

Original Research

Exploring the impact of sport participation in the Homeless World Cup on individuals with substance abuse or mental health disorders

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Abstract

Objective

To explore the role of the relationship between sport and social capital in negotiating improved social outcomes for homeless individuals with mental illness and/or substance abuse issues.

Method

A qualitative analysis of semi-structured interviews with 27 participants of the Melbourne 2008 Homeless World Cup (eight from Scotland and 19 from Australia). Interview questions focussed on the participants' interest of and participation in sport; factors influencing participation; any changes perceived by the individuals as a result of program participation; and in order to identify changes pre and post event, any current experiences of social exclusion.

Results

The role of social capital in mental health and substance abuse outcomes is addressed by the authors, in addition to the contribution of sport to the building of social capital.

Conclusions

Findings suggest that sport initially provided social bonding within a limited social network, yet over time other types of social capital (bridging and linking) were exhibited by participants, and enabled access to ancillary services

provided by the program that led to reductions or cessation of both substance abuse and symptoms of mental illness.

Implications

Sport can provide an effective vehicle for the accrual of social capital, which may positively impact the mental health and substance abuse patterns of participants from marginalised and at-risk communities.

Introduction

People with mental health problems are amongst the most excluded groups in society and consistently identify stigma, discrimination and exclusion as major barriers to health, welfare and quality of life.¹⁻³ For example, a study by Hawkins and Abrams⁴ noted that both mental illness and substance abuse create social obstacles, and are arguably the two most common factors leading to homelessness in Western nations. People with a mental illness are more likely to be homeless people or have insecure accommodation, in comparison to the general population.⁵ Once homeless, stigmatisation, isolation, the disruption of supportive relationships, substance use, physical illness and difficulty in obtaining medical care can all combine to reduce a person's likelihood of successfully addressing any mental health problem.⁵

Over the past 20 years in the United Kingdom (UK) there has been increasing political recognition that the health of individuals and communities is closely linked to, and affected by, social and economic deprivation⁶⁻⁸, with the

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establishment of a Social Exclusion Unit by the UK Government in 1997, superseded in 2006 by the Social Exclusion Task Force. The Australian Government has recently followed suit, setting up a Social Inclusion Unit in 2007.⁹

Social inclusion is acknowledged as a fundamental step in improving disadvantaged people's social situations¹⁰, and as this paper will argue, sport is beginning to gain attention as a viable medium for promoting social inclusion.¹¹ This article presents an analysis of 27 participants of the 2008 Homeless World Cup (HWC) which was staged in Melbourne, Australia, using the theoretical framework of social capital¹²⁻¹⁶ to underpin the discussion of a sport development program directly engaging with mental illness and substance abuse.

Social exclusion and social capital

The experience of homelessness is one of marginalisation where the fundamental definition acknowledges a lack of permanent, stable housing that spurns social exclusion.¹⁷ Those affected by homelessness are grappling with factors including low incomes, lower comparative rates of public transport use, and less social contact.¹⁸

The concept of social capital is central to the debate on the potential of sport in social inclusion strategies. The link between social capital and health has been previously demonstrated¹⁹⁻²³; it has been argued that socially inclusive programs and activities have the potential to promote social capital with sport acting as a platform to deal with societal issues and to provide opportunities for disadvantaged members of society.²⁴ Sport facilitates the development of social capital as a result of its capacity to promote health, engage diverse audiences, and provide avenues for social inclusion. Given that the lack of resources and/or inadequate access to services make it difficult for individuals or groups to participate in society⁹, people experiencing homelessness are particularly excluded and have limited social capital. Whilst sport might not feature highly, if at all, on the social radar of homeless people, deliberate targeting by social development programs to remove perceived obstacles can be an effective engagement strategy. Sport development programs can offer homeless people, for example, regular social contact, access to sporting facilities, equipment and training, and a chance to reconnect with an activity that many will have participated in to some degree when younger.

