

Co-ordinated action between youth-care and sports: facilitators and barriers

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What is known about this topic

- Co-ordinated action between youth-care and sports is promising, but not much is known about facilitators of and barriers to this co-ordinated action.

What this paper adds

- Co-ordinated action is reported to be successful if: more socially vulnerable youths participate in sports, these youths develop life skills when participating in sports, and the co-ordinated action is sustained.
- Good relationships, a boundary spanner, youth-care workers' attitudes, participants' knowledge and competences, both organisations' policies and ambitions, and elements external to the co-ordinated action seem to be the most crucial elements for successful co-ordinated action.
- Different elements influence co-ordinated action at different stages of the co-ordinated action.

Introduction

Socially vulnerable youths face one or more stressors in everyday life. Examples of these stressors are income poverty, an unhealthy lifestyle, feelings of incompetence and rejection, and negative experiences with institutions such as the family and school

Abstract

In the Netherlands, youth-care organisations and community sports clubs are collaborating to increase socially vulnerable youths' participation in sport. This is rooted in the idea that sports clubs are settings for youth development. As not much is known about co-ordinated action involving professional care organisations and community sports clubs, this study aims to generate insight into facilitators of and barriers to successful co-ordinated action between these two organisations. A cross-sectional study was conducted using in-depth semi-structured qualitative interview data. In total, 23 interviews were held at five locations where co-ordinated action between youth-care and sports takes place. Interviewees were youth-care workers, representatives from community sports clubs, and Care Sport Connectors who were assigned to encourage and manage the co-ordinated action. Using inductive coding procedures, this study shows that existing and good relationships, a boundary spanner, care workers' attitudes, knowledge and competences of the participants, organisational policies and ambitions, and some elements external to the co-ordinated action were reported to be facilitators or barriers. In addition, the participants reported that the different facilitators and barriers influenced the success of the co-ordinated action at different stages of the co-ordinated action. Future research is recommended to further explore the role of boundary spanners in co-ordinated action involving social care organisations and community sports clubs, and to identify what external elements (e.g. events, processes, national policies) are turning points in the formation, implementation and continuation of such co-ordinated action.

Keywords: exercise programmes, health and social care networks, social work and health, vulnerable populations, young people

(Vettenburg 1998, Andrews & Andrews 2003, Turnbull & Spence 2011). Youth-care organisations in the Netherlands support youths to deal with these stressors. As part of this support, they increasingly introduce youths into settings that are assumed to nurture life skill development. As community sports clubs are shown to be such youth development settings

(Lubans *et al.* 2012, Geidne *et al.* 2013, Meganck *et al.* 2015), more and more Dutch youth-care organisations are trying to increase the sports participation of youths under their supervision. At some locations in the Netherlands, Care Sport Connectors (CSCs) have been appointed to increase sports participation of socially vulnerable youths. One of their main activities is to stimulate and facilitate co-ordinated action [i.e. exchanging information and altering activities to achieve a common goal (Himmelman 2002)], between youth-care organisations and community sports clubs. The CSCs can be seen as boundary spanners who can contribute to co-ordinated action if they are able to bridge diverse cultures, share resources and power, are trustworthy and credible, and can communicate (Lasker *et al.* 2001, Mizrahi & Rosenthal 2001, Williams 2013).

Research in several areas indicates that co-ordinated action improves community outcomes (Roussos & Fawcett 2000, Koelen *et al.* 2012, Akkerman & Torenvlied 2013). However, the participating people and organisations have to get used to new relationships, procedures and structures (Lasker *et al.* 2001, Koelen *et al.* 2012). This seems especially true for co-ordinated action between youth-care and sports, because these two types of organisations have very different aims and cultures. Youth-care organisations in the Netherlands provide services to youths who are (temporarily) experiencing problems in their personal development, for example because they have learning or behavioural problems or because their parents are incapable of providing proper care (Hilverdink *et al.* 2015), whereas community sports clubs' general aim is to organise sports activities (Waardenburg 2016). Furthermore, most youth-care workers are paid professionals who work during daytime, whereas sports coaches and community sports clubs' leaders work for their club largely on a voluntary basis in the evening or at weekends. Nonetheless, both organisations may benefit from co-ordinated action. It may facilitate youth-care workers to increase sports participation among socially vulnerable youths, and it may provide sports clubs a platform to fulfil communal ambitions and to find new members (Hermens *et al.* 2015).

As most existing studies on co-ordinated action involving sports clubs are focused on collaboration with other sports clubs (Casey *et al.* 2009, Cousens *et al.* 2012) not much is known about co-ordinated action involving professional care organisations (e.g. youth-care) and community sports clubs. To fill this knowledge gap, this study aims to generate insight into facilitators of and barriers to co-ordinated action between youth-care and sports. To fully interpret the

facilitators and barriers, first information is needed about how the participants in the co-ordinated action define its success, i.e. performance indicators (Johnson *et al.* 2003). Hence, this study answers two questions:

- 1 According to the participants in co-ordinated action between youth-care and sports, what are the performance indicators for this co-ordinated action?
- 2 According to the participants in co-ordinated action between youth-care and sports, what are facilitators of and barriers to this co-ordinated action?

