

The Beautiful Game Bringing Families Together: Children's and Parents' Experiences of a Family Football Programme

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Abstract

Children are consistently not achieving recommended levels of physical activity (PA) despite it being a compulsory requirement of the national curriculum in England. Fruit and vegetable consumption also falls below recommended levels for both adults and children. With school PA increasingly being outsourced, football foundations (linked to professional football clubs) are now prominent providers of children's PA. However, research exploring coach-led interventions in schools is limited with a particular gap in knowledge surrounding the qualitative experiences of children and parents/carers. The current study therefore aimed to explore the experiences of children and parents engaged in a 6-week Family Football programme. Family Football is a free after-school programme engaging parents/carers and their children, to enhance their engagement in PA and healthy nutritional habits. A purposive sample of parents/carers and their children (N=36) took part in qualitative focus groups to discuss their experiences of participating in Family Football. Reflexive thematic analysis revealed two themes: (1) Healthy lifestyle facilitators and challenges and (2) Added value of programme participation. Children discussed programme content around nutritional practices and parents/carers discussed examples of where nutritional practices had improved at home, though some parents/carers and children highlighted persistent barriers to health improvement. Both parents/carers and children reflected on how the programme had enabled them to spend dedicated time with one another. The findings emphasise the significance of direct parent/carer involvement in school-based health interventions as well as the value of coach-led interventions in the enhancement of PA enjoyment, nutritional knowledge and connectedness of families within schools.

Keywords physical activity, nutrition, primary school, children, parents, football

Contribution to Health Promotion

- Provides insight into parents' and children's experiences of a real-world physical activity and nutrition programme
- Shows how sporting organisations can be used by primary schools to engage children and parents in health education.
- Provides an example of how school-based activities delivered to parents and children using the medium of sport can enhance short-term parent-child relationships.

Introduction

1
2 It is widely documented that children should participate in 60 minutes of moderate-to-
3 vigorous physical activity per day (MVPA) (Chief Medical Officer, 2019). Recent systematic
4 reviews have shown that engagement in physical activity can be beneficial to children's physical
5 and mental health, and cognitive performance (Bidzan-Bluma & Lipowska, 2018; Smith et al.,
6 2019; Rodriguez-Ayllon et al., 2019). Given the well-established benefits of physical activity,
7 physical education (PE) is compulsory in schools in England across the national curriculum at all
8 stages (Long & Roberts, 2022). Despite this compulsory requirement, survey data from England
9 reported that 53.2% of 5–16-year-old children were not achieving recommended physical
10 activity (PA) levels (Sport England, 2019). Subsequently, low levels of PA in children and
11 young people have been associated with poor mental and physical wellbeing as well as poorer
12 school performance (Bailey et al., 2013; Janssen & Leblanc, 2010). In the UK, primary school
13 teachers are typically generalist and consequently are not experienced or trained in the delivery
14 of PA (Domville et al., 2018; Sloan, 2010). Therefore, in 2013-2014 ring fenced funding from
15 the Soft Drinks Industry Levy was provided by the UK Government's Primary PE and Sport
16 Premium until 2021-2022 for schools to fund facilities, healthy eating and after school clubs
17 (Long & Roberts, 2022). Due to the lack of primary school teachers having subject specialism in
18 PE, this funding has resulted in an upsurge in the employment of coaches and external
19 companies to fully deliver or partially contribute to PA provision (Jones & Green, 2015).
20 Insightful research which examined the role of specialist coaches working alongside generalist
21 teachers in the provision of PE in England, reported that the involvement of supportive and
22 skilled coaches can positively impact children's level of enjoyment and engagement in PE.
23 Whilst children liked that their teachers were involved in their lessons, they commented that

24 teachers could be passive and struggle to tailor activities to their abilities in comparison to
25 coaches. Indeed, primary school educators perceived school-based PA as important for
26 children's development but despite these benefits they identified lack of time, poor facilities and
27 pressure as barriers (Domville et al., 2018; Domville et al., 2019). Moreover, it has been argued
28 that schools inadvertently promote sedentary behaviour by focussing heavily on activities that
29 require children to remain seated for much of the day (Weiler et al., 2014). Notwithstanding,
30 schools are still often viewed by a range of stakeholders as viable settings to influence both PA
31 and promote wider health benefits (Spotswood et al., 2021).

