



University of HUDDERSFIELD

University of Huddersfield Repository

Lewis, Kiara, Rodriguez, Alison, Sherretts, Nicole and Kola, Susanna

Super League Player Welfare Study: A Mixed Method Evaluation

Original Citation

Lewis, Kiara, Rodriguez, Alison, Sherretts, Nicole and Kola, Susanna (2016) Super League Player Welfare Study: A Mixed Method Evaluation. Project Report. University of Huddersfield, Huddersfield, UK. (Unpublished)

This version is available at <http://eprints.hud.ac.uk/id/eprint/29771/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Super League Player Welfare Study

A Mixed Method Evaluation

2016

Principle Investigators:

Dr Kiara Lewis (Qualitative lead year 2)

Dr Alison Rodriguez (Qualitative lead year 1)

Nicole Sherretts (Quantitative lead year 2)

Dr Susie Kola-Palmer (Quantitative lead year 1)

University of
HUDDERSFIELD
Inspiring tomorrow's professionals

The RFL Super League Player Welfare Study is a two year project commissioned by the RFL Player Welfare Director and Management Team and undertaken by the 'Centre for Applied Psychological and Health Research' (CAPHR) at the University of Huddersfield.

'..quite a simple philosophy really, it's not mind blowing really, it's about keeping people happy....'

Acknowledgements

We gratefully acknowledge the generous help given to our evaluation activities by the RFL Welfare Director, Player Welfare Managers, Players and academic support (undergraduate psychology students studying Health Psychology) at the University of Huddersfield.

Contents

Executive summary	4
1. Introduction	7
2. Method	
2.1 Quantitative study design: professional players survey	8
2.2 Qualitative study design : PWM interviews	9
3. Findings and Discussion	
3.1 Demographic information on the players who responded	10
3.2 Perceptions of the PWM role	11
3.3 Attitudes of the players and PWMs towards welfare support	18
3.4 Factors related to mental health	26
4. Key Issues and Related Recommendations	
4.1 Perceptions of the PWM role	31
4.2 Attitudes of the players and PWM towards welfare support	31
4.3 Factors related to mental health	31
4.4 Recommendations	33
4.5 Limitations	33
5. Conclusions	33
6. References	34

Appendices

1. Interview Schedule	35
2. Template for qualitative analysis	37
3. Multivariate analysis	38

List of Tables

1. Demographic information and descriptive statistics	10
2. Attitudes towards medical and health supports	18
3. Attitudes towards financial advice and education	21
4. Attitudes towards life after rugby	22
5. Means (SDs) for key variables across low and high risk of depression groups	27

Executive summary

This final report presents the findings of the two-phase RFL Super League player welfare evaluation study that was carried out between January 2015 and July 2016.

Background

The central focus of the current research was to use mixed methods to evaluate current perceptions, experiences and needs with regard to player welfare provision in the Rugby Football League (RFL).

Specifically, by using an anonymous survey with professional players and confidential semi-structured interviews with player welfare managers, the study aimed to meet the following objectives:

- To explore professional players' perceptions and experiences of the RFL player welfare policy, successes achieved and challenges to be overcome by player welfare managers
- To explore player welfare managers' perceptions and experiences of player welfare
- To explore what assets exist in different clubs throughout the league, and how these assets can be utilised to improve player welfare.
- To explore trends and links in players' perceptions and mental health and wellbeing

Methods

The players' survey was carried out between January and May 2015 and repeated again between January and May 2016, with some additional questions. The first year of the survey was sent to 420 players, of which 103 responded (a response rate of 25%), which resulted in a sample of 96 participants. The response rate was much higher in the second year as there were 210 responses from the 450 players (a response rate of 47%), leading to 196 participants.

Semi-structured interviews were carried out with the player welfare managers (PWM) in year 1 and year 2. There were 11 interviews conducted in year 1 and 12 in year 2. In some cases this was the same person, in others a new person was in post. The interviews lasted between 20 minutes and 80 minutes and allowed an in-depth understanding of the role of the PWMs.

The results of these two data sets were combined to meet the study's objectives

Key Findings and Recommendations

The RFL should centrally fund all super league clubs a full time PWM with a standardised job role, specification and minimum requirements.

The evaluation suggests that as welfare support has become more established throughout the RFL the services are being utilised further, increasing the need for PWMs and their level of support. In order for them to provide the support players' needs they are working beyond their salaried hours. To further enhance the capacity of the role, this evaluation suggests that the role should be full time, paid for centrally by the RFL to maintain independence, with a minimum standard of training and skills. The role needs to be supported throughout the club but in particular by the Head Coach.

Information and access to mental health support services needs to continue to be supported through the PWMs.

The evaluation also suggests that players in the RFL, as with other professional athletes, are at risk of mental health problems. The provision of mental health services in identifying and reducing perceived stress are essential. Access and support for mental health services such as Sporting Chance and medical insurance should continue to be made available throughout the RFL

PWMs need to be supported by the Head Coach in encouraging players to look to their future after rugby and to take up educational and careers advice routinely.

Furthermore perceived stress is linked to athletic identity and attitude to life after rugby. Whilst it appears that as players progress through their careers and take on family roles their athletic identity reduces a positive attitude to life after rugby can be supported through access to education, training and careers advice. The provision of educational opportunities and careers advice needs to continue to be supported and the importance of these services throughout the player's careers can be supported both through the PWMs and the importance given to the services through the Head Coach.

Conclusions

The introduction of PWMs and a Welfare Policy for the RFL has been a positive addition to the RFL. The PWMs have a range of support services that they can signpost players on to that are considered as supplying a high standard and effective support for players. The level of engagement with these services is dependent on individual uptake and this is perceived by the PWMs to be heavily dependent on the perceptions of the Head Coach. Whilst playing rugby is, and will remain, the most important part of a player's time whilst at a club, the players can be at risk of mental health disorders and supporting their mental, as well as physical health, can reduce this risk. PWMs can support player's mental health, help with a balanced athletic identity and positive attitudes to future careers. The importance of this role needs to be recognised by the Clubs and RFL and given further financial and managerial support.

1. Introduction

This final report presents the findings of the two-phase RFL Super League player welfare evaluation study carried out between January 2015 and May 2016.

Professional athletes experience many stressors, both physically and psychologically, throughout their careers which may lead to 'common mental disorders' (CMD) (Arnold & Fletcher 2012, Shuer and Dietrich 1997). The CMD symptoms include distress, depression, anxiety and substance dependency/abuse. Athletes may also be vulnerable when they retire from sport with studies suggesting there are higher than average levels of CMD amongst retired footballers (Gouttebarge, Aoki and Kerkhoffs, 2015) and rugby union players (Gouttebarge, Kerkhoffs and Lambert, 2015). In the rugby union study, 48% of retired players were found to be suffering from two or more CMD symptoms (Gouttebarge, Kerkhoffs and Lambert, 2015). The nature of professional sport means that a player may have their career cut short at any point, and what has been the central focus of their lives can be, sometimes without any warning, ended - leading to mental health problems. It has been suggested that early identification of players at risk of CMD could allow engagement in support which would help prevent CMD. However, the stigma surrounding mental health can make it difficult for players to engage (Gouttebarge, Kerkhoffs and Lambert, 2015). The transition to a new career can be aided by education, and Jennings (2015) found that educationally prepared players were better equipped for life after rugby and were able to cope with the emotional effects of retirement.

The Player Welfare Manager (PWM) guidance, launched in 2015, aimed to make it easier for RFL players to engage with education and welfare support and to provide a structure for PWM to work with players to enhance the service that they provide.

The central focus of the current research was to use mixed methods to evaluate current perceptions, experiences and needs with regard to player welfare provision in the Rugby Football League (RFL).