Social capital can be defined as that which is produced by,

and invested in, social relationships for both individual and mutual benefit.²⁵ Social capital theory assumes that when a person participates in an activity with specific aims and outcomes and involves similar levels of participation from other individuals, it results in the accumulation of social capital for the participants. Social capital can be further defined as one of three types: bonding, bridging, and linking social capital.¹⁶ Bonding social capital refers to the close ties with family, friends and neighbours, whereas bridging capital is used to describe more distant ties between similar people, such as loose friendships and work colleagues.²⁵ The final concept, linking social capital, defines relationships between individual and groups drawn from dissimilar situations that cross boundaries, such as age, ethnic group or socioeconomic backgrounds.²⁵ It is linking capital which allows members to gain access to a much wider range of capital, information and ideas from formal organisations outside their own community.²⁶ Participation in sport has been shown to be an effective means to develop social capital through the development of linking capital, and to potentially address issues relating to social exclusion.²⁷⁻²⁹ Spaaij³⁰ acknowledges that effective analysis of the inter-relation between the ways social capital is created and operated through sport participation will assist in determining social outcomes.

Sport as a social intervention

Recognition of the efficacy of using sport as a catalyst for social inclusion is widespread²⁷, with the acknowledgment that 'the notion of the "power of sport" to do social good [and]...belief in the wider benefits of sport has rarely been so strongly advocated'.³¹ While evidence linking sport participation to improved social capital is contentious³²; Smart³³ argues that social capital can be conceptualised as advantages gained through social connectivity, an observable by-product of many sport programs. Sport participation can therefore be seen as an appropriate form of social intervention, because it is something that an individual partakes in during the course of normal societal participation.³⁴ Yet limitations of this approach are noted in that sport participation does not guarantee success in achieving both personal and societal goals, a fact that has been previously acknowledged by researchers advocating the use of sport as a catalyst for social inclusion.³⁴⁻³⁵

Although substantiated research focusing on the benefits of sport participation and social outcomes is lacking³⁶, Long and Sanderson³² claim that communities can benefit from sport participation through the empowerment of disadvantaged groups, better health outcomes, and enhanced

self-esteem. In addition, research has shown that social ties, such as those fostered through sport participation, can play an important role in psychological health.¹⁹

The Homeless World Cup

The Homeless World Cup (HWC) was set up in 2001 as a social enterprise whose mission is to use football as a tool to energise homeless people to change their own lives. It operates through a network of more than 70 National Partners throughout the world to support grassroots football programmes and foster enterprise development.³⁷ It showcases its year-round work by running an annual international football tournament, attended by teams of people from all around the world who have either experienced homelessness in the past two years or are undergoing drug and alcohol rehabilitation. Grassroots street soccer programs from across the globe select their HWC teams through processes of regional and national championships, nominations based on individual development and their ability to cope with the rigours of competition and international travel. Those selected by their home nation for the HWC are predominantly those who are more functional, moving towards more secure accommodation and who, importantly, can meet the visa requirements of the host nation. Teams are selected and funded by their home street soccer program through sponsorship and fundraising. However, the Homeless World Cup organisation may also provide financial support to participating teams from developing nations who do not have the capacity to be self-sufficient. All participants and their support staff are housed and fed by the host nation for the duration of the event.

The event provides: an opportunity to raise awareness of homelessness; a safe venue for homeless people around the globe to meet up; and the chance to show members of the public that they are individuals with needs, aspirations and skills just like any one of us. Indeed, parallel research which explored the attitudes on spectators and volunteers attending the Melbourne tournament³⁸ highlights the extent to which the above targets were achieved.