Theoretical framework

To facilitate successful co-ordinated action, Koelen *et al.* (2012) developed the Healthy ALLiances (HALL) framework. This framework was developed based on broad experience with research on collaborative processes in health promotion (Vaandrager *et al.* 1993, Koelen *et al.* 2001, 2009). The framework visualises three clusters of elements that may influence the success of co-ordinated action: institutional, (inter)personal and organisational elements. The institutional elements relate to the policies, planning horizons and funding mechanisms of the organisations participating in the co-ordinated action. The (inter)personal elements relate to the participating people, such as their attitude towards the co-ordinated action, their personal relationships and their competences. The organisational elements relate to how the co-ordinated action is organised. Examples are leadership type and the communication structure. The organisational elements can be used to deal with challenges that arise from the institutional and (inter)personal elements (Koelen *et al.* 2012). In the present study, the HALL framework is applied to interpret the data.

Methods

This study is part of the research project Youth, Care and Sport that aims to (i) explore the relationship between sport participation and life prospects of socially vulnerable youth; (ii) study the life experiences of the youths in the sport context that may contribute to skill development; (iii) explore the social conditions for a positive effect; and (iv) provide insights into how youth-care organisations and community sport clubs can best collaborate (Super *et al.* 2014). The present study addresses the fourth research aim. In another study, we have explored the opinions of youth-care workers and sports club representatives about increasing sports participation of socially vulnerable youth and their collaboration. As

the aim is to explore the co-ordinated action between youth-care and sports, we use an unstructured mode of inquiry. The research project Youth, Care and Sport has been approved by the Medical Ethical Committee of Wageningen University (protocol number: NL47988.081.14) and has been registered with the Dutch Trial Register (NTR4621).

Data collection

To identify facilitators of and barriers to successful co-ordinated action between youth-care and sports, we conducted a cross-sectional study using qualitative interview data. The data were collected at five locations in the Netherlands where co-ordinated action between youth-care organisations and community sports clubs takes place, and where CSCs have been appointed to form and manage the co-ordinated action. These CSCs brought sports clubs as a youth development setting to the attention of youth-care workers, motivated and trained these professionals to integrate sports in the care they deliver, and connected youth-care workers and sports clubs with each other.

At each location, we aimed to conduct five face-to-face interviews: one with the CSC, two with youth-care workers and two with representatives from sports clubs, such as sports coaches and sports club leaders. Interviewees were purposefully selected to ensure they had experience with the co-ordinated action. First, we invited the CSCs for an interview. All were willing to participate. At the end of the interview, we asked the CSCs to identify two youth-care workers and two representatives from sports clubs that participated in the co-ordinated action. These selected interviewees were invited for an interview. Only one candidate did not want to participate, citing lack of time. Two interviews were stopped after approximately 10 minutes because it turned out that the interviewees lacked sufficient experience in the co-ordinated action. In these cases, the CSCs were successfully requested to select another interviewee. In one location, only one sports club representative was interviewed because, at that location, this participant organised activities at several sports clubs and no other sports club representative participated in the co-ordinated action. At this location also, only one youth-care worker was interviewed, because it was difficult to reach youth-care workers at this location. Because data saturation took place after 23 interviews, no additional efforts were committed. Thus, in total 23 interviews were conducted: five with CSCs, nine with youth-care workers, and nine with sports club representatives. The youth-care workers worked in non-residential care ($n = 4$), residential care ($n = 3$),

school counselling ($n = 1$) or the co-ordination of meaningful daytime activities. The sports that were represented were tennis, football, boxing, outdoor activities and fitness. Before the interview, interviewees were asked to give informed consent on the understanding that they had the right to leave the study at any time without giving a reason that the interviews would be tape-recorded, and that their anonymity would be guaranteed.

The interviews were semi-structured, took place between March and August 2015, and were conducted by the first two authors. They started with open questions about the interviewees' role in the co-ordinated action, and what they liked and disliked about the co-ordinated action. Such a start to interviews tends to increase interviewees' openness in the rest of the interview (Wagemakers *et al.* 2014). After these questions, we asked interviewees how they would define successful co-ordinated action between youth-care and sports, and what they perceived as facilitators of and barriers to the co-ordinated action. We also asked whether and what problems arose during the co-ordinated action, and whether and how these problems were overcome. In the second part of the interview, we asked whether and how the elements from the HALL framework that were not mentioned by the interviewees themselves influenced the co-ordinated action. To increase the comparability of the interviews conducted by the two researchers individually, the first interview and an interview halfway through the data collection were conducted by both researchers. All interviews were audiotaped and transcribed verbatim style.