Specifically, by using an anonymous survey with professional players and confidential semi-structured interviews with player welfare managers, the study aimed to meet the following objectives:

- To explore professional players' perceptions and experiences of the RFL player welfare policy, successes achieved and challenges to be overcome by player welfare managers
- To explore player welfare managers' perceptions and experiences of player welfare
- To explore what assets exist in different clubs throughout the league, and how these assets can be utilised to improve player welfare.
- To explore trends and links in players perceptions and mental health and wellbeing

2. Method

Ethical approval for this mixed-methods research study was gained from the School of Human and Health Sciences Research Ethics Panel at the University of Huddersfield.

2.1 Quantitative study design: Professional player survey

An anonymous internet-based survey was distributed to assess professional players' perceptions and experiences of the player welfare programme. Players were given access to the survey link, provided with full background information and required to explicitly indicate consent to take part in the study by selecting the 'I agree to take part in the study' option. Anyone who did not consent to take part (by selecting the 'I do not agree to take part in the study' option) was immediately brought to the end of the questionnaire, and did not provide any responses to any of the questions. Participation time for the survey was approximately 20 minutes.

The survey was divided into sections covering demographic information (age, marital status, number of children, duration of Super League rugby playing, age of planned retirement from rugby, alternative career paths, interests and hobbies, club); club welfare managers and policies (nine items); financial advice and education (four items); medical and health supports (seven items); lifestyle issues (12 items); and life after rugby (four items). Responses were on a five-point Likert scale, from strongly disagree (1) to strongly agree (5), with higher scores indicating more positive attitudes.

In addition, the following validated standardised questionnaires were included:

Athletic identity (AIMS; Visek, Hurst, Maxwell, & Watson, 2008)

Perceived stress scale (PSS; Cohen et al., 1983; Cohen & Williamson, 1988)

Mental health index (MHI-5 36-item Short Form health survey SF-36, Friedman et al. 2005)

In addition, players were asked about plans for retirement, including open-ended questions about which career path they plan to follow after retiring from rugby league, and whether they had engaged in any education and/or training courses aimed at a career after rugby league.

Finally, players were asked open-ended questions about the three most successful aspects of the RFL player welfare policy and the three biggest challenges for RFL player welfare managers.

2.1.1 Participants

In total, 210 players accessed the online survey in year 2 (compared to 103 for year 1), out of which 4 did not consent to continue, and a further 10 were non-responses, leaving a total sample for analysis of N = 196 (N=86 for year 1). It is important to note that there were additional non-responses, which varied across the numerous items. The demographic information of the players will be presented in the following section.

2.1.2 Analysis

Inferential statistical analyses were conducted using IBM SPSS v.22. Various analyses were conducted, based on the level of measurement and overall aim of the analysis.

2.2 Qualitative Study design: Player Welfare Managers (PWM) Interviews

In year 2, 14 PWMs were invited to participate in the study and from this 12 PWM took part in individual, semi-structured interviews (11 in year 1). Each participating PWM was in post at a super league club or at a full-time Championship club. The interviews lasted between 20 minutes and 80 minutes and allowed an in-depth understanding of the role of the PWMs.

The interviews explored perceptions and experiences relevant to individual, club and organisational perspectives on player welfare. A loose interview schedule was devised (see Appendix 1).

Following consent, the interviews were conducted, audio-recorded and transcribed verbatim.

Interviews were conducted over the telephone or at a private university office.

2.2.1 Research Participants

The individual characteristics of each participating PWM are not detailed in order to protect their confidentiality and anonymity. The aim of this phase of the research was to provide PWM's with an opportunity to be open without recourse.

2.2.1 Analysis

Template Analysis (TA) (King, 2012; Brooks et al, 2015) is a method developed for the thematic analysis of qualitative research data that has been widely used within a variety of applied settings. TA uses an iterative approach – in this project, this allowed for the identification of new themes over the course of the work, ensuring that the study could be adaptive in relation to emerging issues. The analysis concentrated on issues and concerns that emerged throughout the research in dialogue with participants, identifying the collective resources available to the RFL teams and focusing on the skills, knowledge, connections, and potential in these teams.

The final project template can be found in the appendices to this report (Appendix 2). Four main themes were derived from the data; value of the role, resources to support, what works well and what does the role require. Sub-themes linked to these overarching themes can be found in the template.

3. Findings and Discussion

3.1 Demographic information on the players who responded

The numbers of responses differ across items and scales, depending on missing items. See Table 1 for demographic information and descriptive statistics.

Table 1. Demographic information and descriptive statistics

Variable (possible range)	N (%)	Mean (SD)	Range
Age		25.07(4.70)	17-36
Marital status			
Single	110 (56.1%)		
Married/living as married	70 (35.7%)		
Divorced/Separated	4 (2.0%)		
Children			
No children	121 (61.7%)		
Have children	66 (33.7%)		
Duration (years) playing Super League Rugby		5.89(4.58)	0-19
Planned age of retirement		34.13(1.74)	30-38
Considered alternative career	97 (49.5%)		
Future career plans after rugby	61 (31.1%)		
Education/training for future	123 (62.4%)		
Awareness RL Cares offers grants	137 (69.5%)		
Attitudes Welfare policy (9-45)		37.97 (6.72)	10-45
Attitudes Financial advice (4-20)		13.77 (3.79)	4-20
Attitudes Medical and health supports (7-35)		26.47 (5.15)	8-35
Attitudes Lifestyle issues (12-60)		46.17 (8.47)	23-60
Attitudes Life after rugby (4-20)		14.87 (3.46)	4-20
Perceived stress (0-40)		24.05 (5.92)	12-39
Depression (0-100)		74.59 (15.73)	24-100
High risk depression	48 (24.5%)		
Athletic Identity (7-49)		37.49 (6.25)	18-49

The results suggest that 24.5% of players are at high risk of depression, this compared to 55% in year 1 of the study.

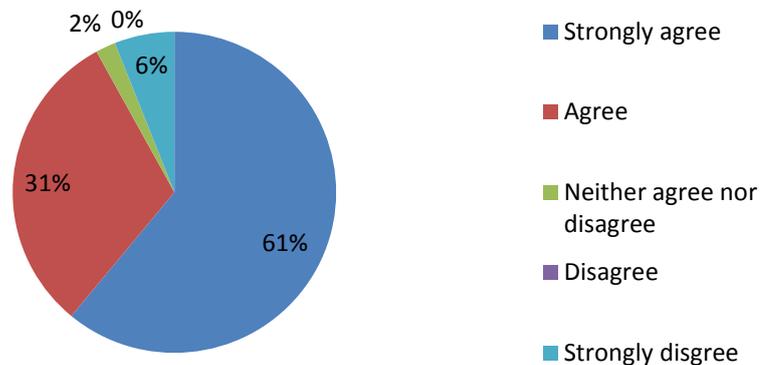
3.2 Perceptions of the PWM role

3.2.1 Awareness of player welfare manager role

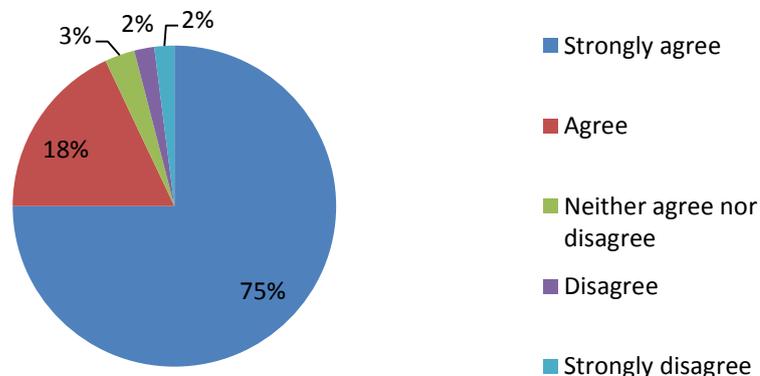
The pie charts below demonstrate there has been an increase in the percentage of players agreeing that their club has a player welfare manager (90-93%), that they know who their player welfare manager is (92-94%) and that their club has a player welfare policy (69-75%). There were also more responses as 'strongly agree' rather than 'agree' to these questions, this, along with the increased response rate in general to the survey, suggests more players are aware of the role of welfare within their clubs.

