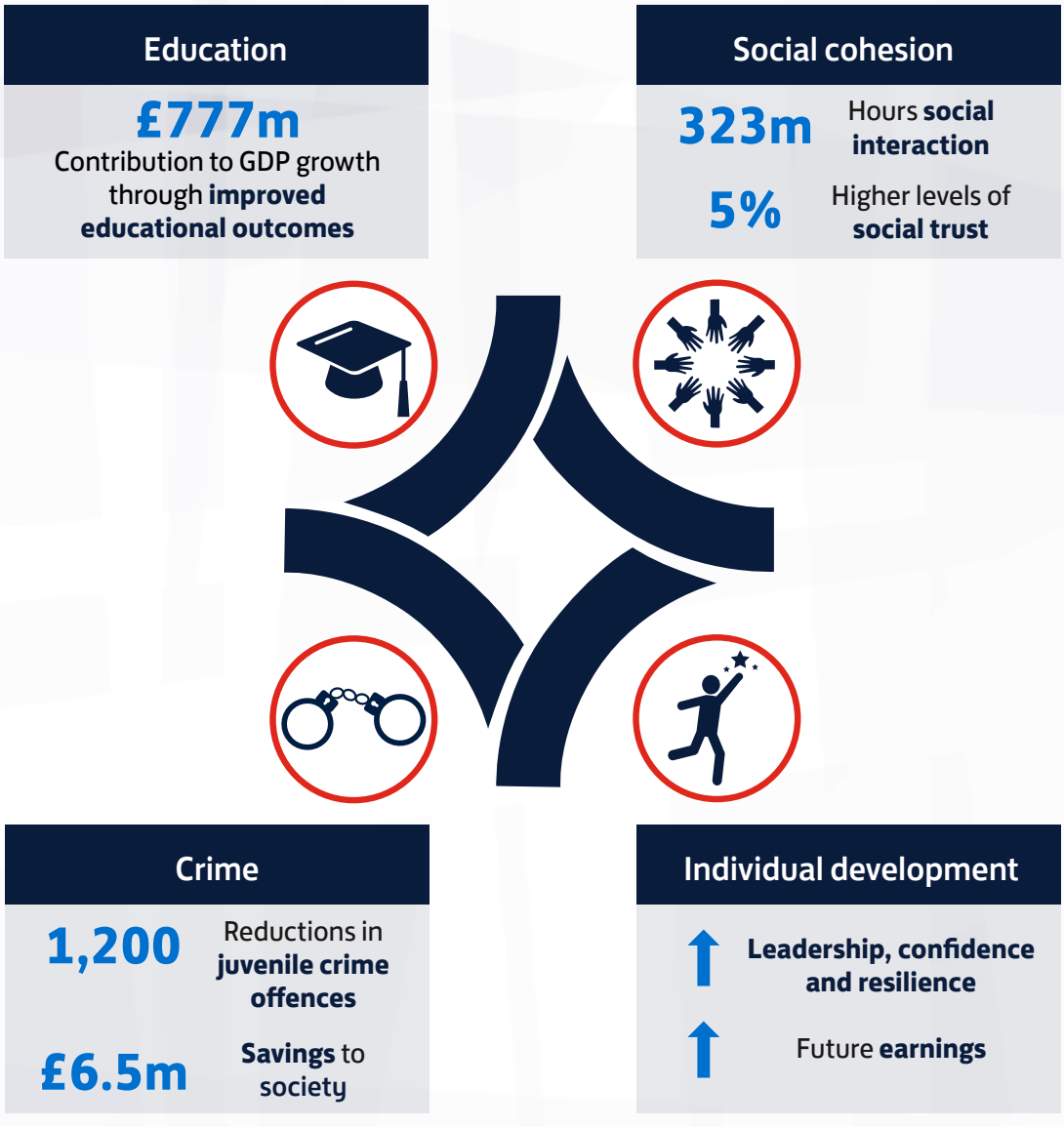


Figure 5: Total social value contribution of children's grassroots football to society across education, crime, social cohesion and individual development.

[107]Office for National Statistics (2019). Young people not in education, employment or training (NEET).
[108]Public Health England (2014) Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356062/Review3_NEETs_health_inequalities.pdf
[109]Ministry of Justice and Youth Justice Board for England and Wales. Youth Justice Annual Statistics 2018-19

3. CHILDREN (CONTINUED)

Educational performance

Annual childhood football participation across England currently supports £777m of GDP growth through improved educational performance[110,111].

- Academic research shows that regular sport participation – such as football – is positively associated with improved educational performance[112,113]. On a national scale this translates into GDP growth[114].

Social cohesion

Playing football provides 323m hours of social interaction (defined as time spent in an exchange with two or more people) for children in England[115]. Children who play a team sport such as football report higher levels of trust than those who do not play sport[116].

- Data from the World Values Survey has shown that communities are facing issues with trust and social cohesion[117]. 45% of children aged 10-15 years feel lonely 'often' or 'some of the time'[118]. There is a trust deficit amongst young people, with those from lower SEGs being 23% less likely to trust in people in their neighbourhoods compared to those from higher SEGs[119].
- Football provides children with opportunities to build relationships and trust amongst their peers and society:
  - Children who play team sport report 5% higher trust levels compared to the general population[120].
  - 73% of children who play regular football agree that they interact with people from different social groups compared to 41% of non-sport participants[121].

Crime reduction

Annual childhood football participation is linked to the reduction of over 1,200 juvenile crimes, generating £6.5m in savings to society[122,123].

- This reduces the burden that juvenile crime and antisocial behaviour places on individuals and society: juvenile crime is estimated to cost the UK economy up to £11Bn every year[124] and 21% of knife crime offenders are under the age of 17[125].
- The current calculated value of football to society through crime preventions is an underestimate as it does not account for reoffending rates or targeted sport programmes.
  - For example, one youth sport programme was found to reduce the incidence of crime in local areas by as much as 66%[126].

[110]Portas Consulting Socio-economic model. Based on the link between improved academic attainment and sport participation in children in academic research, controlling for socio-demographic factors. See Appendix 3 for further details Calculation assumes all time spent playing football involves interacting with others.
[111]Note: Impact on GDP begins when children reach working age
[112]Booth, J. N. et al. (2014). Associations between objectively measured physical activity and academic attainment in adolescents from a UK cohort. Br J Sports Med 48(3): 265-270.
[113]Lipscomb, S. (2007). Secondary school extracurricular involvement and academic achievement: A fixed effects approach. Economics of Education Review, 26(4): 463-472.
[114]OECD (2010). The High Cost of Low Educational Performance. The Long-Run Economic Impact of Improving PISA Outcomes
[115]Portas Consulting Socio-economic Model. See Appendix 3 for further details
[116]Based on OLS regression analysis (see Appendix 2) on team sport participation using data from Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See Appendix 6 for full breakdown of results.
[117]The World Value Survey (2019) http://www.worldvaluessurvey.org/
[118]Office for National Statistics (2018). Children's and young people's experiences of loneliness
[119]Sported (2019). In Sport, We Trust
[120]Based on OLS regression analysis (see Appendix 2) on team sport participation using data from Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See Appendix 6 for full breakdown of results. Descriptive analysis of The FA Participation Tracker November 2019 – February 2020: 49% of children aged 14-18 who play football report that they trust those in their local area compared to 38% of non-sport participants.
[121]Descriptive analysis of The FA Participation Tracker November 2019 – February 2020. Children aged 14-18 who have played football in the last month (n=456) vs children who have not played any sport in the last month (n=44). See Appendix 6 for full breakdown of results. Results are statistically significant at the 1% probability level.
[122]Portas Consulting Socio-economic Model. Based on the link between reduced risk of juvenile crime and sport participation in children in academic research, controlling for socio-demographic factors. See Appendix 3 for further details.
[123]This is likely an underestimate as it does not account for re-offending or the value of targeted sport programmes
[124]National Audit Office (2010). The youth justice system in England and Wales: Reducing Offending by Young People
[125]Allen, G. (2019) Knife crime in England and Wales. House of Commons Briefing Paper
[126]Laureus Sport for Good Foundation (2012) – Teenage Kicks: The Value of Sport in Tackling Youth Crime.

3. CHILDREN (CONTINUED)

Individual development

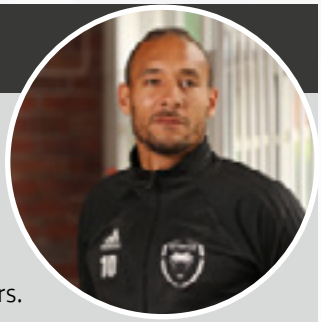
Girls who play football report a higher level of confidence than girls who do not play sport[127].

- Girls are more likely to have issues with self-perceptions and confidence than boys, with one in five girls aged 11-18 reporting they are lacking in confidence[128].
- Research shows that 58% of female footballers aged 13-17 said football had helped them overcome a lack of self-confidence, compared to 51% of girls who played other sports[129].

Football helps children to develop lifelong social and emotional skills[130]:

- Children who play a team sport such as football report significantly higher self-efficacy compared to children who do not play team sport[131].
- Children who play football have higher self-rated leadership, confidence, communication and resilience levels compared to children who do not play sport[132].
- Research shows that these skills are linked to wellbeing and earnings in employability in adulthood[133]. Young graduates who take part in sport earn on average £6,344 more than those who do not play sport[134].

Case Study — Benjamin Rosser, the Pythian Club



Benjamin Rosser worked for Nottinghamshire Police for 10 years before becoming a charity worker to help young people move away from a life of gang crime. He founded The Pythian Club, which works in New Basford and has been driving young people away from crime by offering football, boxing and music opportunities since 2014. The project focuses on driving social cohesion through positive role models and inclusive activities and it has successfully worked with around 600 young people over the last 6 years.

Benjamin won The FA and McDonald's Grassroots Football Award Community Project of The Year Award 2018.

www.thepythianclub.co.uk
Nottinghamshire FA

[127]The FA Participation Tracker November 2019 – February 2020. 72% of girls aged 14-18 who play regular football (n=163) rate their confidence as good compared to 60% of girls who played no sport in the last month (n=28). Results are statistically significant at the 5% probability level

[128]Women in Sport and Youth Sport Trust (2017). Girls Active

[129]Based on a survey of 4,128 girls. Statistically significant difference. Appleton (2017) The Psychological and Emotional Benefits of Playing Football on Girls and Women in Europe. UEFA.

[130]Research from The Government Social Mobility and Child Poverty (SMCP) Commission defines social and emotional skills across five categories: self-perceptions and self-awareness; motivation; self-control; social skills and resilience.

[131]Based on OLS regression analysis (see Appendix 2) on team sport participation using data from Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19, controlling for socio-demographic factors. See Appendix 6 for full breakdown of results.

[132]Descriptive analysis of The FA Participation Tracker November 2019 – February 2020. 61% of children aged 14-18 who play football regularly rate (n=456) their leadership as 'good' compared to 36% children who have not played sport in the last month (n=44). The equivalent statistics for confidence are: 72% (football participants) and 40% (non-sport participants); communication: 70% (football participants) and 47% (non-sport participants); resilience: 67% (football participants) and 44% (non-sport participants). See Appendix 6 for full breakdown of results. Results are statistically significant at the 1% probability level.

[133]Feinstein, L. (2015) Social and Emotional Learning: Skills for Life and Work

[134]Griffiths et al (2017) The impact of engagement in sport on graduate employability: implications for higher education policy and practice

THE BENEFITS OF FOOTBALL PARTICIPATION FOR ADULTS

Regular adult footballers are more likely to be[i]:

Happy **Confident** **Resilient** **Trusting**

Total value of **£6.87bn**...
...with **9m** adults playing football regularly in England[ii]

Economic

£2.15bn
is generated by the

230k
people employed in adult grassroots football[iii]

£520m
of value is generated by volunteers[iv]

£2.66bn
in participant consumption[v]

Health

£76.5m
in savings for the NHS[vii] from

203.5k
fewer cases of chronic diseases[vi]

58%
of footballers with a healthy diet agree that football has a direct influence on their food choices[vi]

Social

1.45bn
hours of social interaction through football[viii]

57%
believe that football sessions in their local area help to reduce the levels of crime and antisocial behaviour in the community[viii]

i) Based on OLS regression analysis comparing self-rated individual development in regular adult footballers to a reference group of the rest of the population from The FA Participation Tracker Survey, controlling for socio-demographic factors. ii) Portas Consulting Socio-economic model. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details iii) Portas Consulting Socio-economic model. Value in direct GVA terms. iv) Portas Consulting Socio-economic Model. Includes £328M value of salary-equivalent hours dedicated by volunteers and £187M of social wellbeing value generated through the positive impact volunteering has on individual wellbeing in adults. v) Portas Consulting Socio-economic model. Figure represents direct value of expenditure of regular footballers and the indirect benefits to upstream services. vi) Portas Consulting Socio-economic model. Based on the impact of phsyical activity on across 10 different disease groups in academic literature, controlling for socio-demograhic factors, and The FA Participation Tracker. See Appendix 3 for further details. vii) Portas Consulting Socio-economic Model. See Appendix 3 for further details. viii) The FA Participation Tracker.
Note figures may not sum due to rounding

4. ADULTS

4.1. OVERVIEW

Over 20% of all adults (aged 19+[135]) in England played football at least once in the last month[136], making it the most popular team sport for adults[137].

- Each month 32% of men and 10% of women participate in football across England[138].

The 9m adults playing regular grassroots football across England contribute at least £6.87bn in economic, health and social value per annum[139,140].

Physical activity through football participation has significant health benefits and is associated with the prevention of 203,300 cases of physical and mental health disorders each year[141].

Regular adult football players also have higher self-reported general health than those who do not play football[142] and have indicated that football influences their wider healthy lifestyle choices. For example, 65% of regular footballers who smoke agree that playing football makes them more likely to quit, and 58% of regular footballers with a healthy diet agree that football directly influences their healthier food choices[143].

Football participation is linked to greater social interactions, happiness and trust across individuals and communities (further details throughout chapter). Compared to those who do not play football, adults who play regular football are more likely to:

- Be happy[144];
- Be confident and resilient[145];
- Be more likely to trust those around them[146].

Further details of the above and other outcomes are described in detail in the remainder of this chapter.

[135]The definition of 'adults' used throughout this report is ages 19+ unless otherwise stated
[136]The FA Participation Tracker (March 2019 – February 2020)
[137]Sport England (2019). Active Lives Adult Survey 2018/19. Football is the most popular team sport for adults aged 19+ when genders are combined. It is the most popular team sport for men aged 19+ and the second most popular for women aged 19+ behind netball.
[138]The FA Participation Tracker (March 2019 – February 2020)
[139]Portas Consulting Socio-economic Model. All monetary values are based on primary analysis or academic research with appropriate socio-demographic controls. See Appendix 3 for further details
[140]Note total currently does not include any monetary value from the wellbeing valuation.
[141]Portas Consulting Socio-economic Model. See page 33 and Appendix 3 for further details
[142]Refer to page 34 for further details.
[143]Refer to page 37 for further details.
[144]Refer to page 35 for further details.
[145]Refer to page 39 for further details.
[146]Refer to page 38 for further details.

4.2. ECONOMIC IMPACT

On average, 9m adults play football each month in England. This participation contributes £5.33 billion to the economy per annum, of which £640M is direct tax contribution to the Exchequer[147,148], (see Figure 6).

- £2.15bn is generated by the 230,000 people who are employed in adult grassroots football[149,150].
- Volunteers drive value due to the time they invest in volunteering and the benefits to their individual wellbeing. The total value of volunteers in adult's grassroots football is £520m[151,152].
- The £2.66bn generated via participant consumption is based on the average football player spending on average £220 per year on playing football[153,154].
  - 27% of this is spent on socialising with teammates[155].
  - There are different spending patterns across the various formats of the game. Regular 11-a-side participants spend on average 28% more per year than the average regular footballer at £257. This is partly due to a higher amount spent on socialising than other formats.

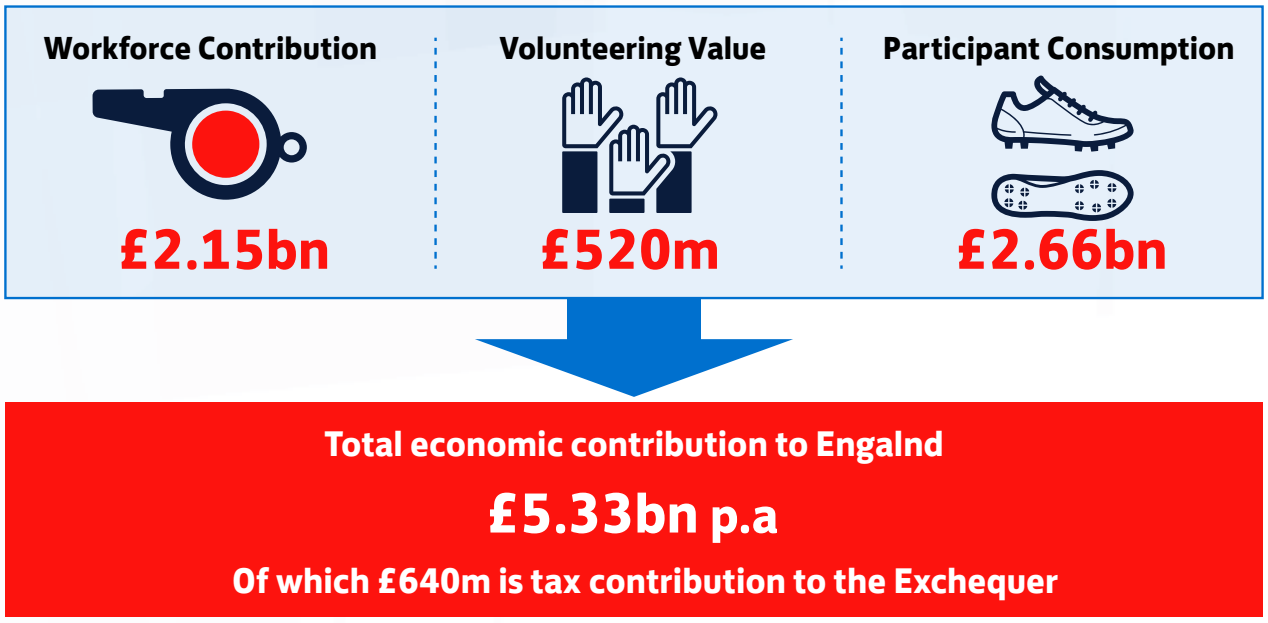


Figure 6: Total economic contribution of adult grassroots football to the economy. This includes workforce and volunteer contributions as well as participant consumption.

[147]Portas Consulting Socio-economic Model. Value in direct GVA terms. This does not account for 'counterfactual deadweight' (the situation in the absence of grassroots football) or displacement factors (the fact that jobs in the football sector could be taking away jobs in other sectors). See Appendix 3 for further details.
[148]Based on income tax contribution from additional workers in the sport sector and 20% VAT paid on expenditure on adult grassroots football. Wages to coaches and referees are assumed to fall under the minimum tax bracket.
[149]Portas Consulting Socio-economic Model. See Appendix 3 for further details. Includes £328M value of salary-equivalent hours dedicated by volunteers and £187M of social wellbeing value generated through the positive impact volunteering has on individual wellbeing in adults, calculated with the wellbeing valuation approach (see Appendix 10 and Appendix 12). Based on the wellbeing value of a general volunteer and number of grassroots volunteers aged 16+. Note there is scope for further research into wellbeing value of sports volunteers.
[150]'Employed' includes coaches, referees and additional workers such as grassroots football management, leisure centre workers and groundspeople.
[151]Portas Consulting Socio-economic Model. Combined direct value of participant expenditure in adult children's grassroots football and indirect benefits to upstream services See Appendix 3 for further details
[152]Includes adults and children who volunteer in adult's football. See Chapter 6 for details
[153]Portas Consulting Socio-economic Model. See Appendix 3 for further details
[154]Note: A 42% reduction is applied to the annual kit and equipment costs figure to account for imports in the socio-economic model (ONS). The average regular player therefore contributes £201 to the national economy through expenditure.
[155]The FA Participation Tracker. 20% is spent on kit & equipment, 18% on transport, 18% on match fees, and 16% on membership fees. See Appendix 5 for full breakdown of participant expenditure.

4.3. HEALTH IMPACT

Physical activity has significant benefits to individuals' physical and mental wellbeing[156], including a reduction in the risk of developing chronic disease and mental disorders such as depression and anxiety. The UK's Chief Medical Officer recommends that adults must achieve an average of at least 150 'moderate intensity equivalent minutes' of physical activity per week[157] in order to obtain these benefits.

91% of adults who play football meet the full CMO guidelines and so are 'physically active'[158].

This means that football contributes to improving the physical and mental wellbeing of 8.2m adults[159].

Small but statistically significant health benefits have also been seen in individuals that are 'fairly active' and are doing between 30 to 149 moderate intensity equivalent minutes of physical activity per week[160]. 8% of adults (747,000 people) who play football are doing between 30-149 minutes per week and so are fairly active[161].

Adult football participation in England is associated with the prevention of 203,500 cases of physical and mental health disorders at an overall direct saving to health systems of £450m and indirect savings to society of £1.12bn[162] (see Figure 7 and further details below).

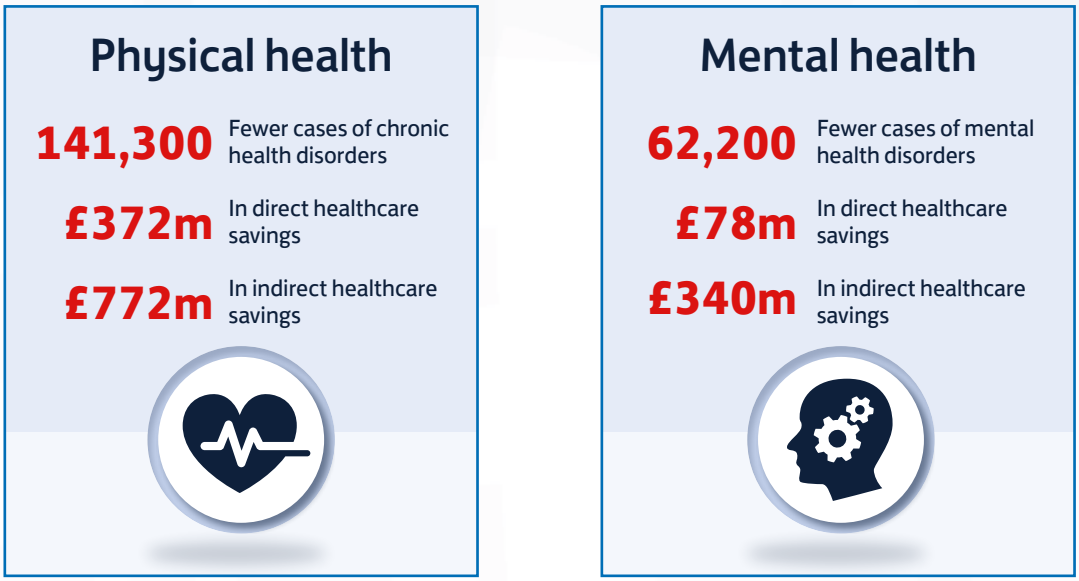


Figure 7: Total physical and mental wellbeing impact from adult grassroots football. Direct savings are savings to the NHS from activities such as reducing treatment and public social care costs. Indirect savings are wider societal costs savings, such as improving productivity in the workplace and reducing informal care. See Appendix 3 for further details.

[156]Booth, F. W., Roberts, C. K., & Laye, M. J. (2012). Lack of exercise is a major cause of chronic diseases. Comprehensive Physiology, 2(2), 1143–1211. https://doi.org/10.1002/cphy.c110025
[157]The Chief Medical Officer recommends individuals do at least 150 mins of moderate intensity or 75 mins of vigorous intensity physical activity per week, or a combination of both.
[158]Active Lives Survey 2018-19. Based on the number of football participants (at least once per month), who were also deemed physically active
[159]This does not account for 'counterfactual deadweight' (the situation in the absence of grassroots football) or displacement factors. See Appendix 3 for further details.
[160]Wen CP, Wai JPM, Tsai MK, et al. (2011). Minimum amount of physical activity for reduced mortality and extended life expectancy: a prospective cohort study. Lancet. 6736(11)60749-6.
[161]Active Lives Survey 2018-19. Based on the number of football participants (at least once per month), who were also deemed physically active
[162]Portas Consulting Socio-economic Model. Based on academic research with appropriate socio-demographic controls. Direct savings are savings to the NHS from activities such as reducing treatment and public social care costs. Indirect savings are wider societal costs savings, such as improving productivity in the workplace and reducing informal care. See Appendix 3 for further details.

4. ADULTS (CONTINUED)

Physical wellbeing

Adult football participation is associated with the reduction of 141,300 cases of chronic diseases, a cost decrease for the NHS of over £372m[163] (see Figure 8 and further details below).

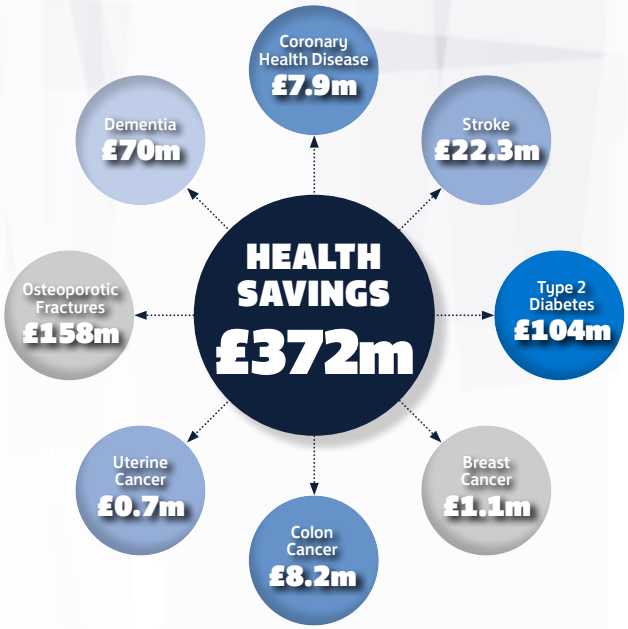


Figure 8: Breakdown of NHS cost savings associated with football participation across eight disease groups.

- 15m adults in England are currently suffering from at least one chronic health condition[164]. Long-term conditions are more prevalent in more deprived groups (people in the lowest social class have a 60% higher prevalence than those in the highest social class and 30% greater severity of disease[165]).
- However, by meeting the CMO physical activity guidelines, individuals can reduce the risk of developing these conditions by around 25%[166]. Physical activity through football is therefore an important tool for addressing the rising levels of chronic conditions. This is reflected in Figure 9, where 'good' self-rated health is 41%pt higher in regular football participants compared to those who do not play any sport and 11%pt higher than those that play individual sport[167].

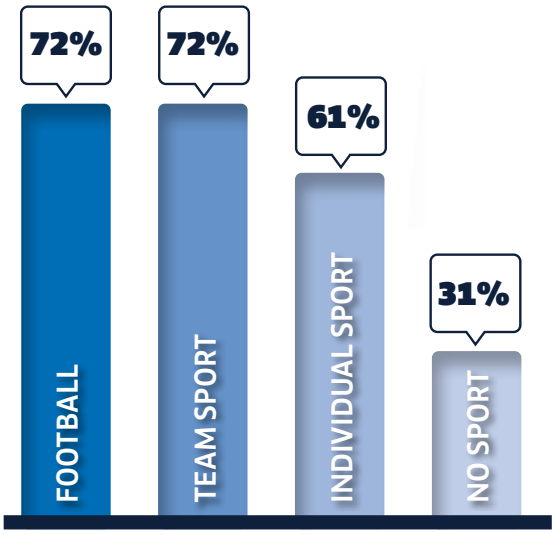


Figure 9: Proportion of participants with 'good' self-reported health by sport type. Participation based on individuals that have played within the last month

[163]Portas Consulting Socio-economic Model. Based on the reduced risk of developing chronic disease in physically active adults across eight different disease groups in academic literature, controlling for socio-demographic factors. See Appendix 3 for further details
[164]The Kings Fund (2012) Long-term conditions and multi-morbidity
[165]Department of Health (2012). Long-term conditions compendium of Information: 3rd edition
[166]Lee, I. M., et al (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. Lancet (London, England), 380(9838), 219–229
[167]Descriptive analysis of the The FA Participation Tracker November 2019 – February 2020. Adults aged 19+. Regular football participants (n=846), regular team sport participants (n=644), regular individual sport participants (n=2937, individuals who have not played sport in the last month (n=918). Results are statistically significant at the 1% probability level.

