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Public narrative leadership in community sport: enabling social change in health and wellbeing through storytelling, relationship building and collective action

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ABSTRACT

This paper examines public narrative leadership in mobilising and empowering local leaders for increasing participation in community sport and physical activity for health in Southall, London UK. Public narrative strengthens local leadership for social change through storytelling, relationship building and collective action. Sustained collaborative and participatory research included 27 semi-structured interviews with community leaders. Interviews explored experiences of becoming a local leader and the complexities of engaging with public narrative leadership. Three themes characterise public narrative leadership in Southall; (i) authoring and sharing stories: transforming people, place and health, (ii) empathetic leadership through relational authenticity, and (iii) story-informed collaborative governance for public health through community sport and physical activity. The study provides a unique community perspective from a long-term research partnership. The collaborative research is building evidence about public narrative leadership as a form of collective action and governance for increasing physical activity, improving health and bringing about positive change to the lives of individuals and communities.

KEYWORDS

Community sport; leadership; public narrative; storytelling; relationships; collective action

Introduction

Community involvement and leadership have been emphasised as central tenets of public health promotion and disease prevention (South and Phillips 2014). Initiatives range from practical engagement of communities in existing service delivery to empowering, alternative community-driven strategies (Scott et al. 2018). Communities often demonstrate shared concern for health, seeking to harness local knowledge to advocate for relevant and effective solutions. Community members can lead health innovation and ignite health-focused social movements capable of transforming approaches to health improvement that amplify the voices of underserved people.

Social movements in health represent collective attempts to improve health care, service or inequality with an intention to challenge existing power and decision-making strategies (Brown and Fee 2014). Health social movements mobilise community capacity and leverage collective power. They advocate for policy and practice change to improve health in communities and address health inequities. The multi-stakeholder character of community sport for health is recognised (Gates et al. 2017; Harris et al. 2022). However, social movement approaches and community leadership have not been fully explored in raising physical activity levels for health improvement.

This paper examines the significance of public narrative leadership (PNL), embedded within a social movement strategy for increasing participation in community sport and physical activity for public health and wellbeing in Southall, London UK. We offer a unique community perspective,

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developed through a long-term research partnership (since 2022). The study is the first to examine PNL in community sport and physical activity. It provides a unique community perspective based on sustained, collaborative, and rigorous research. The Southall community are seldom heard and historically marginalised by racial and ethnic backgrounds. The findings are paramount in building evidence about PNL as a form of collective action and governance for increasing physical activity, improving health and bringing about positive change to the lives of individuals and communities.

The imperative of physical activity in public health: context, communities and complexity

Promoting and supporting engagement in sport and physical activity for public health has a long and complex history and is a key priority in global public health policy (Mansfield 2017a). Worldwide ~ 33% of adults are not sufficiently active for good health (Strain et al. 2024). Physical inactivity is associated with increasing rates of non-communicable diseases, (e.g. cardiovascular and respiratory disease, diabetes and some cancers) and a significant economic burden on global health systems (Santos et al. 2023). Disparities in income, education, employment, housing, services and living environment, and social inequalities in gender, race and ethnicity, disability and sexual orientation create barriers for some people in engaging in physical activity (Carrillo et al. 2025). Holistic approaches that recognise and address inequalities by eschewing top-down decision making and individual-level behaviour change in physical activity strategy are needed. To be efficacious, physical activity strategies must recognise context, processes and dynamic relationships relevant to participation (Shearn 2022). Community-centred design and delivery potentially addresses health inequalities through locally tailored, inclusive opportunities to take part (Mansfield et al. 2019) and by transforming local conditions and drivers of poor health (Stansfield, South, and Mapplethorpe 2020).

The acclaimed public health problem of low population levels of physical activity cannot be solved by individuals or single organisations alone. Cross sector and multidisciplinary collaborations in the design, leadership, delivery and evaluation of local sport and physical activity is crucial. Local leadership is key to implementing community sport and physical activity for public health. This paper examines how and why a PNL strategy was embedded into a local community sport and physical activity programme in Southall to support a social movement for increasing physical activity for public health. It examines how public narrative creates social change in community engagement and leadership and promotes radical transformations towards community-driven decision making in public health more broadly.

We outline our theoretical approach to social movement, public narrative, and leadership. The policy, practice and funding background to the study are explained. The methods and data analysis are detailed. We critically examine three overlapping themes characterising public narrative leadership in Southall; (i) authoring and sharing stories: transforming people, place and health, (ii) empathetic leadership through relational authenticity, and (iii) story-informed collaborative governance for public health through community sport and physical activity.

Social movements for collective action and social change in Southall

Social movements are characterised by collective and sustained action for a shared purpose, values and beliefs. They include activity outside of formal institutions in which social change is an intended part of the process and outcome (Diani 1992). This characterisation emphasises the role of a plurality of actors and informal networks in collective action. It also distinguishes social movements from protest events and campaigns, and political parties. Social movement studies have been commonly associated with public protest activities and social and political conflict such as the Civil Rights (Morris 1999) and Suffragette movements (Sapiro 2020). Harvey et al. (2013), explore how and why sport is connected to broader global social movements for workers, women, human rights, peace and the environment. Some work has explored elite sport as a vehicle for social change through activist behaviours (Harvey, Horne, and Safai 2009; Kaufman and Wolff 2010; Valiente 2019; Wilson, Van Luijk, and Boit 2015). Social movement theory is emphasised in understanding organisational dynamics, collective action and social change in sport for development (Kidd 2008), football-based

social movements in England (Turner 2024), and new media and digital developments (Wilson 2007). There is an absence of research on social movements and community sport (Davis-Delano and Crosset 2008).