Players have a greater awareness of the PWM role in 2016 compared to 2015

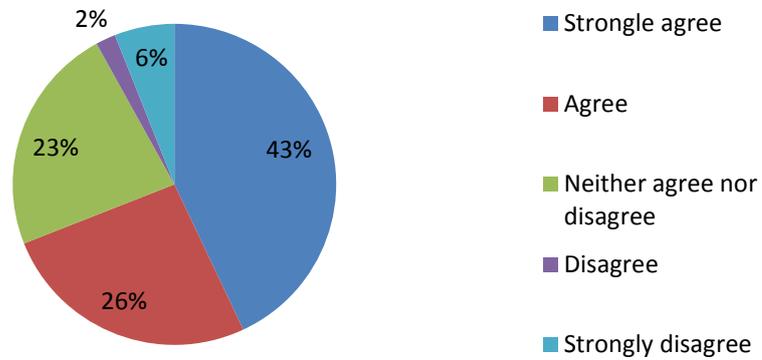
I know who my player welfare manager is 2015



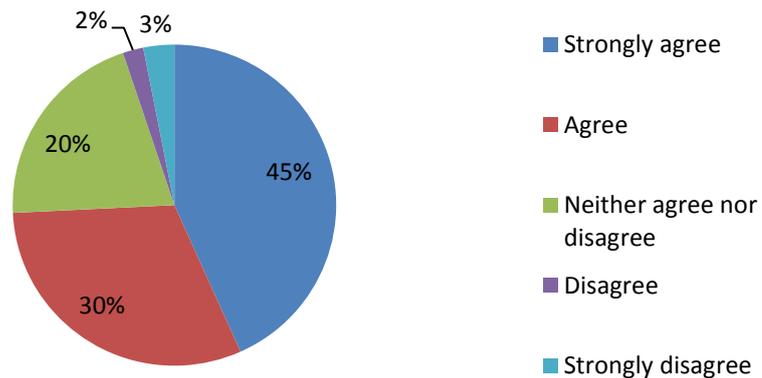
I know who my player welfare manager is 2016



My club has a player welfare policy 2015

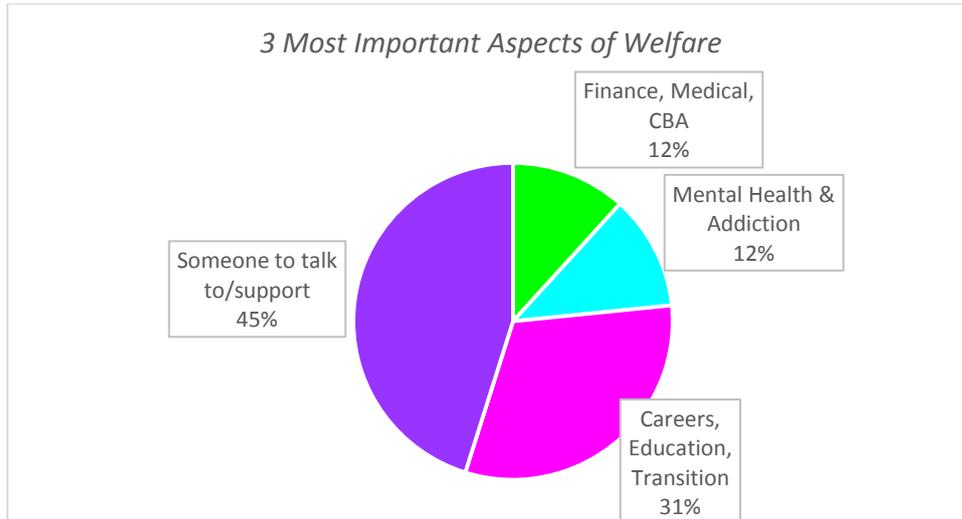


My club has a player welfare policy 2016



3.2.2 Players perceptions of their PWM

In the 'free answer' section the players identified what they thought were the most important aspect of the role; 'Someone to talk to/support' was the most important followed by 'careers, education and training'.



3.2.2 Attitude towards PWM

The following questions were new to the survey in 2016 and demonstrate that the players in general agree that the PWM's have a good management style (85%) and that they trust their PWM (86%).

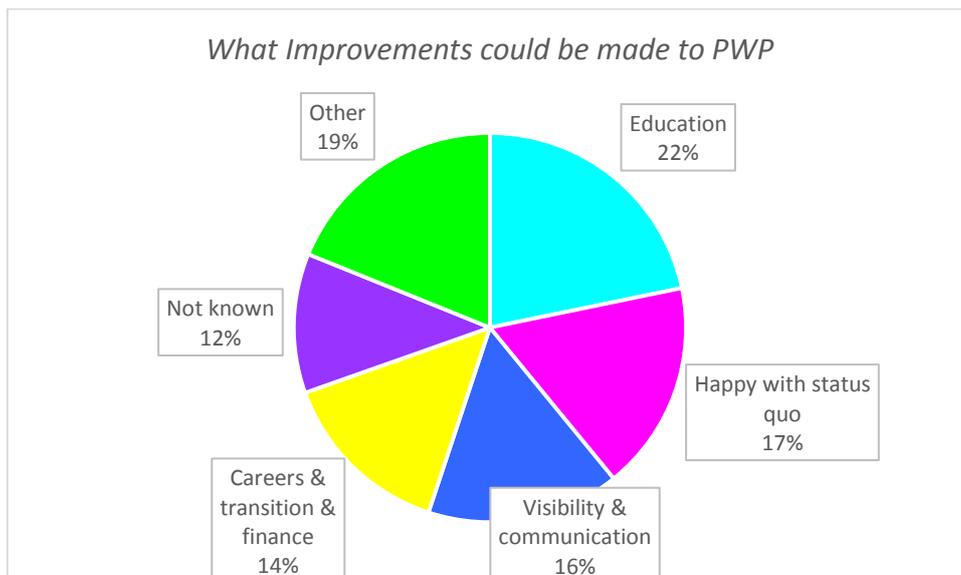




The PWMs felt that perceptions of the role amongst players had improved over the year:

To start with a lot of people thought it was a bit of a cushy role and there was nothing really to do with it. But as I've mentioned, we have had some high profile cases at the club and they've seen the work that's gone on, so there's no question from the players that they see the role as important.. (PWM 7)

The results of the 'free answers' also indicate that PWM being 'more visible and accessible' would be an improvement to the service. With 16% responding to the question 'In your opinion what improvements could be made the RFL player welfare policy?' with; 'visibility and communication':



PWM are well regarded by players and having greater access to them would be beneficial

3.2.3 Requirements of the role

Players were asked if they thought they had sufficient time with their PWM and the majority (76%) agreed that they did (new question for year 2).



This was in contrast to the perceptions of the PWMs:

We had a player welfare group meeting last week..one of the concerns is the access to the players...communication and access to the players, was the biggest issue we've got at the moment (PWM 5)

The PWMs also felt they were busier compared to this time last year with more players approaching them for support:

..its busier, but it is busy because a lot of it is now being driven by the lads asking questions as opposed to me having to go to them...(PWM 1)

They also felt that time was an issue as their roles were not always clearly defined.

Time is the big one and I kind of think, because it isn't a clear definition of what welfare is and so I think there is a tendency, not necessarily from the players, but from others, like the club itself, to think that welfare is kind of all encompassing. All the other, like the other roles and responsibilities that you get asked to do, because it's kind of no-one really knows whose remit it is, so, oh yeah its Player Welfare. (PWM 1)

To cope with the increasing demands on their time from both the players and the club the PWM's described how they felt the role was *all encompassing* and the job had no end.

