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Key Stakeholders' Perspectives on the Sports Science and Medicine Resources and Practices in English Non-League Male Football

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Abstract: Background: Sports science and medicine (SSM) is integral to professional football clubs. The level below professional football in England, 'non-league football' (NLF), consists of full-time and part-time clubs. The existing literature has exclusively focused on SSM in professional football, with the resources and practices in NLF currently unknown. Therefore, this study explored the SSM resources and practices within NLF by investigating the perspectives of key stakeholders working within NLF coaching and SSM disciplines. Methods: Fifty participants (coaching practitioners [n = 25] and SSM practitioners [n = 25]) from NLF clubs completed an anonymous online survey comprising 31 multiple-choice and Likert-scale questions, alongside optional open-ended comments. Results: Support was mixed for SSM evidence-based practices across clubs in Tiers 5–10 within the National League System. The most common SSM resources were the training ground (n = 39), resistance training equipment (n = 15), and rehabilitation area (n = 13). Fitness testing was frequent (86%) pre-season but rare end-of-season (8%). Workload monitoring primarily consisted of the session duration (80%) and time–motion data (36%). Performance analysis of competitive matches commonly used video (74%) or post-match technical analysis (40%). Injury monitoring generally occurred 'always' (44%) or 'sometimes' (28%). Nutritional support on match days was mostly fluids (80%), with 'no support' reported most outside match days (54%). Conclusions: The SSM resources and practices vary considerably within NLF, influenced by individual club constraints and barriers, including financial support, access to facilities, and equipment availability. These findings may inform future SSM provisions in NLF to enhance team performances and player availability.

Keywords: soccer; semi-professional; match analysis; injury prevention; applied practice

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1. Introduction

The role of sports science and medicine (SSM) within professional football is widely used to optimise performance, enhance recovery, and reduce injury risk [1–5]. These applications are supported through evidence-based practices (EBPs), defined as methods informed by robust scientific research, experience, and the adoption of an athlete-centred approach [6]. The value and use of EBPs amongst coaches and practitioners working in professional football environments vary [7,8]. Factors affecting the adoption of SSM EBPs in male professional football have been cited as coach buy-in, resources, and time [7–13]. Whilst the utilisation of SSM practices has been thoroughly investigated at the professional level, there is a paucity of literature discussing the SSM resources and practices of the

leagues directly below the level of professional football, non-league football (NLF). In English NLF, the National League System (Tier 5+) is directly below the Premier League (PL) (Tier 1) and English Football Leagues (EFLs) (Tiers 2–4). English NLF clubs in higher tiers (Tier 5–6) may be full-time or part-time, while lower tiers (Tiers > 6) are part-time.

It is estimated that 80% of NLF players in the National League (Tier 5) are former Professional Football Association (PFA) members, which means they were professional players or scholars within an EFL/PL club [14]. The clubs outside of professional football (i.e., NLF) tend to have greater financial constraints and limited income generation, with players earning a living as full- and part-time employees [15,16]. For example, NLF clubs generally have lower match attendances than professional clubs and lack the financial regulations associated with the PL and EFL [17]. These financial constraints in NLF club environments may affect their SSM provision compared to professional clubs due to staffing, resources, and time limitations [7,9].

Sports science and medicine practices can directly and indirectly influence the outcomes of a football game, such as players' preparedness for high-intensity periods of match play [18]. For example, including high-intensity interval training during the pre- or in-season periods can benefit the aerobic and speed endurance capacities of professional players [19]. Likewise, fitness testing provides valuable data concerning the physical capabilities of players [20], which can be used to individualise training interventions [21]. Additionally, the Yo-Yo intermittent-endurance test distance and countermovement jump peak power and height correlate with the total and high-intensity running distance during matches in professional male players [22,23]. Typically, a professional football club's weekly training micro-cycle will contain one–two strength and conditioning (S&C) sessions, depending upon the fixtures [5,24]. These sessions generally consist of various lower limb isotonic exercises as well as plyometric and speed training [5]. While there is strong support for supplementary S&C among professional football players, the specific practices within English NLF remain unknown.

Performance analysis is used extensively in PL football to yield objective insights into a team's technical and tactical performance [3,25]. Several important match-related technical factors, such as the pass completion and possession percentage, tend to be associated with match outcomes [25]. In addition, Ford et al. [26] reported that PL clubs use more specific match-play scenarios during training (as opposed to generic technical drills) compared to teams at the sub-elite or non-elite level. Knowledge and understanding of a team's technical and tactical strengths and weaknesses in the context of their opponents may improve an NLF club's match outcomes [3]. However, there is currently a lack of literature that has captured the extent to which clubs at the NLF level engage with performance analysis technology.

The injury incidence can negatively impact a club's seasonal performance [27] and is associated with a high financial burden [28]. Studies suggest that the injury incidence in NLF clubs is higher than that in professional settings [15,16,29], perhaps reflecting the unique demands of the game at this standard, the fitness of the players, and/or the level of medical support within the clubs. Moreover, NLF players may have other employment, with some occupations further contributing towards increased injury risk [30], either by the direct nature of the work or through an increase in physical loads. Additionally, NLF clubs lack the standardisation of medical provisions found in professional football, such as staff competencies and training, which may also increase injury risk [31]. Exploring the level of medical care provided in clubs in NLF would guide recommendations around injury risk reduction at this level.