Analysis

The data were analysed in four phases, starting from an inductive perspective in order to ascertain whether elements other than HALL framework elements were reported to influence the co-ordinated action between youth-care and sports. First, all data segments in which interviewees spoke about what they perceived as indicators for successful co-ordinated action were coded as 'performance indicator', all data segments about elements that had improved or that would improve the co-ordinated action were coded as 'facilitator', and all segments about elements that had hindered it were coded as 'barrier'. After the initial inductive coding, conducted by the first author, the third author read five of the interviews to discuss the types of facilitators and barriers mentioned by the participants. Second, all data segments about the facilitators and barriers were read again by the first author to code specific facilitators and barriers. All

these coding procedures were carried out in Atlas.ti. Third, the performance indicators, facilitators and barriers were clustered by the first author to identify higher order categories. To ensure appropriate clustering, the third author read and coded data segments about performance indicators, facilitators and barriers from 10 interviews as well. The two researchers' clustering was discussed with the fourth author. Fourth, the HALL framework was applied top-down to analyse how the reported facilitators and barriers related to facilitators and barriers found in other studies.

Findings

This section covers how the interviewees defined successful co-ordinated action and what they reported as facilitators of and barriers to successful co-ordinated action. The facilitators and barriers fall into four clusters (Figure 1).

Performance indicators

The interviewees mentioned three performance indicators. The first was increased sports participation among socially vulnerable youth, both in sports clubs and in sports programmes specifically serving this group. The second was positive developments in youths who started to participate in sports. The interviewees mentioned improved self-regulation and willpower, increased self-esteem, and improvements in quality of life and health as examples of desirable

developments. The third performance indicator, reported only by CSCs and youth-care workers, was sustained co-ordinated action, in particular when it would be institutionalised in the youth-care organisations:

The aim is that youths are going to start and keep participating in sports. (Sports5)

The co-ordinated action is successful if youth-care organisations can optimally use sports as a method for positive youth development and if participation in sports help youths to improve physical fitness, mental health and social skills. (YC2)

It is successful if it sustains for a couple of years, if it's more than one event or project. (CSC2)

Facilitators and barriers

Existing and good relationships

Existing and good relationships were the most frequently reported facilitators of successful co-ordinated action. Existing relationships were reported to be important for its formation. For instance, at one location, co-ordinated action between a tennis club and a youth-care organisation was initiated by a youth-care worker who was a member of this tennis club. Subsequently, the tennis activities led to programmes at other sports clubs as well. Good relationships, which the interviewees defined as informal and face-to-face, were reported as crucial for the co-ordinated action in practice:

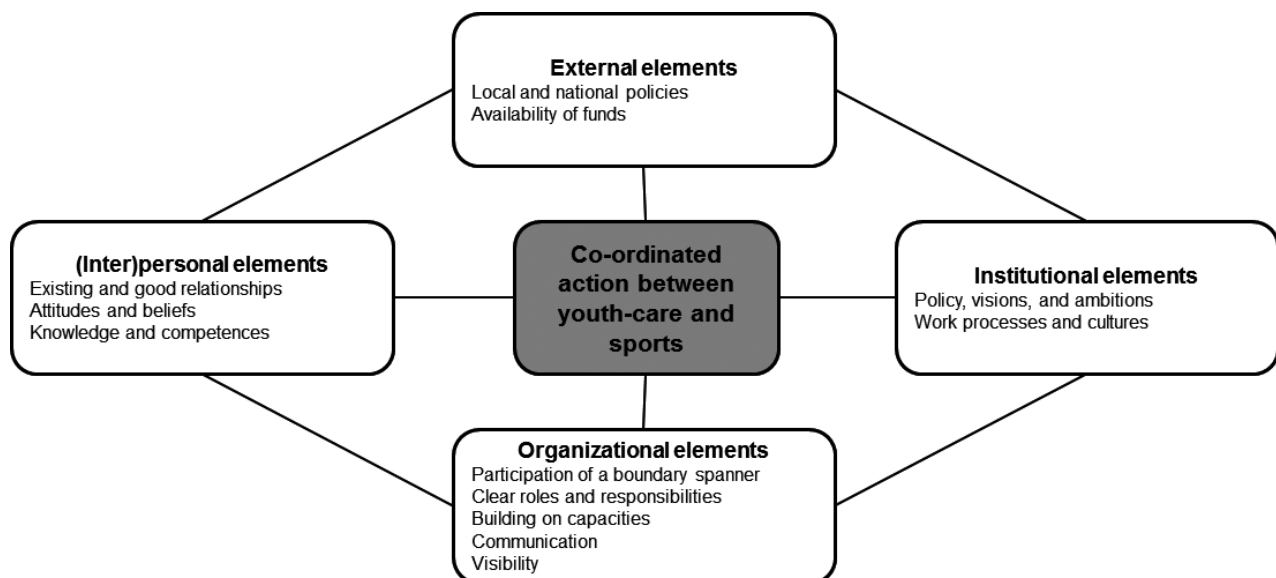


Figure 1 Four clusters of facilitators of and barriers to co-ordinated action between youth-care and sports.