I end up working a large amount of hours every week. So because all aspects of my role are important, I end up working a minimum of six days a week ..fifty, sixty hours a week, most weeks..if I wanted to and or not be as good at my job, but because I have got professional pride in what I do I work more hours (PWM 7)

They also felt more time would allow them to do their job better:

It's a full time role..if it was funded by the RFL for each club, then I would become more, the club would see it as a full time role ..instead at the moment it can be seen, even though it shouldn't, as a part time role (PWM 4)

PWM perceive that there is not enough time to do the job properly and that the job is not regarded as highly as other support services provided for players

3.2.4 RFL and Club perceptions of the PWM role

In addition the attitude of the club and coaches towards player welfare was seen as essential to the role. PWM felt that without the support, of the head coach in particular, the role of the PWM was much more difficult. They felt the coaches were very influential over the players and whether or not they valued the services provided by the PWM.

I think the main difficulty is actually getting everybody else at the club to understand that, you know, it is very important role and you need to be given the time to do your role correctly and not be dragged into other areas and asked to do other things that don't actually come under your role (PWM 11)

Greater clarity in the club, in the game, of what Player Welfare is, what it entails..an awareness of just how vast the job really is, which I think would eliminate people just giving you things because they think it falls into that remit (PWM 1)

The requirements of the role and skills of the PWMs need further recognition and career opportunities for PWMs themselves.

As the role is only part time it felt this made the job seem less important than other club roles

..again with making it the two days and obviously the salary is, it's just a case of as cheap as they can, get you in (PWM 10)

..when it comes to coaching and when it comes to organisational structures..or that side of things, the RFL are strong on making sure Heads of Youth are full-time and they're strong in them areas. But when it comes to Welfare, I still believe there's not enough credence given to the actual area. So for example Emma, pretty much working autonomously in Welfare and only having a small team of people around to support her. I believe she needs more support to be able to do things and I believe more money should be spent in the area and that more credence needs to be given to it and guidance needs

to be given to it from the governing body to actually make the area stronger because it's only going to, it's like a can of worms, once you start opening it, because as we're starting to do a better job, there's more issues being raised (PWM 7)

The head coach was seen as the most influential on players:

..the head coach has the say, has the complete say, has the last word on everything and without his backing, you would struggle to get a lot, to get things done, that you need to get done (PWM 1)

I can see, certainly the difference between the head coach we've got now and the one we had previously, who just made things, didn't make things hard work, but didn't help (PWM 2)

If you don't have buy in from the coach, or if the coach doesn't support you on that, then you really are going to be struggling because the players will try and get away with anything, they really will, they're only young men when all is said and done (PWM 5)

There was also a perception amongst the PWM that head coaches who had been successful in their own careers and not needed welfare support were less sympathetic to the need for the role

.. 'in my day...kick him up the backside, that's what they need and all this type of thing'..(PWM 5)

However the importance of support for player welfare throughout the club was also recognised:

..the whole club need to sing from the same sheet (PWM 3)

The Player Welfare is only as important as the Club wants it to be because you need access to the players, you need, you know, you need the backing of the Coach in certain situations and you need to have time to build that relationship with the schedules..(PWM 9)

I think where Player Welfare as a whole could really help is if you were centrally funded, so you're not seen as a member of staff...If they were impartial, and have a minimum set of requirements, required skills, centrally funded by the RFL, so there is more importance placed on it..(PWM 9)

PWMs believe their roles require 'buy in' from the club, and head coaches in particular, to be as effective as possible

3.3 Attitudes of the players and PWMs towards welfare support

3.3.1 Attitudes towards medical and health supports

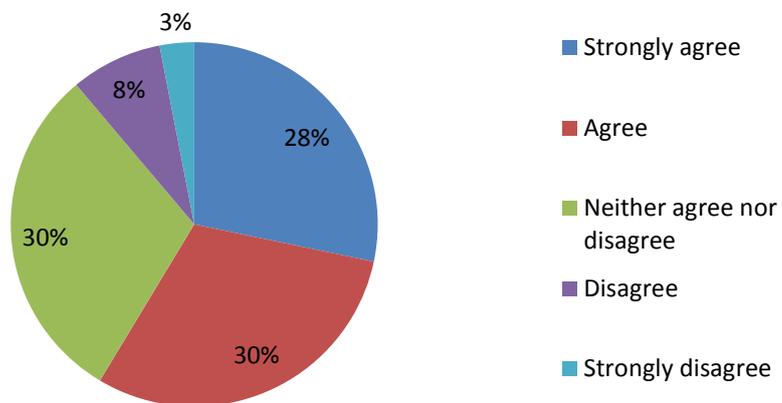
Please see Table 2 for a presentation of the items, distributions of responses and mean score (SD) of attitudes towards medical and health supports. The range of scores for each item is 1-5, with a higher score indicating higher agreement with the statement. As can be seen from the table, the percentage agreement varies from a low of 37% (“My club has a Mental Health First Aider”) to 86% (“My club provides private medical cover for players”).

Table 2. Attitudes towards medical and health supports

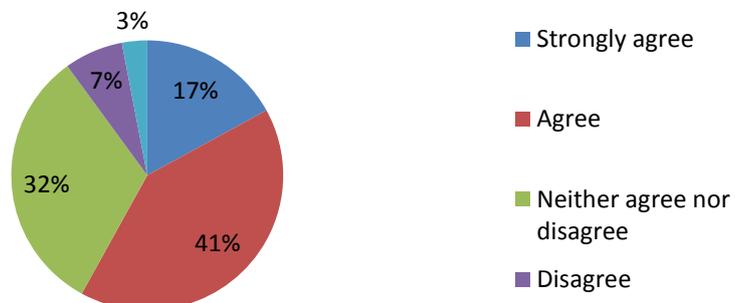
Questions	Distributions across responses					Mean score (SD)
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
My club provides private medical cover for players	45.71%	40.57%	8.57%	2.29%	2.86%	4.24 (.92)
At my club there are support networks in place to pick up early mental health issues	16.67%	40.80%	32.18%	7.47%	2.87%	3.61 (.95)
At my club there are systems in place to pick up early mental health issues	17.24%	32.76%	36.21%	10.92%	2.87%	3.51 (1.00)
I have received information about how to access counselling services	24.00%	45.14%	19.43%	9.14%	2.29%	3.79 (.98)
I have received information about Sporting Chance	41.14%	40.00%	12.57%	5.14%	1.14%	4.15 (.91)
My club has a ‘Mental Health First Aider’	13.71%	23.43%	39.43%	17.71%	5.71%	3.22 (1.07)
I know how to access Sporting Chance, counselling and other mental health services should I need to	33.71%	44.57%	11.43%	8.00%	2.29%	3.99 (.99)

The results show that there has been a large increase in players agreeing that there are support networks to pick up early mental health issues (58-73%) and agreeing that they know how to access sporting chance, counselling services and other mental health support if needed (68-78%).