Social movement theories seek to understand the context, processes and consequences of collective social mobilisation and action (Jasper 2010). Detailed overviews of social movement theory can be found in the extant literature (Berberoglu 2019; Della Porta and Diani, 2015; McCammon et al. 2017; Rossi 2023). Since the 1960s, theoretical approaches can be categorised into three main domains: (i) classical theories about collective psychological and class-based responses to structural restraints and oppression, (ii) resource mobilisation theories emphasising the role of resources, organisation and strategy and (iii) new social movement theory which explores the interconnections between identity, conflict and collective action towards agency and control of material, social and political relationships and resources in everyday life. Analytical definitions differ and debates about what is and is not a social movement prevail. However, the core characteristics of any social movement are the conflict-driven purposes and centrality of behaviours which are collective, organised, sustained, presented against the political norm, and marked by solidarity.

Alongside more well-known analyses of global social movements, local and diverse forms of contestation have been characterised as social movements (Tilly and Wood 2019). As Della Porta and Diani (2015) argue, social movement organisations are involved in a multitude of activity from the creation of alternative lifestyles, to forms of collective help, and contesting service delivery. Social movements vary in type and degree of formalisation (Diani and McAdam 2003). Social movement communities reflect collective action in which local people are engaged in sustained, contested relationships with authorities (McAdam and Tarrow 2010). Social movement theory also indicates cross-overs between social movement communities and voluntary action. Volunteering can be a core characteristic of a social movement reflecting the way that civic engagement encompasses a political dimension. Following Anheier and Scherer (2015), there are altruistic, instrumental and obligatory reasons for engagement in social movements.

Marshall Ganz on social movements, public narrative and leadership

Ganz (2009a) explains that social movements are collective, people-centred, strategically organised and sustained responses to injustices. His dominant theoretical arguments focus on the social structure and organisation of leadership and strategy as foundations for change through social movements. Ganz himself was an activist in the movements he studied. Through the Civils Rights Movement, he was directly involved in the Student Non-Violent Coordinating Committee whose approach to non-violent, collective and direct action was widely regarded as defining feature of the Movement. He spent two decades leading, organising and developing strategy in the California Farm Worker Movement (Ganz 2000a, 2000b). In 2008, he codesigned the grassroots organising model for Barak Obama's presidential campaign (Ganz 2009b; Schutz and Sandy 2011). For Ganz, leaders should translate shared values into emotional resources that motivate collective action through hope and courage rather than fear and despair. His work eschews traditional hierarchical roles of leaders and followers. It focuses on developmental, interactive social dynamics of local leadership and highlights the importance of mutual resource exchange, trust, respect and shared learning. The collaborative dynamics between actors and their cultural, spatial and temporal position in a community underpins the development of a morally responsible approach to leading. This relational strategy encourages other leaders to take on organisational roles in support.

In Ganz's work, public narrative is the central characteristic of leadership. Outside of Ganz's own applied analysis, the theory has been rarely utilised in research but has been employed in explaining patients as leaders in the English National Health Service (Aiello et al. 2022), and the significance of team formation and organising on social engagement and policy advocacy with undocumented migrants in Michigan, USA (Aiello-Cabrera and Fuentes 2024). Public narrative refers to the process, practice and pedagogy of recognising, expressing and sharing personal and collective values to stimulate and support others into action (Aiello and Sorde-Marti 2021; Ganz et al. 2023b). Public narrative is articulated as a leadership development practice (Ganz et al.

2023a). In this paper we therefore refer to a public narrative leadership (PNL) approach to indicate the inextricable connection between community-driven leadership and the principles of public narrative.

In PNL, storytelling is the principal discursive process by which people make sense of their lived experience and the primary mechanism for personal growth and capacity for understanding and supporting others (Fleming 2001). Public narrative, articulated and sustained through storytelling, offers a transformative approach to strengthening leadership in communities because it is grounded in lived experience. At the heart of public narrative is the incorporation of individual stories of the self, with collective stories of community. Stories of urgent need are also identified, shared and narrated by communities themselves (Ganz 2009a). Ganz proposes a storytelling triad in which telling a story of the self, a story of us, and a story of now frames the development of PNL. Such a model should not be thought of as fixed and linear. The ‘types’ of stories are multiple, diverse and complex, and the ‘I/us/now’ narratives overlap. Such stories and the storytelling process support the intention of social change through PNL in a social movement.

Narrating stories of the self focuses on identifying decisive moments in life where reflection, care and action on challenging experiences reveals individual capacity for personal change. Sharing stories provides the impetus for recognising community storylines, defined in public narrative work as stories of us. Collective storytelling emphasises the significance of people and place in identifying how community needs can be addressed. In this way, public narrative incorporates stories of now; the articulation of an urgent public and community identified need and call to collective action. PNL is focused on direct action because sharing values inherent in stories can help turn human and material resources into power by motivating people to make a commitment to leadership. Public narrative leaders understand individual and community values and harness them to lead effectively. Harnessing informal community networks and assets helps to build shared strategic objectives for turning values into effective action. Through a focus on leadership situated in real-life experience and relational strategies for listening and sharing, public narrative enables collaborative decision making about local issues. Such leadership is likely to take place in a culture of courage and care whereby communities confront deep rooted emotions and cultural histories of inequality (Ganz 2011). Ganz remains the pioneer of public narrative and leadership, yet his theories have some synergy with wider conceptual accounts of leadership and storytelling (Armstrong and McCain 2021; Boas and Eilan, 2005), relational leadership (Spitzmuller and Ilies 2010), the importance of values and emotions in leadership (Holt and Marques 2012; Zivkovic 2022) and leadership and governance (Emerson, Nabatchi, and Balogh 2012; Grootjans et al. 2022; La Grouw et al. 2024).