32 In addition to PA, dietary behaviours also pose a challenge to health outcomes with mean
33 intake of fruit and vegetable consumption throughout the UK falling short of the recommended 5
34 portions per day across all ages and sexes (Public Health England, 2020). At the same time,
35 childhood obesity rates, reported through the National Child Measurement Programme, have
36 recently seen their sharpest annual increase since reporting began (NHS Digital, 2021). The
37 Office for Health Improvement and Disparities (2022) has identified improved nutrition and PA
38 as primary interventions to facilitate healthy weight status and schools have been described as an
39 'ideal location for lifestyle modification interventions' as they have dedicated time and facilities
40 to support children to regularly engage in PA and nutrition education (Keats et al., 2021, p.376).
41 Nutrition interventions within school settings give children opportunities to develop their
42 knowledge and selection of healthy foods at school, home and in restaurants whilst supporting
43 them to create a positive impression of food and nutrition (Kandiah & Jones, 2002). Moreover,
44 the aim of nutritional interventions specifically targeting children is to create a positive
45 impression of food and nutrition (Wagner, Meusel & Kirch, 2005); whilst educating about the
46 biological processes of food and its effects on the body to attempt to reduce any misconceptions

47 (Slaughter & Ting, 2010). This early exposure to knowledge becomes key as children's PA and
48 dietary behaviours have been reported to track through to adolescence and adulthood (Mikkilä et
49 al., 2005; Telama, 2009).

50 Throughout childhood, parents/carers (subsequently referred to collectively as parents)
51 have been identified as highly influential in children's food choices and PA behaviours
52 (Campbell & Crawford, 2004; Hennessy et al., 2010). Parents are important social referents for
53 children and adolescents (Bois et al., 2005). Raudsepp (2006) identified parents can provide
54 different types of social support in relation to PA for their children, ranging from instrumental
55 and direct (e.g. finance, transportation), motivational (e.g. encouragement) and observational
56 support (e.g. social modelling). Whilst logistic support in the form of parents providing transport
57 has been reported as one of the strongest social determinants (Hoefler et al., 2001), the impact of
58 parental modelling on children's behaviour remains inconclusive (Sterdt et al., 2014; Yao &
59 Rhodes, 2015). Notwithstanding, systematic reviews have suggested that school-based
60 interventions targeting PA, nutrition behaviours and obesity prevention can be more efficacious
61 if a parental component is included (Kitzman-Ulrich et al., 2010). Though, approaches to
62 parental involvement in school-based interventions appear to be mixed and rely somewhat on
63 information sent out to parents as opposed to direct involvement in activities (Abderbwih et al.,
64 2022; Tomayko et al., 2021). Such messaging can become problematic when it is at odds with
65 the health-related beliefs and practices that children encounter at home, leaving parents feeling
66 judged and discriminated against (Spencer et al., 2018). Therefore, the authors have also argued
67 more needs to be done to understand parents' health-related beliefs and practices and how these
68 can have an impact on their children's health. It has been further suggested that more research

69 investigating parental involvement in health-related interventions is needed (Abderbwih et al.,
70 2022; Tomayko et al., 2021).

71 **Current Study**

72 With the growth of PE outsourcing in schools in England, professional football (soccer)
73 clubs, many of whom have independent football foundation charities (formerly referred as
74 football in the community), are a prominent provider (Parnell, Cope, Bailey & Widdop, 2017).
75 Football foundations are viewed favourably as they can connect with people in their communities
76 who generally do not engage with conventional health interventions (Parnell et al., 2013). However,
77 research investigating the involvement of football foundations in schools is relatively limited (Parnell
78 et al., 2017). Furthermore, research exploring children’s and parents’ experiences of coach-led,
79 health-promoting interventions is scarce. This is in line with arguments recently proposed by The
80 British Academy (2022) highlighting views of children are seldom heard in relation to policies
81 and interventions that affect them. Similarly, understanding of family experiences of PA
82 interventions are lacking (Ross et al., 2023), despite parents having a pivotal role in the
83 development of children’s health behaviours (Karmali et al., 2020). The problem with this lack
84 of inclusion is that health-related interventions are designed and implemented without input from
85 the groups they are supposed to help. Therefore, the current study aimed to qualitatively examine
86 children’s and parents’ experiences of taking part in a PA and nutrition intervention delivered by
87 an influential local football club foundation, looking specifically at their views of PA and healthy
88 eating knowledge and practices.