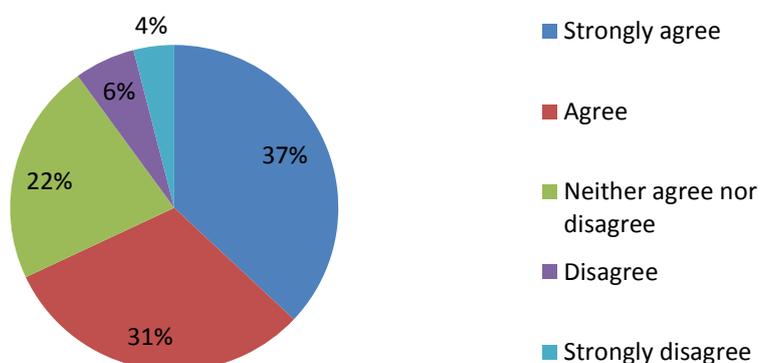
At my club there are support networks in place to pick up early mental health issues 2015



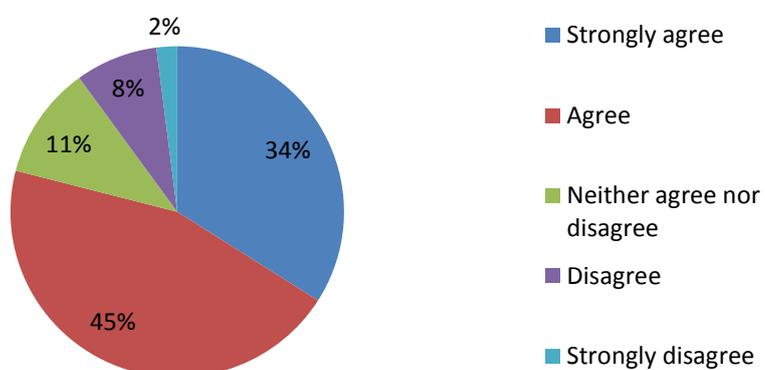
At my club there are support mechanisms to pick up early mental health problems 2016



I know how to access Sporting Chance, counselling and other mental health services should I need to 2015



I know how to access Sporting Chance, counselling and other mental health services should I need to 2016



The PWM supported these findings and many described a ‘cultural change’ towards mental health issues.

The amount of support they (Sporting Chance) offer to the lads, it’s vital and again in that culture shift, now that one or two lads have had help and received help and know there’s help out there, it’s encouraging others to speak up (PWM 1)

The PWM were overwhelmingly supportive of the RFL support services available to the players in particular ‘Sporting Chance’.

Sporting Chance in particular are outstanding..There are various things happened in the time that I have been in post now, where if it wasn't for Sporting Chance, I don't know how we would have dealt with it, as professionally as we do. So losing Sporting Chance would be catastrophic really (PWM 7)

Since last year more players are aware of support, in particular for mental health issues, and the services provided are seen as an important asset by the PWMs

3.3.2 Attitudes towards financial advice and education

Please see Table 3 for a presentation of the items, distributions of responses and mean score (SD) of attitudes towards financial advice and education. The range of scores for each item is 1-5, with a higher score indicating higher agreement with the statement. The percentage agreement ranges between a low of 46% (“My club provides me with help and assistance if I encounter financial difficulties”), slightly up from last year (43%) to a high of 58% (“My club provides me with access to financial advice and education”), down from last year (66%).

Table 3. Attitudes towards financial advice and education

Questions	Distributions across responses					Mean score (SD)
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
My club provides me with access to financial advice and education	17.51%	41.24%	27.12%	9.60%	4.52%	3.58 (1.03)
My club provides me with information about pensions and insurance	15.82%	31.64%	29.38%	18.08%	5.08%	3.35 (1.10)
My club provides me with help and assistance if I encounter financial difficulties	12.99%	32.77%	37.29%	11.30%	5.65%	3.36 (1.03)
My club provides me with opportunities to attend financial workshops	18.08%	36.16%	27.12%	12.99%	5.65%	3.48 (1.10)

Players in general are in less agreement that the club provides financial support and assistance than last year

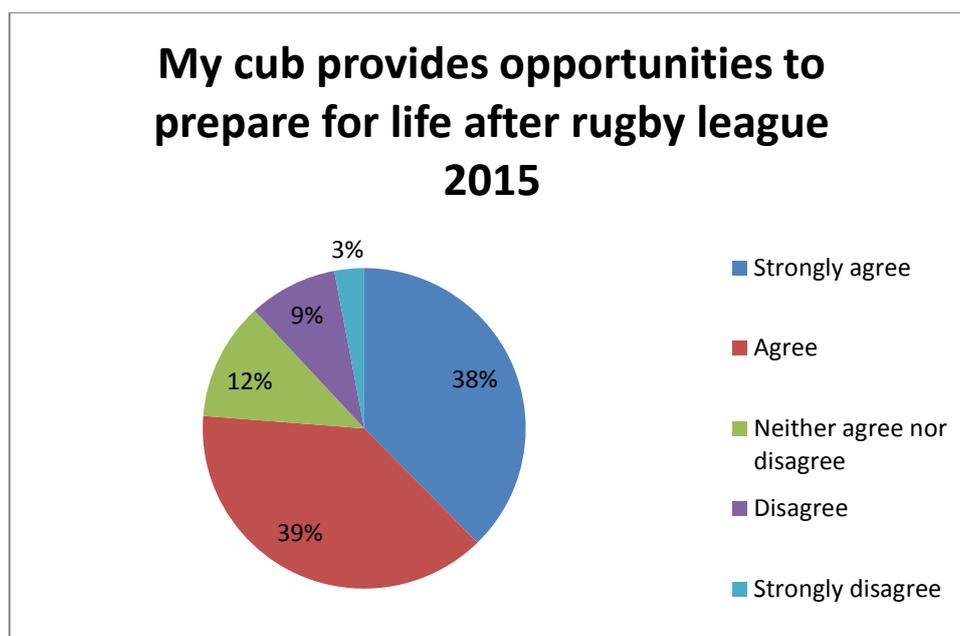
3.3.3 Attitudes towards life after rugby

Please see Table 4 for a presentation of the items, distributions of responses and mean score (SD) of attitudes towards statements relating to life after rugby. The range of scores for each item is 1-5, with a higher score indicating higher agreement with the statement. Overall, the percentage agreement range from a low of 45% (“The RFL provides a transition programme for players at the end of their careers”) to a high of 76% (“I have had opportunities to attend educational training courses”).

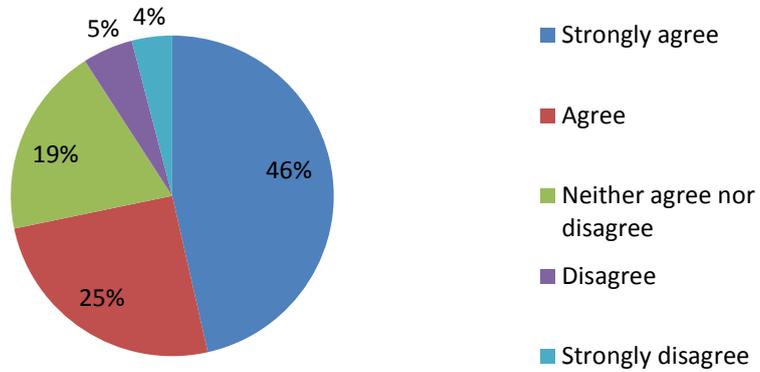
Table 4. Attitudes towards life after rugby

Questions	Distributions across responses					Mean score (SD)
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
My club provides opportunities to prepare for life after rugby league	25.15%	46.20%	19.30%	5.26%	4.09%	3.83 (1.00)
The RFL provides career advice for players	19.30%	50.88%	16.96%	10.53%	2.34%	3.74 (.97)
The RFL provides a transition programme for players at the end of their careers	14.04%	31.58%	39.77%	10.53%	4.09%	3.41 (.99)
I have had opportunities to attend educational training courses	26.32%	50.29%	12.28%	7.60%	3.51%	3.88 (1.00)

There is a slight decrease from 71% in 2015 agreeing that their club provides opportunities to prepare for life after rugby and 77% in 2015:

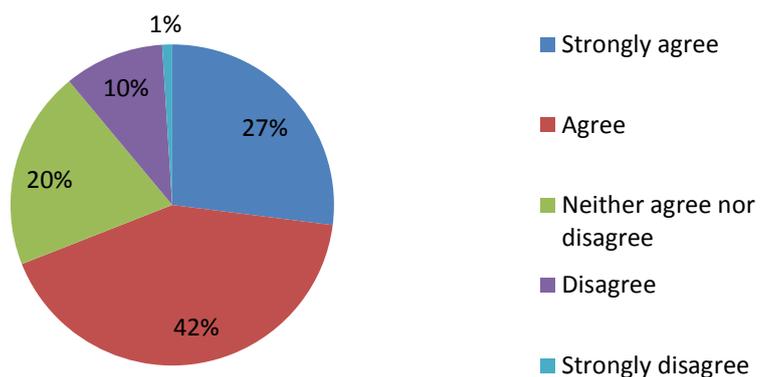


My cub provides opportunities to prepare for life after rugby league 2016

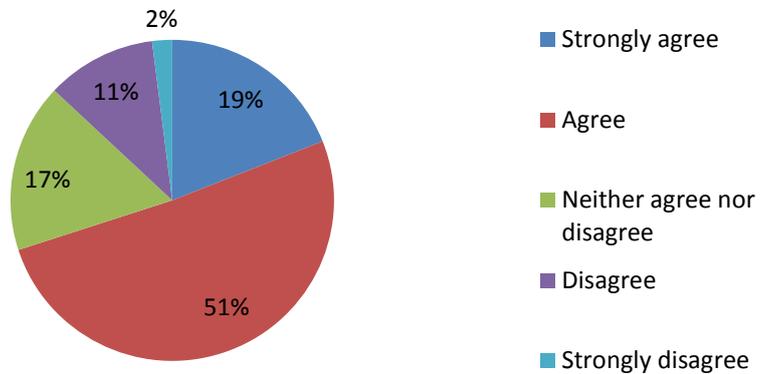


There is a slight increase from 69% to 70% in players agreeing that the RFL provides career advice for players from last year:

The RFL provides career advice for players 2015

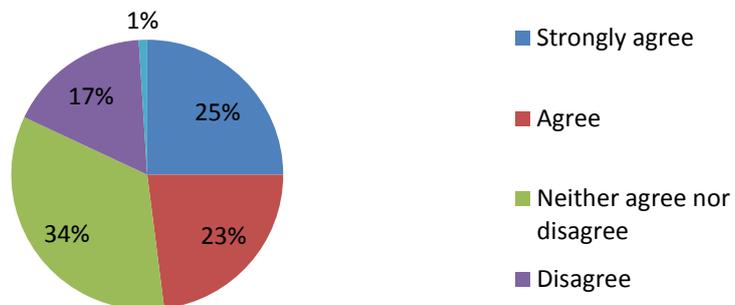


The RFL provides career advice for players 2016

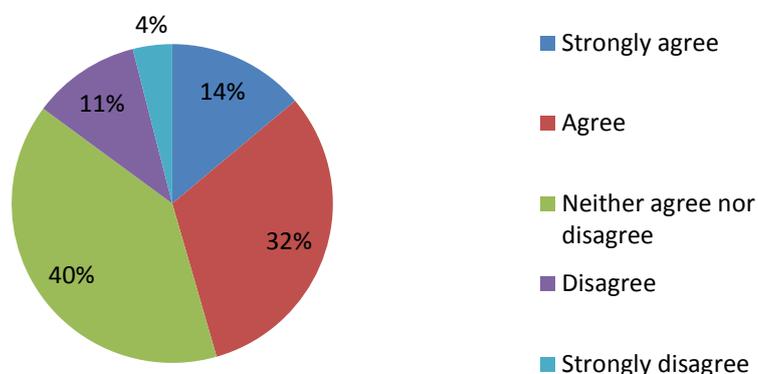


There was a slight decrease from last year in the number of players agreeing that the RFL provides a transition programme for players at the end of their careers (48-46%).

The RFL provides a transition programme for players at the end of their careers 2015



The RFL provides a transition programme for players at the end of their careers 2016



As seen in section 3.2.2 22% of players responded in their free answers to what could be improved with 'further education opportunities', and 14% wanting 'more career and transition advice' suggesting that there is perceived differences in support available for them following their rugby careers.

The PWMs also noticed a cultural shift in attitudes towards education and careers support available to players with more engagement, however playing rugby was the priority and some found difficulty in getting players to think about plans post rugby:

..they're just concentrating on rugby and they think it is going to, everything is going to plan that way, they don't think of it as being (temporary)..you'd think they'd want to come to you to ask for stuff, but they don't you have to constantly badger them and say, yeah, that's what I find hard (PWM 10)

Again the support of others was found to be useful:

I think having the, well for me, at the minute, the thing that is working well is that our captain is very good with regards to sort of education and things as well and he spends quite a bit of time with the young lads...but he sort of, will sit with me and sit with them when I'm having important discussions with them to sort of day, you know, this is still important and you do need to look at doing something sooner rather than later (PWM 11)

The clubs in general could also be more supportive

..maybe the Club saying that one afternoon has got to be made available for education, or doing something (PWM 10)

The PWMs were very appreciative of the support offered from the careers coach

As far as career pathway element goes we have now, which has really come on leaps and bounds, by having a career coach available..and that has been a very positive development (PWM 5)

They felt that they were supported well in general by the Welfare Director, Emma and her team were highly regarded throughout the cubs:

Emma has been fantastic. Emma is my first point of call in any situation (PWM 9)

PWMs perceived they have very good supportive services that they can signpost to. There were mixed feelings from them on the level of engagement from players, and players have mixed answers on whether or not such support is available

3.4 Factors related to mental health

3.4.1 Risk of depression

Please see Table 5 below for the means and standard deviations of variables relating to aspects of the RFL welfare programme, athletic identity, perceived stress, duration playing Super League rugby and age.

Table 5 Means (SDs) for key variables across low and high risk of depression groups

	Low risk of depression	High risk of depression
Welfare policy	38.76 (6.09)	36.69 (8.00)
Financial advice	14.01 (3.73)	13.40 (4.16)
Medical and health supports	26.70 (4.78)	25.83 (6.11)
Lifestyle issues	46.75 (8.37)	44.24 (8.88)
Life after rugby	15.09 (3.30)	14.50 (3.80)
Athletic identity	37.43 (5.99)	38.32 (6.63)
Perceived stress***	21.83 (4.74)	29.30 (4.97)
Duration playing rugby	6.06 (4.52)	4.81 (4.18)
Age	25.10 (4.61)	24.37 (4.81)

Note. Statistical significance: ***p < .001

Independent sample t-tests revealed that players at high risk of depression report higher stress levels than players at low risk of depression

The links between stress and depression were also found in year 1 of the survey, however the relationship between positive attitude towards welfare policy and low Athletic Identity with low risk of depression were no longer significant in year 2 of the survey.

3.4.2 Mental health correlations

Better mental health is significantly correlated with:

My club has a player welfare manager	r = .22**
I know who my player welfare manager is	r = .24**
There is a person responsible for player welfare at my club	r = .23**
Lower on perceived stress	r = -.71***
The above 4 results were also found in year 1.	
I have sufficient time with my player welfare manager	r = .22**
My club provides private medical cover for players	r = .30***
My club/the RFL provides gambling integrity in rugby league workshops	r = .22**
The above 2 results were new findings to the year 2 survey.	

Note. Statistical significance: ***p < .001 **p<.01

Better mental health is moderately correlated with private medical cover and strongly correlated with lower perceived stress. All other correlations are weak.

3.4.3 Predicting depression- multivariate analysis

A multiple regression model with the continuous depression score as the outcome variable and the total scores for welfare policy, medical and health supports, life after rugby, financial advice and education, lifestyle issues, perceived stress, and athletic identity as predictor variables, aimed to elucidate the correlates of depression. The model was statistically significant (and accounted for 53% of the variance in depression, in year 1 it accounted for 65% of the variance). Perceived stress was the strongest predictor of depression, followed by negative attitude to life after rugby. In year 1 perceived stress was also the strongest predictor followed by high athletic identity and negative attitude towards PWM and policies.

Please see Table in appendix 3.