Background to this study – a social movement for community sport and physical activity

This project was founded upon a social and political strategy to develop a social movement for community sport and physical activity, referred to as the Southall Social Movement (SSM). The theoretical articulation of public narrative in social movements proposed by Ganz provided the initial impetus for the design and implementation of the SSM. Ganz’s influential work in grassroots movements and leadership development was well known to the original community leaders (Authors 5 and 6). Through the analysis, social movement theory and public narrative in leadership have come to underpin our understanding and explanation of the SSM. The project is funded by the Sport England local delivery pilots’ (LDPs). Sport England are a national non-departmental government organisation investing around £100million between 2016 and 2021 in LDPs as part of the implementation of system-wide strategies for community sport delivery.

The LDPs aim to design, implement and evaluate innovative system approaches to increasing population levels of physical activity and improve public health and wellbeing. This prioritises community leadership, shared learning, reflection and development. Projects are encouraged to identify complex processes and outcomes and articulate innovative ways of understanding and measuring changes that are of most value to communities. Evaluation focuses on understanding long-term sustainability in increasing levels of physical activity for health and wellbeing. A social movement approach to community sport and physical activity, founded on the principles of empowering collective

action presents an innovative local-system strategy for maximising the health, wellbeing and community impacts of a complex multi-stakeholder sport project in Southall.

The SSM is a community driven response to high levels of physical inactivity (Social Change UK 2019) and lifestyle related chronic disease (Diabetes UK 2019). Local experts who understand the Southall community, suggested levels of physical inactivity to be higher than reported. They also understood age, family history, ethnicity, food and nutrition, body composition, and a lack of physical activity as complex contributory factors to poor physical and mental health. The SSM was not conceived within a specific or defined theory of social movements. It was built on a set of evolving principles connected to the need for community engagement, community leadership, relationship building, system thinking and capacity building to bring about local health and wellbeing improvements. Through a long-term research collaboration (since 2022) we have sought to develop an evidence-led explanation of the SSM. Leadership and self-organisation are a key pillar of the SSM and a PNL approach is a central feature of the design and delivery of the project.

Confronting cultural difference in a collaborative research approach

Throughout this long-term project, Author 1 has acknowledged the problem of positionality. The project is in Southall, London UK, and is designed with and for a community characterised by immigration, and predominantly from Indian, Pakistani and Bangladeshi heritage. The community are multi-lingual with Punjabi being most widely spoken alongside English, Hindi, Urdu, Bengali and Gujarati. I (Author 1) am a White British female academic who speaks English only. I do not live in Southall. From the outset, I was an outsider to the community and largely remain so. I am disadvantaged by not being fully immersed in local culture and values. I have most often felt like completely the wrong researcher for this project. And yet I bring a high level of professional expertise in community research, qualitative methods and mixed methods strategies. I also have extensive experience of building community evidence to inform policy and practice that such a complex and innovative project can benefit from.

My professional background has enabled open, honest, transparent and difficult discussions about what can and cannot work to codesign a systematic and rigorous research strategy. But the success of the evaluation and any community benefit it brings remains contingent on building and maintaining relationships within Southall. I feel privileged to have become a part of the evaluation and the daily work with the project leads (Authors 5 and 6) alongside the Brunel research team and local community members. Trust remains a challenge in such relationships. We are each at the mercy of uncertainty and risk at many points in this research relationship, facing experiences in which we did not know exactly how data collection, analysis and reporting would crystallise. Yet this uncertainty, trust building and evaluation innovation is at the very heart of the project and reflects the diversity of the leadership experience we are researching. One leader expressed the way that difference and diversity need to be embraced in Southall, and I have held this in my mind as I have reflected on my position and practice as a researcher. This has gone some way to constantly reminding me that perhaps rather than being seen as a barrier, difference and diversity can be a strength to collaboration in evaluation and this is a key lesson for me in the dynamics of the research relationships in the project.

Southall is different...we embrace that...we have to recognise diversity of potential leaders...embrace all cultures...our people [leaders]...have values of inclusivity [and] owning personal resources...[we ask] what will [you] bring to the table...people worry about leading...I change it to enjoyment, love and being motivated. Yes...[put yourself at]...the forefront. (Strategic Decision Maker, F)

Research approach and methods

Since 2022, researchers at Brunel University London have collaborated with sport and physical activity project leads in Southall, colleagues at the London Borough of Ealing and the Southall community to design, deliver and report on the evaluation of the SSM. This community, participatory partnership has focused on coproducing research and evaluation strategies and methods to build evidence in

explaining how and why a community-led social movement approach to sport and physical activity works to increase engagement and improve health and wellbeing of Southall residents. The research draws on ethnographic principles. Researchers have sought to become immersed in the project to observe, take part and talk to people and understand the context, processes and outcomes over time (Sands 2002). We have engaged more than 200 community members in informal research conversations. This work has involved participant observation, informal community conversations, formal interviews, digital storytelling and mobile methods such as walk-along and cycle-along strategies. The evaluation could not take place without the collaborative approach to planning, implementation and reporting. It has given researchers privileged access to those with local knowledge. We have included diverse expertise and knowledge and focused on building trusting relationships and shared learning strategies. This approach has supported decisions about research methods, recruitment, data collection, peer review of findings and co-authorship of reports and outputs.

The research team joined WhatsApp, Instagram, Facebook, Twitter/X and Strava to observe leadership in practice in supporting women and girls, older people, children and families and men. One researcher known to the community (Author 3) attended Southall community offices weekly [June–October 2024] to take part in administrative and delivery components of leadership. He attended SSM activities to observe and interact with leaders. Through discussion with project leads we identified and recruited thirty-two leaders in the SSM to semi-structured interviews. Two interviewees were unavailable due to personal reasons. Three interviews could not be completed in the time available. Twenty-seven interviews were conducted between Aug and Sept 2024 including $n=17$ F, $n=10$ M and an overview of their leadership roles is provided in Table 1.

