

The community network: an Aboriginal community football club bringing people together:
Can more goals be scored?

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Dear Editors,

Thorpe and colleagues (2014) offer a pertinent review of the literature and qualitative insight into an Aboriginal community sporting team and its environment on the social, emotional and physical wellbeing of young Aboriginal men. Extending to the identification of barriers and motivators for participation. The impressive prospective outcomes highlighted within the article ranged from racism and discrimination through to health.

There are many parallels in Thorpe's work that also emerge in Long et al's (2009) study of the literature on black and minority ethnic (BME) communities in sport and physical recreation in the UK. Disparities in patterns of participation, experiences of racism, and institutionalised attitudes manifest by players, practitioners and policymakers were merely some of the themes relating to barriers and constraints for BME groups. For us the conclusion that, *participation in sporting environments with strong social networks, which reinforce cultural identity and pride, enhances the health and wellbeing of Aboriginal people* needs to be further examined.

Thorpe and colleagues (2014) assessment of the role of the football club is something that we wish to explore further. In some senses the club, at least for the men, facilitated a number of positive outcomes that are worthy of further examination in regards to the chain of causation and consideration of process. Thorpe's argument reads in key places as a case of post hoc ergo propter hoc [after this (outcome) because of this (the club)]. The question for us is, can Thorpe conclude that football is ideally placed for these health promotion interventions that support health benefits, identity, cultural and community cohesion or can we take more from this that the most important thing for Aboriginals is the bringing together of the community around shared enthusiasms because of its psychological potential for protection from racialised psychological harm? This then becomes the major catalyst for subsequent rather than consequent positive health benefits of being in a club.

If Thorpe and colleagues (2014) were to consider their research from a different perspective that considered how social capital manifest itself, then they might draw out some insightful commentary on how sport can reinforce exclusion between groups *and* promote positive health messages at the same time. This contradicts dominant policy discourses. While playing in predominantly Aboriginal teams/settings, they were not only more conspicuous as targets for bigotry but they also used sport as a form of resistance. In this case the Aboriginal respondents emphasise the racialised processes that forced them to self-exclude from predominantly white teams/clubs, due to the oppression of racism. This process reflects the same strategies used by black migrants in Ireland who experienced similar forms of racialised barriers (Hylton, 2011). As a result, their self-exclusion and recourse to 'safe spaces' factor into their 'choice' of physical or leisure activities and hint at possible considerations in establishing health promotion strategies for the Aboriginal community.

In many ways what Thorpe and colleagues (2014) reveal to us is that football is used by Aboriginal footballers as a form of bonding capital within a community rather than bridging capital useful to build links across communities (Hylton, 2008). This has broader implications for the health of the nation, social integration and cohesion. It also reveals an order of priorities in terms of the value of the benefits of this club for the Aboriginal sportsmen in this study.

This research does focus our thoughts on the social role of prominent sports. Even if community bonding processes occurring in safe settings where second order benefits (physical) can accrue in the presence of first order benefits (psychological), we can capitalise on this. So, let's turn our attention to football; how can we maximise the potential football offers, particularly in health improvement?

Echoing and reinforcing the findings of Thorpe and colleagues (2014) Football; English Professional Football Clubs can deliver on the health agenda (Parnell and Richardson, 2014). Findings from football-led health improvement interventions highlight clinically significant reductions in weight (Hunt et al., 2014), the ability to reach and engage the reputedly hard-to-read (Bingham et al., 2014) and that improve lifestyles (Pringle et al., 2013). Interestingly, Thorpe and colleague (2014) do not have the so-called 'power' of the brand [of a professional football club] to rely on. Their appealing factor is football alone; football in its purest sense – the activity.

Thorpe and colleagues (2014) have scratched the surface on the potential of football in promoting health [amongst other factors]. Whilst we embrace and applaud this research, we also wish to avoid the misconception that all within the global sport industry consider the social role of football only deliverable through some ill-fated, over sensationalized, branded project. Rather, we would like to call those strategically placed in funding and commissioning roles to draw on the evidence base to support non-professional football [and sport and recreation] clubs to deliver on the health agenda.

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