Results suggest that the higher the perceived psychological stress and less positive attitudes toward life after rugby, the worse the player’s mental health

3.4.4 Factors related to perceived stress

Lower stress levels are significantly correlated with scoring higher on the following items:

There is a person responsible for player welfare at my club	r = -.21**
I trust my player welfare manager	r = -.21**
I have sufficient time with my player welfare manager	r = -.23**
My club provides me with information about pensions and insurance	r = -.21**
My club provides me with opportunities to attend financial workshops	r = -.25***
My club provides private medical cover for players	r = -.31***
At my club there are support networks in place to pick up early mental health issues	r = -.30***
At my club there are systems in place to pick up early mental health issues	r = -.25**
I have received information about Sporting Chance	r = -.31***
I know how to access Sporting Chance, counselling and other mental health services should I need to	r = -.21***
My club/the RFL provides gambling integrity in rugby league workshops	r = -.24**
My club provides opportunities to attend the gambling addiction workshop	r = -.22**
My club provides opportunities to attend the alcohol issues workshops	r = -.23**
I understand the RFL rules relating to gambling integrity	r = -.28***
My club provides opportunities to prepare for life after rugby league	r = -.34***
The RFL provides career advice for players	r = -.27***
The RFL provides a transition programme for players at the end of their careers	r = -.25***
I have had opportunities to attend educational training courses	r = -.26***

Note. Statistical significance: ***p < .001 **p < .01

Lower stress scores are moderately correlated with scoring high on my club provides private medical cover, support and information on mental health services and opportunities to prepare for life after rugby. All other correlations are weak.

Additionally, there was a weak, positive correlation between perceived stress and Athletic Identity, with lower stress being associated with scoring lower on Athletic Identity.

3.4.5 Predicting perceived stress- multivariate analysis

A multiple regression model with the continuous perceived stress score as the outcome variable and the total scores for welfare policy, medical and health supports, life after rugby, financial advice and education, lifestyle issues, depression, and athletic identity as predictor variables, aimed to elucidate the correlates of perceived stress. The model was statistically significant and accounted for 59% of the variance in depression (year 1 it predicted 64%). Depression was the strongest predictor, as it was in year 1, followed by less positive attitude towards life after

rugby, higher athletic identity, and less positive attitude to medical and health support. Please see Table in appendix 3.

Results suggest that higher depression scores, higher athletic identity, and less positive attitudes toward life after rugby and medical and health supports are associated with higher psychological stress levels.

3.4.6 Factors related to athletic identity

A one way between groups ANOVA revealed that married players scored lower than single players on athletic identity. There was no difference in mean scores between married and divorced/separated players and single and divorced/separated players.

Independent sample t-tests revealed that players who do not have children have higher athletic identity than players with children. Additionally, players who do not report any advantages of retiring from rugby have higher athletic identity than those that report advantages of retiring.

There is a negative correlation between athletic identity and age, indicating that younger players have higher athletic identity scores. Similarly, there is a negative correlation between length of time playing Super League/NRL/full time rugby and athletic identity, meaning the shorter duration of playing, the higher the athletic identity.

The results suggest that as players progress through their career, get married, have children and see advantages of retirement, their athletic identity reduces

Lower athletic identity is significantly correlated with scoring lower on the following items:

My club has a 'Mental Health First Aider'	r = .30***
I have attended workshops relating to alcohol and/or social or prescription drug abuse or other addictions	r = .25***
At my club alcohol and/or social drug testing is policy	r = .36***
My club tries to minimise gambling culture	r = .20**
My club monitors players for early warning signs of alcohol problems or prescription drug issues	r = .24**
My club takes action before alcohol problems or lifestyle issues become a serious disciplinary problem	r = .25***

Note. Statistical significance: ***p < .001 **p < .01

Results suggest that lower athletic identity is correlated moderately to players agreeing that they have a mental first aider and the club has an alcohol and/or social drug testing policy.

3.4.7 Predicting athletic identity- multivariate analysis

A multiple regression model with the continuous athletic identity score as the outcome variable and the total scores for welfare policy, medical and health supports, life after rugby, financial advice and education, lifestyle issues, depression, and perceived stress as predictor variables, aimed to elucidate the correlates of athletic identity. The model was significant. Perceived stress was the strongest predictor of athletic identity, followed by lifestyle issues. Please see Table in Appendix 3.

Results suggest that higher psychological stress and positive attitudes toward lifestyle issues are associated with higher athletic identity

4.0 Key Issues and Related Recommendations

4.1 Perceptions of the PWM role

The perceptions of the PWM role have improved over the 2 year period but it is still felt as though the RFL and the clubs could do more to support the role

- Players have a greater awareness of the PWM role in 2016 compared to 2015
- PWMs are well regarded by players and having greater access to them would be beneficial
- PWMs perceive that there is not enough time to do the job properly and that the job is not regarded as highly within their clubs as other support services provided for players
- PWMs believe that their roles require 'buy in' from the club and head coaches in particular to be as effective as possible

4.2 Attitudes of the players and PWM towards welfare support

The players appear to be more engaged with mental health support in the second year compared to the first, but mixed engagement with education and careers provision. The support services available for PWMs to signpost onto are highly valued.

- Since last year, more players are aware of support, in particular for mental health issues, and the services provided are seen as an important asset by the PWMs
- Players in general are in less agreement that the club provides financial support and assistance than last year
- PWM perceived they have very good supportive services for 'life after rugby' that they can signpost to. There was mixed feelings from them on the level of engagement from players and players have mixed answers on whether or not such support is available.

4.3 Factors related to mental health

Whilst there were many factors correlated with mental health the multivariate analyses results are the strongest findings as it allows for comparisons between a number of factors at the same time. This means we are most confident in these findings:

- **Predicting depression:** Results suggest that the higher the psychological stress and less positive attitudes toward life after rugby, the worse the player's mental health
- **Predicting perceived stress:** Results suggest that higher depression scores, higher athletic identity, and less positive attitudes toward life after rugby and medical and health supports, are associated with higher psychological stress levels
- **Predicting athletic identity:** Results suggest that higher psychological stress and positive attitudes toward lifestyle issues are associated with higher athletic identity (I need to check this with Nicole – seems at odds with rest of the findings)

4.4 Recommendations

The evaluation suggests that as welfare support has become more established throughout the RFL the services are being utilised further, increasing the need for PWMs and their level of support.

The RFL should centrally fund all super league clubs a full time PWM with a standardised job role, specification and minimum requirements.

In order for the current PWMs to provide the support players need, they are working beyond their salaried hours. To further enhance the capacity of the role, this evaluation suggests that the role should be full time, paid for centrally by the RFL to maintain independence, with a minimum standard of training and skills. The role needs to be supported throughout the club but in particular by the Head Coach.

Information and access to mental health support services needs to continue to be supported through the PWMs.

The evaluation also suggests that players in the RFL, as with other professional athletes, are at risk of mental health problems. The provision of mental health services in identifying and reducing perceived stress are essential. Access and support for mental health services such as Sporting Chance and medical insurance should continue to be made available throughout the RFL.

PWMs need to be supported by the Head Coach in encouraging players to look to their future after rugby and to take up educational and careers advice routinely.

Furthermore perceived stress is linked to athletic identity and attitude to life after rugby. Whilst it appears that as players progress through their careers and take on family roles their Athletic Identity reduces a positive attitude to life after rugby can be supported through access to education, training and careers advice. The provision of educational opportunities and careers advice needs to continue to be supported and the importance of these services throughout the players' careers can be supported both through the PWM and the importance given to the services through the Head Coach.

4.5 Limitations

The information in this report has a number of limitations that must be considered when reading and interpreting the findings. The response rate for the quantitative study was much higher in the second year compared to the first year. At the time of doing the survey there were 420 Players in the super league. Most analyses were performed on a sample of 196 participants (due to none consenting and missing data). This is a response rate of around 47 %. The findings represent a picture of those who chose to respond to the survey and participate in the interviews. They do not represent a picture of all RFL players and PWM and no such claims are inferred. It is also very important to remember that the survey data is 'just figures' and as such, they can never be used to determine the course of an individual player's welfare journey. Each player's experiences are and always will be unique. Do not assume that because the figures seem to indicate some sort of trend/correlation/association that this is what will happen to all players.