The research team and project leads coproduced an interview topic guide to enable participants to voice their own experiences and meanings and shape the direction of the interview (Adeoye-Olatunde and Olenik 2021). Interviewees provided prior written consent. Interviews were conducted on-line and lasted between 21 and 51 min (average length 31 min; total interview time 892 min/circa 15h). Conversations explored experiences of becoming and being a leader and key challenges and complexities in the approach with a focus on sport and physical activity for community change in public health and wellbeing.

All research and evaluation processes were approved by Brunel University London (REF 42269-A-Dec/2023- 48731-1 and 48437-LR-Jun/2024- 51346-2). Regular dialogue with leaders allowed reflection and action on ethics in practice.

Social movement leaders in Southall

The leadership strategy within the SMM project intentionally used a public narrative approach for design, implementation and growth. Leaders were diverse in backgrounds and experience. Each identified with the need for community driven leadership. All leaders were community members, living in Southall. Strategic leaders were more formally positioned in the wider system of community sport and physical activity. They had organisational responsibilities for applying for funding, project design,

Table 1. Overview of leadership roles and interviewees.

Leadership title	Leadership role	Number of interviewees
Strategic Leads	Strategic and operational decision making (i) Head of Delivery, (ii) Head of Transformational Change, (iii) Campaign Manager, (iv) Bicycle Club Hub Lead	$n=4$
Community Sport Activity Coordinators	Local sport and physical activity delivery e.g. outdoor gym, walking, parkrun, yoga, gentle exercise, tennis, football	$n=2$
Community Team Leads	Coordinating community teams (families, older people, those with disabilities, men, women and girls)	$n=3$
Community Senior Super Organiser	Supporting super organisers and organisers in leading community sport and physical activity (SPA)	$n=2$
Community Super Organisers	Supporting organisers in leading SPA	$n=7$
Community Organisers	Motivating / supporting local community members to take part in SPA	$n=9$

monitoring and evaluating, and sharing learning amongst stakeholders. Their formal roles were remunerated in salary to reflect the extent of their work in the community and wider decision-making ecosystem of community sport for public health at local and national levels. Strategic leaders were also current or former citizen leaders and still worked alongside community leaders. Community leaders were volunteers, supported to deliver their work and engage in training through a shared responsibility for community health and physical activity. Some leaders had grown up in the town, and some had moved to it in adulthood. Leaders were required to currently live in Southall. The recruitment of leaders eschewed a hierarchical top-down model. This was a challenge in a system in which some leaders are financially remunerated. Mitigation involved a transparent approach to discussing roles and responsibilities and the continued and active involvement in community delivery by those with more extensive leadership experience. Those with greater tacit knowledge, skill and experience worked alongside those with more limited practical engagement in community leadership to share their lived experience of health, physical activity and community, a central characteristic of aptitude for and engagement in leadership.

The roles identified in [Table 1](#) were defined by the community as part of the project. Leadership was marked by different layers and types of responsibility and experience. Leaders often began as organisers and progressed to super and senior organisers. Formal and informal leadership training activities were offered. Initially, circa 30 community members were engaged in a leadership training programme based on Ganz's approach to community organising and public narrative. These leaders were trained by the project leads (particularly Author 5) who had expert knowledge of PNL and organising through wider career expertise within communities. Shared learning about leadership involves face-to-face activities which celebrate leadership through discussions led by other leaders. Learning to lead also occurs through watching and supporting leaders who are delivering the 40+ weekly sport and physical activity sessions. Organised leadership workshops do not necessarily have formal agendas but focus on gathering leaders together to socialise, take refreshment and explore leadership practice. The project has a central physical office and meeting room in a local park, a bicycle hub near a gurdwara, and can make use of gurdwara meeting rooms and local authority venues for larger scale collective leadership learning. All leaders engaged in collective shared learning and training opportunities. Perhaps more important for leadership training is the informal one-to-one and group discussions that take place at sport and physical activity sessions and in everyday social and cultural meeting spaces. Local community members talk to each other, share information about the project and reflect on leadership experiences in a process of everyday leadership interaction. There are informal learning spaces for engagement and development of leaders in the community, without structured training and through more organic processes and practices.

Data analysis

The principles of reflexive thematic analysis were employed in making sense of the data (Braun et al. 2023). This offered a flexible but organised way of working with the data within a team of researchers, to understand subjectivity in the leadership experience, and patterns of meaning across our central concept of leadership. Our underlying philosophical position about evidence building and analytical decision making reflected the importance of cocreating situational knowledge and valuing participants expertise. Analysis took place concurrently with data collection to ensure timely reporting and to enable preliminary themes to be discussed with the researchers and project leads. Repeated reading of interview transcripts by the four researchers (LM, EH, RS, JG) enabled the research team to build a picture of the details in the data and to begin to see key patterns and themes in it. Interim mini reporting processes, weekly online analysis discussions and face-to-face meetings by researchers embedded into the Southall project effectively enabled Authors 5 and 6 to provide reflective feedback about the themes developing from the data.

Themes were identified and explored in relation to the theoretical, practical and policy interest in community-driven leadership for increasing community sport and physical activity for health, the conceptual focus on PNL and a social movement approach, and the contextual framing of physical

activity for health in diverse communities. An inductive (data-driven) approach to drawing evidence directly from the data was used to produce coding frameworks to identify, interpret and refine key themes. Selected, direct anonymised quotes are used as evidence in this report. Quotes are represented as collated, relevant parts of conversations with three dots (...) used to indicate where there are much longer parts of discussions in the transcripts. Text in parenthesis provides additional meaning to the quotes where needed. We critically analyse three overlapping themes of PNL next. The themes represent the drivers for leadership success which create social change in increasing community sport and physical activity for health and wellbeing in the SSM.