4. ADULTS (CONTINUED)

Annual adult football participation is associated with the reduction of over 42.7m osteoporotic fractures, of which 34% are in women[168].

- One in three women and one in five men over the age of 50 will suffer from an osteoporotic fracture during their lifetime[169]. This costs the NHS approximately £1.7bn every year in hospital admissions[170].
- Women spend more days in hospital due to osteoporosis than many other diseases including diabetes, heart attacks and breast cancer[171].
- The weight-bearing and impactful nature of football supports the strengthening of muscles and bones, contributing to a reduction in osteoporotic fractures[172].

Regular footballers are healthier than non-footballers, contributing to £62m in NHS savings through reduced GP visits[173].

- Adults who play regular football report 6% higher levels of overall health compared to adults who do not play football[174].
- Healthier people are less likely to visit their local GP[175]. Through improving participants' overall health, grassroots football contributes to reducing 1.68 million GP visits, saving the NHS £62m[176,177].

Mental wellbeing

1 in 4 adults in England currently have some form of mental health condition. Depression and anxiety are the most prevalent mental health disorders and major depression is thought to be the second leading cause of disability[179].

Stress, depression and anxiety are also the leading cause of workplace productivity losses each year, accounting for 75% of the overall burden[180].

Regular footballers are happier than those who do not play football.

- Adults who play regular football report 5% higher happiness and life satisfaction levels compared to those who do not play football[181,182].
- This impact is three times greater for adults from lower SEGs compared to a higher SEGs[183].

[168]Portas Consulting Socio-economic Model. See Appendix 3 for further details. Note this is likely an underestimate as analysis is based on the impact of adult participation. Weight-bearing activity has the greatest impact during childhood when bones are forming. This greater benefit is not captured in this analysis. See Chapter 3.3 for further details

[169]International Osteoporosis Society, Osteoporosis Facts and Statistics

[170]National Osteoporosis Society (2017) NHS RightCare scenario: The variation between sub-optimal and optimal pathways. Susan's Story: Osteoporosis. Figure adjust for inflation from 2013-2019. Bank of England Inflation Calculator

[171]International Osteoporosis Society, Osteoporosis Facts and Statistics

[172]Multani, N.K., Kaur, H. & Chahal, A (2011) Impact of Sporting activities on Bone Mineral Density. Journal of Exercise Science & Physiotherapy, 7(2), 103-109

[173]Based on regular footballers having a 10.3% increased likelihood of good health (FA Participation Tracker. See Appendix 8). Calculated using the methodology outlined in The FA (2019): The Social and Economic Value of Adult Grassroots Football in England.

[174]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 8 for full breakdown of results.

[175]Fujiwara et al (2015). Further analysis to value the health and educational benefits of sport & culture. Department for Culture Media & Sport Research Paper.

[176]Based on regular footballers having a 10.3% increased likelihood of good health (FA Participation Tracker. See Appendix 8). Calculated using the methodology outlined in The FA (2019): The Social and Economic Value of Adult Grassroots Football in England.

[177]Note these savings are also captured in direct healthcare savings through chronic disease reduction so are not additive.

[178]Public Health England

[179]Whiteford, H. A. et al. (2013) Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. The Lancet. 382 (9904). pp. 1575-1586.

[180]Labour Force Survey 2018-19

[181]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 8 for full breakdown of results.

[182]Playing regular football also has a positive association with an individual's life satisfaction, equivalent to an increase in average annual income as calculated through the wellbeing valuation method. See Appendix 10 for further details.

[183]Based on disaggregated OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 8 for full breakdown of results.

4. ADULTS (CONTINUED)

Overall, adult football participation is linked to the reduction of 62,200 cases of depression and anxiety. This equates to a cost reduction for the NHS of £78m per annum[184].

- By meeting the physical activity guidelines, adults have a decreased risk of emotional disorders such as anxiety and depression. This annual participation is linked to the reduction of 62,200 cases in physically active and fairly active football participants[185]

ADULT FOOTBALL PARTICIPATION IS LINKED TO THE REDUCTION OF:

28,200 fewer cases of depression

34,000 fewer cases of anxiety

WHICH SAVES THE NHS OVER

£78m per year

Case Study Follo FC

Follo FC won The FA and McDonald's Grassroots Football Awards Project of the Year Award in 2019. It is a football club formed by – and for – fathers who have suffered the loss of a child.

The club is entirely inclusive of all abilities and walks of life, but members share a common grief and respect for one another. Follo's aim is to use football as part of the grieving and healing process, but also to raise awareness of mental health issues. They speak to people at matches and use social media to create a platform for other men to get in touch and open up about their loss. The club ethos is 'We may have lost, but we are all winners'.

Manchester FA

[184]Portas Consulting Socio-economic Model. Based on academic research with appropriate socio-demographic controls. See Appendix 3 for further details
[185]Portas Consulting Socio-economic Model. See Appendix 3 for further details

4. ADULTS (CONTINUED)

Healthy behaviours

Football has broader benefits to participants' health due to its effect on healthy lifestyle choices[186]:

- Regular football participants report healthier diets compared to non-football participants[187].
  - 58% of regular footballers with a healthy diet agree that football has a direct influence on their healthier food choices[188].
- 52% of regular footballers who smoked in the past agree that participating in football made them more likely to quit[189].
- Although regular football players have higher rates of smoking compared to non-sport participants[190], 65% agree that taking part in football makes them more likely to quit[191].

58%

of regular footballers with a healthy diet agree that football has a direct influence on their food choices

[186]The FA Participation Tracker November 2019 – February 2020. The impact on alcohol consumption was also explored but the relationship was found to be non-significant.
[187]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 7 for full breakdown of results.
[188]The FA Participation Tracker November 2019 – February 2020. Adults aged 19+ who answered drinking and diet questions (n=1962)
[189]The FA Participation Tracker November 2019 – February 2020. Adults aged 19+ who play football and previously smoked (n=434)
[190]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 7 for full breakdown of results.
[191]The FA Participation Tracker November 2019 – February 2020. Adults aged 19+ who play football and smoke (n=137)

4.4. SOCIAL IMPACT

Adult grassroots football has a positive impact on community and individual development, with greater benefits amongst lower socioeconomic groups (see below).

Community development

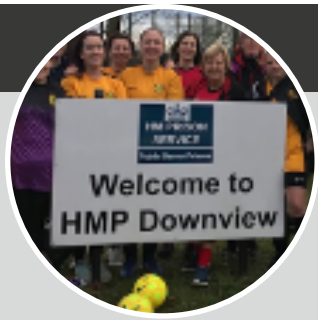
Playing football provides 1.45bn hours of social interaction for adults in England per annum[192].

- Loneliness and trust are significant challenges for communities. Almost 1 in 5 people report that they always or often feel lonely and only 45% of individuals believe that people can usually be trusted[193].
- The 9m adults who play football have more social interactions and feel more socially connected compared to those who do not play football[194].

Adult grassroots football improves trust and perceived behaviour[195]. This impact is twice as great in individuals from lower SEGs compared to higher SEGs[196].

- Adults who play regular football report significantly higher trust levels compared to non-footballers.
- 57% of regular footballers also believe that football sessions in their local area help to reduce the levels of crime and antisocial behaviour in the community[197].

Case Study Surrey FA and the Twinning Project



Surrey FA partnered with the Twinning Project to deliver recreational football to women at HM Prison Downview.

The Twinning Project delivered a six-week introductory coaching course for cohorts of 10-12. Surrey FA then organised for players from its Women's Flexi-League to visit and hosted an event comprising a classroom and Q&A session followed by a tournament where the inmates could put the skills they'd learned into practice.

Numerous inmates demonstrated a desire to play football upon their release from prison and enquired as to local clubs they could connect with. Upon release, the prison will provide relevant contact details of County FAs to create opportunities for these women to play.

Following the event, women from Surrey FA's Flexi-League have since proactively connected with HM Prison Downview to organise further tournaments.

[192]Portas Consulting Socio-economic Model. See Appendix 3 for further details
[193]Phillips, D., Curtice, J., Phillips, M. and Perry, J. (eds.) (2018), British Social Attitudes: The 35th Report, London: The National Centre for Social Research
[194]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 9 for full breakdown of results.
[195]Portas Consulting Socio-economic Model. See Appendix 3 for further details
[196]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020. See Appendix 9 for full breakdown of results.
[197]The FA Participation Tracker November 2019 – February 2020. Adults aged 19+ who play football (n=968)

4. ADULTS (CONTINUED)

Individual development

Adult football participation drives a positive impact on the confidence, communication and leadership skills of individuals.

- Regular footballers feel 7% more confident compared to adults who do not play football[198].
  - This benefit is twice as great as the increase in confidence for adults who play individual sport[199].
- Adults who play regular football also report higher leadership and communication skills compared to adults who do not play football[200].
  - These impacts are greatest in those who play 11-a-side football compared to other formats of the game[201].
- The benefits of regular football on confidence and communication are twice as great in women compared to men[202].

[198]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 9 for full breakdown of results.
[199]Based on disaggregated OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 9 for full breakdown of results.
[200]Based on OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. Adults who play football report 3% higher communication and leadership levels compared to adults who do not play football. See Appendix 9 for full breakdown of results.
[201]Based on disaggregated OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 8 for full breakdown of results.
[202]Based on disaggregated OLS regression analysis (see Appendix 2) on regular football participation using data from The FA Participation Tracker November 2019-February 2020, controlling for socio-demographic factors. See Appendix 8 for full breakdown of results.


Advanced
Colour Coatings

THE BENEFITS OF WALKING FOOTBALL PARTICIPATION FOR OLDER ADULTS

88%

of Walking Football participants say that Walking Football has improved their mobility or co-ordination

"It has helped me get back to a fairly decent level of fitness: I am now 5 years post-chemo having had bowel cancer. It also helped me recover quickly this year from a hernia operation."

MALE, AGED 68

74%

of Walking Football participants agree that it has provided them with a sense of belonging

"I've made new friends in a fun friendly environment playing a sport I love but thought I'd never be able to play again. Being part of a team again has made me feel more positive and given me more self-confidence."

FEMALE, AGED 51

65%

of Walking Football participants say that Walking Football provides them with a sense of purpose

"I love it and hate to miss even one session. It's what I've been looking for... meeting new friends and keeping fit and healthy at the same time."

FEMALE, AGED 45

86%

of Walking Football participants say that playing Walking Football allows them to interact with people from different social groups

"I have met many new friends, not just in the local area but from all over. I am proud to say I represented my country at over 70 and hope to do so for years to come. The social aspect is a huge area to enjoy at all levels."

MALE, AGED 71

36%

of Walking Football participants say that playing Walking Football has had a positive impact on any feelings of isolation

"Walking Football for me is so important on many levels. To improve my health and fitness – but also to get out, I'm a bit quiet but in the game I'm building my confidence in communicating and working as a team."

FEMALE, AGED 40

15%

higher levels of happiness than non-participants[i]

"I was depressed and my mental health was low after I had to give up 11-a-side football through injury. I was grieving for football. Finding Walking Football gave me back that happy feeling. I have new friends and the love and enjoyment is back in my life."

FEMALE, AGED 50

Source: The FA Walking Football Survey

i) Descriptive analysis. Average self-rated happiness scores of male Walking Football participants aged 50+ (The FA Walking Football Survey) is 15% higher than the average happiness scores of male non-football players aged 50+ (The FA Participation Tracker Survey). Average self-rated life satisfaction scores of male Walking Football participants aged 50+ (The FA Walking Football Survey) is 24% higher than the average life satisfaction scores of male non-football players aged 50+ (The FA Participation Tracker Survey). Results are statistically significant at the 1% probability level.


NORTHERN
POWER
CLEAN LTD
G&G
ENGINEERING

5. OLDER ADULTS

Football is the most popular team sport for adults aged 55+, bringing health and social benefits to a relatively inactive age group[203]. This chapter explores these benefits by analysing the impact of Walking Football, chosen for its unique ability to engage this older demographic[204]. The participant quotes throughout this chapter are from The FA Walking Football Survey.

"We welcome this new report from The FA, which highlights the benefits of Walking Football and the impact it can have on the lives of older people. Physical activity is a key contributor to our health and wellbeing at all ages and finding a physical activity that we enjoy can make a huge difference to our lives. For many people, Walking Football offers an accessible way to participate in a game they love but never have expected to play again due to increasing physical challenges as they age. Walking Football not only encourages people to be more physically active but also provides an opportunity to bring people together and build friendships, helping to tackle the devastating loneliness being faced by many older people. We're delighted to be working in partnership with The FA and Sport England to develop a programme of Walking Football activities across the country that will enable more people to take part in and enjoy the game."

Steph Harland, CEO Age UK

Photo: Simon Roe Photography

[203]Sport England (2019). Active Lives Adult Survey 2018/19. Football is the most popular team sport for men aged 55+ and women aged 55+ when genders are combined. It is the second most popular team sport for men aged 55+ behind cricket and the second most popular for women aged 55+ behind netball. Relatively inactive compared to under 55s.
[204]Note Walking Football is not aimed exclusively at older adults and 9% of players surveyed were under the age of 50. See Appendix 11 for further details.

5.1. WHAT IS WALKING FOOTBALL AND HOW DOES IT ENGAGE OLDER ADULTS?

Walking Football is a 'slower version of the beautiful game' that, through specific adaptations, enables older adults to engage with football and be physically active.

- Walking Football is tailored to allow those who are not able to take part in full-paced football to continue playing[205]: 92% of participants surveyed said it allows them to keep playing football. It also provides opportunities for engaging men and women who are new to football.
- The format is suitable for men and women of all ages and abilities: 91% of Walking Football participants surveyed are over the age of 50 (with 15% over 70) and 29% have a disability[206].
- This older demographic face significant health and social challenges. Over half of people aged 50 and over have a long-standing illness or disability[207] and 31% of people aged over 50 report feeling lonely 'often' or 'some of the time'[208].
- Walking Football helps tackle these challenges as it keeps players fit, active and social (see below).
  - *"It's fun, fitness and friendship."* – Walking Football participant. Female, 49

[205]See Appendix 11 for further details on the rules of Walking Football.
[206]The FA Walking Football Survey.
[207]Age UK Analysis (June 2020) of English Longitudinal Study of Ageing Wave 8 (2016-17). The question asked is "Do you have any long-standing illness, disability or infirmity? Long-standing means anything that has troubled you over a period of time, or that is likely to affect you over a period of time." 53.27% (with a 95% confidence interval of between 51.48% and 55.04%) of respondents answered yes.
[208]Age UK (2018). All the Lonely People: Loneliness in Later Life.

5.2. THE HEALTH BENEFITS OF WALKING FOOTBALL

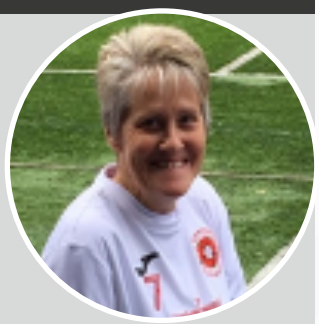
Walking Football helps keep men and women fit and active. 91% of Walking Football participants surveyed say it has improved their stamina[209].

- The prevalence of chronic health conditions is on the rise: by 2035, it is estimated that nearly 70% of over 65s will have two or more chronic health conditions[210].
  - Walking Football provides 80% of the recommended weekly physical activity minutes for participants[211]. By being more active, Walking Football participants are at a lower risk of developing chronic conditions[212].
- 88% of Walking Football participants surveyed say it has improved their mobility or co-ordination[213] – an important benefit as poor mobility is strongly linked to frailty[214]. Frail individuals have three times higher healthcare costs than the general population[215].
- 61% of participants surveyed say it has improved their memory or concentration[216], which could slow the gradual decline of cognitive function typical with age[217].
  - *"Playing football is the only sport and exercise I have ever enjoyed, and to be able to play it now with my knee injuries, gives me so much joy."* – Walking Football participant. Male, 52.

Walking Football improves the mental wellbeing of those who play.

- Walking Football participants surveyed report higher levels of happiness and life satisfaction than non-participants[218].
  - *"Attending Walking Football is the only time during the week that I do not have to worry about ageing parents, family problems, work issues and financial strains. It's my time to go back to the happy me."* – Walking Football participant. Male, 51[219].

Case Study Spreading positivity through Walking Football



Joy had poor physical and mental health but Walking Football has helped to turn that around.

She found a men's Walking Football session in Lincoln and played there for two years, before going on to set up two of her own sessions with a cohort of more than 10 women now playing on a weekly basis.

It gave Joy her first chance in life to play football. She was inspired to get more women playing and she is now so invested that she goes across the county to grow the female Walking Football player network to benefit women such as herself. She has even been selected for the England Women Walking Football squad.

[209]The FA Walking Football Survey. The survey received 995 responses, of which 935 were Walking Football participants.
[210]Kingston, A. et al. (2018). Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. Age and ageing, 47(3), 374-380.
[211]The average Walking Football participant surveyed plays for 118 minutes per week. The CMO's physical activity guidelines for adults are at least 150 minutes of physical activity per week.
[212]Physical activity is associated with a significantly reduced risk of chronic diseases in adults (see Chapter 4).
[213]The FA Walking Football Survey. See Appendix 13.
[214]Fallah, N. et al (2011). Transitions in frailty status in older adults in relation to mobility: a multistate modelling approach employing a deficit count. Journal of the American Geriatrics Society, 59(3), 524-529.s
[215]Enhancing the Quality of Life for People Living with Long Term Conditions, NHS England. https://psnc.org.uk/wp-content/uploads/2018/02/Infographic-FINAL.pdf
[216]The FA Walking Football Survey. See Appendix 13.
[217]Harada, C. N., Natelson Love, M. C., & Triebel, K. L. (2013). Normal cognitive aging. Clinics in geriatric medicine, 29(4), 737–752.
[218]Average self-rates happiness scores of male Walking Football participants aged 50+ (Walking Football Survey) is 24%pt higher than the average happiness scores of male non-football players aged 50+ (FA Participation Tracker Survey). Results are statistically significant at the 1% probability level.
[219]Harada, C. N., Natelson Love, M. C., & Triebel, K. L. (2013). Normal cognitive aging. Clinics in geriatric medicine, 29(4), 737–752.

5.3. THE SOCIAL BENEFITS OF WALKING FOOTBALL

Walking Football can help combat loneliness and unwanted isolation: 75% of Walking Football participants surveyed say it provides them with a sense of belonging.

- The number of people aged 50 and over in England suffering from persistent loneliness is projected to reach two million by 2026[220]. These people are more likely to also suffer from chronic cardiovascular conditions, dementia and depression[221,222,223].
- Walking Football provides almost two hours of social interaction per participant each week on average[224].
  - 85% of people surveyed say playing Walking Football has improved their levels of social activity and 42% say it helps them connect with their community[225].
  - *"I've made more friends, more good friends, thanks to Walking Football than in the rest of my life put together."* – Walking Football participant. Male, 71.
- The result is reduced feelings of isolation and hopelessness for Walking Football players. 75% of players surveyed say Walking Football provides them with a sense of belonging and 65% say it provides them with a sense of purpose[226].
  - *"Being part of a team has made me feel more positive and given me more self-confidence."* – Walking Football participant. Female, 51.

Case Study Bristol United Walking Football Club

Credit: Alex Rotas

Bristol United Walking Football Club is a community project that has expanded with huge success.

Originally aimed at bringing together male rival fans of Bristol City FC and Bristol Rovers FC, its popularity has seen it add a female session, a disability session and a second open session at another venue.

Not only does the club get people active, it also promotes the social side of the game through post-game drinks and club events. This has helped bring people together and tackles loneliness – one of the big societal challenges facing this age group.

[220] Age UK (2018). All the Lonely People: Loneliness in Later Life.
[221] Valtorta, N. K. et al. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart, 102(13), 1009-1016.
[222] Cacioppo J. T. et al (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. Psychology and Aging, 21 (1), 140-51.
[223] James B. D. et al (2011). Late-life social activity and cognitive decline in old age. Journal of the International Neuropsychological Society, 17 (6), 998-1005.
[224] The FA Walking Football Survey. See Appendix 13.
[225] The FA Walking Football Survey. See Appendix 13.
[226] The FA Walking Football Survey. See Appendix 13.

THE FA'S AIM IS TO SUSTAINABLY SUPPORT WALKING FOOTBALL'S CONTINUED GROWTH, ENSURING IT IS SAFE AND ENJOYABLE FOR EVERYONE, NOW AND LONG INTO THE FUTURE.

THE FA, AGE UK AND SPORT ENGLAND PARTNERSHIP

The FA, Age UK and Sport England are joining together in an exciting partnership to promote and support Walking Football for older people across England. The partnership will work towards the shared goals and harness the strengths of the three organisations: The FA's understanding of football, its reputation and connections in the community; Age UK's experience, reach, capacity and knowledge of how best to engage older people in physical activity; Sport England's understanding of challenges, incentives and cognisance of the wellbeing benefits of engaging older people in physical activity.

The partnership aims to create at least 100 local Walking Football groups across England, co-ordinated and delivered by Age UK, supported by The FA's local infrastructure and underpinned with Sport England's knowledge and focus. **It will be focused on achieving three main objectives:**

INCLUSIVITY

Work across diverse communities to extend the player pathway with a focus on the most disadvantaged.

WELLBEING

Improve the physical and mental wellbeing of participants and support independent living.

SUSTAINABILITY

Create lasting impact by building solid foundations grounded in strong participant insight and engagement.

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES

Chapters 3-5 describe the economic, health and social benefits of football participation throughout the lifecycle of a player. This participation would not be possible without various 'enablers', which collectively provide the opportunities and support required across the country for football to be played each week. Enablers range from football programmes and league and competition structures to technology and administrative services provided by County FAs. In this chapter, the focus is on volunteers and facilities, the latter using the Football Foundation Hubs Programme as an example. Note that the monetary impact described in this chapter is also captured in Chapters 3-5 and so is not additive.

6.1. THE IMPACT OF VOLUNTEERING

Volunteers underpin grassroots football in England – they are fundamental to the delivery of the game each week across the country. This chapter aims to quantify some of the main benefits that volunteering brings to the country, local communities and the volunteers themselves.

The national benefits of volunteering

Approximately 1.4m people volunteer in grassroots football across England.

- Volunteers are crucial for grassroots football. The 1.4m volunteers who support the beautiful game include:
  - 70,000 named club and league officers[227];
  - Over 500,000 'general' adult volunteers[228];
  - Approximately 800,000 children who volunteer[229].
- 27% of adult volunteers are women[230].
- Volunteers provide an economic contribution of £1.10bn each year to society[231] (see Chapters 3 and 4), as well as positively impacting their communities and personal wellbeing (see below).

The community benefits of volunteering

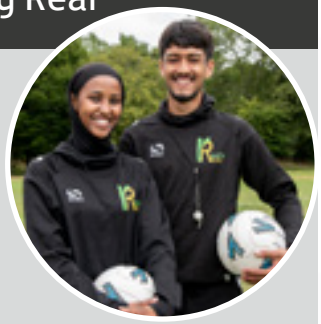
81% of football volunteers surveyed started volunteering to give something back to their community and 84% started to give something back to their club[232].

- People who volunteer in sport have four times higher social trust levels compared to those who do not volunteer in sport[233].

[227]Aged 16+. Chair, Secretary, Welfare Officer or Treasurer. The FA.
[228]Aged 16+. Includes other league and club officers (for example fixtures secretaries, referee officials) and other informal roles. The FA.
[229]Aged 10-16. Sport England (2019). Active Lives Children and Young People Survey Academic Year 2018/19.
[230]The FA Volunteering Workforce Survey (2018). n=1667 (1,037 general volunteers, 630 key club and league officials). All respondents are aged 18+. Respondents are assumed be representative of the whole grassroots volunteer landscape.
[231]Note value is captured in Chapters 3 and 4 and is not additive. Portas Consulting Socio-economic Model. Value of salary-equivalent hours dedicated by adult volunteers. No monetary value is applied to the hours dedicated by volunteers under aged 16. See Appendix 3 for further details.
[232]The FA Volunteering Workforce Survey (2018).
[233]Join in (2014). Hidden Diamonds. Retrieved from https://www.sportandrecreation.org.uk/pages/volunteering-research

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES (CONTINUED)

Case Study — Asha Mohamud and Ali Zaman, Really Real



Asha and Ali are two university students from West Ealing who won The FA and McDonald's Grassroots Football Awards Rising Star of the Year Award in 2019. They created Really Real, a coaching initiative to provide free football activities for children where they grew up. In initiatives such as Really Real, coaching is only part of the story. Asha and Ali volunteer and fundraise to provide transport, food, water and equipment for the children who attend. Asha and Ali are fighting to make a difference to the lives of others through football.

Middlesex FA

Grassroots football volunteers dedicate 186m hours annually and each volunteer supports the participation of approximately 10 players.

- The average league or club official dedicates 12 hours per week to grassroots football[234], compared to two hours per week for the average volunteer in any sector[235].
- In total, grassroots football volunteers in England dedicate 186m hours annually[236]. With 1.4m grassroots volunteers and 13.5m people playing regular grassroots football, each volunteer supports the participation of approximately 10 people.

Case Study — Sue Carmichael, Liverpool Feds Women's and Girls FC

Ask about Sue Carmichael and the response is quick: "She makes things happen". Since founding Liverpool Feds 27 years ago, her goal has always been helping young women achieve their potential. Sue has helped create a progressive women's club that has survived the test of time. There are now over 100 girls aged 4-16 participating every week along with three open-age teams and a recreational 'FA Snickers Just Play' group designed for women who are either beginners or who are wanting to get back into football.

On top of the football, the club also makes a significant contribution to its local community. The club runs Mental Health First Aid courses and supports mental health charities, for example through its annual Zoe Tynan tournament in memory of a former player. The club has also recently been raising money for NHS charities.

After recently 'stepping down' as club chair, Sue is now running the under-16 and under-18 sides. She won The FA and McDonald's Grassroots Football Awards Volunteer of the Year Award in 2018.

www.liverpoolfeds.co.uk
Liverpool FA

[234]The FA Volunteering Workforce Survey (2018).
[235]National Council for Voluntary Organisations (2019). Time well spent: A national survey on the volunteer experience.
[236]Calculated from total number of grassroots volunteers and the average annual hours dedicated by each grassroots volunteer.

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES (CONTINUED)

The individual benefits of volunteering

Volunteering supports personal development in young people:

- For young people, research shows that volunteering in football contributes both to the economy and their futures. Volunteering develops employability skills such as resilience, leadership and communication[237].
- Research shows that 64% of employers agree that volunteering experience is important for the workplace[238].

Volunteering in grassroots football has a positive impact on individual wellbeing, with a social wellbeing value of £625m per annum[239].

- 83% of football volunteers surveyed say they find their work personally rewarding[240].
- Sport volunteers have 10% higher emotional wellbeing levels and are 18% more likely to feel proud of themselves compared to those who do not volunteer in sport[241].

[237]The benefits of general volunteering are assumed to apply to volunteering in grassroots football. Sources: Institute for Employment Studies (2011). Volunteering: Supporting Transitions; Gaskin, K. (2004). Young People Volunteering and Civic Service. A Review of Literature. A report for the Institute for Volunteering Research; Williams, J. (2017). Involving young people in volunteering. What works? The Careers and Enterprise Company.
[238]Greater London Authority (2017). Volunteering and the workplace.
[239]Also captured in Chapters 3 and 4. Calculated with the wellbeing valuation approach (see Appendix 10 and Appendix 12). Based on the wellbeing value of a general volunteer and number of grassroots volunteers aged 16+. Note there is scope for further research into wellbeing value of sports volunteers.
[240]The FA Volunteering Workforce Survey (2018).
[241]Join in (2014). Hidden Diamonds. Retrieved from https://www.sportandrecreation.org.uk/pages/volunteering-research

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES (CONTINUED)

6.2. THE IMPACT OF FACILITIES

Via the Football Foundation, the National Football Facilities Strategy (NFFS) is directing £1bn[242] of investment into grassroots football facilities over the next 10 years.

The funding partners of the Football Foundation are The FA, Premier League and the Government (via Sport England).