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90

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Methods

92 Approach

93 In order to understand children's and parents' experiences of the family football
94 programme, the current study employed an interpretivist approach (Guba & Lincoln, 1994)
95 which accounts for subjectivity whilst acknowledging the individual experiences of participants.
96 Furthermore, a social constructionist epistemology was adopted as it focuses on interaction and
97 social practices of participants where knowledge is socially constructed (Losantos et al., 2016).
98 Moreover, from adopting a constructionist approach it is said that whilst the researcher
99 acknowledges recurrence they also appreciate meaning as being central to the analysis process
100 (Byrne, 2022). Aligned with the interpretivist approach, focus groups were adopted as they
101 encourage rich insights into social exchanges between participants (Ryan et al., 2014).

102 Background and the Family Football Programme

103 The football foundation in the current study is an independent charity of a professional
104 football club in the North East of England, UK. It delivers community-based health and
105 education projects to promote healthier families. One of their programmes, family football is a
106 free six-week after school programme for primary school children and their parents which runs
107 for approximately 60 minutes once per week. Whilst the programme is marketed and aimed at
108 increasing PA and nutritional practices of children, the secondary aim is to initiate the transfer of
109 this knowledge to the adult participants who accompany the children and engage in the activities
110 alongside them. It is delivered by qualified sports coaches from the foundation which is
111 registered as an independent charity in North East England. The foundation have established
112 relationships with schools in the locality, and the programme is typically funded by schools who

113 use either their primary school pupil premium or sports premium funding streams. The school's
114 role is to host the programme where they can use it to target children who struggle with
115 engagement or behaviour with the aim to facilitate engagement between the school, children and
116 parents within the school environment. Furthermore, schools can also choose to use the
117 programme as a reward for children who have attained certain targets or are performing well. It
118 should be noted that the structure and content of the programme remains the same irrespective of
119 the criteria chosen by schools. Within the sessions the groups contain parents and children from a
120 particular key stage which can subsequently often include peers, friends and siblings.

121 Prior to commencing the programme, both children and parents/carers were assessed via a
122 registration and health screening document. Staff also assessed the general mobility of
123 participants and subsequently designed the practical sessions around these findings, for example
124 for someone with reduced mobility, a football game could be substituted by walking football.
125 Foundation coaches engage with parents and children in a classroom-based session to work on a
126 series of tasks and quizzes designed around healthy eating, healthy lifestyles, wellbeing,
127 teamwork and equality, diversity and inclusion (EDI). Knowledge exchange is facilitated via
128 delivery of an informational presentation and is supplemented by a workbook which is
129 completed each week. Parents supported their children by assisting them with the workbook and
130 offered motivational support during the taught session. After the classroom-based activities,
131 children and their parents actively took part together in a practical element which included
132 sporting activities and games (not limited to football). At the end of the year families who have
133 taken part in the programme are invited to attend a celebration event at the football club.

134

135 **Participants**

136 A purposive sampling approach was utilised to recruit participants (N=36 individuals)
137 from a community-based family football programme delivered by a football club foundation
138 (hereon referred to as the Foundation). Two schools who had completed the six-week
139 programme during the spring term were randomly selected by Foundation staff to take part
140 where parents and children from these sessions took part in focus groups. The final sample
141 comprised 18 adults (one parent per child) (28-69 years of age SD= 12.89; 9 males, 9 females)
142 and 18 children (6-9 years of age SD=0.80; 12 boys, 6 girls). All parents self-reported they
143 attended the programme with their child for at least 5 weeks of the 6-week course and were
144 actively engaged in the programme.

145 **Materials**

146 Prior to study commencement the research team met with the facilitators of the
147 programme to gain an understanding of the delivery pattern and content. Subsequently, a semi-
148 structured interview guide for parents and children was developed by the first and third authors
149 to guide discussions about the programme.