Authoring and sharing stories: transforming people, place and health in Southall

A key driver of community leadership of sport and physical activity for health in Southall and a central motif of the stories told was health and wellbeing. Authoring stories is a way for leaders to make sense of and explain to others how their real-life experiences of health challenges provided a foundation for community sport and physical activity (health) leadership activities. Participants stories of the self were a way to articulate personal experiences, choices and decisions about their own health and to draw out the ways that individual values about health and the Southall community shaped those decisions and underpinned a type of calling to take on leadership activities (Ganz 2009b). One strategic lead (M) indicated that authoring stories supports a process of leadership by recognising shared personal experience as key to embracing value and belief in community health improvement in Southall by saying *'you have to get people to believe in you...and then believe in themselves'*. Another illustrated that bringing aspects of yourself to the fore was core to the leadership process saying *'I feel like when you show dedication to something....telling about yourself...your [health] issues...[and] that you do have a passion for...the community... then you know that's what actually helps...[in] .leading (M, Super Organiser).*

The principles of telling and sharing stories embedded a type of narrative leadership (Armstrong and McCain 2021) into the organisation of the community sport for health work. This helped potential leaders to embrace the salience of their own experiences alongside the experience and needs of their own community in supporting action to engage communities to be more physically active for health and wellbeing. Telling their own stories through community leadership provided authentic examples for others that people understood as accurate, reliable and inspirational. In addition, these stories were tangible examples of everyday health crisis. Such stories illustrated the real opportunities for engaging in physical activity for health improvement, grounded in the reality of living, working and playing in Southall. One leader explained this type of authenticity by saying:

[in name town], I share my story with me being, like CKD, a chronic kidney patient...[the story of]...how the activities has helped me, the physical activities because [then] I...was also a....[outdoor gym] activator...a leader. (F, Team Lead)

This public storytelling model was framed by values-based leadership ((Ganz 2011) in which the cultural value of health to the Southall community was central to promoting and influencing engagement in community-led physical activity. The values-based character of storytelling in PNL drew on the pivotal influence of cultural experience and identity in Southall. The stories told and shared were both individual and collective ones about health crisis in Southall, the role of becoming physically active in addressing health needs but also the culturally related challenges of promoting physical activity. As one organiser outlined:

you need a shared understanding of community...for Sikh men the persona is about working hard...sport is not [seen] as a serious thing...so I tell people...I was born here...I know my parents did not want me to do it [sport]...but I say...we need a better understanding of health [benefits]...[you can] break barriers ...through a shared vision [story] (M, Organiser).

Authoring stories involved processes and practices of understanding and negotiating personal aspects of health and identity which revealed complex and contested aspects of place-based racial and ethnic inequalities in health and wellbeing. Leaders in Southall indicated the context in which

poor health was experienced illustrating that place and health are shaped by emotional, social, cultural and political meanings. Throughout the long-term evaluation, many leaders shared information about high rates of diabetes in Southall attributed by them to a South Asian heritage. In addition, leaders considered that Southall residents had not been empowered by the existing structure and organisation of public health to understand health and how to support it. The community of Southall live their lives through the place, which is the people, their histories and their health. As Bambra (2022, 2) emphasises ‘it is what a place is like that matters for health’.

Engaging and leading people in the community sport and physical activity project in Southall was intertwined with a social role focused on building community knowledge and local understanding especially about difference and diversity. As one leader outlined *‘first of all, they can’t speak English and so you translate, they bring their letters, bills and things, appointments. What type of appointment have they got or what is the doctor saying or any kind of letter they bring us and we’ll just translate into their own language (F, Organiser)*. Addressing such daily health-related needs around communication and social connection is a leadership act in support of wellbeing and enacted through the storytelling process to provide a starting point for community engagement *via* an introduction to opportunities for physical activity. As the same leader (F, Organiser) noted *‘...OK... so now their diabetes just completely gone by coming into the classes...[but] because...we helped with....life*.

Telling ones’ own story to others is a form of authorship which underpins the development of PNL in Southall because a sense of self-awareness enables autonomy and authenticity in the storytelling process (Gardner et al. 2011). This means that the principle of authoring stories, central to Ganz’s theories, allows a high degree of personal freedom to ‘tell it like it is’ by expressing one’s experiences, thoughts, emotions and beliefs (Luthans and Avolio 2003). As one super organiser emphasised this brings a conviction to the leadership process by taking a more independent approach to self-reflection and self-organisation (Shamir and Eilam 2005). She explained:

I found friends...by talking....sharing [stories]. So, I was like alone. But now I have friends. Colleagues working together and you know it’s like it’s something...new me. But I like it and I wanted to give it to other people... to as well learn and up skills a lot. Become confident. My confidence grew as well (F, Super Organiser)

One key reason why stories matter in the Southall PNL model is because telling the story of oneself involves a reciprocal process of inviting others in the community to listen and to consider joining in with the leadership endeavour (Ganz 2011). In this sense authoring stories of the self and of communities is nested within the context in which they are told. This frames the development of shared values and commitments to community need as well as the collective purpose that community leaders embody and promote (Ganz 2010). A complex set of overlapping processes are involved in the practice of authoring stories of the self, community and health in PNL in Southall. Leaders learn to reflect on and tell their own health-related stories as part of the strategy for becoming and being a leader, but they also listen deeply to others and encourage community members to share their lived experiences.