Nutrition plays a key role in optimising performance and maintaining players' health throughout a season [1]. In professional football, nutritional support strategies are a

familiar practice in match and training environments [32]. However, financial constraints and club resources may limit nutritional support in NLF. Furthermore, many NLF players have other employment commitments alongside football, which likely increase their total energy requirements. Although the sport nutrition provision and dietary practices of professional football players have been documented [33], no data currently describe the support provided at the NLF level.

It has been observed that the presence and access to SSM practitioners and support can significantly influence EBPs (e.g., fitness testing, performance analysis, injury prevention practices, and nutritional support). However, these efforts are constrained by financial and time limitations common in the lower levels of football [7,34]. The extent to which SSM practitioner support is utilised in NLF is unknown. Gaining insight into these practices at the NLF level will improve awareness of the stakeholder influence and highlight areas for improvement. Thus, this study explored the perspectives of key stakeholders on their current SSM resources and practices in English male NLF.

2. Materials and Methods

2.1. Survey

An anonymous survey (Supplementary File S1) was constructed using the Joint Information Systems Committee (JISC) online survey tool (https://jisc.ac.uk/, accessed 19 June 2019) Bristol, England). The survey comprised 31 multiple-choice and Likert-scale questions [35], using a five-point scale from 'not important at all' (1) to 'most important' (5), detailing the SSM resources and practices undertaken in NLF. The questions were divided into four sections: (a) participant demographics and football club structure, (b) utilisation of EBP, (c) current SSM resources and practices, and (d) stakeholder role satisfaction. The survey also included optional qualitative feedback questions to supplement the quantitative responses. This mixed-methods approach allowed the researchers to capture information on key stakeholders' real-world experiences [36] and other societal and psychological factors that may interact to influence decisions (e.g., club organisational structure, relative demographical effect of stakeholders' perceptions, etc.) [37].

2.2. Recruitment

Key stakeholders were considered coaching and SSM practitioners working within NLF settings. Potential participants were contacted via email and word of mouth from the researchers' professional contacts, with additional snowball sampling whereby initial contacts were asked to refer other relevant practitioners. The study was also advertised through the social media platform X, formerly Twitter, containing a survey link. The survey was completed by participants anonymously between 16 March 2022 and 19 August 2022. Upon accessing the survey, participants were directed to the participant information sheet detailing the purpose of the survey and participant eligibility. Participants were then required to provide electronic informed consent, which provided access to the survey. The inclusion criteria for participants in this study were (a) age $\geq$ 18 years, and (b) currently working as a coach or SSM practitioner at a football club operating within NLF. The study was approved by the Birmingham City University Ethics Committee (9377).

2.3. Statistical Analysis

The data were analysed using frequency-based analysis and presented as frequencies (n) and percentages (%). Differences in response distributions of coaching and SSM practitioners were compared using the chi-squared (χ^2) test of independence. Qualitative responses were analysed using thematic analysis, whereby data were manually coded, analysed, and presented as direct quotes [38].

3. Results

3.1. Participant Demographics and Football Club Structure

Fifty participants completed the survey (sex: male [90%] and female [10%]; age: 25–45 [66%], 18–24 [16%], 46–59 [12%], and 59+ [6%] years). The specific roles and training characteristics of the clubs are displayed in Table 1. The most frequently reported 'highest academic qualification attained' was a BSc or BA (Hons) or equivalent (48%), followed by a GCSE/A-level or equivalent (32%), a foundation degree (4%), an MSc or equivalent (10%), a PhD (2%), and none (2%). Only 6% of the participants were from professional NLF clubs (6%), and the remainder were from semi-professional NLF clubs, with the distribution of the levels as follows: Tier 5 (4%), Tier 6 (36%), Tier 7 (24%), Tier 8 (28%), Tier 9 (4%), and Tier 10+ (4%). Table 2 shows the frequency of other coaching and SSM staff working at the participants' clubs and the resources available.

Table 1. Stakeholder role and demographics; player contact time in non-league football.

Role	*n* (%)
Technical Coach or Manager	25 (50)
Physiotherapist, Sports Therapist, or Sports Rehabilitator	21 (42)
Performance Analyst	2 (4)
Strength and Conditioning Coach	1 (2)
Medical Doctor	1 (2)
Sex	
Male	45 (90)
Female	5 (10)
Role paid or voluntary	
Paid on contract	22 (44)
Paid hourly	7 (14)
Expenses	14 (28)
Unpaid	7 (14)
Days per week of training	
1	5 (10)
2	36 (72)
3	5 (10)
4	4 (8)
Hours per week of training	
0–2	5 (10)
3–5	33 (66)
6–8	8 (16)
9–11	4 (8)
12+	0

Table 2. The other coaching and SSM roles within respective clubs and sport science and medicine resources available reported by respondents.