The partner project in each participating country selects the players who take part in the annual international tournament. To compete in this event, requirements are that a participant: must be 16 years or older; not have taken part in previous HWC tournaments; be asylum seekers or have received residency over the past 12 months and/or currently be in a substance misuse or alcohol rehabilitation programme; and have experienced homelessness at some point since the previous year's tournament or at some point

in the last two years. The Melbourne tournament was held in December 2008, in Federation Square. Fifty-six nations and approximately 600 players and support staff drawn from across the world were represented at the Melbourne HWC, including the hosting of the first Women's HWC.

The HWC provides an excellent case study of the ability of a sport event and associated community-level programs to develop individual participants by improving their health and engendering social capital. As noted most clearly by Coalter³⁹, sport programs can assist some participants only some of the time, and it is with this caveat in mind that the discussion moves to the Melbourne 2008 tournament, the Australian Street Socceroos and Street Soccer Scotland.

Method

Participants

Team members from both nations were interviewed prior to the Melbourne 2008 HWC and again after the event. The players representing Australia (n=19) were aged between 16 and 40 and drawn from very diverse backgrounds (predominantly Anglo-Saxon Australian, two African refugees, two Iranian refugees, one Aboriginal Australian). The participants declared issues with substance abuse (n=5) and mental illness (n=4), and half of them were currently experiencing a level of homelessness. There was one female player on the national team. Players were selected following their participation in their home nation's National Championships and through consultation with the regional coaches and coordinators regarding their attitudes and suitability for the experience.

The players representing Street Soccer Scotland (n=8) were between 17 and 45 years of age, and all were male and of white British ethnicity. None were living on the streets at the time of the interview, though all had been homeless at some point in the year before the event. Prior to the tournament, the majority were living temporarily with a partner (n=3) or family member (n=3); one was in homeless accommodation, and one had his own rented apartment. Three quarters reported a history of drug and/or alcohol abuse (n=6), more than half had served a prison sentence (n=5), and three stated they had had mental health issues (depression). The players were selected via a series of regional competitions (open to males and females), which culminated in a national tournament in Glasgow, Scotland, June of 2008.

The Australian team for the Melbourne 2008 HWC, as hosts, consisted of a team of eight, and another eleven reserve players. The reserve player role was for international teams that required a substitute player in the case of injury or player unavailability. The data from these participants have also been included in these findings, because a number of reserve players were promoted to the representative team during the course of the event. Eight players from the Scottish team were interviewed before the tournament with only five of them interviewed post-tournament, due to one player moving to England and the inability of two players to attend the interviews. Participants from both countries completed post-event interviews four to six months after the Melbourne 2008 HWC.

Procedure

A qualitative analysis of the experiences of the Australian and Scottish 2008 HWC participants was used to examine the outcomes of sport participation. The coaches for each team facilitated recruitment for the interviews while each researcher informally attended training sessions to meet the participants and undertake observations over a period of months in the lead up to the event and post-event. Participants were interviewed both pre- and post-event, with the exception of three participants, due to their inability to attend interviews. Post-event interviews were conducted four to six months after the Melbourne 2008 HWC.

The research was primarily focused upon personal change outcomes for individuals as a result of HWC participation, which was determined from semi-structured face to face interviews held both pre- and post-event. Consent was obtained from participants and all research was undertaken with the Human Research Ethics approvals from both participating universities. Interviews were recorded and transcribed and ranged from 30 to 90 minutes long.

Previous studies of sport development and social impact assessment^{28,40} were used as a catalyst for research questions. Areas of discussion included the participants' interest and participation in sport; factors influencing participation; any changes perceived by the individuals as a result of program participation; and in order to identify changes pre- and post-event, any current experiences of social exclusion.

Following an analysis of several transcripts, a schema for qualitatively coding the data was determined. NVivo software provided a platform to integrate observational and interview data. The primary codes extracted from the data

were based on categories identified to be relevant, which included mental health, drug and alcohol use, and social interaction. From these, secondary codes emerged that allowed further analysis of data.