150 **Procedure**

151 The study received University ethical approval from the Faculty of Medical Sciences
152 prior to study commencement and opt-in written consent was provided by parents for themselves
153 and their children, with additional verbal assent obtained from all of the parents and children
154 prior to focus groups taking place. Five focus groups were conducted in a relatively quiet
155 common area prior to participants attending a family football celebration event. Parents and
156 children took part in separate focus groups but were in plain sight of each other for the duration.

157 Two researchers who were independent of the programme conducted the focus groups
158 simultaneously.

159 **Analysis**

160 The focus group data were analysed inductively using the six steps of reflexive thematic
161 analysis (Braun & Clarke, 2019; Braun, Clarke, & Weate, 2016) which in line with the
162 interpretivist approach acknowledges the role of the researcher in the social construction of
163 meaning. The first and second authors, who had prior experience of coding, familiarised
164 themselves with the data transcripts and then extracted initial codes from the data where initial
165 themes were then developed. Patterns of themes were then further developed to ensure
166 meaningfulness and distinctiveness (Byrne, 2022) and once mutual agreement was reached
167 between the first and second authors, themes were defined, named and a report produced.

168 **Results**

169 Participants reported the family football programme had a positive effect on children and adults
170 who attended; both on their perceived PA levels and attitudes towards food and health. Analysis
171 revealed two themes: ‘Healthy lifestyle facilitators and challenges’ and ‘Added value of
172 programme participation’. Themes and subthemes are summarised in Table 1. Themes are then
173 presented in detail to reflect the views of parents (P) *and* children (C).

174 **Insert Table 1 here**

175

176

177 **Theme 1: Healthy lifestyle facilitators and challenges**

178 When asked to reflect on the programme, parents and children discussed the clear focus
179 on healthy lifestyles. Children in particular were knowledgeable about health and nutrition,
180 discussing benefits of specific nutrients and why healthy habits are important. Interestingly, the
181 facts reiterated by children related to content covered on the programme. Parents also felt that
182 they had learnt about the importance of balance and variety in dietary habits.

183 If you pull on weights it gives you muscle on your arms, and makes your bones stronger
184 (C2; Group 2)

185 Interesting to see the portions you're supposed to be eating (P3; Group 1)

186 In terms of how this knowledge translated into behaviour, responses from parents and
187 children varied. Some children talked about eating more vegetables and less junk food,
188 motivated by the programme and direction from their parents. Though a minority of children said
189 that they had made no changes to their diets following the programme. This was reiterated by
190 parents, with some suggesting that their children were engaging in healthier habits such as eating
191 regular breakfast and drinking more water than they had previously, whereas some parents said
192 that trying to initiate changes had been difficult due to barriers such as children being 'fussy'
193 with food and the higher cost of healthier food.

194 I do eat crisps. I used to have three packs a day but now only one a day- my mam
195 [mother] told me to (C2; Group 3)

196 He won't eat veg, he just doesn't want it- nuggets, pizza, crisps, nothing with sauce in it-
197 he knows now he should be eating it. I'm going to try and change his diet a bit now
198 because he has started boxing now, I think he will (P5; Group 1)

199 When discussing potential improvements to the programme, parents suggested that
200 bringing food into the programme sessions for children to try could facilitate positive changes in
201 dietary habits. Furthermore, parents believed that working with the football club provided
202 children with valuable role models who could encourage positive behaviour change. One parent
203 described how their child had been encouraged to eat breakfast as a result of the programme:

204 Since we've been going to the programme and it's been incorporated with the football
205 and he knows now footballers do that and they have cereal every morning, so he wants to
206 (P4; Group 2)

207 Interestingly, parents talked mostly about the perceived benefits of the programme for their
208 children. However, involvement in the programme had also encouraged lifestyle changes
209 amongst some parents as the physical elements of the programme had highlighted limitations to
210 their own physical health and fitness.

211 I realised when I was trying to run about with the bairn [their own child] I could do with
212 getting a bit more fit (P1; Group 1)

213 I've identified I need to quit smoking, and when I done family football I couldn't even do
214 half a lap around the hall without being out of breath (P4; Group 1)

215 Parents and children talked about how they had enjoyed the physical activities included
216 in the programme and had since sought opportunities to engage in more physical activities, such
217 as football, park visits and swimming outside of the programme.