Other staff present at the club	*n*
Technical Coach or Manager	39
Physiotherapist, Sports Therapist, or Sports Rehabilitator	25
Strength and Conditioning Coach	16
Performance Analyst	14
Sport Scientist	9
Doctor	7
Nutritionist	2
Psychologist	2
None of the above	10

Table 2. *Cont.*

Resources available at the club	
Training ground	39
Resistance training equipment	15
Rehabilitation area	13
Global positioning system player units	13
Cardiovascular training equipment	9
Swimming pool	3
On-site nutrition	2
None of the above	10

3.2. Utilisation of Evidence-Based Practice

The importance participants placed on collecting data to inform their practice is presented in Figure 1, which shows no significant difference between the responses of the coaching and SSM practitioners (χ^2 (4, n = 50) = 7.23 p = 0.12). The perceived support concerning the use of EBPs by their clubs is also presented in Figure 1, which shows no significant difference between the coaching and SSM practitioners' responses (χ^2 (4, n = 50) = 6.65 p = 0.16).

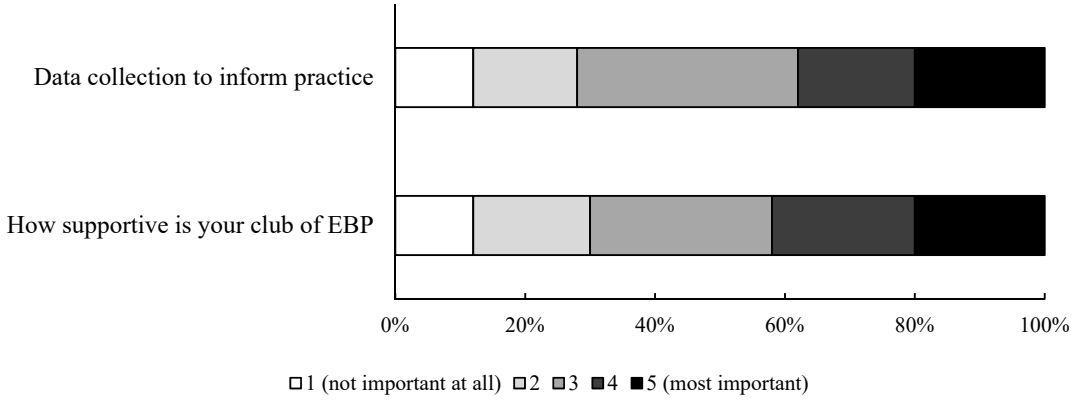

Figure 1. The stakeholder responses for the importance of data collection to inform club practices and their clubs' support for evidence-based practices (EBPs).

3.3. Current Sports Science and Medicine Resources and Practices

Participants perceived importance of various disciplines within SSM is summarised in Figure 2. For each discipline there were no differences in the distribution of responses between coaches and SSM practitioners ($p > 0.05$).

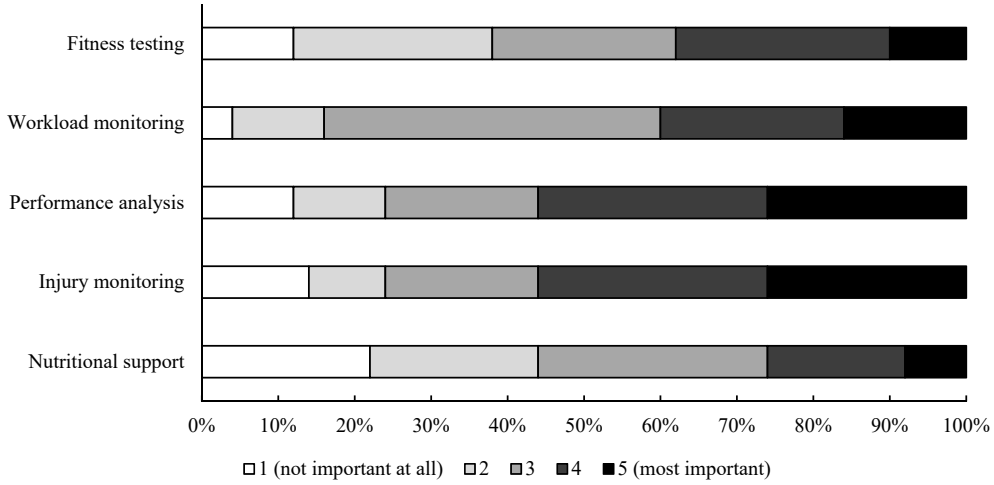

Figure 2. The stakeholders' responses to the importance of different EBP strategies.

3.3.1. Fitness Testing

The fitness tests employed by the clubs were reported as aerobic-based tests (66%), speed and power tests (58%), change-of-direction tests (42%), and anthropometric and physical examinations (30%), with 'unsure' and 'none' cited as 16% and 4%, respectively. Fitness testing was completed mainly during the pre-season (86%), with fewer reporting mid-season (36%) and end-of-season (8%) testing. A small number (14%) reported that their clubs did not include fitness testing at any time point.