Results

Several themes relating to social capital were identified, such as the role that sport played in developing social networks, the relationship between sport and social capital, and the effect of social capital on mental health and substance abuse. Responses from participants are used to discuss these key themes arising from the data analysis using excerpts from the interviews.

Mental health

As noted above, approximately one-third of the sample experienced some form of mental illness, predominantly depression, with 65% of these participants reporting that their experience with the Melbourne 2008 HWC and the regular participation in the soccer program had a positive impact on their mental health.

Depression is a common disorder within the homeless community, and it has been noted that the low levels of economic and social support within this population creates a distinct disadvantage when dealing with mental health issues.¹⁹ Social isolation was commonly cited as a feature of the lives of many participants, which often triggers or exacerbates symptoms of mental illness.

A while ago I wouldn't come out of my house because I've got mental health problems so I would stay home and do nothing and then I joined up with soccer which gets me out of the house and yeah it's quite good. (Player S – Australia)

The participants' perspectives revealed the role of the HWC and Street Soccer program as both a motivating factor for reintegration into the community, and the impact a significant achievement (i.e. national representation at an international sport event) had upon those experiencing mental illness.

Through getting picked for that world cup team, to represent Scotland – it made me see that my life is worth living ... it just changed my whole way of thinking. It let me see that people did think I was something, that I meant, something, that I could be something. People believed in me. (Player E – Scotland).

The time that participants spent training prior to the tournament helped the teams bond together, and gave them the opportunity to understand and support one another.

... it's been really good just getting to know all the boys from different areas, and getting to work on my self-esteem and self-confidence ... about two years ago I wouldn't be able to look people in the eye and talk to people I didn't know. It's just good to be part of a team now. (Player S – Scotland).

This reported trust in a social network, leading to improved self-esteem, confidence and motivation, has resonance with Putnam's¹⁵ social capital outcomes of trust, respect, and belonging.

Many participants reported an alleviation in symptoms of mental illness that were variously attributed by participants to the benefits of physical exertion, the establishment of a regular routine based around soccer training, the support of a social network (identifying the role of both teammates and coaches), and the support of staff in encouraging self-monitoring of mental illness and linking into appropriate health support services. However, one often overlooked outcome from sport participation is the intrinsic value of sport itself to the individual. The value of time and space for recreation, and a moment of joy, particularly for those experiencing mental illness, however brief, cannot be underestimated for these marginalised participants:

... it's a great experience for anyone that gets involved, whether you're a player, a coach, a volunteer, it doesn't matter, you know? It's a great experience and the benefits of it on society are the people, you know? If you can have 10 homeless guys out there smiling because they're playing soccer, that's 10 that weren't smiling at the start of the day. And that makes a difference. (Player R – Australia).

All Scottish players interviewed reported high satisfaction with the HWC tournament, and felt great pride and satisfaction in having been selected to represent their country. Being in the spotlight gave them all a degree of confidence, and the feeling of support they got from fellow competitors, and spectators in Melbourne was 'brilliant'. They also described a great sense of 'community' – both from being a part of the Scottish team, and being welcomed and supported by so many in Melbourne. This was similar upon their return home, when family and friends viewed the team and their efforts with pride and joy. Players returned energised, and with plans for the future. At the time of the second interview, one had secured a new job,

one was completing training qualifications, one had applied for a college course, and one was joining the army. The remaining player did not have a paid job, but was taking part in a lot of drama activities, and continuing his voluntary work. All players who had previously undertaken drug rehabilitation remained abstinent post tournament, and all reported improved physical health and stamina, although two were still smoking cigarettes. The Australian athletes reported experiences and responses that were similar to the Scottish participants at the event, with a wide variety of outcomes including enrolment into vocational education programs, reunion with estranged family and an on-going sense of pride in their achievements, evidenced by their role as ambassadors and leaders in their home street soccer programs.