Several leaders identified the importance of learning about the mental and physical health crisis faced in Southall, for example, as part of their leadership interactions. One leader explained *‘so they’re coming out from, say, for example, of trauma from home depression, and then we’ll have a little chat before we start the [exercise] class. How you doing? How your day’s going. And this, that and the other, just to give your, you know, environment your good vibration. (F, Organiser)*. Significant in this leadership story was the need to actively listen and to accept responsibility for enabling others to engage and lead (Frederick et al. 2016). For some leaders this was expressed in terms of civic responsibility as an act of serving or giving as one leader explained:

So...leader is the one who serves [the community] ...She [a new leader] felt quite relaxed when I said...Don’t worry. I’m here. So the approach of giving (people) a full....assurance that I’m [leader] here...[it’s new]... I felt that serving. - (F, Team Lead)

The dynamics between storytelling, the self, community and processes of shared learning indicate that authoring stories empowers community members, enabling them to grow their individual skills

and experience. This also motivates leaders to take responsibility for engaging in and sustaining community leadership. One strategic leader stated:

I see it...storytelling and ...leadership...as connecting to community...connecting places...connecting people... building relationships...and having a sense of purpose...through physical activity...we can recognise diversity... address language barriers...show the opportunity for using skills for leadership...everyone has a unique skill...a story...we have to bring it out...it's about learning, sharing and evolving. (F, Strategic Lead).

In this way, storytelling is seen by leaders in Southall as a process of accepting personal and organisational responsibility, eschewing fixed leadership roles to prioritise shared values, recognising opportunities for personal growth, and ensuring a commitment to shared action and outcomes (Ganz 2011).

Empathetic leadership through relational authenticity in Southall

A core element of the process of authoring stories outlined above is interconnected with complex processes of relationship building in Southall. The leadership model is founded upon organisational practices that build relationships especially with others in the community who are willing and inspired to take on leadership roles for the common purpose of promoting and improving health and well-being through sport and physical activity. PNL strategies in Southall may be thought of as a form of relational leadership in which leadership practices involve continual interaction and action. The relational character of PNL in the SSM is built on developing sustainable leadership capacity through informal processes of mutual exchange and learning (Cunliffe and Eriksen 2011). One leader (M, *Strategic Lead*) involved in strategic thinking about leadership emphasised the significance of relationships to 'ratchet leaders together'. Another leader expanded on the deliberative nature of relationship building as a leadership practice for purposeful collective action (Ganz 2011) by saying:

I knew the leadership model had to focus on...using relationship [building]...[it] supports commitment and action planning...and organising through teams. It's not just about leadership skills or employment...we are trying to create a ripple effect...motivating, influencing, bringing people along...it's [often] intangible...(F, Strategic Lead)

There is a complex interaction between authenticity and relationality in the way that PNL processes take place. As Ilies, Morgeson, and Nahrgang (2005) detail, relational authenticity involves active processes of self disclosure in deeply intimate and trusting acts of storytelling. A form of radical listening takes place which assumes a profound aspiration to understand others' experiences and beliefs and at the same time adopts an active listener strategy in which the listeners are open to change themselves (Tobin 2009). This requires community leaders to be transparent and truthful in their interactions so that their expectations and values are set out as a clear foundation upon which others can engage in collaborative leadership strategies. Mutuality is a central component to authentic relationality in which there is a shared commitment to learning and practicing the logic of the contextual and cultural values of leadership practice (Kinder et al. 2021). Leaders work with their peers encouraging each other and providing information and mentorship in the local and social creation of leadership identities. This was emphasised by leaders explaining the collective ambition and reality of creating community bonds that enable continuous processes of leadership engagement and consciousness in Southall; *[for leaders] there is mutual support...social interaction...and having a laugh... you bring your best self [as a leader].we share community skills...[support] decision making...buy into the community values...[it's] common purpose (M, Senior Super Organiser)*

Telling one's own story is certainly a way of creating meaningful social connection and public understanding about community needs (George et al. 2007). Sometimes the emphasis is on more formal processes of 'intentional relationship building' (F, *Super Organiser*) for a collective purpose. Sharing her own leadership journey in Southall one leader explained that her shyness was a potential barrier to engagement in leadership activities. She explained 'Before, I was very shy person. I could not speak with anyone. When someone is coming in front of me, I hide behind my family, I'm not talking'. However, through a friend, she was introduced to people in Southall

involved in promoting physical activity with the intention of improving her social networks in the town. She was purposefully connected to another leader who encouraged her by saying *'you can lead the session, you can do because you have a capability...to do something...why you not coming and joining us as an organiser...and this changes my life so now I'm open...to it [leading] (F, Super Organiser)*.

Alongside more formal processes, informality in the leadership strategy harnesses the importance of daily practices of social connection, knowledge exchange and understanding people in the places and spaces that they live. Day-to-day interactions frame informal governance through community leadership in the Southall project and ensure that the ideas, values and opportunities in the project are brought to the fore in daily life. Leaders in Southall are embedded in complex relational networks connected to family, friends, work and leisure and can draw on these informal social webs in engaging community members into the sport and physical activity project. As one leader explained it: *'[I can] walk down the street and meeting 10 people...[but] my personal challenges made me able to connect... give empathy...to Asian women...I can relate...I have listening ears...and I can make people have a mindset to flourish (F, Team Lead)*'. Community leaders are often relational leaders who find themselves immersed in the minutiae of everyday community contacts in which mutuality, trust and respect are central features of success. Informal elements of leadership development in Southall illustrate the importance of 'mundane dynamics' in making sense of the collaborative decision making and delivery processes in the leadership approach (La Grouw et al. 2024, 412). It is the small every day, ordinary acts that leaders in Southall are immersed in that enable them to lead and to share their leadership experiences with others. In explaining how she came to be involved in the Southall project, one leader illustrated how the seemingly taken-for-granted and simple minutiae of her daily life reflected a more complex set of networks involving herself, established leaders and her family that underpins the way that PNL processes work. In her explanation she reveals a complex and skilful set of negotiations with different actors about who, how, when and where leadership can take place.