3.3.2. Workload Monitoring

The types of workload monitoring most frequently used were reported as match and training session durations (e.g., minutes played) (80%), player physical performance data (e.g., GPS data) (36%), player self-report data (e.g., rate of perceived exertion [RPE] and player questionnaires) (36%), and player testing data (e.g., countermovement jump data) (14%). Participants monitored workloads in football-specific training (80%), on match days (72%), and during S&C sessions (42%).

3.3.3. Performance Analysis

The use of live or post-match technical data analysis was varied, with participants citing that competitive matches (40%) were analysed more than friendly matches (12%). In comparison, over half of the participants (52%) reported that performance analysis was not used in their clubs. Nearly three-quarters (74%) of the participants identified that video analysis was used for competitive matches, with fewer reporting its use in friendly matches (40%) and training (38%), and 16% stating that it was not used.

3.3.4. Injury Monitoring

The monitoring of injuries and return to play by the participants were reported as follows: always (44%), sometimes (28%), never (20%), and unsure (8%). Participants reported the most common injury sites during the season as the hamstring (36%), ankle ligament (20%), and adductor (14%) (Figure 3).

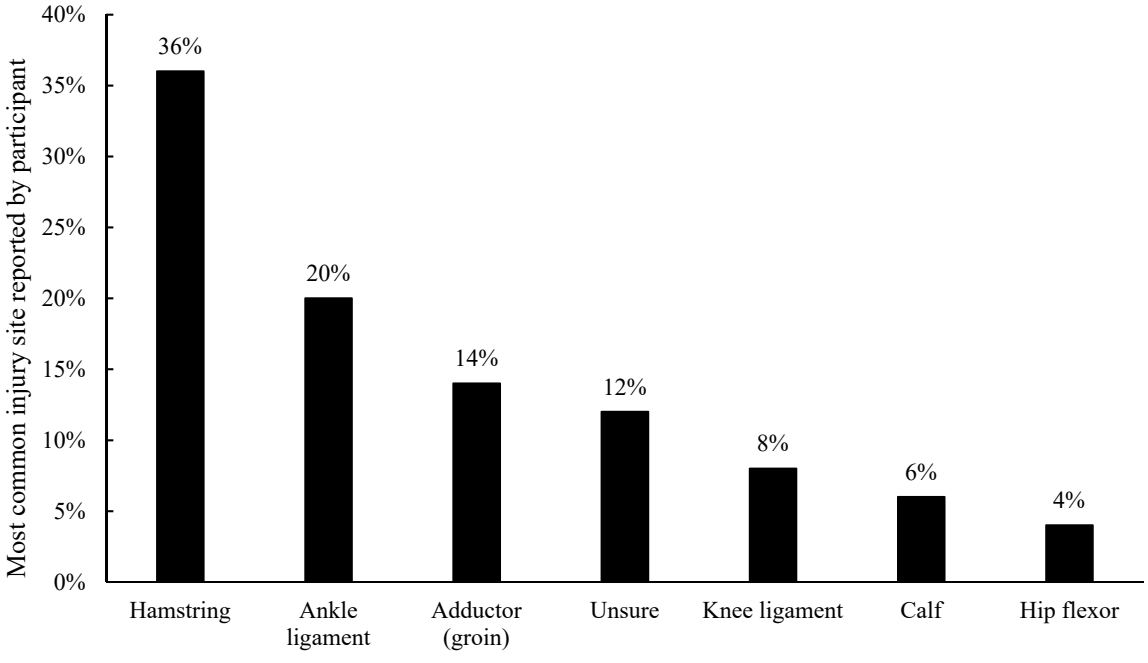

Figure 3. The most common injury sites reported throughout the season by participants in their clubs.

3.3.5. Nutritional Support

Participants' satisfaction with their clubs' available resources (e.g., equipment and facilities) and staff is presented in Figure 4, both centrally distributed around the median of 'moderately'. However, the participants reported the value of their roles within their clubs as mostly 'highly important' (44%) or 'extremely important' (32%).