These outcomes, although positive, cannot be wholly or solely attributed to the sport participation experience. The support provided through the grassroots street soccer programs, and through the welfare agencies and social networks also largely facilitated these personal outcomes. The HWC, however, provided the participants with a unique experience of community and welcome, different to what they typically experience in their everyday lives.

Substance abuse

A history of substance abuse was acknowledged by 55% of participants, with 88% of those involved reporting their involvement in ongoing rehabilitation or support, or sobriety. The requirement of the program to be drug and alcohol free provided a motivation for participants to comply and illustrates the importance of shared values within social networks contributing to health outcomes: *"My whole social network just now is based round being in recovery and Narcotics Anonymous (NA). Every night of the week, I go to an NA meeting."* (Player D – Scotland) Additionally, three of the Scottish participants engaged in voluntary support work between two and four nights a week with the drug rehabilitation organisation they themselves had attended, while two were working with young people:

I do voluntary work on a Monday and Thursday night with [local youth organisation]. I'm going to start doing a wee coaching session with them and just get them playing football and that ... I'm just doing it to put a wee bit back in, to show my appreciation for what they've done for me, because without them, I wouldn't be sitting here today, I know that for a fact. (Player S – Scotland)

Participants reported using training sessions as a substitute for drinking, and one player completed a tertiary education program in drug and alcohol counselling, and was actively working in this capacity in the community.

Sport participation seems to have had a positive reductive effect on a variety of substance abuse behaviours, as evidenced by the following quote:

You meet new people, hang out with mates and you're not smoking, you're not drinking, you're not popping pills, you're not shooting shit up... it's just hanging out with a really good bunch of people and they're all getting their life back together. (Player C – Australia)

A challenge for people reducing or abstaining from substance abuse is the need to develop a new network of relationships with non-using people⁴; sport programs such as the HWC and street soccer can play a vital role in engaging participants with a new peer group, to develop friendships and support networks.

It [street soccer program] gives you something to do, having something to do during the day – drugs are a very social thing... Now having things like this can give you a couple of hours a week where it is something social ... keeps me from thinking of drugs, helps me stop drinking too, stay off the piss. Gives me something to do. Associate with people, you know have a bit of lifestyle about me, rather than, you know, going back to the old ways. (Player B – Australia).

There is a sense of increased chances outside the sporting arena, as one Scottish player said, *“I know people that have played in the Homeless World Cup in the past. The doors that open for you and the opportunities that come are brilliant, so hopefully I’ll get some opportunities when we come back”* (Player E - Scotland).

Discussion

While previous research undertaken within the homeless community found that social support could alleviate psychological symptoms⁴, this study analyses the contribution of a sporting program to act as the catalyst for social participation. Research evidence illustrates that physical activity, and associated processes, can contribute positively to mental health⁴¹⁻⁴², in addition to providing physical health and psychological benefits as an adjunct to treatment in complex mental health problems, including alcohol and drug rehabilitation.⁴³ Both physiological factors, such as increased levels of endorphins triggered by exercise,

and sociological factors, such as self-identification as a team member, and participation in social activities relating to sport, may explain the effects.⁴⁴ Exercise also contributes to an improved effect on anxiety, depression, mood and emotion, self-esteem and psychological dysfunction.⁴⁵⁻⁴⁶ While Oughton and Tacon⁴⁴ reported limited evidence regarding the type, intensity, duration and frequency of exercise that maximises mental health benefits, they concluded that benefits seem to be dose related, correlating an increase of physical activity within a reasonable range with mental health benefits.

The HWC and street soccer programs provide opportunities for the development of bonding capital via reunions with families, developing new peer and friendship groups and the opportunity to participate in an activity with people experiencing similar health issues and disadvantage. The importance of bonding social capital or the development of a sense of community and peers is invaluable for participants. Additionally, by facilitating new friendships and relationships, and re-establishing links with family, participants are in an improved position to seek advice and support to manage their health problems. These findings are in accord with themes identified by Schulenkorf, Thompson and Schlenker⁴⁷, who additionally highlight the importance of the “level playing field” and “neutral space” for interaction, which was provided by the HWC.