218 We've started going to the park more and playing football because he's enjoyed the
219 session and he's wanting to go out with the family (P4; Group 2)

220 Although a lack of time was highlighted as a significant barrier to PA for parents, they
221 felt that the programme provided an accessible route into regular exercise, which they were
222 encouraged to engage in by their children. Reciprocally, children were enthused by seeing their
223 parents take part in exercise, which was novel as parents pointed out that after school sports
224 typically involve children only.

225 I find it fun being able to do something with my parents (C1; Group 1)

226 Usually we just drop him off at football and leave him but this time we actually got
227 involved (P2; Group 2)

228 Discussions with children revealed that they already take up opportunities to participate
229 in sports through school and community-based activities beyond the family football programme.
230 This was reiterated by parents who talked about their children's involvement in activities such as
231 boxing and dancing. However, the costs associated with sports-based activities for children could
232 be a barrier to attendance for some families.

233 I do urm some boxing lessons outside of school (C4; Group 1)

234 Some activities what they charge you to take part in is ridiculous (P4; Group 1)

235 **Theme 2: Added value of programme participation**

236 Parents and children talked favourably about the social opportunities that the programme
237 had provided. Family time was identified as a particularly valuable element as parents and
238 children got to spend regular quality time together, which they typically did not get at home.

239 We get to spend time with our family and play football together (C2; Group 1)

240 We've bonded more through the programme... when you do something they're looking
241 forward to it, you talk about it and encourage them, "well done", and you get closer,
242 doing something with their parents (P5; Group 1)

243 Parents also enjoyed seeing their children interacting with other families and the coaches,
244 and children valued this opportunity too. For some parents, they had recognised a level of
245 confidence in their children that they had not seen elsewhere.

246 It helps you with other parents because you have time to have a laugh about and learn
247 other stuff with other parents (C3; Group 3)

248 I knew my son's competitive but I didn't realise he would be like that with the grown
249 ups, it didn't phase him at all, even when the dads were coming towards him he would
250 still tackle him (P3; Group 2)

251 In addition, there was an emphasis on the fun and enjoyment that the programme brought.
252 Some parents had been apprehensive about attending the programme, but after being encouraged
253 by their children, they found they had enjoyed it. Though the competitive nature of some parents
254 attending the programme was viewed unfavourably.

255 Just a bit of running around with your parent and messing about. I didn't think I'd enjoy it,
256 but I did. I just thought I couldn't be bothered, let them crack on with it, but he enjoyed it, it
257 was a laugh, it went quickly, it was good (P5; Group 1)

258 Finally, parents and children commented on the wider knowledge gained through the
259 programme (i.e. knowledge beyond nutrition and PA applicable to the family context). They had
260 learnt about different types of football and disability sports, which they found interesting.
261 However, it was suggested by parents and children that more time allocated to physical activities
262 and less time spent on classroom-based activities would improve the programme.

263 If you were doing writing all the time and sitting down, that's not doing enough exercise
264 (P4; Group 3).

265 Discussion

266 The main aim of the present study was to understand parents' and children's perceptions
267 of taking part in a family football programme. This study to our knowledge provides a first
268 attempt to examine children's and parents' simultaneous experiences of participating in a PA and
269 nutritional intervention, which has an indirect aim to target and influence future parental
270 behaviours. Overall, the findings revealed two key themes of *healthy lifestyle facilitators and*
271 *challenges*, and *added value of programme participation*. The findings highlight the value that
272 external providers can have in terms of engaging children and their parents. Notably, children
273 were able to demonstrate knowledge of programme content in terms of healthy eating and both
274 parents and children expressed how the programme enabled them to spend quality time with one
275 another outside the challenges of everyday life. The findings therefore add some insight into how

276 externally delivered programmes can produce positive outcomes while potentially relieving some
277 of the pressure on schools to deliver effective health-related interventions within the curriculum.