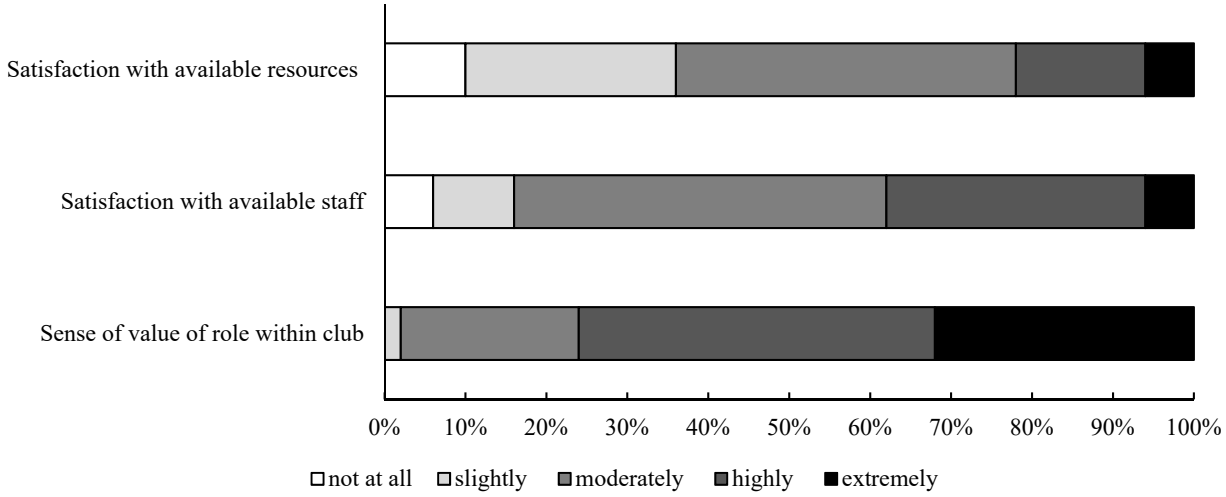

Figure 4. Key stakeholder satisfaction with available resources and staff within their clubs, and the sense of value of their roles within the clubs.

3.4. Stakeholder Role Satisfaction

Participants' satisfaction with their clubs' available resources (e.g., equipment and facilities) and their clubs' available staff is presented in Figure 4, both centrally distributed around the median of 'moderately'. However, the participants reported the value of their roles within their clubs as mostly 'highly important' (44%) or 'extremely important' (32%).

The optional qualitative responses were analysed, with the higher-order themes categorised as either 'hardware' or 'software' as part of the management in a football club (Table 3). 'Hardware' refers to organisational structures within a football club, with corresponding lower-order themes, including access to facilities, equipment availability, and financial support, whereas 'software' refers to the interactions and environment within a football club, including the team dynamics, opportunities for development, and sense of worth.

Table 3. The higher- and lower-order themes and sample quotations from stakeholder role satisfaction.

Higher-Order Theme	Lower-Order Theme	Example Quotation
Hardware	Access to facilities	"High standard of facilities and grounds" (Tier 6, Technical Coach or Manager).
	Availability of equipment	"Basic equipment available" (Tier 8, Physiotherapist, Sports Therapist, or Sports Rehabilitator).
	Financial support	"When bringing other members of staff into the club we are constricted by finances, so the quality and expertise massively differs. It also challenges the necessity of certain roles for the level" (Tier 6, Technical Coach or Manager).
Software	Team dynamics	"Everyone knows their role and we can all collaborate effectively to get the best results for the team" (Tier 6, Physiotherapist, Sports Therapist, or Sports Rehabilitator).
	Opportunities for development	"Opportunity to work on other areas within the game outside of medical (strength, fitness, science and nutrition)" (Tier 8, Physiotherapist, Sports Therapist, or Sports rehabilitator).
	Sense of worth	"Impact on supporting players both moving up the pyramid and transition coming down" (Tier 6, Technical Coach or Manager).

3.4.1. Hardware

The first lower-order theme of hardware was 'access to facilities'. Stakeholders highlighted varying levels of access to adequate facilities. However, lower-level clubs appeared to lack sufficient access to facilities, for example, a dedicated rehabilitation area or S&C suite, with one participant detailing that "better training facilities" (Tier 7, Technical Coach or Manager) would improve their practice.

Participants also highlighted the 'availability of equipment' as important hardware. Generally, the participants outlined that they only had the minimum equipment required to complete their roles. For instance, a stakeholder suggested that "more resources need to be allocated to support staff in order for them to carry out their roles effectively" (Tier 6, Strength and Conditioning Coach).

'Financial support' was also highlighted as a lower-order theme. This was typically reported to be limited, with one participant stating they had "no pay for 15–20 h per week" (Tier 8, Technical Coach or Manager). Another expressed a need for better "access to funding and specialist equipment" (Tier 6, Physiotherapist, Sports Therapist, or Sports Rehabilitator). Further, financial support impacted recruitment, with one participant reporting the "limited support staff, which is mainly due to finances. The budget is primarily used for players, which leaves little for additional support. Physios are required at every game, but that's all from a support perspective" (Tier 8, Technical Coach or Manager).

3.4.2. Software

The first lower-order theme of software was identified as 'team dynamics'. Stakeholders generally highlighted positive interactions. For instance, one participant stated they were "listened to as medical staff, opinions are taken onboard and to we don't tend to argue the fact when we have stated a player is not fit to play" (Tier 8, Physiotherapist, Sports Therapist, or Sports Rehabilitator). Conversely, another participant suggested that player interactions are challenging: "the players all have other responsibilities outside of football so to manage load on a player for example works in a manual job is difficult" (Tier 6, Technical Coach or Manager). Furthermore, another participant wished for more consistency in staffing, due to the "level of knowledge of other coaches and support staff. High turnover of coaches" (Tier 6, Physiotherapist, Sports Therapist, or Sports Rehabilitator). Additionally, one participant felt that "as a woman, I am less respected and included within the team" and called for "more women within the club" (Tier 7, Physiotherapist, Sports Therapist, or Sports Rehabilitator).