- Facility provision is one of the biggest barriers to football participation[243].
- The Football Foundation's funding partners have shared a 10-year vision for developing football facilities in the form of the NFFS, to be delivered by the Football Foundation.
- The NFFS is a major commitment to transform the facilities landscape by delivering:
  - **1,000 new 3G football turf pitches (FTPs):** in a mix of sizes and settings, dependent upon local needs. All are aimed at enhancing the quality of the playing experience.
  - **20,000 improved natural-turf pitches:** to help ensure games get played week in week out and improve player experience. The FA is working to improve data availability in order to outline the social return on investment from the provision of good quality grass pitches.
  - **1,000 new changing pavilions/clubhouses:** all linked to priority sites.
  - **Small-sided facilities:** to grow the small-sided game for teams and leagues, recreational and informal play.
- The NFFS is targeting investment at areas of high demand and high deprivation. £189m (19%) will be directed at these areas of greatest need[244].

[242] This figure could increase to £2m subject to the Conservative party's pledge to invest an additional £550m in grassroots football (+ matched funding) made during the election campaign.
[243] The FA Grassroots Survey.
[244] Assigned by a combination of deprivation (IMD scale) and demand (The FA and Football Foundation): Leeds, Cornwall, County Durham, Greenwich, Central Bedfordshire, Birmingham, Newcastle upon Tyne, Warrington, North East Lincolnshire.

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES (CONTINUED)

With the primary focus of this study being on the benefits of football participation to children and adults, the assessment of the vast impact that facilities have was concentrated on just the Football Foundation Hubs programme, delivered by the Football Foundation. This was deemed an appropriate proxy for this report as the programme forms a key strand of the objective to build 1,000 new FTPs and caters for all formats and age groups playing the game. Note: 2019 is the time period analysed due to data availability.

What is the Football Foundation Hubs programme?

The Football Foundation Hubs programme (previously known as the Parklife programme) represents a new model of investment for football facilities.

- The programme delivers accessible facility 'hubs' at the heart of urban communities in partnership with Local Authorities.
- Hub sites increase the number and flexibility of playing opportunities. Each site contains multiple FTPs[245], which can accommodate more than 10 times the volume of football compared to a well-maintained grass pitch[246].
- There are currently 13 hubs across the country, with 10 more in development[247]. The first nine hubs have recorded 189,000 registrations and over 1.1m football visits[248] since opening. Two of the more established hub networks are located in Sheffield[249] and Liverpool[250] and drive significant benefits to local communities (see below).

The contribution of Football Foundation Hubs to football in Sheffield and Liverpool

82,500 people played football at the Sheffield and Liverpool hubs in 2019[251]. 25% of these players were female.

- Hubs play a vital role in local grassroots football – there were 690,000 football visits across all sites over the year.
- Over 50,000 adults played at Sheffield and Liverpool hub sites in 2019[252,253]. That's 24% of the football playing population in these cities[254].
- The Sheffield and Liverpool hubs bring different parties together from the across the football landscape and beyond[255]. For example:
  - 25% of players at hubs are female[256]. This participation is supported by various targeted initiatives including female beginner football festivals, recreational programmes like Wildcats, and female clubs and leagues hosted at the sites.
  - Both hubs run inclusion programmes, including Walking Football, LGBT football and disability football.
  - There are also multi-sport options, for example 15 hours of rugby per week is delivered at one of the Liverpool sites.

[245] See Appendix 13 for further details.
[246] FTPs can accommodate up to 85 hours of football per week (Football Foundation). The equivalent figure for a well-maintained grass pitch is six (Institute of Groundsmanship).
[247] Of the 13 sites built: 11 are fully open, one has partially opened and one has been delayed due to Covid-19.
[248] The Football Foundation. Data correct as of December 2019.
[249] Delivered by £14.3m capital investment. Contains six FTPs, seven grass pitches, three pavilions and one gym between three sites.
[250] Delivered by £21m capital investment. Contains 12 FTPs, 12 grass pitches, four pavilions and two gym between three sites.
[251] Sheffield hubs scans (visitor) data (2019), Pulse Fitness; Liverpool hubs scans (visitor) data (2019), Pulse Fitness. Calculated from the number of unique visitors at each site. See Appendix 13 for methodology.
[252] Sheffield hubs scans (visitor) data, Pulse Fitness; Liverpool hubs scans (visitor) data, Pulse Fitness. Calculated from the number of unique visitors at each site. See Appendix 13 for methodology.
[253] Note data only 10 months of data available for Sheffield and Liverpool Jeffrey Humble sites. In these cases, the number of unique visitors over 12 months was calculated from the average number of unique visitors per month.
[254] The FA Participation Tracker, March 2019 – February 2020. Liverpool: Participation rate = 29.7% of 394k adults (n = 182); Sheffield: Participation rate = 14.9% of 458k adults (n = 304).
[255] Additional recreational programmes include: Turn up and play youth sessions, Soccercise, advanced coaching sessions, BTEC education programme, coach and referee education, holiday courses, 5-aside, 7-a-side and 9-a-side adult leagues.
[256] Across all ages. The FA Participation Tracker. Sport England (2019) Active Lives Survey 2018/19.

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES (CONTINUED)

High-quality artificial surfaces and management at Football Foundation Hubs enable higher levels of participation through fewer match cancellations and year-round access to facilities.

- By the end of the first year of operations, the number of cancellations at the Sheffield location dropped from 146 to zero[257] and last year there were no lost fixtures due to poor weather[258]. Only five days of fixtures have been postponed across the Liverpool sites in the last two years[259].
- Year-round access is enabled by FTPs, which are playable even during winter months[260].
- For context, 1 in 6 affiliated football matches are cancelled each year across the country – with over half of games postponed due to pitch conditions[261].

Overall, the Football Foundation Hubs create better playing experiences.

- The playing experience has improved significantly at the Sheffield hub since opening.
  - For example, player satisfaction has increased by 78% and feelings of value for money have increased by 25%[262].

The contribution of Football Foundation Hubs to local communities in Sheffield and Liverpool

In 2019, the Sheffield and Liverpool Football Foundation Hubs generated £16.2m[263] in socio-economic value for local communities through football provision.

- With a combined capital investment of £35.5m to build the seven sites across both cities, this represents a capital payback period of just over two years and a social return on investment (SROI) of 4.4 times the initial investment[264].
- £12.4m is generated through the economic contribution of participants, volunteers and the value of over 200 people employed at the Sheffield and Liverpool sites[265,266].

[257]Sheffield hubs, Pre-migration review: 146 registered postponements from 7 clubs across 32 teams in 2015/16 season compared to zero registered postponements in 2016/17 season. Note 13 days were lost due to snow but fixtures were made up during spare capacity and all were completed.
[258]Pulse Fitness.
[259]Pulse Fitness.
[260]Participation across the two hubs is ~2x higher during winter months than summer months, when affiliated football pauses for the off-season. This seasonal effect is greater than for general football participation.
[261]'Pitch conditions' were identified as the reason for postponement for 62% of postponed games in 2017/18. Based on number of postponed games that have reasons captured for why they were postponed. The FA.
[262]Sport Industry Research Centre. Sheffield hubs, Year 1 report, 2017. See Appendix 13 for further details.
[263]Based on providing 21,700 players with regular football (defined as those who played at least once a month at a Football Foundation Hub site during 2019). Note this is likely an underestimate as it does not capture the value of non-regular participation or participation of Football Foundation Hub players at other sites. Value is not additive to total value in Chapters 3 and 4. Calculated using the Portas Consulting Socio-economic Model. See Appendix 3 and Appendix 13 for further details.
[264]Calculated by dividing one year of socio-economic value by an annualised capital investment figure (total capital investment of £35M spread over the anticipated investment lifetime of 16 years – based on two carpet cycles of 8 years each as defined in the hub business plans). The FA. Note an assumed 40% discount was applied to the socio-economic value to account for the fact that 'counterfactual deadweight' (the situation in the absence of the facilities) or displacement factors (the socio-economic benefits through facilities may be offset by reductions elsewhere) have not been applied.
[265]Based on providing 21,700 players with regular football. Calculated using the Portas Consulting Socio-economic Model. See Appendix 3 and Appendix 13 for further details.
[266]Employment value also includes wider employment, such as coaches and referees.

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES (CONTINUED)

- £2.4m of this value is in the form of physical and mental wellbeing benefits[267]. In addition:
  - 92% of users at NFFS sites including Football Foundation Hubs take part in physical activity each week, compared to the national average of 75%[268].
  - 52% of users at NFFS sites including Football Foundation Hubs agree that using the site has increased their overall health[269]. Through improving participants' overall health, the sites contributed to reducing 4,500 GP visits in Sheffield and Liverpool[270].
  - Users at similar sites to Football Foundation Hubs report significantly higher levels of life satisfaction and lower anxiety levels than the national average[271].
- £1.4m of this value is through social community contribution[272].
  - The Sheffield and Liverpool provided 2.8M hours of social interaction for players last year[273].

The Sheffield and Liverpool sites contributed a further £3.1m to their local communities in 2019 through football and other revenue-generating activities.

- The revenue-generating facilities unique to the Football Foundation Hub concept provided a further £3.1m[274] at the Sheffield and Liverpool sites.
- In addition to the core football offering, hubs offer a range of wider community services including:
  - Gyms: Football Foundation Hubs run a successful football and fitness model. Over 3,660 people are registered at the Sheffield and Liverpool gyms[275].
  - Education programmes: Hubs host a range of programmes including joint football-education certificates, BTEC courses and language classes.
  - Community events including elderly movie nights, mental health services and anti-knife crime events.

[267]Calculated using the Portas Consulting Socio-economic Model. See Appendix 3 and Appendix 13 for further details.
[268]MTM Sport / Football Foundation NFFS Survey across 5 sites including Liverpool Jericho Lane (n=2,262) Q1: 'In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?' National average from the Active Lives Adult Survey (2018/19).
[269]MTM Sport/Football Foundation NFFS Survey across 5 sites including Liverpool Jericho Lane.
[270]Based on regular footballers having a 10.3% increased likelihood of good health (FA Participation Tracker. See Appendix 8) Calculated using the methodology outlined in The FA (2019): The Social and Economic Value of Adult Grassroots Football in England.
[271]MTM Sport / Football Foundation NFFS Survey across 5 sites including Liverpool Jericho Lane. National average from the Active Lives Adult Survey (2018/19)
[272]Through educational improvement and crime reduction (as in Chapter 3). Calculated using the Portas Consulting Socio-economic Model. See Appendix 3 and Appendix 13 for further details.
[273]Calculated using the Portas Consulting Socio-economic Model. See Appendix 3 and Appendix 13 for further details.
[274]Revenue is aggregated across all sites and annualised to provide an indicative per annum figure. Data provided by Pulse Fitness. See Appendix 13 for a breakdown by revenue type.
[275]Data provided by Pulse Fitness.

6. TWO KEY ENABLERS OF PARTICIPATION: VOLUNTEERS AND FACILITIES (CONTINUED)

Case Study Lisa Saleh, AFC Warner Colts

When Lisa Saleh's children started playing for AFC Warner Colts, she never imagined that a few years later she'd be joining them.

Yet that is exactly what has happened. Every week Lisa heads down to one of the Football Foundation-funded hub sites in Liverpool, usually Jericho Lane, to meet her team mates for training or matches.

After losing her business, Lisa was stuck in a rut and struggling with her mental health, particularly anxiety. Initially she tried the gym on the recommendation of her doctor, but found it wasn't for her. That's when she turned to football.

After becoming involved with the AFC Warner Colts' ladies team Lisa's confidence sky rocketed. Her motivation returned and she has since secured a new job, all while making a host of new friends in the team.

"If I hadn't started playing in the women's team, I wouldn't have got the job I've got now. Getting out and playing football, and mixing with all the women, it motivated me. Joining this team is definitely the best thing I've ever done for my mental health." **– Lisa Saleh**

The side of football Lisa enjoys most is the social element. She loves spending time with her teammates and also appreciates that she can fit in training around her children's lives.

Lisa is also a firm believer that better facilities have led to growth of the women's game. Sites such as Jericho Lane offer changing rooms, toilets and a café, turning it into a community space as well as a sporting one.

"Some women don't want to go and get changed on a muddy field in the park, but here you've got toilets, there's an area to sit and have a coffee and a chat, so it's not just about playing football; it's the social aspect of it too." **– Lisa Saleh**

Lisa doesn't play football every week and she admits that her physical fitness is still improving. But that is why football works so well for her; it fits in with her lifestyle. It was a leap of faith for her, but one that she'll never regret.

"If any woman out there is thinking, shall I go and join a football team, all I can I say to you is, yes. You'll never look back." **– Lisa Saleh**

7. PROJECT TEAM

Lottie Birdsall-Strong
Team Lead
The Football Association

Harriet Jowett
The Football Association

Portas Consulting Ltd was appointed to conduct data analysis, perform socio-economic modelling and to write the report.

Portas Consulting is the leading management consultancy dedicated to sport and physical activity.

Working with governments, sports bodies and corporates, Portas provides independent advice to senior leaders on their most critical and complex challenges across the globe. Contributing staff include Charlie Cowen, Jack Barber, Elena Portas, Viola Lough, Harry Wells, Neel Rajani and Clare Bowyer.

Dr. Ricky Lawton was appointed as a special technical advisor on elements not relating to the Portas Consulting socio-economic model. He is Director of Research and Analysis at Simetrica-Jacobs (on behalf of Jump Projects), a research consultancy specialising in policy evaluation for public, private and not-for-profit sectors.

8. ACADEMIC PANEL

A panel of academic experts was engaged to review the data sources, modelling methodology and communication of findings in the report. The members of this panel are listed below in alphabetical order:

Justin Davis Smith CBE is a Senior Lecturer at Cass Business School, where he leads a masters' programme on voluntary sector management. Prior to this, he was chief executive of Volunteering England and director of the Institute for Volunteering Research. He was chief consultant to the UN on the international year of volunteering and author of the volunteering strategy for the 2012 Olympic and Paralympic Games. He is a Trustee of the Watford FC Community Sports and Education Trust.

Dr Charlie Foster OBE is one of the UK's leading epidemiologists for physical activity and health. He was the lead author for the 2019 UK Chief Medical Officers' Physical Activity Guidelines and advises the UK Government on physical activity and sports policy. He is the Head of the Centre for Exercise, Nutrition and Health Sciences at Bristol University.

Professor Carol Holland is a Professor in Ageing within the Division of Health Research at Lancaster University, and Director of the Centre for Ageing Research (C4AR). She is a psychologist who focuses on applied impacts of cognitive and health psychology of ageing and models of frailty. She has an interest in the multidimensional impacts of social and physical engagement and activity on wellbeing and cognitive function in later life.

Michael Kitson is University Senior Lecturer in International Macroeconomics at Cambridge Judge Business School; Director of the Cambridge MBA; Assistant Director of the Centre for Business Research, Cambridge; and Fellow of St Catharine's College, Cambridge. He was also an advisor for The FA's 2019 report: The Social and Economic Value of Adult Grassroots Football in England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9. APPENDICES

APPENDIX 1 – KEY DATASETS

The FA Participation Tracker

The FA Participation Tracker is run by The FA to understand trends in football participation and the motivations and outcomes for people who play football.

The FA Participation Tracker engages both football and non-football participants aged 14+ across England via a 15-minute online quantitative survey. Fieldwork is conducted every month continuously (sample recruited via panel sample). Weightings are required to reduce the risk of bias in survey estimates and are produced to make the weighted achieved sample match the population as closely as possible. Weightings are calculated based on the demographic breakdowns of the population as reported by the Office for National Statistics[276] and account for age, gender, geography, ethnicity and socio-economic group.

The FA Participation Tracker was redesigned in October 2019 to include a series of questions around mental and social wellbeing. Wellbeing insights are derived from analysis of responses collected between November 2019 and February 2020, capturing data from 4,803 respondents. The measures analysed in this report are:

Variable	Question asked
Current smoking status	Do you currently smoke a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids.
Influence of football on likelihood of quitting	To what extent do you agree or disagree with the following statement: 'Taking part in football makes me more likely to quit smoking'?
Past smoking status	Have you ever smoked?
Influence of football on quitting smoking	To what extent do you agree or disagree with the following statement: 'Taking part in football made me more likely to quit smoking'?
Alcohol consumption	How often have you had an alcoholic drink of any kind during the last 12 months?
Influence of football on alcohol consumption	To what extent do you agree that playing football makes you more likely to consume more alcohol?
Self-rated diet	On a scale of 0-10 how would you rate your diet with 0 being very unhealthy and 10 being very healthy?
Influence of football on diet	To what extent do you agree that playing football encourages you to have healthier food choices?
Life satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiousness*	On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?
General health	How is your health in general? Please give your answer on a scale of 1 to 5 where 1 is 'Very good' and 5 is 'Very bad'
GP visits	In the last 12 months, how many times have you visited your GP?
Life's challenges	Your ability to cope with life's challenges - We're now going to show you a number of statements and we'd like you to answer each based on how you would rate yourself in each of these areas.
Overall confidence	Your overall confidence - We're now going to show you a number of statements and we'd like you to answer each based on how you would rate yourself in each of these areas.

[276] Office for National Statistics (2019). United Kingdom mid-year population estimates.

9. APPENDICES (CONTINUED)

Variable	Question asked
Communication skills	Your communication skills - We're now going to show you a number of statements and we'd like you to answer each based on how you would rate yourself in each of these areas.
Resilience	Your resilience (If you find something difficult you keep trying until you can do it) - We're now going to show you a number of statements and we'd like you to answer each based on how you would rate yourself in each of these areas.
Leadership skills	Your leadership skills - We're now going to show you a number of statements and we'd like you to answer each based on how you would rate yourself in each of these areas.
Trust	Most people who live in my local area can be trusted - To what extent do you agree or disagree with the following statements?
Social interactions	I interact with people from different social groups (e.g. older or younger than me, from a different culture or race, from a different neighbourhood). - To what extent do you agree or disagree with the following statements?
Community connection	I am well connected to my community (e.g. volunteering, helping people with physical disabilities) - To what extent do you agree or disagree with the following statements?
Influence of football on community crime	Football helps to reduce crime in my community - To what extent do you agree or disagree with the following statements?
Influence of football on community anti-social behaviour	Football helps to reduce anti-social behaviour in my community - To what extent do you agree or disagree with the following statements?

*Anxiety has not been included in the reported figures due to the Covid-19 pandemic, which caused an increase in surveyed anxiety levels in the month of February.

The primary target audience of the survey is people aged 16+, with supplementary data collected for children aged 14-15. In this report it is therefore predominantly used in Chapter 4 to understand the national football participation landscape and the benefits of grassroots football participation on health and social wellbeing measures in adults aged 19+.

To prevent potential seasonality bias, football participation analysis uses responses collected between March 2019 and February 2020 (14,597 responses). For the purpose of this report, a respondent is defined as a 'regular' football participant if they have played football within the last month.

The Active Lives Adult Survey (2018-19)

The Active Lives Survey was conducted by Ipsos MORI on behalf of Sport England which commissioned the survey with additional funding from Public Health England, the Department for Transport and Arts Council England.

The data presented were collected between May 2018 and May 2019 in England. The data were collected using an CAWI online questionnaire and a paper self-completion questionnaire. The questionnaire can be completed by members of the public aged 16 or over and is available through both online and paper versions. Valid responses which could be used for analysis were received from 177,876 people in total. The Active Lives Survey is a 'push-to-web' survey involving four postal mail-outs designed to encourage participants to complete the survey online.

For the Active Lives Survey, the weights correct for the disproportionate selection of addresses across Local Authorities and for the selection of adults and youths within households. They also adjust the achieved sample by month to control for seasonality. In addition, by weighting to population estimates and national estimates from the Office for National Statistics, the weights should also reduce bias in the survey estimates. See Active Lives Technical Report for more information on weighting.

The report also analyses the time spent doing various types of sport and being active[278] in the last week. In the analysis, specific activities have been grouped together into composites to look at groups of sports or disciplines. Sport England report sport participation according to the proportion of people who report playing a sport at least twice in the past 28 days. In order to remain consistent throughout this report, an adult is defined as a 'regular' football participant if they have played football at least once within the past 28 days.

Ethnicities have also been grouped based on standard ONS breakdowns:

- White includes White British, Gypsy or Irish traveller, Irish and any other White (e.g. Polish)
- Asian includes South Asian (Indian, Pakistani, Bangladeshi), Chinese and any other Asian (e.g. Korean, Japanese)
- Black includes African, Caribbean and any other Black (e.g. Black American, Black European)
- Mixed/Other includes individuals of multiple ethnic groups (e.g. White and Black Caribbean), Arab and any other ethnicities (e.g. Polynesian)

In this report, the Active Lives Adult survey serves as the primary dataset for analysing physical activity rates in adults aged 19+.

Active Lives Children and Young People Survey (2018-19)

The Active Lives Children and Young People Survey was conducted by Ipsos MORI on behalf of Sport England, which commissioned the survey to inform both their own strategy and the strategies of the Department for Digital, Culture, Media and Sport (DCMS), the Department for Education (DfE) and the Department of Health and Social Care (DHSC). The survey captures children across England aged 5-16.

The data presented here were collected between September 2018 and July 2019 (2018/19 academic year) in England. The data were collected using CAWI online questionnaires administered in schools. There were three types of questionnaire: 1) Short simple questionnaire for pupils in year 1-2 (age 5-7); 2) Questionnaires for pupils in year 3-11 (age 7-15/16) and parents of pupils in year 1-2; 3) Questionnaire for one teacher in each school (most often the PE lead but also heads, deputies and other teachers).

The survey design is schools based. A sample of schools was drawn from the Department for Education list of schools (Edubase 2017/18). For the Active Lives Children and Young People Survey, weights correct for non-response by schools. More information on weighting can be found in the Active Lives Children and Young People 2018/19 Technical Note.

Data are presented for childhood physical activity and football participation. The first category includes pupils who meet the CMO guidelines for young people to do on average 60 minutes of activity a day across the week. The second category includes children who have played football in the last week. For the purpose of this report, a child is defined as a 'regular' football participant if they have played any form of football within the past week.

Analysis also focuses on composite activity groupings to understand how children engage in physical activity. The composite measures used in the report are:

[278] The Chief Medical Officer defines an active adult as someone who completes 150+ moderate intensity equivalent (MIE) minutes of physical activity per week.

9. APPENDICES (CONTINUED)

Composite	Activities included
Football	Football, Kicking a ball about ('informal' football)
Team sport	Football, Netball, Hockey, Cricket, Rugby, Baseball, Softball, Rounders, Basketball, Dodgeball, Benchball, Volleyball, Lacrosse, Handball, King ball, Korfball, Roller hockey, Other team sport
Individual sport	Racket, Combat, Athletics, Swimming, Gymnastics, Adventure, Motor, Water sports, Horse riding, Golf, Ice skating
Active play	Kicking a ball about, Skateboarding, roller skating/blading, Frisbee, throwing and catching or skipping, playing it, tag, chase, sardines or other running games, Climbing or swinging in the playground, garden or park, Other active play, Hula hooping
Walking for leisure	Going for a walk
Fitness activities	Gym or fitness (fitness class e.g. yoga, or using exercise machines e.g. rowing machine, exercise bike, running machine), Other fitness or gym
Active Travel	Walking for travel: Walking to get to school or other places; Cycling for travel: Cycling to get to school or other places; Riding a scooter
Dance	Dancing

Ethnicities are grouped based on standard ONS breakdowns (as above).

The Active Lives Children and Young People Survey also captures a range of self-reported variables which measure respondents' wellbeing. The wellbeing measures analysed in this report are:

Wellbeing / social variable	Question asked	Age group captured
Happiness	"How happy did you feel yesterday?" (0-10 scale)	Years 3-11 (Aged 7-16)
Life worthiness	"To what extent are the things you do in your life worthwhile?" (0-10 scale)	Years 7-11 (Aged 11-16)
Life satisfaction	"How satisfied with life nowadays?" (0-10 scale)	Years 7-11 (Aged 11-16)
Self efficacy	"If I find something difficult, I keep trying until I can do it"	Years 3-11 (Ages 7-16)
Social Trust	"How much do you feel you can trust people who are a similar age to you?" (1-4 scale)	Years 3-11 (Ages 7-16)

More information on these can be found in the Active Lives Children and Young People 2018/19 Year 2 Data User Guide.

In this report, the Active Lives Children Survey serves as the primary dataset for understanding physical activity and football participation in children aged 5-16, and how this links to wellbeing outcomes.

Limitations and mitigations

Limitation: The Chief Medical Officer's guidelines currently recommend children between the ages of 5-18 do an average of 60 minutes of physical activity per day across the week. However, there is no dataset that measures physical activity against these guidelines across the full age range 5-18. The Active Lives Children and Young People Survey only accounts for children up to age 16, whereas the adult survey starts at the age of 16.

> **Mitigation:** Both Active Lives Children and Young People (5-16) and Active Lives Surveys (16-18) are used to measure sports participation and physical activity. Both datasets report the total number of Moderate Intensity Equivalent minutes of activity across the week so the threshold for physically active individuals can be set manually at 420 minutes. However, due to the different collection methods of the two surveys, different levels of physical activity and sport participation are shown at age 16. The trend seen in the Active Lives Survey for 16-18 years old is used to project a continuation of the physical activity rate seen at age 16 in the Active Lives Children and Young People Survey. The average activity level across the whole population of 5-18 year olds is then determined from a weighted average using population sizes from ONS. The extrapolated values for 17 and 18 years old are only used in the outcome modelling sections and are removed for the driver's analysis.

Limitation: Active Lives datasets are vulnerable to individuals over-reporting physical activity levels.

> **Mitigation:** Analysis removes outliers who are assumed to over-report their physical activity levels. In line with Sport England definitions, a respondent is classified as an outlier if they report as completing over 12 hours of physical activity on a weekday or over 9 hours of physical activity on a weekend.

Limitation: Weights cannot be calculated for transgender respondents in The FA Participation Tracker as the most recent Office for National Statistics population data do not include population data on individuals who identify as transgender[279].

> **Mitigation:** Transgender individuals are excluded from the football participation and wellbeing analysis.
>
> The FA has developed an inclusive policy which is supportive of and welcoming to trans people in football and ensures fair competition and safety of all those on the field. This policy sets out The FA's position on the involvement of transgender and transsexual people playing football, which is governed by The FA. The FA is committed to inclusion and achieving football For All[280]. Please see more information regarding this policy on The FA website[281].
>
> The Office for National Statistics (ONS) is proposing to ask a question on the topic of gender identity for the first time in a census in 2021[282]. For more information please refer to ONS[283].

Limitation: Sport participation can vary significantly across months due to seasonality effects.

> **Mitigation:** The Active Lives Surveys collects data throughout the school year. Adult football participation rates were analysed from 12 months of data collected from March 2019 to February 2020.

Limitation: All surveys only account for those who replied to the survey.

> **Mitigation:** The respondents are assumed to be a representative random sample of the larger population of interest and this survey is used as the basis for physical activity rates of England and any sub-group of the population. Where possible, analysis is weighted to make the weighted achieved sample match the population as closely as possible.

[279] Office for National Statistics (2019). United Kingdom mid-year population estimates.
[280] http://www.thefa.com/about-football-association/for-all
[281] http://www.thefa.com/-/media/files/thefaportal/governance-docs/equality/lgbt/frequently-asked-questions.ashx
[282] https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/genderidentity/guidanceforquestionsonsexgenderidentityandsexualorientationforthe2019censusrehearsalforthe2021census#guidance-for-the-gender-identity-question-for-the-2019-rehearsal
[283] https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/genderidentity/guidanceforquestionsonsexgenderidentityandsexualorientationforthe2019censusrehearsalforthe2021census#guidance-for-the-gender-identity-question-for-the-2019-rehearsal.

APPENDIX 2 – TECHNICAL NOTE: OLS REGRESSION ANALYSIS

Ordinary Least Squares (OLS) regression analysis is conducted to investigate the relationship between regular football participation and wellbeing / social outcomes.

Aims and objectives

Much of the research in the sporting sector uses simple analysis tests to assess statistically significant differences between outcome variables. Analysis at this level can indicate key differences between groups but does not allow us to state with high statistical confidence that football is the key factor for driving these outcomes.

The 2014 DCMS report quantifying the impact of sports participation stated that: 'Essential to this process is the ability to control for as many of the determinants of a given outcome as possible using regression analysis. It is the optimal method given the nature of the data[284].

OLS allows us to adjust for factors that may affect wellbeing measures to better isolate the benefits of football participation.