I came here...with my husband and children...I did not know anyone...I just went to the park one day...close to Manor Park...I saw a little net and met [a super organiser] and...was invited to badminton...here is the first time I've seen cricket. [The activities]...was just what I wanted everyday...[a super organiser] said I was inspiring...and I could lead...I got a bike...I was so happy...and I could lead (F, Organiser)

Building relationships for leadership requires identification of one's moral resources and the values on which those are based and a high degree of courage to articulate and apply that in leadership practices in public narrative work (Ganz et al. 2023b). Indeed, leaders we spoke with expressed the way that a range of emotions from fear, hurt, and loss to joy, wonder, happiness and hope had shaped their leadership development through the recognition and public expression of personal health issues and a community crisis in health. The emotional character of storytelling is a central driver for authentic leadership development in Southall. Whilst many personal health stories indicate a crisis of health, leaders have been able to harness feelings of courage and optimism to demonstrate and support community resilience and commitment to change through their difficult experiences. Talking of her own health challenges and living through them, one leader expressed her hope by saying *'...but with my mind, by having this positive mind and having this full faith that everything is going to be good and then what happens.... there is some hidden goodness behind it and slowly with my energy, with my calm mind, I do find good solutions' (F, Team Lead)*

The emotional narratives that shape the development of leadership as an organisational practice are also characterised by empathy in understanding, supporting and leading others to become more physically active. The ability to understand what people are feeling through both their words and actions, to provide appropriate support and crucially to understand the link between peoples' emotions and their behaviours characterises empathy in leadership (Holt and Marques 2012). Empathy is the core element of humanity in the Southall project, creating an inclusive leadership environment in which community members feel understood, accepted and able to lead (Moore et al. 2020). As one leader expressed it:

It [leadership] goes from 1:1 [conversations]...to getting involved in teams...it makes them part of a decision-making process... to 10-20 (people)...doing physical activity...leading physical activity... living in a

small locality who might not have met...all through building social networks...mutual support...listening. (M, Senior Super Organiser)

In this way, expressions of empathy in the Southall PNL approach make a significant contribution to the effectiveness of the project in increasing engagement in community sport and physical activity. Empathy is an enabling emotion in leadership practice and represents a complex, powerful yet subtle process of influencing and mobilising (Zivkovic 2022). Empathy in leadership ensures that leadership practices are meaningful, trusting and respectful which significantly contributes to the effectiveness of PNL in Southall.

Story-Informed collaborative governance for public health through community sport and physical activity

The PNL strategy in Southall, characterised by stories of the self, us and now, supports the community to identify and mobilise their own resources and make meaningful decisions about physical activity, health and wellbeing. There is a type of deliberative, organised, confident and influential leadership in Southall serving as a story-informed and democratic development towards collaborative governance because it is a catalyst to community-led decision making and has potential for effecting decision making within wider systems of public health (Grootjans et al. 2022). The interplay between authoring stories, relational authenticity and emotional empathy supports a motivational, innovative and transformational climate for community influence in decision making about sport, physical activity, health and wellbeing because it stimulates social connections, allows a strong collective vision to be communicated, and provides a source of inspiration for community action in a complex community context. One leader made clear the opportunities for local innovation in physical activity for public health through the project with the following details:

This is an opportunity to bring people together in a different way...but it needed something to make people feel valued...a part of it...to lead social change... there was no mandate for (community) power...the Activities Community Team was core to promoting values and empowerment in teams...engaging with people to share stories and have a delivery focus to make change (F, Strategic Lead).

This story-led approach to social action and collective decision making was not available prior to the PNL approach in Southall. One leader noted ‘*this [storytelling] is a real break form the norm*’ (M Strategic Decision Maker). Another emphasised the need for grassroots innovation in leadership as a pathway to different ways of making decisions and implementing sport and physical activity for local public health saying ‘*this needs not to fall into traditional delivery...if social change...more active communities...is going to happen*’ (F Strategic Lead). The openness to new ideas about how local and national decision makers in sport, physical activity and public health could work with and for communities in Southall represented a form of democratic development in public health (Helms 2016). In Southall, leaders are involved in decentralised, non-hierarchical communication strategies and behaviours. This way of working frames collaborative decision making between community members and public health professionals based on encouraging and support community members in taking ownership of leadership principles and practices. This is a type of distributed leadership approach (Hickey, Flaherty, and Mannix McNamara 2022) which has the potential for more equitable solutions to public health problems. As one leader expressed it:

We are passed just the physical activity engagement now...it's exceeded expectations...the [storytelling] leadership...it works...[the system] needs to sit up and listen to us [our stories]...from the ground...so decisions...about us...help change...the way things are done...there are slow wheels [in decision making] but...the Council...partners...are listening (M, Senior Super Organiser)

The core mechanism for social change in the PNL model is founded on a challenge-choice-solution dynamic (Ganz 2010; Ganz 2011). Leaders in Southall have all recognised the need for health improvement themselves and others living in their community through stories of the self, us and now. They have articulated the solution or theory of change as one best resolved by community-driven,

story-led initiatives that facilitate, mobilise and empower community members to lead. As one strategic leader explained:

[Southall]...is people orientated...people like us...different...but with similar stories...about health issues...I put my hand up...our stories...empower and connect us...[we] understand where we come from...we can make the difference [in physical activity and health] to one person and 100 people...I have got to know...and influence...more people in the past 2 years than the past 50 years. (M, Strategic Lead)

Recognising the need to challenge top-down leadership strategies of central control in public health and develop new, more democratic practices of decision making through self-organised leadership is at the heart of the PNL model. The inception and development of an interconnected set of new organisational and decision-making units in the SSM approach to community sport and physical activity is a driver for system-wide decision making in physical activity and public health policy and practice through the emergence of new relationships of power. Community-led teams supported engagement and delivery of local sport and physical activities. Community-led working groups focused on operations, processes and outcomes. A project steering group (executive board) was responsible for collaborative decision making in the governance of the project. All groups included representation from community members, established or emerging local leaders in sport, physical activity and public health and strategic decision makers with local and national authority. The SSM strategy and the storytelling leadership model significantly redefined the artificial boundaries of sport and public health decision making (Mansfield 2017a, 2017b). There was an intentional approach to collaborative governance through PNL.