The 'opportunities for development' were also highlighted as important software by participants. Generally, this was viewed as a benefit of working in NLF, with one participant stating it allowed for "gaining valuable experience" (Tier 8, Technical Coach or Manager). However, it was also noted that the breadth of opportunities for development often meant that there was too much to manage. For instance, one participant indicated they were "being stretched to do most things. More support needed" (Tier 10, Technical Coach or Manager). Likewise, another participant stated that they "spin too many plates to spend enough time on really understanding data and how to maximise this info with part time players so it is understood and impactful" (Tier 6, Technical Coach or Manager).

Lastly, the 'sense of worth' was identified as a lower-order software theme. Interestingly, the stakeholders had mixed opinions on this theme. Overall, the contribution and recognition of participants' roles were viewed positively. However, there were also opinions that emphasised the opposite, with one participant suggesting a "lack of commitment from players and poor standard of officiating and competition administration" (Tier 10, Technical Coach or Manager).

4. Discussion

This study aimed to understand the SSM resources and practices in English male NLF. Our findings showed mixed support for SSM EBPs in NLF clubs. Participants reported the greatest support for injury monitoring and performance analysis, and the least for nutritional support. However, despite stakeholder support, NLF clubs' collection and utilisation of relevant data remain inconsistent in SSM practices of fitness testing, workload monitoring, performance analysis, and injury monitoring. Nutritional support is the largest area for improvement. Barriers to SSM practices were raised by participants, including a lack of access to facilities, equipment, and financial support as the main constraints. There was no difference in the responses between coaching and SSM practitioners regarding their perceptions on the current SSM resources and practices. The participants reported lower satisfaction with their clubs' available resources, while a marginally higher satisfaction was observed with club staffing. Overall, most participants felt their roles were valued within their clubs.

4.1. Utilisation of Evidence-Based Practices

There is equivocal support for EBPs within NLF clubs, which is reflective of SSM within professional football [7,9]. However, the implementation and perceived effectiveness of EBPs in NLF vary greatly and appear to be influenced by factors such as staff responsibilities and equipment availability. In professional football, human resources have been identified as a barrier to EBPs [9]. Notably, most participants reported the contact time with players to be 3–5 h (66%), two days per week (72%) outside of football matches, which is less than that documented for professional football (4–5 h, four days per week) [39]. Participants also cited that support staff were limited beyond a Technical Coach or Manager and Physiotherapist, Sports Therapist, or Sports Rehabilitator, with few clubs having access to a Sports Scientist (14%) or Nutritionist (4%). Likewise, participants had limited access to a dedicated rehabilitation area (26%) or on-site nutrition provision (4%). These situational factors likely represent significant barriers to the effective implementation of EBPs in NLF.

4.2. Current Sports Science and Medicine Resources and Practices

4.2.1. Fitness Testing

Fitness testing is routinely carried out during the pre- and post-seasons in professional football [40,41]. However, in the current study, participants reported that fitness testing was usually completed during the pre-season (86%) but to a lesser extent during the mid-season (36%) and end-of-season (8%). Another challenge facing NLF clubs is the frequent changes to fixtures within a season (i.e., more postponements due to adverse weather and pitch conditions compared to the EFL/PL). This can result in periods of no matches followed by fixture congestion. Importantly, prolonged breaks are known to impact fitness levels within football [42], and fitness testing may therefore be more important to implement at this level of competition.

Of the clubs that completed fitness testing, one-third did not assess the aerobic capacity, and only 30% completed anthropometric and physical examinations. In professional clubs, fitness testing practices have evolved, with various testing protocols available, alongside access to technology (e.g., mobile phone applications) and other monitoring tools [40,43]. However, NLF clubs are less likely to have access to expensive resources compared to clubs in higher leagues. Furthermore, few participants reported either a Strength and Conditioning Coach (32%) or Sports Scientist (18%) present at their club. Lack of sports science support and specialist knowledge may adversely affect the practices of a collective coaching and SSM support team [44]. Participants highlighted that they may work in other SSM fields outside their assigned roles, which appears to be due to an absence of specialist

support staff in those roles. However, without a thorough fitness assessment, evaluating players' fitness and effectively designing their training are problematic.

4.2.2. Workload Monitoring

Most participants (>75%) reported workload monitoring for football-specific training and match days, while only 42% recorded S&C sessions. An individual player's workload will be influenced by many factors, such as their age, playing position, training schedule, dual careers, and other contextual factors [45]. The practicality of workload monitoring within NLF may be affected by the access to staff, available resources (e.g., GPS units), and contact time with players. These barriers to workload monitoring have also been reported in professional football (i.e., software) [9]. However, the constraints may be more pronounced in NLF. For example, only 26% of participants reported having access to GPS devices. Moreover, capturing data for monitoring purposes may be challenging for SSM staff already placed under high demands in other facets of their roles. A potential avenue of support is to form partnerships with universities [9], which may provide access to resources and internship support to staff.