Methodology

OLS regression analysis is used to investigate the associations between sport participation (e.g. regular football participation) and wellbeing / social outcomes, whilst holding other factors (control variables) constant. Due to the cross-sectional nature of the data, causality cannot be claimed. However, this methodology allows us to better isolate the link between our variables of interest (as listed in **Appendix 3**) by including control variables in an Ordinary Least Squares (OLS) regression equation.

Furthermore, we can investigate how the association between wellbeing outcomes and considered sport factors varies by gender and socio-economic class. This is achieved with the help of regression models with interaction terms related to such demographic factors.

Active Lives Children and Young People Survey (2018/19)

OLS regression analysis conducted on the Active Lives Children and Young People Survey (see **Appendix 1**) is used to investigate the association between team sport participation and mental wellbeing outcomes in children aged 5-16 (see Chapter 3)[285].

The data allows us to control for the following characteristics:

- Gender
- Age
- Family Affluence Score[286] (FAS - a broad indicator of social status)
- Index of Multiple Deprivation[287] (IMD - a broad indicator of social status)
- Ethnicity
- Disability
- Area of residence
- Participation in other sports

For full results of regression analysis see **Appendix 6.**

The FA Participation Tracker

OLS regression analysis is conducted on The FA Participation Tracker survey (see **Appendix 1**) to investigate the association between football participation and a range of wellbeing and social outcomes in adults (see Chapter 4).

The data allows us to control for the following characteristics:

- Gender
- Age
- Household income
- Socio-economic grade (a broad indicator of social status)
- Ethnicity
- Religion
- Employment status
- Whether the respondent has dependent children
- Area of residence
- Participation in other sports

For full results of regression analysis see **Appendix 8** and **Appendix 9**.

[284]Fujiwara. et al (2014). Quantifying the Social Impacts of Culture and Sport. DCMS Research Paper.
[285]Note: OLS regression on children could not be conducted on The FA Participation Tracker survey due to low sample size.
[286]Respondents are placed on a scale of 0-20 depending on answers to a series of questions about household possessions and expenses.
[287]Matched on geography based on school location.

APPENDIX 3 – THE SOCIO-ECONOMIC MODEL

The socio-economic model was developed by Portas Consulting to quantify the economic, health and social benefits associated with regular football participation in children aged 5-18 and adults aged 19+. The socio-economic model and underlying analysis build on methods initially developed through Portas' Active Citizens Worldwide (ACW) initiative and is based on an extensive literature review. In line with previous academic and government studies[288], all monetary values are based on primary analysis or academic research that control for socio-demographic factors[289]. For additional information on methodology and assumptions, please contact Portas Consulting.

This section of the Appendix is split into three sub-sections:

- **Children chapter** – the methodology underpinning the socio-economic modelling of the impact of grassroots football participation in children aged 5-18.
- **Adult chapter** – the methodology underpinning the socio-economic modelling of the impact of grassroots football participation in adults aged 19+.
- **Limitations and mitigations** – within the economic, health and social components of the socio-economic modelling.

Children Chapter

The Children Chapter of the main report (Chapter 3) demonstrates the benefits of regular grassroots football participation for children aged 5-18.

Since The FA Participation Tracker survey only captures children aged 14-18, the socio-economic model uses the Active Lives Children and Young People Survey as the key dataset used to obtain football participation and physical activity rates for children. In line with the data collected in the Active Lives Children and Young People Survey, regular footballers are defined as children who have played once within the last week and includes children who play 'informal' football. See **Appendix 1** for further details on the Active Lives Children and Young People Survey.

i) Economic impact

This report quantifies three ways in which children's participation in grassroots football contributes to the economy: participant consumption, volunteering value and workforce contribution. Participant consumption is defined as the direct value of expenditure by regular participants in children's grassroots football (e.g. membership, travel costs) and the indirect benefits to upstream industries involved in the production of sports goods and services[290]. Volunteering value represents the salary equivalent value of hours worked adult 'formal' volunteers and adult 'general' volunteers[291,292]. No monetary value is applied to the hours dedicated by volunteers under aged 16. Workforce contribution is defined in direct Gross Value Added (GVA) terms as the economic value generated through the workforce required to support participation. The value is based on estimates of the hourly value of referees and coaches and the value of the current 'additional' workforce dedicated to football[293,294].

70% of volunteer and referee time is assumed to be dedicated to children's grassroots football in line with the 7:3 team split between children and adult's grassroots teams in England[295]. All coaches are assumed to work in children's grassroots football.

The tax contribution of children's grassroots football to the Exchequer is calculated based on income tax contribution from 'additional' workers. Wages to coaches and referees are assumed to fall under the minimum tax bracket.

[288] Fujiwara. et al (2014). Quantifying the Social Impacts of Culture and Sport. DCMS Research Paper.
[289] The outcomes of 'crude' or descriptive analysis are not used to inform monetary valuation. Arem H, Moore SC, Patel A, et al. Leisure Time Physical Activity and Mortality: A Detailed Pooled Analysis of the Dose-Response Relationship. JAMA Intern Med. 2015;175(6):959–967. doi:10.1001/jamainternmed.2015.0533
[290] Based on the average annual spend of regular footballers aged 14-18 and average familial spend of parents per football-playing child aged 8-15. Refer to Appendix 5 for further details on expenditure in children's grassroots football.
[291] 'Formal' volunteers defined as named club and league officers (e.g. treasurers, chairpersons). 'Informal' volunteers defined as other general volunteers (e.g. parents supporting training sessions).
[292] The total value of volunteering in the main report also includes the monetary value of social wellbeing impact through volunteering using the 'Wellbeing Value' equivalent income method. See Appendices 10 and 12 for further details.
[293] E.g. groundspeople, leisure centre workers
[294] Note: This does not account for 'counterfactual deadweight' (the situation in the absence of grassroots football) or displacement factors (the fact that jobs in the football sector could be taking away jobs in other sectors)
[295] The FA.

9. APPENDICES (CONTINUED)

Data from The FA used to inform the socio-economic model is presented in the table below:

Section	Description	Value
Volunteering	Number of adult 'formal' volunteers in grassroots football	70,000[296]
Volunteering	Average weekly hours spent volunteering by a 'formal' volunteer in grassroots football	12[297]
Volunteering	Number of adult 'general' volunteers in grassroots football	500,000[298]
Workforce contribution	Number of 'coaches' in grassroots football	115,000[299]
Workforce contribution	Average weekly number of hours dedicated by a grassroots coach	8.38[300]
Workforce contribution	Average coaching wage per hour	15[301]
Workforce contribution	Number of referees in grassroots football	27,541[302]
Workforce contribution	Average annual number of matches officiated per referee	25[303]
Workforce contribution	Average referee wage per match	£15 (children's matches); £27 (adult matches)

[296]The FA Grassroots Workforce strategy
[297]The FA Volunteering Workforce Survey (2018). n=1667 (1,037 general volunteers, 630 key club and league officials). All respondents are aged 18+. Respondents are assumed be representative of the whole grassroots volunteer landscape
[298]The FA Grassroots Workforce strategy
[299]Number of active registered coaches. Source: The FA
[300]Mean hours spent per week on tasks associated with coaching role, including training and matchday activities, liaising with players, admin and logistics. Source: The FA National Grassroots Coaching Survey (2020). Total sample size n = 3011. Active coaches sample size n = 2358.
[301]Not all coaches are paid. Calculation assumes an unpaid have a salary-equivalent value per hour as a paid coach
[302]Number of registered referees in 2019. Source: The FA
[303]Calculated using the annual number of grassroots matches and the proportion grassroots matches that are officiated (The FA)

ii) Health impact

Using the impact of physical activity on a given disease and the levels of childhood physical activity[304] in England, it is possible to estimate the contribution of physical activity to reducing the prevalence of diseases (and associated outcomes such as healthier lives, economic benefits etc.) by gender. The contribution of football can then be calculated based on the proportion of active children who play football.

The socio-economic model defines the impact of physical activity on children's health as the contribution to the reduction in number of cases of a disease and the associated healthcare savings for obesity, depression and anxiety. The impact of physical activity on developing obesity is based on primary analysis of the Millennium Cohort Survey. The impact of physical activity on developing depression and anxiety is based on academic research from an extensive literature review. In both cases, controls for socio-demographic factors are applied.

Healthcare savings are estimated using data on the cost and prevalence of each disease in England.

The cost per case of childhood obesity is calculated from Public Health England's estimated direct cost of obesity to the NHS in 2014-15[305]. Since 88% of obese children are predicted to become obese adults[306], the future impact of these current case savings is calculated based on the adulthood cost of obesity. Healthcare savings are quantified in terms of 'direct' cost savings for the NHS, such as preventing treatment and public social care costs, and 'indirect' cost savings, such as improving productivity in the workplace and reducing informal care[307]. All cost calculations are adjusted for inflation based on Bank of England figures for 2019. Where future cost implications are implied, all figures are adjusted with a future discounting rate of 1.5%[308].

iii) Social impact

Education

Several studies in Europe show modest positive associations between physical activity, sport participation and educational attainment, including one large study conducted in the UK[309]. This is modelled to determine the contribution of childhood football participation to GDP growth owing to improved educational performance. This value is based on academic research from an extensive literature review, controlling for socio-demographic factors.

Crime

Sport participation is recognised as a deterrent for juvenile crime through creating a time diversion, improving behaviour and providing opportunities for positive relationships to develop. Using the negative association between sport participation and crime, the contribution of childhood football participation to juvenile crime reduction in England can be modelled. Crime savings are estimated using data on the cost and prevalence of juvenile crime in England adjusted for inflation[310].

Social interactions

The current contribution of grassroots football to children's social interaction is calculated from the total number of hours of regular football played by children in England (Active Lives Survey, Children and Young People 2018/19).

[304] Proportion of children who meet the Chief Medical Officer's guidelines of an average of at least 60 minutes of physical activity every day across the week
[305] Public Health England: https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2
[306] Ward, ZJ et al. (2017). Simulation of Growth Trajectories of Childhood Obesity into Adulthood. N Engl J Med, 377:2145-2153
[307] Note no indirect cost to the wider society is calculated for childhood obesity as this impact is associated with economic impact through lost productivity and absenteeism in the workplace
[308] Future discounting rate also known as the social time preference rate is outlined in HM Treasury (2018) The Green Book: Central Government Guidance on Appraisal and Evaluation.
[309] Booth, J. N. et al. (2014). Associations between objectively measured physical activity and academic attainment in adolescents from a UK cohort. Br J Sports Med 48(3): 265-270.
[310] This value is based on academic research from an extensive literature review, controlling for socio-demographic factors.

Adult Chapter

The Adult Chapter of the main report demonstrates the benefit of regular grassroots football participation for adults aged 19+.

The socio-economic model uses The FA Participation Tracker survey to obtain football participation rates for adults and the Active Lives Survey to obtain physical activity rates for adults. See **Appendix 1** for further details of these surveys.

As for childhood outcomes, where primary data sets were not available for some metrics, a literature review was conducted in PubMed and Web of Science databases for data up until January 2020.

i) Economic impact

The main report quantifies three main ways in which adult participation in grassroots football contributes to the economy: participant consumption, the value of volunteering and workforce contribution. For each, the calculations follow the same methodology as for calculating the economic value of children's participation in grassroots football[311].

20% VAT is applied to the total value of participant consumption to calculate the tax contribution of expenditure in adult grassroots football[312]. This is added to the income tax value of 'additional' workers in adult grassroots football to calculate the tax contribution to the Exchequer. Wages to coaches and referees are assumed to fall under the minimum tax bracket.

ii) Health impact

Physical inactivity is strongly associated with an increased risk of developing multiple non-communicable diseases[313,314]. Using data for the impact of different levels of physical activity on a given disease and the levels of adult physical activity (the proportion of adults who are 'fully active'[315] and 'fairly active'[316] in England), it is possible to estimate the contribution of physical activity to reducing the prevalence of diseases by gender (and associated outcomes such as healthier lives, economic benefits etc.). The contribution of football can then be calculated based on the proportion of 'fully active' and 'fairly active' adults who play football.

The socio-economic model defines the impact of physical activity on adult health as the contribution to the reduction in number of cases of a disease and the associated healthcare savings across ten diseases (Coronary Heart Disease, Stroke, Type II Diabetes, Breast Cancer, Endometrial Uterine Cancer, Colon Cancer, Osteoporosis, Dementia, Depression and Anxiety). These diseases were identified from the literature review where a consistent and strong relationship was observed. The impact of physical activity on developing each disease is based on academic research from an extensive literature review. All studies control for socio-demographic factors and results were statistically significant.

The socio-economic model calculates both the direct healthcare costs and indirect societal cost of adulthood disease[317]. These are calculated using published total cost of disease studies and divided by the prevalence of the disease during the year of publication. All figures are converted to GBP and adjusted for inflation based on Bank of England published figures where necessary.

iii) Social impact

The current contribution of grassroots football to adult social interaction is calculated using the total number of hours of regular football played by adults in England. The average number of minutes played by adults is calculated from The FA Participation Tracker survey (November 2019 to February 2020). A cap has been applied to remove outliers[318] from this analysis.

[311] This value is based on academic research from an extensive literature review, controlling for socio-demographic factors.
[312] Participant consumption is based on the average annual spend of regular footballers aged 19+. Refer to Appendix 5 for further details on individual expenditure in adult grassroots football.
[313] It is assumed that no VAT is paid on children's expenditure.
[314] Booth, F.W et al (2012) Lack of exercise is a major cause of chronic diseases. Comprehensive Physiology, 2(2), pp.1143-1211.
[315] Lee, I.M. et al and Lancet Physical Activity Series Working Group, (2012.) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The lancet, 380(9838), pp.219-229.
[316] The proportion of adults who meet the Chief Medical Officer's guidelines of 150 minutes of physical activity per week.
[317] The proportion of adults who take part in 30-149 minutes of physical activity per week.
[318] Direct savings are savings to the NHS from activities such as reducing treatment and public social care costs. Indirect savings are wider societal costs

Limitations and mitigations

i) Economic modelling

Limitation: Limited data available regarding the proportion of volunteer, coach and referee time that is dedicated to children's grassroots football compared to adult grassroots football.

> **Mitigation:** The ratio of children's grassroots teams to adult grassroots teams in England (7:3)[319] is used as a proxy to estimate the proportion of volunteer and referee time that is dedicated to children's football. All coaches are assumed to work in children's grassroots football.

ii) Health modelling

Limitation: The monetary value assigned to the health benefits of football participation are in the form of secondary benefits to the Exchequer. Such secondary benefits may be subject to overestimation through double counting, leakage, and the fact that some proportion of these benefits will be transfers from one part of the Exchequer to another part of the Exchequer

> **Mitigation:** The cost savings approach is a widely used approach to quantify the health benefit of physical activity and sport[320].

Limitation: The selection of certain diseases will underreport the true cost of physical inactivity by an unknown amount as physical activity is linked to a reduction in a range of diseases not accounted for in the model. In addition, as physical activity is self-reported the health benefits are likely to include a degree of inaccuracy as there is evidence that this can both overreport physical activity and underreport physical inactivity.

> **Mitigation:** The model is conservative and only includes diseases which are shown to have a statistically significant correlation with physical activity.

Limitation: Inconsistency in the impact data: as studies on the impact of physical inactivity on non-communicable diseases do not all use the same physical activity benchmark as has been used in this analysis the estimation of the impact will be slightly different. There is also scope for further research into how impact varies between people of different backgrounds.

> **Mitigation:** Consistent data is used where possible; where inconsistent, the most appropriate data has been used.

Limitation: Lack of gender-specific physical activity impact data on some diseases in academic literature.

> **Mitigation:** Where this is the case the model assumes the physical activity impact is the same for males and females.

Limitation: Reported indirect costs from academic studies do not always include the same parameters (e.g. lost productivity, early mortality and informal care) therefore the indirect valuation is not fully comprehensive.

> **Mitigation:** The model uses the most up to date disease costs and ensures where possible that all disease groups are aligned.

Limitation: Some academic studies looking at the benefits of sport participation and health outcomes may include some aspects of reverse causality.

> **Mitigation:** The model uses longitudinal studies that adjust for any socio-demographic factors and underlying health conditions to minimise the impact of reverse causality.

Limitation: Many chronic diseases are intrinsically linked by the same physiological disease mechanisms and therefore the impact of physical activity on these separate diseases could be double counting

> **Mitigation:** Double counting is minimised by selecting studies that adjust for any underlying health issues or removing those individuals from the data set to ensure the reduced risk is attributable to physical activity. Only the costs for the specific disease are included in the model, not any wider complications that are associated with other disease groups.

[319] 70% of all grassroots teams are children's teams. The FA
[320] The Commonwealth Secretariat (2019) Measuring the contribution of sport, physical education and physical activity to the Sustainable Development Goals

9. APPENDICES (CONTINUED)

iii) Social modelling

Limitation: Limited academic research available on link between football participation in children and improvement in education attainment / reduced risk of crime.

Mitigation: The associations between sport participation and academic attainment / reduced risk of crime are assumed to apply to football.

Limitation: The economic benefits of improvements in education accrue when individuals reach working age.

Mitigation: The model uses an internationally recognised methodology described by the OECD (2010). The Fact that benefits are accrued when children reach working age is noted in the report.

APPENDIX 4 – DEMOGRAPHIC BREAKDOWN OF FOOTBALL PARTICIPANTS

Table 4.1: Proportion of socio-demographic groups who play football. Active Lives Children and Young People survey data.

	Number of respondents	Regular football participant	Physically active	Football's contribution to physical activity
TOTAL		51.5%	46.3%	68.6%
Boys	49,050	69.5%	50.1%	85.7%
Girls	54,446	33.4%	42.54%	48.0%
Age				
5	1,105	50.08%	48.51%	65.55%
6	2,250	55.06%	52.54%	65.34%
7	5,999	51.29%	45.34%	71.08%
8	10,919	56.66%	41.26%	74.39%
9	12,008	55.63%	46.05%	74.66%
10	13,471	59.65%	49.04%	77.59%
11	12,382	58.17%	50.68%	76.51%
12	12,794	52.19%	49.79%	68.29%
13	13,453	47.54%	46.03%	64.25%
14	11,628	44.87%	43.36%	62.73%
15	9,965	38.35%	40.24%	54.48%
16	3,127	37.99%	37.41%	52.96%
Ethnicity				
White	79,012	51.2%	48.0%	67.3%
Black	3,692	57.4%	43.5%	75.1%
Asian	8,332	52.0%	38.8%	73.0%
Other	3,912	48.4%	39.9%	70.0%
Mixed	6,344	52.7%	47.5%	69.2%
FAS				
Low	79,012	51.2%	48.0%	67.3%
Medium	3,692	57.4%	43.5%	75.1%
High	8,332	52.0%	38.8%	73.0%

Note: Includes informal football. 'Regular' defined as playing within the past week Data representative of children aged 5-16. Weighted averages are used to calculate aggregate football participation and physical activity rates for children aged 5-18. See Appendix 1 for further details.

Table 4.2: Children's football and other sport participation by socio-demographic group. Active Lives Children and Young People survey data

	Regular football participant	Regular team sport participant	Regular individual sport participant	Non-sport participant
Number of respondents	56,215	70,640	78,932	17,232
Boys	64.0%	56.5%	45.8%	41.1%
Girls	29.9%	36.9%	48.3%	49.8%
Age				
5	5.0%	3.4%	6.1%	4.1%
6	10.7%	6.9%	11.5%	8.3%
7	8.6%	7.5%	9.3%	7.7%
8	10.4%	10.2%	10.2%	7.2%
9	10.0%	10.1%	10.1%	7.0%
10	10.9%	11.2%	10.2%	6.8%
11	9.8%	10.2%	9.0%	6.7%
12	8.4%	9.5%	8.2%	7.4%
13	7.9%	9.4%	7.8%	9.1%
14	6.9%	8.1%	6.5%	10.8%
15	6.7%	8.2%	6.5%	15.2%
16	2.5%	2.8%	2.4%	6.9%
Ethnicity				
White	68.0%	67.7%	70.0%	64.5%
Black	4.4%	4.4%	3.6%	4.3%
Asian	8.6%	8.8%	7.8%	10.3%
Other	3.5%	3.5%	3.6%	4.3%
Mixed	6.4%	6.3%	6.3%	6.4%
FAS				
Low	18.5%	17.3%	17.8%	29.2%
Medium	52.9%	52.2%	52.8%	50.8%
High	24.1%	25.9%	25.0%	14.5%

Note: Includes informal football. 'Regular' defined as playing within the past week Data representative of children aged 5-16. Weighted averages are used to calculate aggregate football participation and physical activity rates for children aged 5-18. See **Appendix 1** for further details. Demographic groups do not sum to 100% due to missing data and respondents answering 'prefer not to say'.

9. APPENDICES (CONTINUED)

Table 4.3: Proportion of socio-demographic groups who play football. Active Lives Children and Young People survey data.

The FA participation tracker has been developed with The FA's Diversity and Inclusion team to ensure best practice. Note some elements do not sum to 100% as respondents could answer 'prefer not to say'.

	Number of respondents	Total football	Total football (last four weeks)
TOTAL	14,599	23.9%	20.7%
Male	5,659	37.3%	32.2%
Female	6,036	11.2%	9.8%
Age group			
19-34	3,330	50.2%	43.6%
35-44	2,242	31.1%	27.6%
45-54	2,114	15.2%	12.6%
55+	4,009	3.0%	2.5%
Ethnicity			
White	10,506	21.1%	18.3%
BAME	1,031	43.0%	38.5%
SEG			
AB	1,695	28.2%	25.2%
C1C2	1,638	25.4%	21.7%
DE	665	17.4%	14.8%

9. APPENDICES (CONTINUED)

Table 4.4: Breakdown of adult football and other sport participation by socio-demographic group. The FA Participation Tracker (March 2019-February 2020)

The FA participation tracker has been developed with The FA's Diversity and Inclusion team to ensure best practice. Note some elements do not sum to 100% as respondents could answer 'prefer not to say'.

	Play football (last 12 months)	Play football (last four weeks)	Team sport (last 12 months)	Team sport (last four weeks)	Individual sport (last 12 months)	Individual sport (last four weeks)	Non-sport participant
Number of respondents	2537	2349	2066	653	4031	2929	8753
Male	71.5%	71.1%	57.3%	65.5%	50.6%	48.4%	48.7%
Female	28.5%	28.9%	42.7%	34.5%	49.4%	51.6%	51.3%
Age group							
19-34	60.9%	61.4%	48.2%	66.0%	28.6%	33.6%	28.3%
35-44	23.7%	24.0%	24.1%	23.2%	18.7%	20.2%	18.3%
45-54	10.6%	10.2%	14.0%	7.9%	17.4%	17.3%	17.6%
55+	4.7%	4.4%	13.7%	2.8%	35.3%	28.9%	35.8%
Ethnicity							
White	77.4%	76.8%	80.4%	73.3%	87.0%	85.2%	88.6%
BAME	21.3%	21.8%	18.1%	25.1%	11.4%	13.1%	10.1%
SEG							
AB	31.1%	31.8%	30.3%	36.3%	27.4%	28.5%	25.1%
C1C2	47.7%	47.1%	47.4%	47.1%	46.0%	48.8%	44.5%
DE	21.2%	21.1%	22.2%	16.6%	26.6%	22.7%	30.4%

Table 4.5: Adult football participation and physical activity levels. Active Lives Adult Survey

	Football participants who are active	Football participants who are fairly active	Active individuals who play football	Fairly active individuals who play football	Football participants who are active through football only	Football participants who are active through football only
Male	90.2%	8.6%	11.4%	11.4%	47.3%	47.7%
Female	93.2%	5.1%	1.3%	1.3%	44.2%	42.0%
TOTAL	90.5%	8.3%	6.4%	6.4%	47.0%	47.2%

APPENDIX 5 – FOOTBALL PARTICIPANT SPEND

Table 5.1: Adult individual participant spend by type and format. The FA Participation Tracker (November 2019 – February 2020)

	Casual kickabout with friends or family (last four weeks)	Small-sided (5/6/7-a-side-football) (last four weeks)	11-a-side football (last four weeks)	Overall regular footballers (last four weeks)
Number of respondents	498	532	237	846
Annual membership fees to play football for a team/club	£31.27	£36.81	£46.48	£34.38
Match or training fees over the course of a year (any form of competition)	£31.92	£47.61	£50.45	£40.22
Travel and public transport costs to fixtures	£40.30	£41.96	£54.27	£40.48
Annual kit and equipment costs	£41.54	£47.48	£53.36	£44.52
Amount spent socialising with team mates	£51.81	£64.37	£75.72	£60.41
TOTAL	**£196.83**	**£238.24**	**£280.28**	**£220.01**
TOTAL (after adjustment for sports sector multiplier)	£179.44	£218.36	£257.94	£201.37

Table 5.2: Child (aged 14-18) individual participant spend by type and format. The FA Participation Tracker (November 2019 – February 2020)

	Casual kickabout with friends or family (last four weeks)	Small-sided (5/6/7-a-side-football) (last four weeks)	11-a-side football (last four weeks)	Overall regular footballers (last four weeks)
Number of respondents	299	221	185	456
Annual membership fees to play football for a team/club	£36.02	£46.39	£70.57	£44.21
Match or training fees over the course of a year (any form of competition)	£33.94	£35.13	£46.72	£31.05
Travel and public transport costs to fixtures	£26.03	£31.92	£38.73	£27.34
Annual kit and equipment costs	£46.01	£58.59	£71.61	£54.44
Amount spent socialising with team mates	£26.77	£37.92	£38.50	£29.13
TOTAL	**£181.95**	**£211.50**	**£269.58**	**£188.19**
TOTAL (after adjustment for sports sector multiplier)	£143.16	£187.95	£233.89	£157.07

9. APPENDICES (CONTINUED)

Table 5.3: Familial spend of parents on football per child, FA Participation Tracker (November 2019-February 2020)

	Families with a parental football participant	Families who have no parental football participants	Overall
Number of respondents	467	344	811
Annual membership fees to play football for a team/club	£36.07	£36.59	£36.30
Match or training fees over the course of a year (any form of competition)	£33.22	£26.76	£30.40
Travel and public transport costs to fixtures	£33.44	£29.08	£31.53
Annual kit and equipment costs	£41.57	£34.87	£38.65
TOTAL	**£144.31**	**£127.30**	**£136.87**
Annual kit and equipment costs	£108.20	£95.44	£102.62
TOTAL (after adjustment for sports sector multiplier)	**£131.30**	**£115.12**	**£124.67**
Average spend per child (after adjustment for sports sector multiplier)	£93.47	£86.32	£93.47

APPENDIX 6 – CHILDREN'S FOOTBALL AND HEALTH AND SOCIAL OUTCOMES ANALYSIS

Table 6.1: Descriptive statistics. Football participation and social outcomes in children aged 14-18. The FA Participation Tracker (November 2019-February 2020).

	Football	Casual	Small-sided	11-a-side	Team sport	Individual sport	Non-sport	TOTAL
Total Sample Size	456	320	234	193	501	806	44	892
Males								
Most people who live in my local area can be trusted	48.5%	49.1%	48.5%	56.6%	46.7%	43.1%	31.7%	43.6%
I interact with people from different social groups[321]	69.4%	74.4%	77.1%	71.0%	71.0%	71.4%	37.2%	69.3%
I am well connected to my community[322]	40.5%	37.4%	50.0%	48.2%	43.6%	36.2%	5.1%	34.3%
Football helps to reduce crime in my community	51.9%	47.1%	57.1%	63.2%	46.3%	39.9%	22.0%	38.4%
Football helps to reduce anti-social behaviour in my community	57.7%	51.0%	65.8%	67.2%	49.1%	47.3%	16.9%	45.2%

[321] older or younger than me, from a different culture or race, from a different neighbourhood
[332] volunteering, helping people with physical disabilities

9. APPENDICES (CONTINUED)

	Football	Casual	Small-sided	11-a-side	Team sport	Individual sport	Non-sport	TOTAL
Total sample size	456	320	234	193	501	806	44	892
Females								
Most people who live in my local area can be trusted	56.8%	49.5%	63.2%	57.6%	49.2%	48.1%	28.2%	47.1%
I interact with people from different social group*	79.7%	68.4%	84.4%	82.0%	75.2%	71.2%	43.8%	69.5%
I am well connected to my community	45.7%	44.2%	56.4%	55.7%	37.5%	30.9%	26.5%	30.5%
Football helps to reduce crime in my community	53.0%	57.2%	68.2%	64.0%	35.3%	28.0%	5.4%	27.8%
Football helps to reduce anti-social behaviour in my community	67.5%	71.1%	80.3%	76.0%	43.8%	39.6%	3.3%	38.4%
TOTAL								
Most people who live in my local area can be trusted	51.1%	49.2%	53.3%	56.8%	48.0%	45.6%	29.8%	45.3%
I interact with people from different social groups	72.6%	72.1%	79.4%	73.6%	73.2%	71.3%	40.8%	69.4%
I am well connected to my community	42.1%	39.9%	52.1%	49.9%	40.4%	33.5%	16.9%	32.4%
Football helps to reduce crime in my community	52.3%	50.9%	60.7%	63.4%	40.6%	33.9%	12.9%	33.2%
Football helps to reduce anti-social behaviour in my community	60.8%	58.5%	70.5%	69.2%	46.3%	43.4%	9.4%	41.9%

Table represents proportion of respondents who agree with the statement. Note due to sample sizes a full regression analysis was not possible in this case.