The role of the program staff, particularly the coaching staff who develop a very close and supportive relationship with the participants, in facilitating linking social capital is also clearly evidenced throughout the analysis. Sport programs provide an opportunity for participants to develop their social skills and as such develop bridging and linking opportunities for participants.⁴

Sport programs can also act as a form of social intervention. The HWC provides the opportunity for people experiencing homelessness, mental illness or substance abuse, with opportunities for interactions with others from the community such as volunteers and coaches; additionally, information about and access to new support networks and services to improve their health outcomes are provided.

However, the limitation of these findings is informed by the transitory nature of participants’ lives, resulting in the possibility that this may lead to differing current-day outcomes. It must also be noted that the efficacy and relevance of this study is limited by the small sample of participants, the transience of participants’ lives which led to three of the Scottish players being unavailable for follow-

up interviews, and the necessity to view the outcomes within the context of a cycle that ebbs and flows with improvements and setbacks but leads to overall progression.

Conclusion

This paper furthers the argument previously outlined that an increase in social capital can contribute to positive mental health and substance abuse outcomes by detailing a specific sporting program that has achieved a positive outcome for homeless individuals afflicted by such complex and often co-occurring issues. Sporting events such as the HWC and specifically the relationships and networks developed between the participants, staff and volunteers can provide an effective vehicle for the accrual of social capital, which may positively impact the mental health and substance abuse patterns of the majority of participants. It is not 'sport' itself that increases social capital, but rather the setting and *raison d'être* of the Homeless World Cup, and all the people involved, such as players, coaches, officials, volunteers, and spectators, and the ensuing linking and bonding that enable social capital to develop.

Social participation in a sporting team facilitated improved social capital for participants by providing an opportunity for social bonding with other participants, social bridging with staff members and social linking with affiliated health services. Subsequent health outcomes, such as alleviation of mental health symptoms, and reduced substance abuse, have been evidenced within this sample. Although not quantifiably a direct or causal result, the impacts of the program better place the participants in achieving their more tangible goals.

Recent research by the HWC's Norwegian National Partner⁴⁸ shows that one of the greatest motivators reported by players for reducing substance abuse is participation in the HWC. The evaluation suggests that participating in the HWC also has a general influence on the perceived benefits, whereby former national team players experience greater positive life changes over time as opposed to those who have not had this opportunity. This illustrates the importance of ensuring that as many people as possible get the opportunity to participate in a HWC, as long as they meet the predetermined criteria and the financial situation allows it. The Homeless World Cup offers a change of scenery, challenges stereotyping, and players who may have been abused or ignored by members of the public the week before, are cheered by thousands and treated as soccer heroes during the tournament. The feeling of belonging, the challenge of working in a team, regaining a health-oriented

attitude towards life, self-esteem, and last but not least, the experience of fun offers a powerful combination to help a person change their life.

While the HWC is an annual, global event that provides a very clear incentive for participation, it is clear that the street football organisations, such as the Australian Community Street Soccer Program and Street Soccer Scotland, are the source of ongoing support and continuity which is so often non-existent for members of the homeless community. These programs facilitated and led the way for these participants and their opportunities for social inclusion and linking in to health services, and are thereby likely to provide the most significant social capital impacts.

Some small-scale impact surveys have been conducted post tournament⁴⁹⁻⁵², but the extent to which the HWC has impacted on the players' lives has yet to be conclusively established. A longitudinal analysis would be beneficial to further understand the long-term effects of the HWC on its participants, particularly if it were from a non-western-centric perspective. Several players stated that they had found the HWC event very humbling, and meeting players from other countries and cultures had made them look at their lives from a different and more positive perspective. What remains to be seen is the extent to which this positivity translates into positive action, and the mechanisms through which this is facilitated.

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