When workload monitoring was implemented, most participants reported that the match and training session durations were recorded, yet only 36% recorded the RPE. The predictive power of external workloads for injury risk is limited and does not offer a standalone method of injury prevention [46]. For example, the session duration alone has been shown to have no associations with hamstring injuries in professional football [47]. Therefore, incorporating internal workload measures, for instance, the sessional RPE (sRPE), provides player-specific workloads that are correlated with external workload metrics, such as the total distance, and can be easily implemented in most NLF club settings [48,49].

4.2.3. Performance Analysis

Over half of the participants did not use live or post-match technical analysis, and only 40% analysed competitive matches. Whilst data from other leagues may provide benchmarks for technical performance and physical match-play demands, they may not represent NLF accurately. For example, differences observed between the PL and the EFL show that teams in the lower leagues have lower technical proficiency (e.g., total passes and pass completion) and higher running speed demands [22]. Playing styles may also differ in NLF due to other contextual factors and player skill differences; however, there is a lack of literature in this area. Knowledge of a team's technical proficiency may add depth to the understanding of the variables affecting match outcomes [50], yet access to appropriately skilled staff is limited in NLF, with only 28% of participants reporting that their clubs had access to a Performance Analyst. Additionally, outsourcing to external companies can be costly and is likely limited to professional teams [51].

Video analysis was used by 74% of participants to review competitive matches. The effectiveness of video data depends on the mode of presentation to players, with some preferring to lead on interpretation, whilst others prefer coach- or analyst-led feedback [52]. In NLF, the delivery of performance analysis feedback may be limited to a short window within training due to time constraints. Additionally, the lack of representation of Performance Analysts may bias key performance indicators during video analysis. Coaches' philosophies may dictate which aspects are highlighted, and other more critical areas of improvement may be overlooked [53]. To reduce the reliance on subjective judgment, it is important to utilise a Performance Analyst, where possible.

4.2.4. Injury Monitoring

The injury burden (i.e., the number of injury days lost per 1000 h of football training and match play) is associated with the league performance in professional football [54].

Consequently, injury surveillance and return-to-play monitoring have been emphasised as a priority for professional football clubs to reduce injury time losses [55]. Despite this, only 44% of participants reported 'always' collecting data on injuries and return-to-play times, and 20% reported 'not collecting' these data. In NLF, the absence of staff dedicated to collecting injury surveillance data may result in the underreporting of injuries [16]. The practicality of implementing injury monitoring processes likely depends upon individual club constraints and staffing. Furthermore, the absence of facilities, such as dedicated rehabilitation areas, which only 26% of participants reported having access to, can act as an additional barrier to effective rehabilitation and the prevention of injuries [56].

On average, professional football players sustain two injuries per season, most commonly to the hamstrings, adductors, and ankles [57]. Participants reported that the most common sites of injury within their NLF clubs align with this literature. Although notable differences exist between professional and amateur cohorts regarding the time loss duration from injury and injury occurrence (i.e., training or matches) [58], studies investigating NLF demonstrate high injury incidence rates, reinjury rates, and overuse injuries compared to professional football [15,16]. This may be due to the poor nutritional support and recovery reported, or to the limited ability to monitor workloads effectively. Importantly, because the injury burden remains unclear at the NLF level, implementing injury reduction strategies is likely to be challenging [4]. Mismanagement of 'at-risk players' and resultant injuries may have significant repercussions for English NLF players. New regulations allow clubs to terminate the contracts of players with long-term injuries that sideline them for four months or more [14]. Thus, it is crucial for coaching and SSM practitioners to understand the current injury burdens to inform decision making regarding player management and injury risk reduction strategies.

4.2.5. Nutritional Support

Despite the recognised benefits of nutritional support, such as improved football performance and sport-specific endurance [1], participants rated its importance the lowest compared to other SSM disciplines. The research has identified numerous barriers, such as the lack of provision of food at training venues, poor intrinsic motivation, and no access to qualified support, which likely hinder the uptake of evidence-based nutritional strategies in football environments [11]. This is reflected in the current NLF study, where only 4% of participants reported having a Nutritionist working at their respective clubs. Additionally, most participants were from coaching or therapy backgrounds, with no nutritional support practitioners represented, highlighting a possible void of nutrition expertise within NLF. While the respondents expressed that nutritional support would be desirable at their clubs, the necessary 'hardware' to facilitate this may be unattainable at this level.

The provision of nutritional support varied greatly, with participants mostly reporting fluid provision on match and training days, while the provision of meals or supplements was significantly less. The implementation of these practices may be affected by the club facilities, the club staffs' knowledge or experience in the SSM field, or the availability of qualified staff. As such, nutritional education could play an important role within NLF in promoting and encouraging autonomy in a player's nutrition. However, only 8% of participants reported that their clubs offered nutritional education workshops. Educating players and staff is integral to successful nutritional practices [59] and may prove important to environments outside of professional sport with less player contact time. If nutritional support is not possible, NLF clubs should implement evidence-based nutritional strategies as suggested in the UEFA expert group statement [1].