278 Previous research has reported that both family and friend support can influence PA, and
279 this dual approach to increasing PA can be effective as children get older (Thompson et al.,
280 2009). However, a key strength of the family football programme pertains to the inclusion of
281 both parents and children within a focussed PA and nutrition-based intervention delivered by
282 Foundation coaches. Whilst children were able to participate in the programme alongside their
283 friends and peers this did not appear to be a key factor in their enjoyment. Indeed, a key finding
284 from the current study pertained to both parents and children identifying that a significant benefit
285 was being able to spend quality time together outside of their home environment. Typically,
286 many children's PA and nutrition interventions occur in schools whereby children take part
287 independently of their parents with the support of teachers. This more traditional approach often
288 removes parents from the process, with parents receiving information from their children who
289 have taken part perhaps in the form of leaflets or letters from schools where useful information
290 may not subsequently be acted upon (Abderbwhi et al., 2022; Spencer et al., 2018).

291 Notwithstanding, parents/guardians have been identified as one of five key stakeholders in the
292 Creating Active Schools Framework (CAS; Daly-Smith et al., 2020) with acknowledgment of
293 the role they play in supporting children to engage in extracurricular activities. Indeed, in an
294 Australian study, parental modelling and encouragement in activity has been identified as a key
295 indicator of uptake of PA and also of sedentary behaviours in preschool children (Dwyer et al.,
296 2008). Interestingly, in the current study, parents suggested they drew encouragement from their
297 children to engage in the programme and were motivated to improve their own health, by
298 engaging in behaviours such as trying to quit smoking, to allow them to keep pace with their

299 children. This highlights potential reciprocal advantages of parents and children taking part in
300 health-related interventions together as opposed to a focus on one-way parent modelling.
301 Furthermore, parents and children in the current study enjoyed spending time together engaged
302 in a shared activity. With sport identified as an activity that can facilitate positive interaction
303 between children and parents (Ginsberg, 2007), opportunities to engage in shared activities could
304 confer additional benefits beyond physical health and nutrition.

305 Enjoyment was consistently discussed by children and parents throughout the focus
306 groups. They enjoyed the activities offered by the programme as well as the social opportunities
307 they afforded. Defined as ‘a proactive behavioral and psychological process towards the
308 eudaimonic or hedonic qualities of positive feelings’ (Kawabata & Mallett, 2022, p.1),
309 enjoyment is well-established as a key motivating factor in children’s and adolescent’s sports
310 and PA participation that can make a difference to whether activity involvement is sustained over
311 time (Gao, Podlog & Huang, 2012; Hagberg et al., 2009; Visek et al., 2015). In their model of
312 sport enjoyment, Scanlan and Lewthwaite (1986) relate enjoyment to 1) individual perceptions
313 of personal ability; 2) perceptions of competence drawn from social evaluation from others; 3)
314 physical sensations of movement and competition; and 4) positive interactions with peers and
315 adults. As well as offering opportunities for skill development, movement and competition,
316 family football provided valuable opportunities for social interaction, which was a key source of
317 enjoyment for children and parents in the current study. Moreover, it has been reported that
318 parents are highly influential in younger children’s enjoyment of sports and can increase
319 motivation and self-esteem through positive interactions and social support (McCarthy, Jones &
320 Clark-Carter, 2008). This was reflected in the current study as children gained a lot of enjoyment
321 from taking part in activities alongside their parents. However, parental enjoyment is an area that

322 warrants further investigation. Enjoyment in the current study appeared to be reciprocal with
323 parents motivated to take part as they enjoyed joining in with their children. This opportunity to
324 join in sports with their children was said to be a novel experience for parents as it is not
325 something that is typically offered by out-of-school clubs.

326 Another unique element of the current programme stems from schools partnering with a
327 football club foundation, which enhances the reach of programmes in the community. Associated
328 with success and status, football can ‘reach and inspire its target audience in the way that no
329 traditional educational actors can hope to achieve’ (Sanders et al., 2012, p.423). In the current
330 study, it is possible that the involvement of the football club acted as a motivator for parents due
331 to their affiliation with the team. Moreover, allowing parents to work alongside their children
332 meant they were experiencing the programme and retaining information for themselves. It has
333 been proposed that shifting away from traditional learning and incorporating football-based, real-
334 world examples into community football programmes, in the way that the current programme
335 did, can be advantageous in making learning more accessible and relatable for wider audiences
336 (Sanders et al., 2012). Moreover, the inclusion of football-based activities in particular could be
337 beneficial for schools to explore. In the current study, references were made to the enhancement
338 of children’s confidence, which is consistent with previous research that has associated football
339 participation with greater improvements in outcomes of psychological well-being, including
340 confidence and self-esteem (Appleton, 2017; Seabra et al., 2014).