Table 6.2: Descriptive statistics. Football participation and social outcomes in children aged 14-18. The FA Participation Tracker (November 2019-February 2020).

	Football	Casual	Small-sided	11-a-side	Team sport	Individual sport	Non-sport	TOTAL
Total sample size	456	320	234	193	501	806	44	892
Males								
Your ability to cope with life's challenges	70.3%	72.4%	73.7%	75.7%	68.3%	63.5%	33.2%	61.6%
Your overall confidence	71.1%	67.8%	73.1%	76.4%	68.2%	59.7%	34.3%	58.6%
Your communication skills	66.2%	68.0%	68.6%	76.0%	66.1%	60.2%	33.8%	59.8%
Your resilience[323]	71.5%	66.7%	76.8%	71.7%	66.8%	61.2%	33.2%	59.9%
Your leadership skills	58.0%	57.6%	64.5%	66.3%	62.8%	52.7%	16.9%	50.5%
Females								
Your ability to cope with life's challenges	69.1%	60.9%	79.0%	69.8%	62.1%	55.6%	47.3%	55.4%
Your overall confidence	72.3%	64.1%	72.7%	73.5%	54.3%	51.1%	45.4%	51.0%
Your communication skills	79.0%	70.3%	85.6%	84.6%	72.1%	64.4%	57.9%	63.4%
Your resilience	57.2%	59.2%	66.7%	51.3%	60.8%	59.1%	52.8%	57.8%
Your leadership skills	67.8%	59.1%	76.5%	62.4%	54.4%	48.5%	51.1%	49.0%
TOTAL								
Your ability to cope with life's challenges	69.9%	68.1%	75.4%	74.3%	65.1%	59.5%	40.9%	58.5%
Your overall confidence	71.5%	66.4%	72.9%	75.8%	61.0%	55.4%	40.4%	54.9%
Your communication skills	70.2%	68.9%	74.1%	78.0%	69.2%	62.3%	47.1%	61.5%
Your resilience	67.0%	63.9%	73.5%	67.0%	63.7%	60.1%	43.9%	58.8%
Your leadership skills	61.1%	58.2%	68.4%	65.4%	58.5%	50.6%	35.7%	49.8%

Table represents proportion of respondents who self-rated each social skill as 'good', where 'good is defined as 4 or 5 on a 5-point scale.

[323] If you find something difficult you keep trying until you can do it

Table 6.3 Regression table. Association between sport participation and wellbeing/social outcomes in children (controlling for socio-demographic factors). Active Lives Children and Young People Survey

There is a consistent positive association between team sport participation and wellbeing/social outcomes in children in the Active Lives Children and Young People Survey. Results can be interpreted in the following way:

- Team sport participation is associated with a:
  - 5.5% increase in happiness rating;
  - 12.0% increase in life satisfaction rating;
  - 13.6% increase if life worthiness rating;
  - 4.0% increase self-efficacy rating;
  - 4.8% increase in social trust rating.
- The benefit of team sport participation is greater than individual sport participation for happiness, life satisfaction, life worthiness and social trust.
- The benefit of team sport participation is greater for children with a low FAS compared to children with a high FAS for all give wellbeing/social outcomes.

		Team sport v. other		Individual sport v. other	
Happiness	**TOTAL**	0.359	***	0.292	***
	High FAS	0.276	***	0.270	***
	Medium FAS	0.369	**	0.272	N/S
	Low FAS	0.421	**	0.337	N/S
Life satisfaction	**TOTAL**	0.393	***	0.247	***
	High FAS	0.262	***	0.221	***
	Medium FAS	0.419	**	0.275	N/S
	Low FAS	0.461	**	0.160	N/S
Life worthiness	**TOTAL**	0.455	***	0.327	***
	High FAS	0.373	***	0.389	***
	Medium FAS	0.457	N/S	0.306	N/S
	Low FAS	0.541	**	0.275	N/S
Self-efficacy	**TOTAL**	0.093	***	0.111	***
	High FAS	0.079	***	0.119	***
	Medium FAS	0.095	N/S	0.114	N/S
	Low FAS	0.109	**	0.084	**
Social trust	**TOTAL**	0.036	***	0.020	***
	High FAS	0.035	N/S	0.024	N/S
	Medium FAS	0.035	**	0.014	N/S
	Low FAS	0.040	*	0.031	N/S

Notes: Table represents OLS regression Co-efficients for column headings vs other (e.g. team sport participations vs non-team sport participations). Legend: * significance at <1%, ** significance at <5%, *significance at <10%**

APPENDIX 7 – ADULT FOOTBALL AND HEALTHY BEHAVIOUR ANALYSIS

Table 7.1: Regression table. Association between adult participation in different formats of football and sport types, and healthy behaviour questions (controlling for sociodemographic factors and whether the individual does any other sport). The FA Participation Tracker (November 2019-February 2020)

		Total football		Play football (Last 12 months)		Play football (last month)		Casual		Small-sided		11-a-side		Team (Last 12 months)		Individual (Last 12 months)		Team (last month)		Individual (last month)		Non-sport participants	
Current Smoking	**TOTAL**	0.094	**	0.080	**	0.073	**	0.082	**	0.062	*	0.124	**	0.014	N/S	0.060	N/S	0.163	***	-0.135	N/S	-0.228	*
	Men	0.113	N/S	0.098	N/S	0.089	N/S	0.124	**	0.066	N/S	0.129	N/S	0.030	N/S	0.059	N/S	0.184	N/S	-0.136	N/S	-0.226	N/S
	Women	0.044	N/S	0.032	N/S	0.028	N/S	-0.041	N/S	0.048	N/S	0.104	N/S	-0.012	N/S	0.064	N/S	0.117	*	-0.135	N/S	-0.232	*
	SEG – AB	0.065	N/S	0.065	N/S	0.065	N/S	0.065	N/S	0.065	N/S	0.065	N/S	0.065	N/S	0.065	0.207	*	N/S	0.065	N/S	0.065	N/S
	SEG – C1C2	0.105	N/S	0.105	N/S	0.105	N/S	0.105	N/S	0.105	N/S	0.105	N/S	0.105	N/S	0.105	N/S	0.105	N/S	0.105	N/S	-0.20487	N/S
	SEG – DE	0.096	N/S	0.094	N/S	0.082	N/S	0.120	N/S	0.058	N/S	0.199	N/S	-0.007	N/S	0.065	N/S	0.165	N/S	-0.106	N/S	-0.237	N/S
Have you ever smoked?	**TOTAL**	-0.005	N/S	-0.011	N/S	0.019	N/S	0.062	N/S	0.014	N/S	0.005	N/S	0.007	N/S	0.117	N/S	-0.022	N/S	-0.161	N/S	-0.107	N/S
	Men	-0.024	N/S	-0.028	N/S	0.008	N/S	0.089	N/S	-0.043	**	-0.013	N/S	-0.025	N/S	0.071	**	-0.032	N/S	-0.182	N/S	-0.081	N/S
	Women	0.045	N/S	0.034	N/S	0.047	N/S	0.000	N/S	0.238	**	0.095	N/S	0.056	N/S	0.209	N/S	-0.003	N/S	-0.113	N/S	-0.152	N/S
	SEG – AB	0.104	N/S	0.104	N/S	0.104	N/S	0.104	N/S	0.104	N/S	0.104	N/S	0.104	N/S	0.104	0.140	N/S	N/S	0.104	N/S	0.104	N/S
	SEG – C1C2	-0.068	**	-0.068	**	-0.068	**	-0.068	**	-0.068	**	-0.068	**	-0.068	**	-0.068	**	-0.068	**	-0.068	**	-0.086	*
	SEG – DE	0.035	N/S	0.025	N/S	0.046	N/S	0.178	N/S	0.033	N/S	-0.048	*	-0.081	**	0.007	**	-0.084	N/S	-0.206	*	-0.064	*

		Total football		Play football (Last 12 months)		Play football (last month)		Casual		Small-sided		11-a-side		Team (Last 12 months)		Individual (Last 12 months)		Team (last month)		Individual (last month)		Non-sport participants	
How often have you had an alcoholic drink during the last 12 months?	**Total**	0.227	N/S	0.153	N/S	0.190	N/S	0.222	N/S	0.278	*	0.190	N/S	0.143	N/S	0.477	N/S	0.182	N/S	-0.694	N/S	-0.637	N/S
	Men	0.270	N/S	0.180	N/S	0.237	N/S	0.312	N/S	0.286	N/S	0.193	N/S	0.073	N/S	0.429	N/S	0.148	N/S	-0.773	N/S	-0.568	N/S
	Women	0.116	N/S	0.087	N/S	0.065	N/S	-0.029	N/S	0.250	N/S	0.162	N/S	0.213	N/S	0.657	N/S	0.243	N/S	-0.555	N/S	-0.769	N/S
	SEG – AB	0.317	N/S	0.317	N/S	0.317	N/S	0.317	N/S	0.317	N/S	0.317	N/S	0.317	N/S	0.317	0.164	N/S	N/S	0.317	N/S	0.317	N/S
	SEG – C1C2	0.053	N/S	0.053	N/S	0.053	N/S	0.053	N/S	0.053	N/S	0.053	N/S	0.053	N/S	0.053	N/S	0.053	N/S	0.053	N/S	-0.535	N/S
	SEG – DE	0.594	N/S	0.599	N/S	0.652	N/S	0.659	N/S	0.916	N/S	0.966	*	0.393	N/S	0.523	N/S	0.648	N/S	-0.711	N/S	-0.732	N/S
How would you rate your diet?	**Total**	0.227	*	0.230	*	0.154	N/S	0.094	N/S	0.263	**	0.287	N/S	0.220	N/S	0.187	N/S	-0.228	N/S	-0.528	N/S	-1.222	**
	Men	0.353	**	0.357	**	0.275	*	0.205	N/S	0.376	*	0.358	N/S	0.439	**	0.174	N/S	-0.046	**	-0.495	N/S	-1.241	N/S
	Women	-0.102	N/S	-0.102	N/S	-0.187	N/S	-0.229	N/S	-0.154	N/S	-0.206	N/S	-0.007	N/S	0.230	N/S	-0.545	**	-0.576	N/S	-1.190	**
	SEG – AB	-0.029	N/S	-0.029	N/S	-0.029	N/S	-0.029	N/S	-0.029	N/S	-0.029	N/S	-0.029	N/S	-0.029	0.889	#N/A	N/S	-0.029	N/S	-0.029	N/S
	SEG – C1C2	0.233	N/S	0.233	N/S	0.233	N/S	0.233	N/S	0.233	N/S	0.233	N/S	0.233	N/S	0.233	N/S	0.233	N/S	0.233	N/S	-1.234	N/S
	SEG – DE	0.529	**	0.572	**	0.360	N/S	0.528	**	0.581	**	0.631	N/S	0.554	**	0.127	N/S	0.026	**	-0.585	N/S	-1.180	N/S

Notes: Table represents OLS regression Co-efficients for column headings vs other (e.g. regular football participants vs non-regular football participations). Legend: *** significance at <1%, ** significance at <5%, *significance at <10%

Table 7.2: Descriptive statistics. Proportion of respondents who currently smoke by sport type and football format. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
Number of respondents	496	484	434	286	304	122	439	1540	370	302	1453	464
TOTAL	38.5%	38.5%	39.5%	39.5%	40.0%	49.1%	37.6%	23.9%	23.1%	43.4%	24.6%	20.4%
Male	41.1%	41.0%	42.0%	45.8%	41.6%	49.7%	41.0%	28.9%	27.6%	47.1%	29.6%	23.8%
Female	30.2%	30.4%	31.6%	22.2%	34.2%	46.8%	30.5%	19.1%	20.0%	35.1%	19.6%	17.9%
Age group												
19-24	36.0%	36.6%	37.9%	29.8%	40.2%	44.6%	36.4%	29.0%	35.9%	37.2%	28.2%	37.2%
25-34	44.5%	44.0%	44.3%	47.2%	46.0%	50.6%	47.9%	36.1%	15.3%	53.8%	36.7%	10.9%
35-44	39.1%	39.0%	40.8%	38.3%	39.1%	62.3%	33.9%	27.0%	26.8%	41.5%	28.5%	20.3%
45-54	25.8%	25.8%	27.3%	39.0%	22.4%	12.3%	16.3%	22.5%	22.7%	16.3%	23.0%	21.1%
53+	18.1%	19.3%	21.4%	20.9%	18.1%	48.8%	27.0%	11.0%	22.6%	23.6%	11.2%	20.3%
Ethnicity												
White	39.0%	38.7%	39.7%	40.0%	39.3%	49.4%	38.5%	24.2%	23.7%	45.0%	24.9%	21.0%
BAME	40.7%	41.2%	41.5%	42.7%	45.3%	48.1%	35.3%	24.6%	19.4%	39.4%	25.1%	15.6%
SEG												
C1C2	40.0%	39.8%	41.1%	36.0%	44.9%	47.5%	37.9%	23.8%	19.7%	43.3%	24.2%	18.2%
AB	35.9%	35.9%	36.1%	42.1%	33.4%	49.5%	37.5%	21.1%	10.8%	40.6%	21.2%	9.5%
DE	38.5%	38.9%	40.6%	45.0%	36.2%	53.1%	36.9%	27.4%	30.9%	50.1%	29.4%	26.6%

Note: Respondents were asked 'Do you currently smoke a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids.'

Table 7.3: Descriptive statistics: Proportion of respondents who agreed that participation in football makes them more likely to quit smoking. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (Last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)
Number of respondents	154	149	137	98	96	48
TOTAL	63.6%	63.3%	64.8%	66.8%	64.2%	67.5%
Male	67.0%	66.2%	67.9%	69.7%	68.4%	76.4%
Female	48.8%	50.1%	51.4%	50.5%	45.7%	24.8%
Age group						
19-24	77.2%	79.0%	79.5%	77.9%	77.8%	83.4%
25-34	60.4%	59.5%	62.6%	67.1%	62.0%	59.6%
35-44	69.5%	68.5%	69.2%	83.8%	60.5%	78.9%
45-54	32.0%	32.0%	32.0%	11.7%	45.8%	0.0%
53+	24.4%	24.4%	24.4%	0.0%	47.8%	0.0%
Ethnicity						
White	64.0%	63.2%	65.4%	72.0%	63.5%	71.7%
BAME	62.0%	63.5%	62.4%	45.3%	67.0%	51.3%
SEG						
C1C2	59.5%	58.9%	59.9%	50.9%	68.0%	64.8%
AB	71.9%	71.6%	73.8%	87.8%	62.2%	71.4%
DE	63.7%	63.7%	65.2%	72.4%	52.7%	68.3%

Note: Respondents were asked: To what extent do you agree or disagree with the following statement: 'Taking part in football makes me more likely to quit smoking'? Respondents were only able to answer this question if they replied 'yes' to both 'Do you currently smoke a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids.' and 'Do you play football?'

Table 7.4: Descriptive statistics: Proportion of sport participants who used to smoke by sport type and football format. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
Number of respondents	496.00	484.00	434.00	286.00	304.00	122.00	439.00	1540.00	370.00	302.00	1453.00	464.00
TOTAL	20.4%	19.9%	20.3%	20.6%	22.6%	17.1%	19.7%	29.0%	31.8%	17.2%	28.2%	33.8%
Male	20.6%	20.5%	21.2%	21.8%	21.0%	17.4%	19.4%	28.6%	40.2%	17.1%	28.1%	39.1%
Female	20.0%	18.2%	17.7%	17.5%	28.7%	15.8%	20.5%	29.3%	25.9%	17.4%	28.3%	29.9%
Age group												
19-24	22.1%	21.5%	23.2%	25.0%	25.0%	28.7%	23.1%	23.9%	7.9%	21.9%	23.0%	18.2%
25-34	14.5%	14.6%	14.8%	14.6%	15.7%	17.6%	10.6%	18.2%	19.7%	9.3%	18.1%	25.7%
35-44	20.8%	19.9%	18.5%	20.5%	22.8%	6.6%	21.2%	24.7%	30.2%	15.3%	24.2%	29.9%
45-54	30.8%	30.8%	32.5%	24.9%	41.7%	0.0%	30.8%	30.3%	27.3%	45.9%	29.5%	29.8%
53+	44.9%	41.0%	45.3%	50.6%	37.8%	0.0%	37.9%	41.7%	36.9%	47.6%	41.0%	39.0%
Ethnicity												
White	21.6%	21.6%	22.3%	22.9%	23.2%	18.1%	21.7%	31.6%	33.0%	18.5%	31.0%	34.4%
BAME	15.2%	13.7%	13.7%	11.0%	19.0%	13.4%	14.1%	13.3%	10.0%	14.7%	12.1%	23.0%
SEG												
C1C2	17.8%	17.1%	17.4%	18.7%	20.5%	10.6%	19.7%	28.1%	31.3%	16.5%	27.0%	34.8%
AB	24.6%	24.3%	25.1%	21.1%	27.2%	31.6%	22.2%	33.1%	25.0%	19.8%	32.6%	29.5%
DE	21.3%	21.0%	20.7%	25.1%	21.1%	12.5%	15.5%	26.4%	35.2%	13.3%	25.8%	34.7%

Note: Respondents were asked 'Have you ever smoked`. Respondents were only able to answer this question if they replied 'no' to 'Do you currently smoke a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids.'

Table 7.5: Descriptive statistics. Proportion of respondents who agreed that participation in football made them more likely to quit smoking. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)
Number of respondents	106.00	149.00	137.00	98.00	96.00	48.00
TOTAL	51.5%	52.4%	54.9%	49.6%	56.1%	66.3%
Male	53.1%	54.4%	56.2%	51.8%	58.5%	69.7%
Female	46.3%	45.3%	49.9%	42.3%	49.8%	49.6%
Age group						
19-24	79.1%	77.7%	81.2%	79.2%	83.9%	71.7%
25-34	51.8%	51.8%	53.6%	51.1%	59.8%	57.8%
35-44	35.3%	38.0%	41.6%	28.5%	31.5%	100.0%
45-54	43.4%	43.4%	43.4%	38.5%	45.2%	N/A
53+	35.3%	41.4%	41.4%	18.9%	50.1%	N/A
Ethnicity						
White	49.1%	49.9%	51.5%	45.8%	51.1%	59.6%
BAME	64.2%	73.6%	76.8%	70.8%	75.9%	100.0%
SEG						
C1C2	52.3%	52.9%	56.1%	49.2%	58.7%	75.3%
AB	54.0%	55.3%	55.9%	57.5%	57.8%	60.0%
DE	44.9%	45.9%	49.9%	40.8%	44.2%	70.1%

Note: Respondents were asked: To what extent do you agree or disagree with the following statement: 'Taking part in football made me more likely to quit smoking'? Respondents were only able to answer this question if they replied 'no' to 'Do you currently smoke a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids.' and 'yes' to 'Do you play football?'

Table 7.6: Descriptive statistics. Proportion of respondents who are 'highly frequent' drinkers by sport type and football format. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
Number of respondents	472.00	458.00	412.00	293.00	288.00	129.00	487.00	1580.00	355.00	342.00	1484.00	454.00
TOTAL	12.4%	11.8%	12.4%	13.2%	14.5%	14.9%	12.8%	10.6%	15.4%	14.4%	10.7%	14.2%
Male	13.3%	12.7%	12.9%	15.8%	14.9%	16.4%	13.7%	12.1%	19.4%	15.6%	12.2%	17.6%
Female	9.2%	9.2%	10.7%	5.8%	13.1%	7.0%	11.4%	9.2%	12.0%	12.4%	9.2%	11.4%
Age group												
19-24	4.9%	4.9%	4.5%	6.5%	3.1%	0.0%	3.0%	4.4%	0.0%	3.7%	4.7%	0.0%
25-34	17.3%	16.6%	17.1%	20.7%	22.3%	22.6%	17.3%	10.1%	3.0%	21.1%	10.5%	2.3%
35-44	11.3%	10.8%	11.0%	10.0%	13.0%	18.7%	15.1%	9.8%	7.0%	18.0%	10.2%	6.0%
45-54	10.5%	10.5%	11.1%	4.4%	11.2%	5.5%	16.7%	14.4%	17.6%	18.7%	14.2%	17.9%
53+	19.0%	19.0%	21.2%	17.5%	12.5%	51.8%	13.5%	12.0%	19.3%	0.0%	11.8%	18.7%
Ethnicity												
White	13.9%	13.2%	13.8%	16.1%	15.6%	17.0%	13.1%	10.8%	16.0%	14.4%	10.8%	15.0%
BAME	6.1%	6.3%	6.9%	2.6%	9.9%	6.1%	12.8%	10.2%	0.0%	15.6%	10.6%	0.0%
SEG												
C1C2	16.3%	14.0%	13.9%	21.4%	16.6%	16.9%	16.2%	14.2%	20.6%	17.8%	14.3%	17.7%
AB	10.3%	10.3%	11.3%	7.7%	11.8%	8.4%	9.8%	9.9%	17.2%	9.3%	9.8%	16.1%
DE	12.0%	12.9%	13.2%	16.3%	19.8%	25.5%	15.0%	8.1%	11.9%	20.2%	8.2%	11.0%

Note: 'Highly frequent' drinkers classified as individuals who say they drink 'almost every day' or 'five or six days a week'

Table 7.7: Descriptive statistics. Proportion of respondents who agreed that participation in football made them more likely to consume alcohol. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)
Number of respondents	472	458	412	293	288	129
TOTAL	32.5%	32.0%	33.1%	36.7%	34.0%	39.4%
Male	32.3%	31.6%	32.6%	38.0%	35.3%	37.6%
Female	33.4%	33.4%	34.7%	33.2%	29.2%	48.6%
Age group						
19-24	28.8%	28.8%	30.0%	30.7%	30.9%	29.2%
25-34	42.4%	41.8%	42.8%	49.7%	44.7%	49.3%
35-44	33.8%	33.6%	34.2%	35.5%	35.1%	43.1%
45-54	18.2%	18.2%	19.7%	18.3%	16.6%	32.2%
53+	3.6%	3.6%	0.0%	5.8%	0.0%	0.0%
Ethnicity						
White	34.6%	33.7%	34.3%	41.7%	35.7%	40.8%
BAME	23.4%	24.3%	26.6%	16.5%	25.6%	34.6%
SEG						
C1C2	42.2%	40.6%	42.2%	48.7%	46.9%	47.9%
AB	25.4%	24.5%	25.9%	26.7%	24.2%	26.3%
DE	37.9%	40.8%	38.9%	46.9%	41.7%	52.2%

Note: Respondents were asked: To what extent do you agree or disagree with the following statement: To what extend do you agree that playing football makes you more likely to consume more alcohol. Respondents are included in this table if they answered either 'Strongly Agree' or 'Agree'.

Table 7.8: Descriptive statistics: Proportion of respondents who report having a healthy diet by sport type and football format. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
Number of respondents	472.00	458.00	412.00	293.00	288.00	129.00	487.00	1580.00	355.00	342.00	1484.00	454.00
TOTAL	51.0%	51.4%	50.7%	50.0%	54.5%	55.9%	49.7%	52.0%	40.9%	48.6%	53.3%	38.4%
Male	49.4%	49.9%	49.5%	47.6%	53.3%	55.3%	48.6%	48.9%	41.2%	47.8%	50.0%	38.1%
Female	56.2%	56.2%	54.6%	56.9%	59.1%	59.1%	51.4%	54.9%	40.8%	50.1%	56.5%	38.7%
Age group												
19-24	43.9%	43.9%	42.4%	41.1%	43.6%	43.1%	42.5%	41.0%	51.4%	38.2%	42.9%	30.7%
25-34	52.2%	53.5%	52.9%	54.9%	54.0%	59.1%	50.0%	46.4%	20.7%	49.8%	47.7%	15.5%
35-44	54.3%	54.5%	54.1%	58.3%	57.6%	62.6%	56.2%	50.6%	17.8%	57.3%	52.1%	21.4%
45-54	50.8%	50.8%	49.6%	35.7%	64.6%	58.9%	49.8%	43.1%	31.0%	55.7%	43.6%	32.4%
53+	58.3%	58.3%	53.4%	39.1%	57.7%	77.8%	51.8%	66.4%	52.4%	50.2%	67.4%	51.3%
Ethnicity												
White	52.1%	52.1%	51.8%	51.5%	55.6%	58.6%	48.8%	51.3%	41.7%	47.3%	52.4%	39.8%
BAME	45.0%	46.7%	43.9%	42.7%	49.8%	42.7%	52.7%	57.6%	16.7%	51.6%	59.8%	10.6%
SEG												
C1C2	57.8%	56.7%	57.6%	55.4%	56.8%	60.4%	50.3%	63.5%	51.7%	48.5%	64.4%	46.6%
AB	50.0%	50.6%	49.8%	46.4%	56.2%	57.2%	49.6%	52.8%	43.7%	51.0%	54.4%	40.3%
DE	42.2%	44.4%	39.5%	52.0%	43.2%	44.0%	49.0%	37.2%	34.7%	43.5%	37.5%	33.6%

Note: Respondents were asked 'On a scale of 0-10 how would you rate your diet with 0 being very unhealthy and 10 being very healthy?`. Healthy diets were those that were had a score >=7

Table 7.9: Descriptive statistics: Proportion of respondents with a healthy diet who agreed that participation in football influenced their healthier food choices. The FA Participation Tracker (November 2019-February 2020)

	Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)
Number of respondents	244.00	238.00	213.00	151.00	158.00	75.00
TOTAL	57.1%	56.6%	57.7%	58.9%	59.2%	60.1%
Male	54.4%	53.6%	54.6%	56.1%	57.5%	55.8%
Female	66.1%	66.1%	67.6%	67.0%	65.6%	82.4%
Age group						
19-24	54.8%	54.8%	53.5%	55.2%	54.2%	61.6%
25-34	62.1%	60.9%	61.2%	63.8%	67.8%	69.0%
35-44	55.8%	56.0%	59.0%	65.4%	56.1%	44.4%
45-54	49.6%	49.6%	54.6%	39.2%	49.9%	45.0%
53+	54.5%	54.5%	49.1%	44.8%	51.1%	77.8%
Ethnicity						
White	56.9%	56.5%	56.7%	61.1%	57.1%	58.8%
BAME	58.8%	57.3%	60.4%	51.6%	69.5%	64.2%
SEG						
C1C2	62.5%	61.5%	61.9%	63.5%	67.0%	60.5%
AB	54.8%	54.1%	56.5%	53.9%	57.5%	66.2%
DE	54.9%	56.0%	52.9%	66.1%	48.3%	45.1%

Note: Respondents were asked: To what extent do you agree or disagree with the following statement: 'Taking part in football encourages you to make healthier food choices'. Respondents are only included in this table if they rated their diet as healthy in Table 6.8.

APPENDIX 8 – ADULT FOOTBALL AND GENERAL HEALTH AND WELLBEING ANALYSIS

Table 8.1: Regression table: Association between adult participation in different formats of football and sport types, and different health and wellbeing measures (controlling for sociodemographic factors and whether the individual does any other sport). The FA Participation Tracker (November 2019-February 2020)

There is a consistent positive association between regular football participation in adults and wellbeing / social outcomes in The FA Participation Tracker. Results can be interpreted in the following way:

- Regular football participation is associated with a:
  - 5% increase in life satisfaction rating;
  - 4% increase if life worthiness rating;
  - 5% increase in happiness rating;
  - 6% increase general health rating.
- The benefit of regular football participation is greater than individual sport participation for all health and wellbeing outcomes.
- The benefit of regular football participation is greater for males compared to females for life satisfaction, life worthwhileness and general health.
- The benefit of regular football participation is greater for adults from lower SEGs compared to adults from higher SEGs for health and wellbeing outcomes.