4.3. Stakeholder Role Satisfaction

Overall, only 22% of participants reported high satisfaction (i.e., high to extremely high) with the available resources at their clubs. While most participants had access to a dedicated training ground, fewer had access to specialist resources such as on-site nutrition or GPS units. Participants' qualitative feedback further highlighted that while basic equipment and facilities were available, additional resources would improve support staff effectiveness. Similarly, 38% of participants reported high satisfaction with the staff available at their clubs. However, beyond coaching and therapy practitioners, the presence of other SSM practitioners varied significantly. In contrast, 76% of participants reported their roles as highly valued within their clubs. This may account for the opportunities and dynamics of smaller support staff teams within NLF clubs.

The environment within a football club can influence the success of SSM EBPs, and the attitude of the staff and players is associated with compliance with interventions [12]. Despite the challenges within NLF, this study reported good team dynamics and development opportunities for staff and players. However, only a small percentage of participants were female, and concern was raised about the inclusivity and attitude towards female practitioners. Male professional football environments remain largely male support staff-dominated, despite the sport's increasing popularity amongst women [60]. NLF clubs should support an inclusive environment and recognise the skills and value that all coaching and SSM practitioners offer, irrespective of sex or background. Furthermore, diversity of support staff may help avoid underrepresentation of key stakeholder support, contributing to collective team practices and player management [44]. NLF clubs and key stakeholders face barriers to SSM resources and practices comparable to professional clubs. However, the scale and the roots of these hardware and software factors are likely specific to the level of play and individual football club constraints.

5. Limitations and Future Directions

The primary limitation of this study was the small sample size of participants (n = 50), and it may not represent the diverse population working within (Tiers 5–10) the NLF system in England. As such, it is unlikely that the current study identifies the differences between the tiers (i.e., 5–10) and playing levels (full- and part-time). The findings may be contextualised to the sample of participants, with recruitment possibly affected by time constraints faced by participants as part-time or unpaid staff, limiting the generalisability to wider NLF. The timing of the survey completion was likely impacted by recent situational factors (e.g., the current success of a team) and the stage of the football season and therefore may not be an accurate representation of typical practice. The responses could also be influenced by recall bias and misrepresent areas of practice, staffing, or information. Whilst the survey aimed to capture a broad overview of the resources and practices, further exploration with a larger cohort may yield a more accurate representation and comprehensive understanding. Due to a conscious effort to keep the survey in this study concise, other aspects of NLF SSM resources and practices remain unexplored. Thus, future research should consider the stakeholders' knowledge and experience of SSM resources and practices and the representation of SSM practitioners working within NLF, and identify how many players each practitioner is responsible for, including any players beyond the men's first team (e.g., women's teams and academy teams). Additionally, further exploration of English NLF football Tiers 5 and 6 and comparable levels within other countries directly below the professional level is needed. This may highlight the complexities between full- and part-time teams competing together, and the SSM disciplines that should be prioritised to maximise a team's chances of progressing into league football.

6. Practical Implications

Based on the findings of this current study, the following practice recommendations are suggested for NLF clubs. It is important to acknowledge that some recommendations may not be feasible or only partly feasible due to the financial, time, and environmental demands and constraints of NLF clubs and competition. Therefore, key stakeholders should consider the relevant individual football club settings and practicalities:

1. Conduct fitness testing during the pre-season and end-of-season. Use valid and reliable cost-effective means, such as mobile phone applications. Test data should inform training programme decisions;
2. Implement individualised, low-cost workload monitoring strategies, such as the sRPE. Consider additional internal (e.g., wellness questionnaires) and external metrics (e.g., GPS data), where possible;
3. Film and analyse all competitive games. Performance analysis should capture a range of technical components and situational elements. Provide performance analysis feedback and account for player preferences on delivery;
4. Undertake an end-of-season injury surveillance report. Understanding the injury burden should inform a club's SSM practices and individualised injury prevention programmes;
5. Review nutritional support practices as per Collins et al. [1]. Consider the cost-effectiveness of intervention (e.g., nutritional education);
6. Form partnerships with universities. NLF clubs could look to not only enhance staff support (e.g., for nutritional education) but also gain access to equipment and facilities (e.g., testing or monitoring equipment).

7. Conclusions

This study provides new insights into the SSM resources and practices in NLF. Key stakeholders reported mixed support for EBPs within their clubs, and their perceived importance of SSM specialities varied. The presence of SSM practitioners differs among NLF clubs, yet fitness testing, workload monitoring, performance analysis, injury monitoring, and nutritional support are part of NLF practices. Barriers to the effective implementation of these SSM EBPs include financial support, availability of equipment, and access to facilities. These hardware and software factors influenced SSM practices, particularly providing nutritional support. NLF clubs should consider their available resources and evidence when implementing SSM practices. The feasibility and success of these practices will vary depending on individual club constraints. Therefore, it is suggested that EBPs, informed by the literature, where feasible, are applied and validated within individual club settings.

Supplementary Materials: The following supporting information can be downloaded at https://www.mdpi.com/article/10.3390/app15031050/s1, Supplementary File S1: survey template.

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