341 While parents in the current study talked favourably about the programme, they
342 recommended that the provision of food for children to try within sessions would enhance the
343 programme. This idea is consistent with research into children’s taste preferences, which
344 suggests that repeated opportunities to try unfamiliar and previously disliked foods can enhance

345 children's liking for those foods, which is an important factor in food intake (Cooke et al., 2007;
346 Lakkakula et al., 2010). However, funding might be a challenge for implementation of food
347 within programme sessions. Whilst programmes which encompass an experiential element via
348 food service providers to increase exposure and accessibility can be beneficial, funding and
349 resources become paramount for implementation (Charlton et al., 2020) and this may extend
350 beyond the remit of primary school pupil and sport premiums and require larger investment.

351 Whilst a strength of this study pertains to a real-world view of a PA and nutrition
352 intervention aimed at children and their parents/carers being delivered by foundation coaches, it
353 is to be noted that this approach could also bring some limitations. Most notably, some of the
354 parents and children who attended the programme and participated in our study reported they
355 were fans of the football club who delivered the programme and therefore, despite informing
356 participants we were independent of the programme and focusing on programme specific
357 questions we cannot rule out that this may have led to some social desirability in responses. The
358 current research was also held prior to the celebration event at the stadium which could have also
359 led participants to view the programme more favourably.

360 Some of the children involved in the programme also took part in other sports, which
361 brings into question the reach of the programme. Research has shown that barriers to PA and
362 sports participation exist for various groups, including children with disabilities and those
363 classed as overweight or obese (Sheilds, Synnot & Barr, 2012; Stankov, Olds & Cargo, 2012). In
364 addition, whilst the programme used football as a conduit to promote PA and healthy eating, this
365 could also act as a barrier to uptake for children and parents who do not like football or are
366 hesitant due to its reputation for reflecting and perpetuating inequalities, misogyny, racism,
367 homophobia and Islamophobia (Cashmore & Cleland, 2012; Kilvington et al., 2022; Pope et al.,

368 2022). Future research should therefore consider the motivating factors behind programme
369 participation for parents and their children and whether participation could be beneficial for
370 typically excluded groups. Furthermore, whilst the current findings highlight the short-term gains
371 from participation, it would be useful for future studies to determine longitudinal effects.
372 Though, long-term investment in evaluation can be costly and is often beyond the limits of
373 available funding for interventions (National Institute of Economic and Social Research, 2021).
374 Additionally, evaluations of interventions involving children and families need careful planning
375 to ensure measures are not too invasive and do not encroach on intervention activities (Ross et
376 al., 2023).

377 **Conclusion**

378 Notwithstanding these limitations, the current findings highlight that a 6-week
379 programme can have beneficial effects for children and parents who participate in terms of
380 accessing a programme to enhance nutritional knowledge and PA participation within their own
381 community and integrating it into family life. The programme is pitched as a school-based
382 nutrition and PA programme aimed at children, and the findings indicate a positive experience
383 for both children and their parents with some evident transfer of programme knowledge to adult
384 participants. This demonstrates that programmes which involve well-known sporting
385 organisations who provide a key role in the community as the hook to initiate attendance can
386 provide a unique and useful platform. This can subsequently be used to engage parents
387 specifically, who would not necessarily sign up to a programme of this nature. Results also
388 highlight the need to ascertain the longevity of such knowledge and potential barriers and
389 facilitators to further engage parents and their children in related programmes.

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Table 1: Summary of themes and subthemes

Themes	Subthemes
Healthy Lifestyle Facilitators and Challenges	Sound knowledge of PA and nutrition Variability in behaviour change- breakfast, fewer unhealthy foods, more PA, fussy eating, time constraints Reciprocal encouragement Already engaged in sports
Added Value of Programme Participation	Fun and enjoyment Quality family time- different to usual Social time with other families and coaches Wider knowledge beyond family PA and nutrition