		Total football		Play football (last 12 months)		Play football (last month)		Casual		Small-sided		11-a-side		Team (last 12 months)		Individual (last 12 months)		Team ((last month)		Individual (last month)		Non-sport participants	
Life satisfaction	**TOTAL**	0.292	**	0.247	**	0.332	**	0.299	**	0.236	*	0.390	**	0.169	N/S	-0.467	N/S	0.027	N/S	0.107	N/S	-0.060	N/S
	Men	0.402	*	0.343	*	0.418	N/S	0.394	N/S	0.247	N/S	0.538	**	0.356	**	-0.434	N/S	0.168	**	0.108	N/S	-0.040	N/S
	Women	0.007	N/S	-0.004	N/S	0.097	N/S	0.026	N/S	0.193	N/S	-0.495	N/S	-0.061	N/S	-0.566	N/S	-0.261	N/S	0.105	N/S	-0.093	N/S
	SEG–AB	0.271	N/S	0.168	N/S	0.225	N/S	0.583	N/S	0.156	N/S	0.420	N/S	0.108	N/S	-0.314	0.164	#N/A	N/S	0.164	N/S	-0.075	N/S
	SEG–C1C2	0.016	N/S	-0.013	N/S	0.096	N/S	-0.015	N/S	0.075	N/S	-0.037	N/S	0.021	N/S	-0.555	N/S	-0.097	N/S	0.131	N/S	-0.058	N/S
	SEG–DE	1.019	**	1.029	**	1.094	**	0.722	N/S	0.837	**	1.206	*	0.543	*	-0.454	N/S	0.382	N/S	-0.004	N/S	-0.053	N/S
Life worthwhile	**TOTAL**	0.246	**	0.200	*	0.260	**	0.315	**	0.184	N/S	0.325	**	0.087	N/S	0.149	N/S	-0.121	N/S	-0.227	N/S	-0.325	N/S
	Men	0.376	**	0.313	**	0.365	*	0.397	N/S	0.218	N/S	0.502	**	0.197	N/S	0.128	N/S	-0.017	N/S	-0.289	N/S	-0.243	N/S
	Women	-0.092	N/S	-0.097	N/S	-0.026	N/S	0.080	N/S	0.057	N/S	-0.731	*	-0.047	N/S	0.210	N/S	-0.334	N/S	-0.109	N/S	-0.464	N/S
	SEG–AB	0.005	N/S	-0.079	N/S	0.012	N/S	0.342	N/S	-0.073	N/S	0.294	N/S	-0.067	N/S	0.221	0.980	#N/A	N/S	-0.271	N/S	-0.205	N/S
	SEG–C1C2	0.026	N/S	0.001	N/S	0.066	N/S	0.077	N/S	0.079	N/S	-0.043	N/S	-0.043	N/S	0.065	N/S	-0.245	N/S	-0.195	N/S	-0.302	N/S
	SEG–DE	1.073	***	1.051	***	1.085	***	0.882	*	0.915	**	1.124	**	0.515	**	0.213	N/S	0.390	**	-0.231	N/S	-0.416	N/S

		Total football		Play football (last 12 months)		Play football (last month)		Casual		Small Sided		11-a-side		Team (last 12 months)		Individual (last 12 months)		Team (last month)		Individual (last month)		Non-sport participants	
Happiness	**TOTAL**	0.245	**	0.215	*	0.296	**	0.354	**	0.124	N/S	0.510	**	0.139	N/S	-0.051	N/S	-0.044	N/S	-0.307	N/S	-0.342	N/S
	Men	0.327	N/S	0.292	N/S	0.366	N/S	0.426	N/S	0.134	N/S	0.608	N/S	0.269	N/S	-0.058	N/S	0.037	N/S	-0.334	N/S	-0.290	N/S
	Women	0.029	N/S	0.014	N/S	0.105	N/S	0.146	N/S	0.085	N/S	-0.075	N/S	-0.020	N/S	-0.029	N/S	-0.208	N/S	-0.258	N/S	-0.431	N/S
	SEG–AB	0.271	N/S	0.193	N/S	0.279	N/S	0.684	N/S	-0.014	N/S	0.541	N/S	-0.002	N/S	-0.097	0.189	#N/A	N/S	-0.456	N/S	-0.140	N/S
	SEG–C1C2	-0.024	N/S	-0.044	N/S	0.073	N/S	-0.014	N/S	0.019	N/S	0.125	N/S	0.065	N/S	-0.032	N/S	-0.061	N/S	-0.158	N/S	-0.434	N/S
	SEG–DE	0.899	**	0.925	**	0.914	**	0.852	N/S	0.659	**	1.240	N/S	0.433	N/S	-0.044	N/S	0.093	N/S	-0.407	N/S	-0.327	N/S
Self-rated health	**TOTAL**	0.219	***	0.192	***	0.199	***	0.161	***	0.223	***	0.180	**	0.118	**	0.081	N/S	0.132	**	-0.048	N/S	-0.336	**
	Men	0.272	**	0.240	**	0.241	**	0.214	**	0.258	*	0.243	**	0.182	**	0.117	**	0.173	*	-0.001	**	-0.382	*
	Women	0.080	N/S	0.065	N/S	0.085	N/S	0.009	N/S	0.098	N/S	-0.195	N/S	0.041	N/S	-0.024	N/S	0.046	N/S	-0.136	N/S	-0.258	N/S
	SEG–AB	0.119	*	0.079	*	0.096	*	0.182	*	0.057	*	0.094	*	0.029	*	0.133	0.084	*	*	0.021	*	-0.407	*
	SEG–C1C2	0.223	N/S	0.197	N/S	0.191	N/S	0.138	N/S	0.286	N/S	0.140	N/S	0.125	N/S	0.079	N/S	0.149	N/S	-0.053	N/S	-0.330	N/S
	SEG–DE	0.319	**	0.310	**	0.349	**	0.192	N/S	0.319	**	0.404	**	0.192	*	0.048	N/S	0.210	N/S	-0.119	N/S	-0.308	N/S
GP visits	**TOTAL**	0.080	N/S	0.123	N/S	0.289	N/S	0.266	N/S	0.385	N/S	2.054	***	-0.370	N/S	-0.681	N/S	1.847	**	1.533	N/S	1.815	N/S
	Men	0.038	N/S	0.092	N/S	0.321	N/S	0.621	N/S	0.258	N/S	1.621	**	-0.127	N/S	-0.802	N/S	2.215	N/S	1.476	N/S	1.871	N/S
	Women	0.191	N/S	0.206	N/S	0.203	N/S	-0.753	N/S	0.847	N/S	4.648	**	-0.668	N/S	-0.326	N/S	1.097	N/S	1.639	N/S	1.720	N/S
	SEG–AB	0.871	N/S	0.847	N/S	1.269	N/S	2.579	N/S	0.455	N/S	4.366	N/S	-0.254	N/S	-1.153	0.211	N/S	N/S	1.275	N/S	2.311	N/S
	SEG–C1C2	-0.538	*	-0.469	*	-0.471	*	-0.771	*	-0.251	*	0.837	*	-0.919	*	-0.691	*	1.044	*	1.538	*	1.827	*
	SEG–DE	0.777	N/S	0.836	N/S	1.098	N/S	-0.122	**	2.120	N/S	0.721	**	0.686	N/S	-0.344	N/S	3.150	N/S	1.830	N/S	1.547	N/S

Notes: Table represents OLS regression Co-efficients for column headings vs other (e.g. regular football participants vs non-regular football participations). Legend: *** significance at <1%, ** significance at <5%, *significance at <10%

Table 8.2: Descriptive statistics. Proportion of respondents who report 'good' health and wellbeing scores by sport type and football format. The FA Participation Tracker (November 2019-February 2020)

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Life satisfaction	TOTAL	51.0%	51.2%	53.0%	50.9%	52.2%	54.0%	49.9%	52.9%	41.0%	48.2%	53.4%	42.2%
	Male	52.4%	52.6%	54.2%	52.9%	52.4%	56.4%	52.2%	52.6%	46.0%	51.4%	53.1%	45.9%
	Female	46.3%	46.5%	49.3%	45.3%	51.4%	42.5%	45.7%	53.3%	37.2%	41.5%	53.8%	39.3%
	Age group												
	19-24	36.7%	37.4%	40.2%	31.1%	41.6%	37.0%	39.2%	38.5%	31.8%	34.1%	39.2%	31.7%
	25-34	52.7%	52.3%	54.3%	55.0%	53.4%	57.3%	48.0%	48.0%	24.4%	50.7%	48.0%	28.2%
	35-44	58.1%	59.0%	59.8%	64.4%	54.8%	62.5%	55.1%	49.0%	27.9%	60.6%	49.7%	32.8%
	45-54	46.4%	46.4%	48.4%	35.4%	52.2%	63.2%	51.9%	49.0%	29.7%	44.4%	49.4%	33.2%
	53+	78.2%	77.5%	75.0%	73.3%	77.2%	85.5%	71.9%	67.6%	51.5%	61.1%	68.5%	52.3%
	Ethnicity												
	White	51.7%	51.4%	53.4%	52.1%	52.8%	52.9%	50.9%	53.3%	41.3%	47.9%	53.6%	43.0%
	BAME	48.9%	50.7%	51.7%	46.7%	50.0%	59.6%	47.1%	51.4%	37.2%	50.1%	52.9%	30.0%
	SEG												
	C1C2	52.5%	51.6%	52.2%	57.2%	52.5%	50.9%	50.6%	60.8%	54.0%	48.3%	60.8%	54.4%
	AB	50.2%	50.6%	52.8%	47.9%	53.2%	52.0%	51.0%	54.5%	46.8%	49.8%	55.1%	46.7%
	DE	50.7%	52.1%	55.3%	49.7%	48.1%	64.8%	46.1%	41.0%	31.1%	43.5%	40.9%	33.3%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Life worthwhile	TOTAL	55.3%	55.0%	57.1%	56.9%	57.4%	57.0%	54.0%	58.2%	46.6%	52.4%	58.6%	47.7%
	Male	57.0%	56.5%	58.3%	58.5%	58.1%	57.8%	54.4%	56.9%	50.0%	53.7%	57.1%	50.6%
	Female	50.0%	50.2%	53.4%	52.4%	55.1%	53.5%	53.2%	59.4%	44.0%	49.7%	60.0%	45.4%
	Age group												
	19-24	38.2%	38.4%	40.5%	34.1%	42.6%	42.0%	42.3%	41.4%	35.8%	40.1%	42.4%	31.2%
	25-34	55.9%	54.9%	57.0%	61.1%	57.8%	56.9%	51.5%	52.4%	28.6%	53.4%	52.6%	31.1%
	35-44	68.0%	68.4%	70.1%	72.8%	67.4%	74.5%	61.3%	56.2%	31.5%	63.2%	57.2%	34.7%
	45-54	51.6%	51.6%	54.2%	42.5%	55.7%	57.2%	61.8%	54.6%	36.3%	59.1%	54.7%	40.3%
	53+	73.9%	73.1%	70.1%	78.6%	69.7%	85.5%	67.7%	72.9%	57.4%	53.3%	73.2%	59.2%
	Ethnicity												
	White	56.6%	56.1%	58.4%	58.5%	57.8%	58.4%	54.8%	58.8%	46.9%	51.7%	59.0%	48.5%
	BAME	51.5%	51.4%	52.4%	52.5%	56.2%	52.7%	52.1%	55.2%	44.1%	56.1%	56.7%	34.9%
	SEG												
	C1C2	56.1%	55.3%	56.2%	60.0%	57.4%	58.9%	55.0%	64.5%	64.8%	53.2%	64.1%	66.2%
	AB	54.7%	54.6%	57.2%	55.5%	57.9%	54.3%	53.7%	59.8%	51.3%	52.3%	60.6%	50.1%
	DE	55.8%	55.4%	58.5%	55.9%	55.9%	60.6%	53.1%	47.7%	35.5%	50.9%	47.5%	38.3%

9. APPENDICES (CONTINUED)

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Happiness	TOTAL	52.6%	52.4%	53.6%	54.2%	53.1%	54.8%	52.7%	56.7%	47.2%	50.7%	56.7%	49.4%
	Male	53.8%	53.6%	54.6%	55.5%	53.1%	55.5%	54.0%	56.4%	53.8%	52.5%	56.5%	53.8%
	Female	48.7%	48.3%	50.6%	50.5%	53.2%	51.4%	50.4%	57.0%	42.1%	47.1%	56.9%	45.9%
	Age group												
	19-24	42.9%	42.4%	45.6%	39.5%	45.7%	46.6%	39.7%	42.6%	39.2%	35.5%	42.6%	45.6%
	25-34	53.9%	53.2%	54.7%	56.7%	55.1%	57.3%	53.0%	52.0%	25.2%	56.2%	52.1%	29.6%
	35-44	59.0%	60.0%	60.2%	66.9%	55.7%	55.7%	57.3%	51.5%	38.8%	58.5%	51.5%	43.2%
	45-54	45.3%	45.3%	44.3%	38.7%	47.7%	56.0%	56.9%	53.4%	31.1%	51.4%	52.9%	37.5%
	53+	70.9%	70.0%	66.7%	70.4%	67.8%	85.5%	72.3%	71.6%	59.0%	62.4%	72.1%	60.0%
	Ethnicity												
	White	53.3%	52.9%	54.1%	56.4%	52.7%	56.9%	54.3%	57.0%	47.0%	51.0%	56.9%	49.6%
	BAME	50.8%	51.7%	52.8%	46.4%	54.1%	46.9%	48.2%	55.7%	59.1%	51.7%	56.4%	50.7%
	SEG												
	C1C2	55.5%	54.7%	55.6%	58.8%	55.2%	55.5%	54.8%	63.3%	62.0%	53.6%	63.0%	63.5%
	AB	51.5%	51.4%	53.0%	52.3%	53.3%	53.5%	52.9%	57.3%	52.1%	50.9%	57.5%	53.2%
	DE	50.8%	51.2%	52.0%	52.3%	48.4%	56.7%	48.8%	48.3%	37.3%	44.5%	47.6%	40.4%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
General self-reported health	TOTAL	70.1%	70.2%	71.8%	70.7%	73.9%	76.3%	67.6%	59.5%	28.8%	72.0%	60.7%	30.8%
	Male	71.9%	71.9%	73.6%	74.0%	75.6%	78.6%	69.1%	60.5%	26.1%	72.9%	62.0%	27.2%
	Female	64.3%	64.8%	65.8%	61.5%	67.7%	65.0%	64.9%	58.4%	30.9%	70.2%	59.5%	33.6%
	Age group												
	19-24	66.5%	66.5%	69.0%	62.4%	70.6%	71.5%	65.3%	62.3%	63.2%	63.5%	64.1%	45.6%
	25-34	74.9%	74.7%	76.5%	78.0%	75.7%	80.1%	71.0%	66.0%	36.9%	75.4%	67.0%	35.2%
	35-44	71.9%	72.6%	73.7%	76.3%	76.9%	74.7%	71.9%	59.2%	30.7%	78.7%	60.6%	32.0%
	45-54	61.7%	61.7%	61.3%	52.8%	68.1%	75.8%	65.3%	53.7%	21.4%	81.4%	55.5%	24.3%
	53+	56.9%	57.6%	57.2%	54.1%	68.8%	66.2%	50.6%	57.3%	27.9%	35.2%	58.0%	30.9%
	Ethnicity												
	White	68.9%	68.8%	70.9%	69.0%	73.3%	75.6%	66.5%	58.0%	27.9%	70.8%	59.2%	30.4%
	BAME	77.0%	77.2%	76.8%	81.7%	77.4%	78.4%	72.8%	71.4%	59.0%	76.5%	72.4%	45.9%
	SEG												
	C1C2	74.0%	73.8%	75.4%	78.7%	72.8%	81.5%	72.6%	67.5%	33.9%	73.4%	68.2%	35.9%
	AB	70.5%	70.5%	71.5%	71.0%	77.0%	72.6%	67.7%	61.2%	33.8%	72.3%	62.4%	35.4%
	DE	62.7%	63.2%	66.2%	57.8%	65.7%	76.3%	59.3%	47.0%	22.7%	68.3%	48.2%	24.5%

Note: Respondents were asked to rate themselves against each metric 'On a scale of 0-10 with 0 being very poor and 10 being very good`. 'Good' scores were those that were had a score >=7

Table 8.3 Logistic regression and marginal effects: Association between playing football regularly and good health. (controlling for sociodemographic factors and whether the individual does any other sport)

	Co-efficient		Marginal effects	
Regular football player	0.422	***	0.103	***

Note: Logistic regression. Legend: *** significance at <1%, ** significance at <5%, *significance at <10%.

APPENDIX 9 – ADULT FOOTBALL SOCIAL OUTCOME ANALYSIS

Table 9.1: Regression table: Association between adult participation in different formats of football and sport types, and different individual development measures (controlling for sociodemographic factors and whether the individual does any other sport). The FA Participation Tracker (November 2019-February 2020)

There is a consistent positive association between regular football participation in adults and individual development outcomes in The FA Participation Tracker. Results can be interpreted in the following way:

- Regular football participation is associated with a:
  - 7% increase in self-rated confidence;
  - 3% increase in self-rated communication skills;
  - 3% increase in self-rated leadership skills.
- The benefit of regular football participation is greater than individual sport participation for all the above individual development outcomes.
- The benefit of regular football participation is greater for females compared to males for all the above individual development outcomes.
- •The benefit of regular football participation is greater for adults from a low SEG compared to adults from a high SEG for communication and leadership.

		Total football		Play football (last 12 months)		Play football (last month)		Casual		Small-sided		11-a-side		Team (last 12 months)		Individual (last 12 months)		Team (last month)		Individual (last month)		Non-sport participants	
Your ability to cope with life's challenges	**TOTAL**	0.054	N/S	0.039	N/S	0.030	N/S	0.119	**	0.077	N/S	0.086	N/S	0.128	**	0.171	N/S	-0.092	N/S	-0.067	N/S	-0.225	N/S
	Men	0.092	N/S	0.069	N/S	0.058	N/S	0.162	*	0.109	N/S	0.163	**	0.132	N/S	0.171	N/S	-0.063	N/S	-0.071	N/S	-0.211	N/S
	Women	-0.043	N/S	-0.040	N/S	-0.044	N/S	-0.006	N/S	-0.041	N/S	-0.371	**	0.124	*	0.171	N/S	-0.153	*	-0.061	N/S	-0.249	N/S
	SEG–AB	-0.088	N/S	-0.128	N/S	-0.131	N/S	0.162	N/S	-0.072	N/S	-0.049	N/S	0.052	N/S	0.103	N/S	-0.214	N/S	-0.118	N/S	-0.118	N/S
	SEG–C1C2	0.044	N/S	0.037	N/S	0.012	N/S	0.063	N/S	0.072	N/S	0.019	N/S	0.077	N/S	0.207	N/S	-0.102	N/S	-0.034	N/S	-0.246	N/S
	SEG–DE	0.237	**	0.241	***	0.282	***	0.201	N/S	0.337	**	0.446	**	0.313	**	0.168	N/S	0.127	**	-0.070	N/S	-0.253	N/S

		Total football		Play football (last 12 months)		Play football (last month)		Casual		Small-sided		11-a-side		Team (last 12 months)		Individual (last 12 months)		Team (last month)		Individual (last month)		Non-sport participants	
Overall confidence	**TOTAL**	0.303	***	0.282	***	0.251	***	0.203	***	0.263	***	0.349	***	0.153	**	0.110	N/S	0.199	**	-0.326	N/S	-0.493	**
	Men	0.259	*	0.238	*	0.198	**	0.194	N/S	0.181	***	0.353	N/S	0.108	N/S	0.100	N/S	0.166	N/S	-0.344	N/S	-0.458	N/S
	Women	0.416	***	0.398	***	0.394	***	0.228	**	0.560	***	0.323	*	0.207	**	0.138	N/S	0.265	**	-0.292	N/S	-0.553	**
	SEG – AB	0.273	***	0.243	***	0.196	***	0.312	***	0.155	***	0.283	***	0.165	***	0.165	***	0.206	***	-0.284	***	-0.499	***
	SEG – C1C2	0.326	N/S	0.308	N/S	0.272	N/S	0.164	N/S	0.325	N/S	0.270	N/S	0.144	N/S	0.105	N/S	0.172	N/S	-0.313	N/S	-0.529	N/S
	SEG – DE	0.276	N/S	0.258	N/S	0.261	N/S	0.159	N/S	0.261	N/S	0.617	*	0.159	N/S	0.078	N/S	0.252	N/S	-0.399	N/S	-0.445	N/S
Communication skills	**TOTAL**	0.102	**	0.081	*	0.099	**	0.060	N/S	0.078	N/S	0.284	***	0.169	**	0.012	N/S	-0.044	N/S	-0.171	N/S	-0.331	*
	Men	0.087	N/S	0.059	N/S	0.066	N/S	0.049	N/S	0.039	*	0.325	*	0.160	N/S	0.007	N/S	-0.039	N/S	-0.179	N/S	-0.323	N/S
	Women	0.142	*	0.138	*	0.189	**	0.093	N/S	0.222	**	0.040	N/S	0.180	**	0.024	N/S	-0.053	N/S	-0.157	N/S	-0.344	*
	SEG – AB	-0.002	N/S	-0.019	N/S	0.018	N/S	0.062	N/S	-0.100	N/S	0.200	N/S	0.100	N/S	-0.125	N/S	-0.123	N/S	-0.247	N/S	-0.221	N/S
	SEG – C1C2	0.077	N/S	0.053	N/S	0.050	N/S	-0.007	N/S	0.094	N/S	0.184	N/S	0.159	N/S	0.039	N/S	-0.062	N/S	-0.159	N/S	-0.319	N/S
	SEG – DE	0.282	**	0.271	**	0.330	**	0.229	N/S	0.328	***	0.624	**	0.258	N/S	0.068	*	0.129	**	-0.106	N/S	-0.403	*
Resilience	**TOTAL**	0.095	**	0.088	*	0.053	N/S	0.084	*	0.067	N/S	0.110	*	0.186	**	0.025	N/S	-0.102	N/S	0.156	N/S	-0.172	N/S
	Men	0.103	N/S	0.093	N/S	0.058	N/S	0.104	N/S	0.057	N/S	0.157	**	0.142	N/S	0.039	N/S	-0.133	N/S	0.154	N/S	-0.163	N/S
	Women	0.075	N/S	0.075	N/S	0.037	N/S	0.027	N/S	0.101	N/S	-0.177	N/S	0.239	***	-0.016	N/S	-0.037	N/S	0.160	N/S	-0.187	N/S
	SEG – AB	0.033	N/S	0.028	N/S	0.014	N/S	0.054	N/S	-0.017	N/S	0.005	N/S	0.186	N/S	-0.065	N/S	-0.108	N/S	0.064	N/S	-0.004	N/S
	SEG – C1C2	0.062	N/S	0.056	N/S	-0.005	N/S	0.070	N/S	0.027	N/S	0.065	N/S	0.142	N/S	0.014	N/S	-0.145	N/S	0.170	N/S	-0.174	N/S
	SEG – DE	0.247	**	0.242	**	0.252	**	0.158	N/S	0.321	**	0.372	**	0.278	N/S	0.100	N/S	0.016	N/S	0.239	*	-0.254	**
Leadership Skills	**TOTAL**	0.146	**	0.121	**	0.088	*	0.141	**	0.099	*	0.192	**	0.137	**	-0.203	N/S	0.214	**	-0.105	N/S	-0.340	*
	Men	0.103	*	0.068	**	0.032	**	0.110	N/S	0.045	**	0.199	N/S	0.096	N/S	-0.208	N/S	0.185	N/S	-0.111	N/S	-0.324	N/S
	Women	0.259	**	0.262	***	0.240	**	0.231	**	0.293	**	0.151	N/S	0.187	**	-0.186	N/S	0.274	**	-0.093	N/S	-0.369	*
	SEG – AB	-0.055	N/S	-0.092	N/S	-0.123	N/S	0.032	N/S	-0.153	N/S	0.049	N/S	0.015	N/S	-0.356	N/S	0.075	N/S	-0.196	N/S	-0.177	N/S
	SEG – C1C2	0.148	**	0.131	**	0.081	**	0.109	**	0.124	**	0.139	**	0.116	**	-0.197	**	0.191	**	-0.097	**	-0.325	**
	SEG – DE	0.364	***	0.348	***	0.368	***	0.364	**	0.446	***	0.537	**	0.300	**	-0.105	**	0.494	***	-0.010	*	-0.443	**

Notes: Table represents OLS regression Co-efficients for column headings vs other (e.g. regular football participants vs non-regular football participations). Legend: *** significance at <1%, **. significance at <5%, *significance at <10%

Table 9.2: Regression table. Association between adult participation in different formats of football and sport types, and different community development measures (controlling for sociodemographic factors and whether the individual does any other sport). The FA Participation Tracker (November 2019-February 2020)There is a consistent positive association between regular football participation in adults and individual development outcomes in The FA Participation Tracker. Results can be interpreted in the following way:

- Regular football participation is associated with a:
  - 5% increase in social trust;
  - 3% increase in social interaction;
  - 15% increase in feelings of connection to local communities.
- The benefit of regular football participation is greater than individual sport participation for all the above community development outcomes.
- The benefit of regular football participation is greater for females compared to males for community connection and greater for males compared to females for social trust.
- The benefit of regular football participation is greater for adults from a low SEG compared to adults from a high SEG for all the above community development outcomes.

		Total football		Play football (last 12 months)		Play football (last month)		Casual		Small-sided		11-a-side		Team (last 12 months)		Individual (last 12 months)		Team (last month)		Individual (last month)		Non-sport participants	
Most people in my local area can be trusted	**TOTAL**	0.168	***	0.119	**	0.136	**	0.108	**	0.160	**	0.250	***	0.089	N/S	0.068	N/S	0.084	N/S	-0.226	N/S	-0.366	*
	Men	0.236	**	0.176	**	0.188	**	0.195	***	0.188	N/S	0.300	**	0.173	**	0.100	N/S	0.183	***	-0.189	N/S	-0.399	N/S
	Women	-0.007	N/S	-0.032	N/S	-0.005	N/S	-0.143	N/S	0.056	N/S	-0.051	N/S	-0.014	N/S	-0.027	N/S	-0.119	N/S	-0.295	N/S	-0.309	N/S
	SEG – AB	0.184	**	0.124	**	0.132	**	0.277	**	0.096	**	0.154	**	0.234	**	-0.011	**	0.215	**	-0.287	**	-0.290	**
	SEG – C1C2	0.082	N/S	0.040	N/S	0.041	N/S	-0.026	N/S	0.125	N/S	0.195	N/S	0.003	N/S	0.087	N/S	-0.007	N/S	-0.190	N/S	-0.379	N/S
	SEG – DE	0.369	*	0.322	*	0.394	**	0.227	N/S	0.366	**	0.520	**	0.132	N/S	0.096	N/S	0.101	N/S	-0.221	N/S	-0.387	N/S

		Total football		Play football (last 12 months)		Play football (last month)		Casual		Small-sided		11-a-side		Team (last 12 months)		Individual (last 12 months)		Team (last month)		Individual (last month)		Non-sport participants	
I interact with people from different social groups	**TOTAL**	0.110	**	0.092	*	0.109	**	0.059	N/S	0.107	**	0.129	*	0.101	*	-0.124	N/S	-0.035	N/S	0.153	N/S	-0.123	N/S
	Men	0.146	N/S	0.125	N/S	0.123	N/S	0.098	N/S	0.104	N/S	0.142	N/S	0.150	N/S	-0.083	**	0.000	N/S	0.193	N/S	-0.164	N/S
	Women	0.014	N/S	0.005	N/S	0.072	N/S	-0.052	N/S	0.116	N/S	0.055	N/S	0.040	N/S	-0.247	N/S	-0.106	N/S	0.078	N/S	-0.052	N/S
	SEG – AB	0.038	N/S	0.001	N/S	0.055	N/S	0.126	N/S	-0.033	N/S	0.002	N/S	0.157	N/S	-0.314	N/S	0.010	N/S	0.022	N/S	0.083	N/S
	SEG – C1C2	0.075	N/S	0.075	N/S	0.058	N/S	-0.004	N/S	0.106	N/S	0.081	N/S	0.048	N/S	-0.156	N/S	-0.125	N/S	0.157	N/S	-0.095	N/S
	SEG – DE	0.278	**	0.242	**	0.313	**	0.131	N/S	0.344	**	0.435	**	0.157	N/S	0.049	***	0.118	N/S	0.301	**	-0.262	**
I am well connected to my community	**TOTAL**	0.419	***	0.387	***	0.401	***	0.309	***	0.287	***	0.354	***	0.116	*	-0.439	**	0.291	***	0.028	N/S	-0.503	**
	Men	0.445	N/S	0.404	N/S	0.402	N/S	0.334	N/S	0.274	N/S	0.398	N/S	0.122	N/S	-0.403	*	0.322	N/S	0.046	N/S	-0.515	N/S
	Women	0.351	***	0.340	***	0.397	***	0.237	**	0.335	**	0.091	N/S	0.109	N/S	-0.546	**	0.227	**	-0.004	N/S	-0.484	**
	SEG – AB	0.264	**	0.228	**	0.259	**	0.284	**	-0.004	**	0.274	**	0.200	**	-0.517	**	0.327	**	-0.049	**	-0.355	**
	SEG – C1C2	0.413	N/S	0.382	N/S	0.369	N/S	0.264	N/S	0.353	N/S	0.302	N/S	0.005	N/S	-0.417	N/S	0.190	N/S	0.068	N/S	-0.537	N/S
	SEG – DE	0.604	**	0.586	**	0.662	***	0.455	N/S	0.583	***	0.591	*	0.269	N/S	-0.416	N/S	0.483	N/S	0.049	N/S	-0.536	N/S

Notes: Table represents OLS regression Co-efficients for column headings vs other (e.g. regular football participants vs non-regular football participations). Legend: *** significance at <1%, ** significance at <5%, *significance at <10%. Respondents were asked to what extent they agreed with the statements on a 1-5 scale.