The storytelling practices served to bring together diverse stakeholders in a system to identify and resolve complex issues in ways that could not effectively take place without collaboration (Emerson, Nabatchi, and Balogh 2012). The responsiveness to local needs through more democratic and egalitarian decision-making processes supported the development of joint decision making in the local Southall context. This approach also demonstrated potential for wider national system-wide recognition of the need for and potential effectiveness of community-led leadership in decision-making. One leader outlined the interconnections between local leadership, shared stories and changing dynamics in community decision making saying:

Sometimes I think we've recruited everyone in Southall...heard...shared their stories...but I accept we can't do this now (for future development) in the core team...[we need]...partners commercial, public, local community groups, faith groups, support groups, schools...for widening and deepening. I think it can work elsewhere...with the community drivers for leadership...know your values...culture...share it...common purpose...challenge the status quo...reflect...involvement gives voice...confidence...and influences change (M, Senior Super Organiser)

The PNL approach represents a living practice of democracy. This means it offers a set of processes in which civic engagement moves from the 'shadow spaces' in communities, homes, and faith places to become embedded within and acting as an influencing force in more typical and mainstream spaces in which decision-making about public health take place (Boyte and Finders 2016, p.1).

Putting communities at the centre of local governance remains a radical concept despite the evidence that collaborative multi-stakeholder decision making can foster creative solutions to entrenched public health issues. Engagement in sport and physical activity operates within complex systems in which drivers of and barriers to physical activity are multifaceted and overlapping and include individual, socio-political and environmental factors (Nobles et al. 2022). In Southall, a whole systems approach to rethinking and reacting to what, where and how community, regional and national resources are available and utilised to optimise impact with and for communities themselves was upheld as a force for developing sport and physical activities that community members wanted and needed for improved public health. Leaders recognise the significance of the new ways of communicating and continually enacting and embodying PNL processes through story-led strategies to influence community engagement in sport and physical activity and decision making about Southall in public health systems. One leader explained.

I [constantly] show leadership and tell [people]...it's not prescriptive...there is a [kind of] formula but...you adapt and change to suit...you 'walk' where you need...run' where you can...for a common purpose and you

(constantly) encourage people not to be afraid [to tell their story]...to bring confidence...build trust...get a sense of ownership...for change...in the community...in decisions...about us (M, Strategic Lead)

By embedding and encouraging a story-led processes in the identification, recruitment and training of leaders, the SSM defined and implemented different, transformed and transformative models of relationships between those needing and wanting community sport and physical activity for health services and those determining what and how those services are provided. In doing so, PNL is directly connected with the development of collaborative governance principles and practice because there is a moral imperative for coordinating activity towards process and outcome-oriented goals of increasing physical activity for public health improvement. Harnessing storytelling in PNL centres the involvement of people for whom decisions matter and values diversity of lived experience in the storytelling process. It connects individual and community stories and in doing so can challenge ideological fragmentation in creating improved public health benefit.

Conclusions

PNL in Southall is story-led and community-driven. It is characterised by a shared responsibility for community members to lead and sustain the social movement for community sport and physical activity. PNL in Southall is a form of practice in which community members learn to lead by identifying the conditions and resources needed for success through individual and collective stories, rather than assuming a predetermined set of traditional leadership skills.

The drivers for PNL success in Southall include time and space for community members to author and share stories. They are enabled to listen and learn in the context of a community defined urgent need for health improvement. PNL emphasises relationship building in mundane, everyday personal and organisational interactions in which Southall leaders live, work and play. This leadership model has enabled and empowered community members to co-design and deliver community sport and physical activity and develop trusting, meaningful and effective decision-making about community health. It has created more confident and influential community leaders. This leadership model promotes and sustains a social movement for sport and physical activity, and public health and wellbeing through community driven decision-making in Southall.

Collaborative decision-making is not necessarily harmonious or seamlessly implemented. There is expectation on community leaders, limited capacity and uncertain delivery conditions. Trust or confidence in the integrity of collective decision making is complex and fragile. Leadership within Southall takes place in challenging conditions. Community leaders sometimes feel overworked and overwhelmed. Wider stakeholders can feel frustrated when processes and outcomes are not delivered in traditional ways. These issues are key areas to address through effective models of communication, resourcing and training, and through structured approaches to reflexivity about community-research-policy relationships and the role of storytelling as evidence building and community organisation practice.

Our rigorous, coproduced evidence illustrates the significance of PNL for successfully enabling community members to design and deliver local sport and physical activity, tailored to community need. The evidence has been translated into a model or theory of change for PNL, a shared and useable summary of the context, outcomes and processes involved in the approach. The work is having transformational impact in other places. Authors 5 and 6 have developed formal and informal tools for recruiting and supporting community leaders, translated into a range of languages, and face-to-face workshops to share learning about PNL. This guidance is recognised by local authority public health teams connected to Southall and by other local authorities seeking to effectively develop community leadership strategies. Public narrative is therefore significant in bringing real world innovation and impact in community leadership. It centres inclusive, public, participatory leadership and community storytelling as effective in ensuring sport for health policy makers are responsive to local needs.

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Data availability statement

A link to project reports is available from the corresponding author. A high-resolution visual representation of the leadership model is available on request from the first author. A visual representation of the leadership model is available here <https://doi.org/10.17633/rd.brunel.32834159>.

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