A clear procedure is detailed however, the qualitative data analysis is interpretive and so we need to be open to the fact that another researcher may have chosen a different questioning route and identified different thematic areas of significance in the data.

5.0 Conclusions

The introduction of PWMs and a Welfare Policy for the RFL has been a positive addition to the RFL. Whilst there was initially some apprehension that the role was a 'cushy number' for ex-players to continue their involvement in the sport, the role is now viewed more widely as providing an important service to the club. The PWMs have a range of support services that they can signpost players on to that are considered as supplying a high standard and effective support for players. The level of engagement with these services is dependent on individual uptake and this is perceived by the PWMs to be heavily dependent on the perceptions of the Head Coach. Whilst playing rugby is, and will remain, the most important part of a player's time whilst at a club, the players can be at risk of mental health disorders and supporting their mental, as well as physical health, can reduce this risk. In providing opportunities and access to education and careers advice the players can develop a more positive attitude to life after rugby which also reduces their perceived stress and risk of depression. This report, in line with previous research, suggests supporting players' mental health and offering educational opportunities to build a life after rugby, means players are in a better position to concentrate on their rugby. PWMs can support player's mental health, help with a balanced athletic identity and positive attitude to future careers. The importance of this role needs to be recognised by the Clubs and RFL and given further financial and managerial support.

First and foremost its mental health wellbeing. They dovetail, because if a player is engaged in something outside his rugby career and he know he's got a career outside that he's working towards..it relieves that anxiety (PWM 5)

6.0 References

Arnold, R. and Fletcher, D. (2012) A research synthesis and taxonomic classification of the organised stressors encountered by sports professionals. *Journal of Sport and Exercise Psychology*, 34; 397-429

Brooks, J., McCluskey, S., Turley, E. and King, N. (2015). The utility of Template Analysis in qualitative psychology research. *Qualitative Research in Psychology*, 12(2), pp202-222.

Cohen, S., Kamarck, T. & Mermelstein, R. (1983) A global measure of perceived stress. *Journal of Health and Social Behaviour*, 24, 385-396.

Cohen, S. & Williamson, G. (1988) Perceived stress in a probability sample of the United States. In Spacapan, S. & Oskamp, S. (Eds) *The social psychology of health: Caremont symposium on applied social psychology*. Newbury Park, CA: Sage.

Friedman, B., Heisel, M. and Delavan, R. (2005) Validity of the SF-36 five-item mental health index for major depression in functionally im-paired, community-dwelling elderly patients. *Journal of American Geriatrics Society*, 53, 1978-1985

Gouttebauge, V., Aoki, H. and Kerkhoffs, G. (2016) Prevalence and determinants of symptoms related to mental disorders in retired male professional footballers. *Journal of Sports Medicine and Physical Fitness*, 56(5), 648-54

Gouttebauge, V., Kerkhoffs, G. and Lambert, M. (2015) Prevalence and determinants of symptoms of common mental disorders in retired professional rugby union players. *European Journal of Sport Science* <http://dx.doi.org/10.1080/17461391.2015.1086819>

Jennings, S. (2015) *Are educationally prepared rugby players better equipped to enter the transition process and into life after rugby?* MBA Dissertation, Dublin Business School.

King, N. (2012) Doing Template Analysis. In Symon, G. & Cassell, C. (Eds) *Qualitative organisational research: Core methods and current challenges*. London: Sage.

Shuer, M.L. and Dietrich, M.S. (1997) Psychological effects of chronic injury in elite athletes. *Western Journal of Medicine*, 166, 104-109

Appendix 1

Interview Topic Guide: Welfare Managers

Introduction: I am a researcher from the University of Huddersfield. We are finding out more about welfare provision in the RFL and how you/others value the capacity, skills, knowledge and connections you have in your sport and how building on these have resulted in positive outcomes for individuals and the sport as a whole.

I would like to talk to you today about your role with the RFL

Can you tell me how long you have been in the post?

-is this first interview?

No – Have there been any changes in the last year? Go to all questions

Yes - How did you become involved as a PWM?

- How your role appointed? Why?
- Has your role changed over time? How? In what ways?

Who do you work with?

- How do you get players/others involved?
- What health issues do you work with?
- Why is it important that the RFL takes care of welfare issues? (rather than another agency)

Explain how the RFL welfare provision works in your experience?

- Where? By whom? For whom?
- Existing systems and providers?

All

What are the main strengths of the current welfare provision at the RFL?

- Positive outcomes/successes?
- For self/others?

Anything difficult/challenges about being involved in welfare provision at the RFL?

- For self/others?

Consider the people, places and activities that are most important to your role and for the player's health and well-being.

How important is the role of Head Coach – how influential in players decisions to ask for support?

How much interest do the CEO/Board of Directors show in the service?

How much support and or practical help do you get from Emma and RFL?

How useful are:

Sporting Chance

Career coaches

RL Careers?

What are players perceptions/understanding of the PWM role?

If not seen as important why not?

What one thing could make a difference to your role?

What could you do more of if more time available?

Any role conflicts? (player and PWM?)

Would you say that your involvement in welfare provision at the RFL has affected you in any way?

- Benefits of being involved?
- Dis-benefits of being involved?

For each area of questioning, the researcher will ask the participant (where possible) to discuss illustrative examples/experiences.

Appendix 2

Qualitative interviews: Template

1.	Value of the role
	a. Players engagement
	b. Club understanding
	c. Coaches respect
	d. PWM role
2.	Resources to support
	a. Time/other roles
	b. Finance
	c. Training
	d. Support services
	e. PWM Director
	f. Careers
	g. Other PWMs
3.	What works well?
	a. Remove stigma
	b. Relationship with Sporting Chance
	c. Cultural change
	d. Drug testing
	e. Empathy of career coach
	f. Relationship with Chaplain
4.	What does the role require?
	a. Trust players
	b. Empathy and understanding
	c. Engage with players
	d. All-encompassing/flexible
	e. Hub of information

Appendix 3 Multiple regression analysis

Multiple regression analysis results for correlates of depression

	R ²	β	B	SE	CI 95%
Model	.53***				
Stress		-.76***	-2.02	.17	-2.34/-1.69
Athletic Identity		.04	.11	.15	-.19/.41
Welfare Policy		.13	.31	.16	-.01/.63
Medical and Health Supports		-.11	-.34	.29	-.92/.24
Life After Rugby		-.17*	-.79	.40	-1.58/-.002
Lifestyle		.12	.23	.17	-.10/.56
Finance		-.02	-.09	.39	-.87/.68

Note. Statistical significance: *p< .05; **p< .01; ***p < .001

Multiple regression analysis results for correlates of perceived psychological stress

	R ²	β	B	SE	CI 95%
Model	.59***				
Depression		-.66***	-.25	.02	-.29/-.21
Athletic Identity		.15**	.14	.05	.04/.25
Welfare Policy		.07	.06	.06	-.05/.18
Medical and Health Supports		-.19*	-.22	.10	-.42/-.01
Life After Rugby		-.24**	-.42	.14	-.69/-.15
Lifestyle		.09	.06	.06	-.06/.18
Finance		.03	.04	.14	-.23/.31

Note. Statistical significance: *p< .05; **p< .01; ***p < .001

Multiple regression analysis results for correlates of athletic identity

	R ²	β	B	SE	CI 95%
Model	.15**				
Depression		.08	.03	.04	-.06/.12
Stress		.32**	.34	.12	.09/.58
Welfare Policy		.06	.06	.09	-.11/.23
Medical and Health Supports		.07	.09	.16	-.22/.40
Life After Rugby		.02	.04	.22	-.39/.46
Lifestyle		.29*	.22	.09	.04/.39
Finance		-.06	-.11	.21	-.52/.31

Note. Statistical significance: *p< .05; **p< .01