Table 9.3: Descriptive statistics. Proportion of respondents who report 'good' self-reported individual development measures by sport type and football format. The FA Participation Tracker (November 2019-February 2020)

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Ability to cope with life's challenges	TOTAL	58.0%	58.3%	59.0%	61.1%	60.0%	63.4%	58.5%	58.1%	46.8%	56.4%	59.0%	46.2%
	Male	58.7%	58.8%	59.7%	61.7%	61.3%	66.6%	58.2%	59.0%	48.4%	57.7%	59.6%	47.8%
	Female	55.8%	56.6%	56.8%	59.4%	54.9%	47.8%	59.0%	57.4%	45.5%	53.9%	58.4%	44.9%
	Age group												
	19-24	49.8%	50.3%	54.5%	48.7%	50.0%	53.5%	52.3%	50.6%	34.2%	50.9%	52.2%	30.7%
	25-34	59.0%	59.3%	59.7%	64.4%	61.8%	66.8%	58.0%	54.2%	34.2%	58.2%	54.6%	34.3%
	35-44	62.5%	62.5%	61.9%	72.7%	62.0%	60.1%	57.0%	53.9%	39.3%	57.8%	54.5%	40.0%
	45-54	54.3%	54.3%	52.4%	44.1%	57.1%	79.8%	64.9%	53.5%	43.8%	61.7%	54.4%	43.2%
	53+	73.9%	75.1%	74.6%	67.7%	85.7%	82.2%	75.2%	69.8%	52.3%	62.7%	70.8%	52.9%
	Ethnicity												
	White	57.8%	57.8%	58.8%	62.5%	59.6%	62.7%	58.4%	57.5%	46.7%	55.4%	58.3%	46.6%
	BAME	58.5%	58.6%	59.1%	54.7%	62.0%	67.0%	58.3%	63.0%	49.4%	59.5%	64.1%	38.3%
	SEG												
	C1C2	57.4%	57.0%	58.1%	66.3%	57.4%	62.5%	60.4%	63.5%	64.8%	56.7%	63.7%	63.2%
	AB	60.5%	61.0%	61.5%	60.9%	63.0%	64.3%	58.8%	60.9%	50.1%	57.2%	61.5%	50.3%
	DE	51.5%	51.9%	53.5%	54.0%	54.6%	62.6%	54.6%	46.5%	37.0%	54.1%	47.9%	35.9%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Overall confidence	TOTAL	61.4%	61.2%	61.8%	60.6%	64.1%	71.4%	59.5%	52.2%	39.8%	63.1%	53.3%	38.7%
	Male	62.7%	62.3%	62.6%	63.9%	64.4%	72.0%	61.0%	58.1%	49.6%	63.5%	58.9%	47.5%
	Female	57.2%	57.6%	58.9%	51.1%	63.1%	68.5%	56.8%	46.6%	32.3%	62.2%	47.8%	31.8%
	Age group												
	19-24	57.3%	57.4%	58.7%	50.6%	65.1%	69.0%	58.1%	46.3%	30.2%	61.8%	48.4%	17.9%
	25-34	64.3%	63.4%	63.1%	66.1%	64.3%	72.7%	62.5%	53.8%	20.5%	70.0%	54.3%	24.1%
	35-44	64.1%	64.4%	65.9%	66.6%	64.1%	70.3%	54.8%	45.0%	21.8%	58.3%	46.6%	20.4%
	45-54	48.3%	48.3%	47.3%	42.2%	51.3%	70.7%	54.9%	42.3%	36.1%	48.6%	43.3%	34.9%
	53+	71.8%	73.0%	74.3%	64.5%	88.6%	82.2%	71.8%	64.7%	49.1%	64.7%	65.2%	50.4%
	Ethnicity												
	White	59.8%	59.4%	59.7%	59.0%	62.8%	71.5%	58.6%	51.5%	40.4%	62.0%	52.4%	39.5%
	BAME	68.0%	68.3%	69.8%	67.4%	69.8%	70.4%	62.4%	59.5%	28.9%	66.6%	60.6%	23.9%
	SEG												
	C1C2	65.4%	65.1%	65.0%	70.8%	65.1%	75.4%	65.0%	59.4%	49.3%	66.4%	59.3%	51.3%
	AB	64.3%	64.1%	65.0%	60.3%	68.7%	70.7%	62.4%	54.5%	42.4%	65.7%	55.8%	39.6%
	DE	45.9%	45.4%	46.2%	45.6%	47.0%	65.9%	43.7%	39.5%	34.0%	50.0%	40.6%	32.8%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Communication skills	TOTAL	67.4%	67.1%	68.1%	66.4%	68.8%	72.9%	69.2%	67.9%	56.4%	67.6%	68.5%	56.3%
	Male	66.2%	65.6%	66.1%	65.2%	66.2%	74.6%	67.8%	66.2%	56.4%	66.2%	66.8%	55.6%
	Female	71.6%	71.9%	74.6%	69.8%	78.2%	64.4%	71.6%	69.6%	56.4%	70.3%	70.3%	56.8%
	Age group												
	19-24	57.5%	57.4%	59.2%	50.5%	59.4%	64.0%	60.0%	56.5%	45.8%	56.7%	57.4%	41.3%
	25-34	69.1%	68.6%	69.2%	69.4%	69.6%	76.2%	71.8%	66.5%	34.1%	71.8%	66.3%	42.5%
	35-44	73.8%	73.2%	75.1%	79.0%	71.6%	78.2%	70.3%	65.0%	45.0%	74.1%	66.4%	43.7%
	45-54	62.8%	62.8%	60.7%	59.3%	64.2%	66.8%	70.2%	64.5%	56.1%	62.8%	66.2%	53.5%
	53+	77.9%	79.2%	79.2%	69.0%	100.0%	82.2%	81.6%	77.8%	63.1%	78.8%	77.8%	65.1%
	Ethnicity												
	White	66.5%	66.1%	67.2%	66.8%	67.9%	73.7%	69.1%	67.7%	56.6%	67.3%	68.4%	56.3%
	BAME	73.2%	73.1%	74.3%	67.5%	72.5%	70.7%	71.5%	70.6%	54.6%	70.6%	70.5%	56.0%
	SEG												
	C1C2	69.0%	68.7%	70.4%	73.2%	67.9%	74.9%	72.0%	74.6%	71.8%	70.4%	74.7%	70.9%
	AB	67.8%	67.2%	67.4%	63.9%	70.0%	71.6%	69.3%	68.6%	57.6%	66.7%	69.3%	57.4%
	DE	63.8%	64.1%	66.5%	63.0%	66.3%	72.6%	64.3%	58.9%	49.3%	64.3%	59.5%	49.6%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Resilience	TOTAL	67.0%	66.9%	67.1%	67.9%	67.7%	70.1%	68.2%	66.2%	52.9%	67.7%	67.6%	51.3%
	Male	66.8%	66.5%	66.5%	68.2%	67.2%	72.9%	66.2%	65.8%	53.4%	65.7%	66.8%	52.3%
	Female	67.5%	68.4%	69.0%	67.0%	69.6%	56.9%	71.7%	66.7%	52.5%	71.8%	68.3%	50.6%
	Age group												
	19-24	57.5%	58.1%	58.7%	51.5%	63.5%	65.5%	59.3%	58.5%	31.8%	58.5%	60.8%	25.2%
	25-34	70.3%	70.2%	70.7%	73.7%	71.3%	74.7%	70.9%	64.7%	35.3%	73.2%	66.0%	34.7%
	35-44	71.3%	70.6%	70.4%	78.6%	67.8%	54.8%	68.8%	64.6%	44.2%	69.5%	65.8%	42.9%
	45-54	60.8%	60.8%	58.7%	55.5%	53.4%	88.4%	64.5%	61.4%	51.9%	64.9%	62.3%	51.7%
	53+	75.8%	77.1%	76.8%	67.0%	88.6%	100.0%	87.1%	74.7%	59.2%	79.8%	75.9%	59.2%
	Ethnicity												
	White	66.0%	65.9%	66.0%	68.5%	66.0%	70.0%	68.7%	65.7%	52.9%	67.0%	66.9%	51.8%
	BAME	72.7%	72.5%	72.9%	67.7%	74.9%	72.0%	68.2%	73.1%	49.8%	72.5%	74.3%	40.6%
	SEG												
	C1C2	68.4%	68.2%	68.6%	71.5%	67.5%	65.7%	69.9%	71.2%	70.2%	67.9%	71.5%	68.1%
	AB	68.5%	68.6%	68.3%	69.3%	69.2%	72.9%	69.2%	67.8%	57.4%	69.3%	69.2%	54.7%
	DE	59.7%	59.8%	60.9%	58.4%	63.0%	71.1%	62.9%	57.4%	42.3%	63.4%	59.4%	41.7%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Leadership	TOTAL	60.7%	60.1%	60.1%	62.1%	60.6%	68.5%	61.1%	48.4%	28.9%	65.9%	49.6%	28.9%
	Male	59.8%	58.9%	59.0%	61.5%	59.6%	67.2%	61.3%	52.5%	35.2%	65.9%	53.9%	33.5%
	Female	63.6%	64.2%	63.8%	63.8%	64.4%	75.1%	60.9%	44.4%	24.1%	65.8%	45.4%	25.4%
	Age group												
	19-24	56.8%	57.1%	58.2%	53.6%	59.8%	72.0%	60.1%	50.9%	12.9%	58.6%	52.5%	17.1%
	25-34	64.1%	63.2%	62.6%	67.6%	61.4%	68.6%	65.0%	56.4%	25.8%	71.3%	57.7%	25.8%
	35-44	67.3%	66.6%	66.9%	71.0%	65.6%	71.0%	63.7%	48.4%	25.9%	71.4%	50.1%	22.8%
	45-54	40.5%	40.5%	37.6%	42.1%	39.2%	60.7%	51.2%	40.5%	29.2%	49.8%	41.8%	28.6%
	53+	60.2%	60.1%	62.2%	49.8%	78.4%	31.5%	54.1%	46.5%	30.9%	65.1%	46.8%	32.6%
	Ethnicity												
	White	58.4%	57.8%	58.0%	60.9%	57.7%	69.5%	59.4%	46.9%	29.4%	63.3%	48.0%	29.7%
	BAME	71.9%	71.4%	70.7%	70.0%	73.6%	65.8%	68.1%	60.3%	19.5%	75.1%	61.4%	13.9%
	SEG												
	C1C2	63.3%	62.6%	63.0%	66.4%	59.9%	71.8%	64.1%	57.7%	49.4%	66.3%	58.2%	48.9%
	AB	61.8%	61.2%	60.5%	61.9%	62.1%	66.8%	63.2%	49.8%	32.2%	65.9%	50.7%	32.8%
	DE	52.9%	52.6%	53.7%	56.1%	57.0%	67.1%	51.5%	35.0%	18.1%	64.9%	37.1%	17.6%

Note: Respondents were asked to rate themselves against each individual development skill from very good to very poor (1-5 scale). 'Good' scores were those that were had a score >=4

Table 9.4: Descriptive statistics. Proportion of respondents who agree with community development statements by sport type and football format. The FA Participation Tracker (November 2019-February 2020)

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
Most people in my local area can be trusted	TOTAL	49.8%	49.4%	50.9%	48.6%	52.3%	56.2%	48.1%	47.7%	41.2%	50.1%	48.2%	41.1%
	Male	59.8%	58.9%	59.0%	61.5%	59.6%	67.2%	61.3%	52.5%	35.2%	65.9%	53.9%	33.5%
	Female	63.6%	64.2%	63.8%	63.8%	64.4%	75.1%	60.9%	44.4%	24.1%	65.8%	45.4%	25.4%
	Age group												
	19-24	41.6%	42.2%	45.7%	38.7%	46.4%	53.3%	40.2%	40.0%	44.1%	38.6%	40.7%	36.5%
	25-34	53.4%	52.7%	53.8%	54.8%	57.0%	54.6%	52.2%	42.9%	26.3%	57.2%	43.3%	26.0%
	35-44	51.2%	50.5%	52.0%	52.8%	48.2%	64.8%	47.7%	42.7%	29.0%	51.1%	43.1%	31.5%
	45-54	44.8%	44.8%	43.3%	31.4%	48.8%	41.2%	50.4%	45.8%	29.3%	51.4%	46.8%	30.2%
	53+	63.2%	62.0%	62.1%	53.5%	70.5%	100.0%	53.4%	59.0%	50.7%	56.7%	59.1%	51.6%
	Ethnicity												
	White	51.2%	50.7%	52.3%	49.5%	54.4%	60.4%	49.8%	48.5%	42.0%	51.5%	48.9%	41.9%
	BAME	44.0%	43.2%	44.5%	45.2%	44.4%	40.3%	41.9%	41.7%	27.3%	45.5%	42.9%	19.5%
	SEG												
	C1C2	57.2%	56.4%	57.9%	63.8%	57.2%	57.3%	57.4%	55.2%	53.2%	58.8%	55.4%	52.3%
	AB	46.5%	46.1%	46.9%	42.0%	51.0%	51.4%	46.2%	48.3%	44.1%	47.4%	49.0%	42.4%
	DE	47.4%	47.3%	50.4%	44.1%	47.2%	66.6%	37.8%	38.2%	34.1%	39.4%	37.7%	35.5%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
I interact with people from different social groups	TOTAL	71.2%	70.8%	71.9%	71.8%	72.9%	74.9%	72.2%	70.1%	54.0%	72.4%	71.1%	53.6%
	Male	59.8%	58.9%	59.0%	61.5%	59.6%	67.2%	61.3%	52.5%	35.2%	65.9%	53.9%	33.5%
	Female	63.6%	64.2%	63.8%	63.8%	64.4%	75.1%	60.9%	44.4%	24.1%	65.8%	45.4%	25.4%
	Age group												
	19-24	67.3%	67.2%	69.9%	61.6%	70.5%	67.4%	69.5%	69.6%	73.5%	65.5%	71.0%	57.3%
	25-34	73.9%	73.6%	74.6%	77.4%	77.3%	80.2%	74.7%	71.0%	53.9%	76.8%	71.8%	51.8%
	35-44	74.4%	73.8%	74.6%	79.1%	71.8%	71.5%	70.6%	70.7%	45.8%	73.7%	71.9%	45.6%
	45-54	61.3%	61.3%	59.3%	54.6%	61.4%	69.4%	68.2%	66.2%	58.9%	66.9%	67.5%	57.8%
	53+	71.7%	70.8%	72.6%	68.9%	77.6%	100.0%	80.2%	71.5%	53.1%	85.4%	72.3%	54.2%
	Ethnicity												
	White	71.0%	70.6%	71.4%	71.3%	72.3%	75.1%	73.7%	70.2%	53.7%	73.6%	71.2%	54.1%
	BAME	73.3%	73.2%	74.7%	76.3%	75.0%	73.6%	67.7%	70.4%	66.4%	69.4%	71.7%	48.2%
	SEG												
	C1C2	69.1%	68.6%	70.8%	73.3%	67.3%	72.4%	72.2%	70.1%	67.1%	71.3%	70.5%	65.4%
	AB	71.2%	71.1%	71.5%	70.7%	74.8%	72.5%	73.6%	72.0%	57.6%	73.8%	73.4%	55.6%
	DE	74.6%	73.9%	75.3%	72.7%	77.3%	85.5%	68.9%	65.9%	45.9%	70.8%	67.0%	47.2%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)	Team sport (last 12 months)	Individual sport (last 12 months)	No sport (last 12 months)	Team sport (last 12 months)	Individual sport (last four weeks)	No sport (last four weeks)
	Number of respondents	968.00	942.00	846.00	579.00	592.00	251.00	926.00	3120.00	725.00	644.00	2937.00	918.00
I am well connected to my community	TOTAL	42.4%	42.0%	43.1%	46.6%	41.8%	48.4%	39.4%	29.3%	14.2%	44.2%	30.2%	14.3%
	Male	59.8%	58.9%	59.0%	61.5%	59.6%	67.2%	61.3%	52.5%	35.2%	65.9%	53.9%	33.5%
	Female	63.6%	64.2%	63.8%	63.8%	64.4%	75.1%	60.9%	44.4%	24.1%	65.8%	45.4%	25.4%
	Age group												
	19-24	40.0%	40.3%	43.4%	38.4%	41.6%	47.4%	37.8%	32.7%	39.6%	40.0%	34.4%	22.0%
	25-34	48.8%	48.3%	49.0%	55.8%	48.2%	52.7%	46.3%	38.4%	9.4%	50.5%	38.8%	12.5%
	35-44	44.2%	43.6%	43.9%	52.3%	40.7%	44.7%	40.9%	29.3%	10.7%	48.0%	30.5%	11.5%
	45-54	26.1%	26.1%	25.9%	26.7%	24.8%	34.2%	28.7%	21.6%	12.6%	29.6%	22.1%	13.5%
	53+	26.5%	25.3%	25.9%	16.6%	30.4%	50.7%	25.2%	26.3%	14.8%	16.2%	26.9%	15.0%
	Ethnicity												
	White	42.0%	41.2%	42.5%	45.9%	41.8%	51.5%	39.9%	28.2%	13.8%	45.7%	29.0%	14.0%
	BAME	44.5%	45.1%	45.5%	53.0%	42.1%	35.0%	37.7%	38.8%	23.6%	39.9%	39.9%	20.1%
	SEG												
	C1C2	46.8%	45.8%	47.4%	54.8%	41.4%	51.8%	46.6%	35.7%	26.4%	49.7%	35.9%	26.3%
	AB	40.7%	40.3%	40.8%	43.7%	42.1%	45.2%	35.4%	29.1%	14.0%	40.0%	30.0%	14.3%
	DE	40.0%	40.5%	42.4%	42.5%	41.6%	50.4%	37.3%	22.8%	9.5%	44.2%	24.1%	9.6%

Note: Respondents were asked to rate their agreement with each statement from strongly agree to strongly disagree (1-5 scale). Results are included for strongly agree and agree.

Table 9.5: Descriptive statistics. Proportion of respondents who agree that football improves community development outcomes by football format. The FA Participation Tracker (November 2019-February 2020)

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)
	Number of respondents	548.00	528.00	495.00	325.00	351.00	156.00
Football helps to reduce crime in my local area	TOTAL	56.7%	56.1%	58.3%	57.0%	59.5%	60.6%
	Male	59.8%	58.9%	59.0%	61.5%	59.6%	67.2%
	Female	63.6%	64.2%	63.8%	63.8%	64.4%	75.1%
	Age group						
	19-24	57.8%	58.0%	62.1%	51.4%	61.5%	64.0%
	25-34	60.9%	59.8%	61.0%	64.4%	64.7%	61.7%
	35-44	60.2%	59.3%	62.2%	60.0%	59.1%	61.8%
	45-54	33.3%	33.3%	34.1%	36.2%	38.6%	40.5%
	53+	50.4%	50.9%	52.3%	42.4%	54.5%	51.7%
	Ethnicity						
	White	56.6%	56.0%	58.2%	58.2%	58.5%	62.5%
	BAME	58.0%	56.8%	58.1%	52.2%	64.8%	52.2%
	SEG						
	C1C2	63.2%	62.8%	65.4%	68.0%	60.6%	61.0%
	AB	53.0%	51.9%	54.3%	50.7%	59.1%	59.4%
	DE	57.3%	57.2%	58.1%	57.5%	59.0%	62.8%

		Total football	Total football (last 12 months)	Total football (last four weeks)	Casual (total)	Small-sided (total)	11-a-side (total)
	Number of respondents	548.00	528.00	495.00	325.00	351.00	156.00
Football helps to reduce anti-social behaviour in my local area	TOTAL	56.8%	56.2%	58.0%	57.4%	57.2%	62.7%
	Male	59.8%	58.9%	59.0%	61.5%	59.6%	67.2%
	Female	63.6%	64.2%	63.8%	63.8%	64.4%	75.1%
	Age group						
	19-24	55.0%	54.8%	57.3%	49.4%	56.3%	69.7%
	25-34	60.7%	59.8%	61.3%	63.4%	61.5%	62.7%
	35-44	62.8%	61.9%	63.3%	65.4%	59.5%	63.4%
	45-54	34.1%	34.1%	36.0%	32.5%	36.8%	28.9%
	53+	51.8%	52.4%	54.0%	49.2%	57.0%	85.5%
	Ethnicity						
	White	56.3%	55.8%	57.9%	57.4%	56.2%	61.0%
	BAME	61.7%	60.3%	60.0%	60.5%	62.1%	70.6%
	SEG						
	C1C2	61.4%	61.0%	62.9%	64.8%	57.0%	65.4%
	AB	54.1%	53.2%	55.5%	52.1%	57.3%	58.3%
	DE	57.4%	57.0%	56.7%	60.8%	57.4%	69.1%

Note: Respondents were asked to rate their agreement with each statement from strongly agree to strongly disagree (1-5 scale). Results are included for strongly agree and agree.

APPENDIX 10 – TECHNICAL NOTE: WELLBEING VALUATION

The Wellbeing Valuation (WV) approach

Previous research by DCMS and Simetrica[324] has shown it is possible to value a person's improved wellbeing from playing sport. This approach to valuing 'non-market' outcomes is known as the Wellbeing Valuation (WV) approach[325]. In line with HM Treasury Green Book (2018), the WV approach investigates how the non-market outcome changes people's wellbeing, under the assumption that the same change in wellbeing could have been achieved by a change in the respondent's household income (using an instrument for income obtained from the British Household Panel Survey)[326]. This constitutes a valuation of the 'primary benefits' of regular football to the individual. The steps to this analysis are:

- Establish in the data whether playing grassroots football regularly is associated with increases a person's wellbeing (analysis of The FA Participation Tracker data show that it is – see above).
- Establish whether an increase in a person's income also produces an increase in wellbeing (using evidence from instrumental variables within large national datasets like the British Household Panel Survey).
- Establish how much money would need to be paid to that person to make up the same increase in wellbeing as playing football regularly. This assumes that an individual's wellbeing increases along the same (linear) scale, regardless of whether it comes from playing football, increasing income, or some other factor in their life (this is an established assumption within the academic literature[327]).
- Attribute this value to playing football as representative of the improvement in wellbeing experienced by all those who play regular football in England.

In summary, by comparing the wellbeing association with the outcome of interest (playing football) to the wellbeing association with income, it is possible to identify what sum of money should be given to (or taken away from) the average respondent to make them as well-off as they were/would have been without playing football. This is then taken to be the monetary wellbeing value of the outcome of interest, in this case playing regular football.

These are benefits to the individual's quality of life and are additional to any economic/expenditure impact. Expenditure and wellbeing values are additive as expenditure is not factored into wellbeing regression. As there are no controls for expenditure within the regression it can be assumed that the individual has already internalised the wellbeing they gain from football through their expenditure (in terms of preference satisfaction). This means the wellbeing uplift identified in the data is the residual benefit that football provides over and above these satisfied preferences for playing.

Use of WV in this report

As noted in The FA's previous study[328], the WV method is commonly used in combination with data on life satisfaction levels (as a measure of overall evaluative wellbeing). However, at the time of the study The FA Participation Tracker survey did not include the required question on life satisfaction.

Instead, Jump Projects (now Jump X Simetrica) followed Vine et al[329] in using self-reported general health to estimate the equivalent amount of income that would be required to compensate for the health improvement associated with playing football regularly.

The redesign of The FA Participation Tracker survey as part of this study (see **Appendix 1**) now includes the required question on life satisfaction, enabling two Wellbeing Valuation calculations to be conducted. These were performed by Dr Ricky Lawton, with regression inputs provided by Portas Consulting:

1. **Football v. Other (general health)** – the average health-effect associated with playing regular football compared to those playing other sports
2. **Football v. Other (life satisfaction)** – the average life satisfaction-effect associated with playing regular football compared to those playing other sports

[324] Fujiwara et al. Quantifying and Valuing the Wellbeing Impacts of Culture and Sport: Research publication to assess the wellbeing impacts of culture and sport (DCMS 2014): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/304899/Quantifying_and_valuing_the_wellbeing_impacts_of_sport_and_culture.pdf

[325] Daniel Fujiwara, "A General Method for Valuing Non-Market Goods Using Wellbeing Data: Three-Stage Wellbeing Valuation," in CEP Discussion Paper No 1233 (London, UK: Centre for Economic Performance, London School of Economics, 2013), 1–29, http://cep.lse.ac.uk/_new/publications/series.asp?prog=CEP; Daniel Fujiwara and Paul Dolan, "Happiness-Based Policy Analysis," in Oxford Handbook of Wellbeing and Public Policy, ed. M Adler and M Fleurbaey, 2015

[326] https://www.iser.essex.ac.uk/bhps/.

[327] Ada Ferrer-i-Carbonell and Paul Frijters, "How Important Is Methodology for the Estimates of the Determinants of Happiness?" The Economic Journal 114, no. 497 (July 1, 2004): 641–59, https://doi.org/10.1111/j.1468-0297.2004.00235.x.

[328] The FA (2019): The Social and Economic Value of Adult Grassroots Football in England

[329] https://www.hact. org.uk/sites/default/files/uploads/Archives/2017/01/Valuing%20Housing%20and%20Local%20Environment%20Improvements%20-%20Jan%202017.pdf

The first calculation, using general health, has been conducted for continuity with the 2019 study and to provide a direct comparison to the value previously quantified. However, this has not been included in the headline findings of the report as general health has significant overlap with the new metrics included throughout the rest of the report.

The second calculation, using life satisfaction, does not overlap and so is a more suitable metric for this study. However, following academic review the output value generated through this calculation has also been deemed unsuitable for inclusion in the report due to the magnitude of the result. It is thought that limitations in the sample may contribute to a wellbeing value that is higher than expected. The value has therefore not been included in the headline economic impact to ensure it remains a conservative estimate of the contribution of grassroots football to the economy.

Calculation 1: Football v. Other (general health)

The regression for this calculation takes the average health-effect associated with playing regular football (+0.199 on a general health scale of 1-5, significant at 99% confidence level) compared to those playing other sports. In other words, those who play football on average report higher general health, after holding constant demographic factors known to drive health outcomes. This co-efficient can then be used when estimating the equivalent income that would leave a footballer with the same level of welfare if they were unable to play football using the WV method.

Playing regular football has a positive association with an individual's general health, compared to those who do not play football (but do play other sports) and controlling for whether individuals play other sports in addition to football. This is equivalent to an average annual income boost of £1,066 per person. Note: this the value over and above the costs of participating.

This result can be compared to The FA's previous study, where the average health-effect associated with playing regular football was +0.260 on a general health scale of 1-5, significant at 99% confidence level (compared to those playing other sports). This was equivalent to £1,385 wellbeing value per person per year.

This comparison shows that there is good consistency across the two evaluation periods, with slightly higher general health benefits recorded in the 2019 report (£1,385) than in the 2020 report (£1,066). This may be caused by seasonal effects (the two evaluations had to use different months of data from The FA Participation Tracker survey due to the time periods that the surveys were run) and regression to the mean effects (whereby average outcome levels measured year-on-year may naturally fluctuate up and down).

Calculation 2: Football v. Other (life satisfaction)

The regression for this calculation takes the average life satisfaction-effect associated with playing regular football (+0.332 on a life satisfaction scale of 0-10, significant at 99% confidence level) compared to those playing other sports. In other words, those who play football on average report higher life satisfaction, after holding constant demographic factors known to drive wellbeing outcomes, including in this case general health. This co-efficient can then be used when estimating the equivalent income that would leave a footballer with the same level of welfare if they were unable to play football using the WV method.

Playing regular football has a positive association with an individual's life satisfaction, compared to those who do not play football (but do play other sports) and controlling for whether individuals play other sports in addition to football. This is equivalent to an average annual income boost of £4,971 per person. While expected to be higher than the general health value[330], this is a high valuation estimate, comparable to the effect of moving from unemployment to employment (which the wellbeing literature shows is one of the most impactful experiences on people's wellbeing). Caution is therefore urged in applying this life satisfaction value. It may be that the sample is subject to self-selection of people who were already more likely to engage in sporting activity, which may be expected to be associated with certain psychological characteristics that are endogenous to wellbeing. These high life satisfaction values suggest that further variables should be considered in the modelling, to overcome omitted variable bias and control for possible selection factors.

However, after controlling for such additional factors, whilst an impact on life satisfaction for regular football players is observed, this was deemed insignificant (p>0.1) – see Table 10.1.

Table 10.1: Association between regular football participation (at least once within the last month) and life satisfaction for each additional control variable.

	Co-efficient	P value
Reference*	0.332	0.005
Volunteering	0.374	0.005
GP visits	0.291	0.002
General self-reported health	0.102	0.348

*Reference value from Table 8.1

[330] As the general health approach only includes health impacts whilst life satisfaction includes a wider range of factors such as improved confidence and social relations.

APPENDIX 11 – WALKING FOOTBALL

About Walking Football

The rules of Walking Football follow those of general football but are tailored to allow those who are not able to take part in full-paced football to continue playing. Key differences are listed below[331]:

- Small-sided teams (5-7 a side);
- No running or jogging, with or without the ball;
- Played to minimal contact only; no slide tackles or tackling from behind;
- The ball must not pass over head height;
- All free kicks are indirect.

Walking Football Survey Technical Report

The physical wellbeing, mental wellbeing and social benefits of physical activity for older adults is well documented. However, little information exists for the benefits of Walking Football specifically. To address this, The FA has conducted the largest qualitative and quantitative survey of Walking Football participants in Europe[332].

The survey received 995 responses, of which 935 were Walking Football participants. The survey collected socio-demographic information for all respondents and, while not nationally representative of all Walking Football clubs and participants, the sample size was sufficient for robust analysis. The Walking Football survey respondents were also asked questions about their motivations for playing Walking Football, and the impact of playing Walking Football on various social and health measures. The data clearly demonstrates the positive impact of Walking Football. Full tables of results are presented in the following tables[333].

[331]The FA has published a set of Laws for Walking Football. The full details of these laws are available at http://www.thefa.com/-/media/thefacom-new/files/get-involved/2018/walking-football-revised-laws-of-the-game.ashx
[332]To The FA's knowledge.
[333]The FA Walking Football Survey is a focus group and therefore not nationally representative. Data presented in data tables are unweighted percentages.

9. APPENDICES (CONTINUED)

Table 11.1: Demographic breakdown of Walking Football participants

Total survey sample size = 995. The figures in the table represent the demographic breakdown of football participants only (n=935)

Demographic characteristic	Total football
Gender	
Male	80.11%
Female	14.01%
Other	5.88%
Age group	
18-39	2.57%
40-49	6.10%
50-59	26.55%
60-69	49.46%
70-79	14.78%
80+	0.54%
Ethnicity	
White	97.86%
Asian	0.32%
Other	1.82%
Region	
East Midlands	9.84%
East of England	11.66%
None of the above	2.14%
North East	2.99%
North West	8.13%
South East	18.61%
South West	28.77%
West Midlands	6.74%
Yorkshire & the Humber	6.95%
London	4.17%
Type of area	
Urban	71.12%
Rural	26.42%
Don't know	2.46%
Disability status	
Yes	28.98%
No	67.59%
Prefer not to say	3.42%

9. APPENDICES (CONTINUED)

Table 11.2: Motivations for starting Walking Football

Reason for starting Walking Football	% who selected reason
To keep fit and healthy	73.48%
To improve my physical health	66.74%
To be able to keep playing football	66.10%
To get back into football	56.15%
To meet new people	54.44%
For the wider social benefits	31.55%
It was recommended by a friend	24.81%
To try something different	24.06%
It is accessible	16.47%
For something to do	15.72%
To recover from an injury	5.67%

Note: respondents were able to select multiple options.

Table 11.3: Health impact of Walking Football

Health measure	% of respondents who said that Walking Football has had a positive impact
Your stamina levels	90.91%
Your mobility	82.46%
Your co-ordination	76.90%
Your concentration	60.43%
Your memory retention	38.61%

Table 11.4: Social impact of Walking Football – 1

Social statement: Playing Walking Football...	% of respondents agreed with statement
... allows me to keep playing football, I would not otherwise be able to keep playing	92.3%
...allows me to interact with people from different social groups (i.e. older or younger than me, from a different culture or race, from a different neighbourhood)	85.88%
...provides me with a sense of belonging	74.44%
...is inclusive of individuals with disabilities	71.76%
...helps me to connect to my community (e.g. volunteering, helping people with disabilities)	41.71%
...makes me more trusting of people who live in my local area	24.28%

Table 11.5: Social impact of Walking Football – 2

Social measure	% of respondents who said that Walking Football has had a positive impact
Your levels of social activity	84.60%
Your socialisation with friends	79.68%
Your overall confidence	67.91%
Your sense of purpose	64.81%
Your communication skills	53.48%
Your ability to cope with life's challenges	47.38%
Any feelings of isolation	35.61%

APPENDIX 12 – VOLUNTEERING

Social Wellbeing Value

Volunteering is associated with improved mental and social wellbeing. This is particularly true for volunteering in sport[334]. By applying a monetary value to the improved wellbeing associated with volunteering (£1,095)[335], the annual social wellbeing value of grassroots football volunteers can be calculated. This is applied only to adult volunteers. No monetary value is applied to the hours dedicated by volunteers under aged 16. For technical details the Wellbeing Valuation method, see **Appendix 10**.

APPENDIX 13 – THE FOOTBALL FOUNDATION HUBS PROGRAMME

The National Football Facilities Strategy (NFFS)

The NFFS is a 10-year strategy to improve football facility provision in England – one of the biggest issues affecting people in the grassroots game[336]. The strategy is delivered through the Football Foundation and is funded by The FA, Sport England and the Premier League.

~90% of the £1bn investment is guided by 326 Local Football Facility Plans (LFFPs)[337]. These are live documents, developed in collaboration with County FAs, Local Authorities, community and professional football clubs, community trusts and other local groups, which capture current football facility assets and identify investment priorities in each Local Authority area. Each plan:

- Sets a 10-year vision to transform local football facilities;
- Identifies priority projects to be delivered;
- Acts as an investment portfolio for projects that require funding;
- Is updated regularly[338].

To calculate the value of LFFP funding into the ten most deprived areas in England[339] and the ten areas of greatest need[340], the average cost per project[341] is applied to the number of planned projects in each area[342].

Average costs per project:

- Grass pitch improvement: £35,000;
- FTP construction: £805,000;
- Small-sided pitch construction: £125,000;
- Changing room/pavilion construction: £632,500.

[334] Jump (2019). Happy Days. The wellbeing benefit associated with general volunteering is assumed to apply to volunteering in grassroots football.
[335] Jump (2019). Happy Day.s
[336] The FA Grassroots Survey.
[337] The Football Foundation.
[338] https://localplans.footballfoundation.org.uk/
[339] The ten areas included are the most deprived Local Authorities based on the proportion of neighbourhoods in the most deprived 10% nationally from the Ministry of Housing, Communities & Local Government's report – The English Indices of Deprivation 2019: Middlesbrough, Liverpool, Knowsley, Kingston upon Hull, Manchester, Blackpool, Birmingham, Burnley, Blackpool with Darwen.
[340] Assigned by a combination of deprivation (IMD scale) and demand (FA and Football Foundation): Leeds, Cornwall, County Durham, Greenwich, Central Bedfordshire, Birmingham, Newcastle upon Tyne, Warrington, North East Lincolnshire.
[341] The Football Association.
[342] https://localplans.footballfoundation.org.uk/

Calculating the number of players at the Sheffield and Liverpool Hub sites

The number of unique visitors at each site is obtained from scans data, showing a total of 98,590 unique visitors in across the Sheffield and Liverpool sites in 2019[343,344].

Pulse provided ratios of the number of unique players out of the total unique visitors, which depend on their arrival time at the sites. This assumes:

- All visitors before 4pm on a weekday are players as they are pay and play;
- 80% of weekday evening visitors play football;
- 75% of visitors on the weekend play football.

Applying these assumptions to the number of unique visitors and the time of visiting for each unique visitor gives the annual number of players as 82,526 and the number of spectators as 16,063. Of the unique players[345]:

- 51,100 (62%) are adults (aged 19+), while 31,400 (38%) are children aged 5-18[346];
- 20,625 (25%) are female (across all ages).

Understanding the improvement in the player experience at Football Foundation Hub Sites

In 2017, The Sport Industry Research Centre (SIRC) carried out research into the Sheffield sites[347]. Players, managers and coaches were interviewed at the end of their inaugural season at the sites (n=222) and responses were compared to the pre-migration survey. The survey revealed that, since opening Sheffield, the following have greatly increased for participants:

- Player satisfaction (from 5.0/10 to 8.9/10);
- Perceived value for money per match (from 3.4/5 to 4.3/5);
- Perceived value for money per training (from 3.5/5 to 4.3/5);
- Net Promoter Score (from -43 to +67).

Calculating the contribution of the Sheffield and Liverpool hubs to the local economy

The annual socio-economic value of the Sheffield and Liverpool hub sites is calculated by applying the number of regular players across the two sites (21,685) to a socio-economic value model (see Methodology Chapter and **Appendix 3**).

In order to calculate the socio-economic value of the sites, the number of 'regular' players (defined as those who play at their local site at least once a month) is first calculated:

- There were 98,590 visitors to the Sheffield and Liverpool sites in 2019, of which 82,526 were players and 16,063 were spectators (see above);
- 95% of spectators are assumed to spectate less than once a month;
- Applying this assumption to the visitor data gives a total of 21,685 regular players at the Sheffield and Liverpool sites. This is equivalent to 26% of the total players in 2019.

Applying the number of regular players at the Sheffield and Liverpool hubs to a socio-economic model gives a local socio-economic value of £16.2m[348]. This comprises:

- £12.4m direct economic value: economic contribution of participants, volunteers and the value of over 200 people employed at the Sheffield and Liverpool sites;
- £2.4m health savings through physical and mental wellbeing benefits;
- £1.4m social value and 2.8m hours of social interaction.

See **Appendix 3** for further details on the socio-economic model.

The revenue-generating facilities unique to the Football Foundation Hub concept provided £3.1m[349] to the local economy in Sheffield and Liverpool in 2019 through the following services:

- Football revenue (kids football camps, pay and play) = £1.7m;
- Café and bar revenue = £720,000;
- Gym revenue[350] = £680,000.

[343]Sheffield hubs scans (visitor) data, extern Fitness; Sheffield hubs scans (visitor) data, Pulse Fitness. Calculated from the number of unique visitors at each site.
[344]Note data only 10 months of data available for Sheffield and Liverpool Jeffrey Humble sites. In these cases, the number of unique visitors over 12 months was calculated from the average number of unique visitors per month.
[345]Assumes player age and gender split is consistent with visitor age and gender split.
[346]Note: some children may be registered under their parents' names.
[347]Sport Industry Research Centre. Sheffield hubs, Year 1 report, 2017.
[348]Note this is likely an underestimation as it does not capture players who do not play regularly at the hubs, but play additional football elsewhere.
[349]Pulse Fitness.
[350]One Sheffield site and two Liverpool sites contain a gym.

APPENDIX 14 – BREAKDOWN OF SOCIO-ECONOMIC IMPACT BY LOCAL AREA

The socio-economic value of grassroots football to regions and Local Authorities across England is calculated based on the number of people who live in each region or Local Authority using ONS data. The analysis assumes the distribution of regular football players by geography is equal to the distribution of population by geography[351].

Table 14.1: The socio-economic value of adult and children's grassroots football in England by geographical area

Note: Figures may not sum as distribution of football players is rounded to two decimal places and socio-economic value is rounded to the nearest integer.

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
North East	**4.74%**	**481,590,162**
County Durham	0.94%	95,615,617
Darlington	0.19%	19,264,573
Gateshead	0.36%	36,445,637
Hartlepool	0.17%	16,894,448
Middlesbrough	0.25%	25,429,244
Newcastle upon Tyne	0.54%	54,621,107
North Tyneside	0.37%	37,502,273
Northumberland	0.57%	58,158,979
Redcar and Cleveland	0.24%	24,738,408
South Tyneside	0.27%	27,232,271
Stockton-on-Tees	0.35%	35,596,613
Sunderland	0.49%	50,090,993
North West	**13.04%**	**1,324,167,002**
Allerdale	0.17%	17,633,624
Barrow-in-Furness	0.12%	12,093,952
Blackburn with Darwen	0.27%	27,001,391
Blackpool	0.25%	25,152,549
Bolton	0.51%	51,866,783
Burnley	0.16%	16,038,930
Bury	0.34%	34,449,789
Carlisle	0.19%	19,602,776
Cheshire East	0.68%	69,291,353
Cheshire West and Chester	0.61%	61,881,374
Chorley	0.21%	21,323,191
Copeland	0.12%	12,298,497
Eden	0.09%	9,605,501
Fylde	0.14%	14,570,679
Halton	0.23%	23,342,307
Hyndburn	0.14%	14,618,118
Knowsley	0.27%	27,211,708
Lancaster	0.26%	26,341,580

[351]Local Authority sample size in The FA Participation tracker is insufficient to analyse the distribution of regular football players at the local level. However, the pattern of distribution of regular football players at the regional level is similar to the distribution of population, providing confidence in the assumption. Note some Local Authorities have been grouped due to the format of the ONS data.

9. APPENDICES (CONTINUED)

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
North West	**13.04%**	**1,324,167,002**
Liverpool	0.88%	89,834,243
Manchester	0.98%	99,721,669
Oldham	0.42%	42,768,677
Pendle	0.16%	16,614,687
Preston	0.25%	25,817,952
Ribble Valley	0.11%	10,982,663
Rochdale	0.40%	40,117,527
Rossendale	0.13%	12,893,554
Salford	0.46%	46,687,139
Sefton	0.49%	49,857,408
South Lakeland	0.19%	18,955,230
South Ribble	0.20%	19,983,367
St. Helens	0.32%	32,572,989
Stockport	0.52%	52,926,125
Tameside	0.40%	40,853,637
Trafford	0.42%	42,812,688
Warrington	0.37%	37,881,240
West Lancashire	0.20%	20,617,926
Wigan	0.58%	59,282,353
Wirral	0.58%	58,443,430
Wyre	0.20%	20,218,395

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
Yorkshire and the Humber	**9.78%**	**992,596,753**
Barnsley	0.44%	44,528,413
Bradford	0.96%	97,362,006
Calderdale	0.38%	38,141,160
Craven	0.10%	10,306,979
Doncaster	0.55%	56,257,107
East Riding of Yorkshire	0.61%	61,539,023
Hambleton	0.16%	16,521,252
Harrogate	0.29%	29,009,865
Kingston upon Hull, City of	0.46%	46,857,413
Kirklees	0.78%	79,326,507
Leeds	1.41%	143,062,315
North East Lincolnshire	0.28%	28,781,149
North Lincolnshire	0.31%	31,077,141
Richmondshire	0.10%	9,691,540
Rotherham	0.47%	47,873,465
Ryedale	0.10%	9,989,158
Scarborough	0.19%	19,617,026
Selby	0.16%	16,345,567
Sheffield	1.04%	105,492,762
Wakefield	0.62%	62,826,719
York	0.37%	37,990,187

9. APPENDICES (CONTINUED)

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
East Midlands	**8.59%**	**872,279,705**
Amber Valley	0.23%	23,114,494
Ashfield	0.23%	23,073,188
Bassetlaw	0.21%	21,186,647
Blaby	0.18%	18,312,735
Bolsover	0.14%	14,531,357
Boston	0.12%	12,657,443
Broxtowe	0.20%	20,568,683
Charnwood	0.33%	33,522,843
Chesterfield	0.19%	18,921,320
Corby	0.13%	13,026,310
Daventry	0.15%	15,503,217
Derby	0.46%	46,410,805
Derbyshire Dales	0.13%	13,045,610
East Lindsey	0.25%	25,563,984
East Northamptonshire	0.17%	17,050,292
Erewash	0.20%	20,810,025
Gedling	0.21%	21,265,471
Harborough	0.17%	16,920,422
High Peak	0.16%	16,714,614
Hinckley and Bosworth	0.20%	20,406,887
Kettering	0.18%	18,357,829
Leicester	0.63%	63,893,095
Lincoln	0.18%	17,911,041
Mansfield	0.19%	19,717,314
Melton	0.09%	9,236,815
Newark and Sherwood	0.22%	22,081,667
North East Derbyshire	0.18%	18,301,191
North Kesteven	0.21%	21,088,524

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
East Midlands	**8.59%**	**872,279,705**
North West Leicestershire	0.18%	18,688,817
Northampton	0.40%	40,513,991
Nottingham	0.59%	60,046,782
Oadby and Wigston	0.10%	10,284,071
Rushcliffe	0.21%	21,497,794
Rutland	0.07%	7,201,826
South Derbyshire	0.19%	19,347,185
South Holland	0.17%	17,139,036
South Kesteven	0.25%	25,689,705
South Northamptonshire	0.17%	17,043,618
Wellingborough	0.14%	14,377,137
West Lindsey	0.17%	17,255,919

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
West Midlands	**10.54%**	**1,070,350,932**
Birmingham	2.03%	205,954,870
Bromsgrove	0.18%	18,016,019
Cannock Chase	0.18%	18,174,929
Coventry	0.66%	67,013,038
Dudley	0.57%	58,007,825
East Staffordshire	0.21%	21,600,608
Herefordshire, County of	0.34%	34,776,448
Lichfield	0.19%	18,895,346
Malvern Hills	0.14%	14,195,139
Newcastle-under-Lyme	0.23%	23,347,899
North Warwickshire	0.12%	11,771,983
Nuneaton and Bedworth	0.23%	23,427,624
Redditch	0.15%	15,378,939

9. APPENDICES (CONTINUED)

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
West Midlands	**10.54%**	**1,070,350,932**
Rugby	0.19%	19,649,132
Sandwell	0.58%	59,244,114
Shropshire	0.57%	58,285,602
Solihull	0.38%	39,028,424
South Staffordshire	0.20%	20,280,625
Stafford	0.24%	24,761,857
Staffordshire Moorlands	0.17%	17,755,197
Stoke-on-Trent	0.46%	46,243,598
Stratford-on-Avon	0.23%	23,466,405
Tamworth	0.14%	13,834,028
Telford and Wrekin	0.32%	32,441,135
Walsall	0.51%	51,493,047
Warwick	0.26%	25,929,423
Wolverhampton	0.47%	47,502,975
Worcester	0.18%	18,257,901
Wychavon	0.23%	23,346,456
Wyre Forest	0.18%	18,270,347

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
East	**11.08%**	**1,124,830,445**
Babergh	0.16%	16,600,978
Basildon	0.33%	33,765,988
Bedford	0.31%	31,257,516
Braintree	0.27%	27,525,921
Breckland	0.25%	25,246,705
Brentwood	0.14%	13,892,650
Broadland	0.23%	23,589,962
Broxbourne	0.17%	17,546,683

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
East	**11.08%**	**1,124,830,445**
Cambridge	0.22%	22,510,418
Castle Point	0.16%	16,301,556
Central Bedfordshire	0.51%	52,064,835
Chelmsford	0.32%	32,176,706
Colchester	0.35%	35,120,062
Dacorum	0.27%	27,915,350
East Cambridgeshire	0.16%	16,204,875
East Hertfordshire	0.27%	27,010,770
East Suffolk	0.44%	44,996,486
Epping Forest	0.23%	23,753,381
Fenland	0.18%	18,371,177
Great Yarmouth	0.18%	17,917,714
Harlow	0.15%	15,704,696
Hertsmere	0.19%	18,924,747
Huntingdonshire	0.32%	32,100,046
Ipswich	0.24%	24,695,659
King's Lynn and West Norfolk	0.27%	27,305,683
Luton	0.38%	38,429,219
Maldon	0.12%	11,711,016
Mid Suffolk	0.18%	18,740,043
North Hertfordshire	0.24%	24,092,666
North Norfolk	0.19%	18,909,956
Norwich	0.25%	25,355,831
Peterborough	0.36%	36,482,433
Rochford	0.16%	15,758,988
South Cambridgeshire	0.28%	28,695,111
South Norfolk	0.25%	25,411,206
Southend-on-Sea	0.33%	33,031,141
St Albans	0.26%	26,777,005

9. APPENDICES (CONTINUED)

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
East	**11.08%**	**1,124,830,445**
Stevenage	0.16%	15,845,027
Tendring	0.26%	26,435,916
Three Rivers	0.17%	16,833,121
Thurrock	0.31%	31,446,729
Uttlesford	0.16%	16,465,336
Watford	0.17%	17,420,060
Welwyn Hatfield	0.22%	22,193,861
West Suffolk	0.32%	32,295,212

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
London	**15.92%**	**1,616,517,268**
Barking and Dagenham	0.38%	38,402,884
Barnet	0.70%	71,404,805
Bexley	0.44%	44,784,726
Brent	0.59%	59,482,389
Bromley	0.59%	59,945,050
Camden	0.48%	48,706,436
City of London	0.02%	1,753,424
Croydon	0.69%	69,752,752
Ealing	0.61%	61,653,200
Enfield	0.59%	60,208,037
Greenwich	0.51%	51,937,490
Hackney	0.50%	50,706,973
Hammersmith and Fulham	0.33%	33,395,138
Haringey	0.48%	48,457,158
Harrow	0.45%	45,302,943
Havering	0.46%	46,816,649
Hillingdon	0.55%	55,351,625

Geographical area (region or local authority)	Distribution of regular football players	Socio-economic value of grassroots football (£)
London	**15.92%**	**1,616,517,268**
Hounslow	0.48%	48,975,916
Islington	0.43%	43,734,945
Kensington and Chelsea	0.28%	28,161,742
Kingston upon Thames	0.32%	32,017,795
Lambeth	0.58%	58,808,328
Lewisham	0.54%	55,166,200
Merton	0.37%	37,256,061
Newham	0.63%	63,696,486
Redbridge	0.54%	55,054,367
Richmond upon Thames	0.35%	35,717,644
Southwark	0.57%	57,508,908
Sutton	0.37%	37,220,166
Tower Hamlets	0.58%	58,575,825
Waltham Forest	0.49%	49,960,762
Wandsworth	0.59%	59,465,434
Westminster	0.46%	47,135,010

Geographical area (region or local authority)	Distribution of football players	Socio-economic value of grassroots football (£)
South East	**16.31%**	**1,655,865,317**
Adur	0.11%	11,598,282
Arun	0.29%	28,996,697
Ashford	0.23%	23,454,500
Basingstoke and Deane	0.31%	31,850,949
Bracknell Forest	0.22%	22,104,755
Brighton and Hove	0.52%	52,468,333
Buckinghamshire	0.97%	98,119,039
Canterbury	0.29%	29,832,915
Cherwell	0.27%	27,146,953

9. APPENDICES (CONTINUED)

Geographical area (region or local authority)	Distribution of football players	Socio-economic value of grassroots football (£)
South East	**16.31%**	**1,655,865,317**
Chichester	0.22%	21,848,623
Crawley	0.20%	20,275,755
Dartford	0.20%	20,311,288
Dover	0.21%	21,307,859
East Hampshire	0.22%	22,061,285
Eastbourne	0.18%	18,712,987
Eastleigh	0.24%	24,095,192
Elmbridge	0.24%	24,674,375
Epsom and Ewell	0.14%	14,543,082
Fareham	0.21%	20,965,508
Folkestone and Hythe	0.20%	20,381,635
Gosport	0.15%	15,302,640
Gravesham	0.19%	19,289,104
Guildford	0.26%	26,875,489
Hart	0.17%	17,509,526
Hastings	0.16%	16,713,712
Havant	0.22%	22,766,911
Horsham	0.26%	25,936,278
Isle of Wight	0.25%	25,571,920
Lewes	0.18%	18,626,948
Maidstone	0.31%	30,993,086
Medway	0.49%	50,244,492
Mid Sussex	0.27%	27,240,568
Milton Keynes	0.48%	48,603,261
Mole Valley	0.16%	15,736,802
New Forest	0.32%	32,482,982
Oxford	0.27%	27,499,406
Portsmouth	0.38%	38,763,453
Reading	0.29%	29,181,040

Geographical area (region or local authority)	Distribution of football players	Socio-economic value of grassroots football (£)
South East	**16.31%**	**1,655,865,317**
Reigate and Banstead	0.26%	26,830,396
Rother	0.17%	17,330,414
Runnymede	0.16%	16,129,839
Rushmoor	0.17%	17,063,279
Sevenoaks	0.21%	21,780,261
Slough	0.27%	26,973,072
South Oxfordshire	0.25%	25,623,508
Southampton	0.45%	45,548,253
Spelthorne	0.18%	18,009,345
Surrey Heath	0.16%	16,108,374
Swale	0.27%	27,071,016
Tandridge	0.16%	15,896,254
Test Valley	0.22%	22,756,089
Thanet	0.25%	25,599,157
Tonbridge and Malling	0.23%	23,837,075
Tunbridge Wells	0.21%	21,414,822
Vale of White Horse	0.24%	24,532,240
Waverley	0.22%	22,786,392
Wealden	0.29%	29,126,026
West Berkshire	0.28%	28,580,392
West Oxfordshire	0.20%	19,957,213
Winchester	0.22%	22,521,421
Windsor and Maidenhead	0.27%	27,312,718
Woking	0.18%	18,180,521
Wokingham	0.30%	30,865,561
Worthing	0.20%	19,944,045

9. APPENDICES (CONTINUED)

Geographical area (region or local authority)	Distribution of football players	Socio-economic value of grassroots football (£)
South West	**9.99%**	**1,014,553,601**
Bath and North East Somerset	0.34%	34,863,208
Bournemouth, Christchurch and Poole	0.70%	71,307,763
Bristol, City of	0.82%	83,581,549
Cornwall	1.01%	102,737,537
Dorset	0.67%	68,273,317
Isles of Scilly	0.00%	401,154
North Somerset	0.38%	38,789,969
Plymouth	0.47%	47,276,244
South Gloucestershire	0.51%	51,423,602
Swindon	0.39%	40,078,025
Torbay	0.24%	24,578,596
Wiltshire	0.89%	90,191,745
East Devon	0.26%	26,385,952
Exeter	0.23%	23,702,155
Mid Devon	0.15%	14,846,833
North Devon	0.17%	17,522,513
South Hams	0.15%	15,693,332
Teignbridge	0.24%	24,199,629
Torridge	0.12%	12,313,649
West Devon	0.10%	10,064,194
Cheltenham	0.21%	20,978,675
Cotswold	0.16%	16,208,843
Forest of Dean	0.15%	15,654,912
Gloucester	0.23%	23,291,441
Stroud	0.21%	21,638,486
Tewkesbury	0.17%	17,139,036
Mendip	0.21%	20,848,986
Sedgemoor	0.22%	22,218,211
Somerset West and Taunton	0.28%	27,978,842
South Somerset	0.30%	30,365,201

FOR ALL

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