The first contact is important. (...) if that is good, then there is some kind of trust. Than it is easy for youth-care workers to contact coaches, and for sports coaches to contact youth-care workers if they have questions about youths in their team. (CSC5)

Furthermore, sports coaches in programmes specifically serving socially vulnerable youth mentioned that they need good relationships to get information about the youths' background and developmental aims in order to support their life skill development:

Youth-care workers have to deliver information on the background and care aim of every youngster, otherwise we don't know what to do in the sports programme. (Sports7)

Finally, good relationships were reported as necessary to continue the co-ordinated action, in particular from the sports clubs' perspective. For instance, some sports club representatives reported that they needed a specific contact person at the youth-care organisation who knew how to deal with the cultures and working processes of sports clubs.

Attitudes and beliefs

The most frequently reported barrier to co-ordinated action was that many youth-care workers do not perceive sports clubs as a youth development setting:

Because youth-care workers think traditionally. Like, 'we can solve problems via predefined steps that we are used to'. (...). And when following those steps, youth-care workers don't think about sports. (CSC4)

On the other hand, when youth-care workers believe that sports clubs are youth development settings, this was reported to facilitate the co-ordinated action because these youth-care workers tended to stimulate youths to participate in sports:

If youth-care workers think sport is important for health, it's more likely that they will ask youths in their caseload to participate in sports. (YC7)

At four of the five locations, one or more youth-care workers were assigned to encourage positive attitudes towards sports. At each of these locations, this was initiated by an individual youth-care worker who believed that sports clubs were youth development settings. Hence, personal engagement in the co-ordinated action was crucial for its formation and implementation.

A barrier relating to attitudes and beliefs reported by three CSCs and one sports club leader was that some sports clubs hesitate to collaborate with youth-care because of fear and unfamiliarity with youth under the supervision of youth-care organisations.

Some, for instance, believed that these youths would behave in a way sports coaches could not handle:

There are sports clubs that say they already face many problems and consequently do not want more youth with behavioural problems because the sports coaches cannot handle that. These sports clubs are not convinced about what the co-ordinated action could mean for them. (CSC5)

Knowledge and competences

Knowledge and competences, or lack thereof, were reported to influence the co-ordinated action. First, youth-care workers and CSCs reported that they preferred to collaborate with sports coaches who knew how to deal with youths that receive youth-care. For instance, because many youths in youth-care experience difficulties in peer or adult-youth relationships and/or are not used to participating in structural activities. Several youth-care workers reported that they hesitate to assign youths to sports clubs if they doubt the sports coaches' competences. Concurrently, all types of interviewees reported that youth-care workers and sports club representatives need to know that parents of many of the youths under the supervision of youth-care do not motivate their children to participate in sports. They reported that such knowledge is important because they had experienced that disappointing experiences with youths not maintaining sports reduced the youth workers' and sports clubs' motivation to collaborate:

We try to stimulate all youths to participate. But that's hard because they face problems in meeting expectations. They are already happy if they succeed in going to school. Besides ... Their parents are not concerned about their sports participation. (YC5)

In addition, youth-care workers and sports club representatives reported that limited knowledge among youth-care workers about how sports clubs are organised and where they are located, hindered the co-ordinated action:

I think there aren't many youth-care workers who know how sports clubs work. (...) They just say 'this boy wants to play soccer, but I really don't know anything about soccer'. (Sports8)

Policies, visions and ambitions

At all five locations, youth-care workers and CSCs reported that the youth-care organisation's management perceived sports participation, among other leisure settings, as settings for youth development. Such a vision was reported as crucial for the co-ordinated action. In addition, youth-care workers and CSCs mentioned that assigning one or more youth-care

workers the task to initiate co-ordinated action with sports and to inform colleagues about what sports participation could mean for the youths' personal development facilitated the co-ordinated action. On the other hand, lack of such employees was reported to hinder it.

All types of interviewees reported that, for successful co-ordinated action, the sports club needs to aspire to function as a youth development setting. The youth-care workers and the CSCs mentioned that it is especially important that such ambitions are shared by different stakeholders in the sports clubs, particularly the coaches and the sports clubs' leaders. They also reported, however, that only few sports clubs have such ambitions:

There has to be a certain basis. (...) Because if sports coaches want to collaborate but the leaders don't, or the other way around, it is not going to happen. (CSC4)

In addition, sports clubs' leaders and CSCs reported that many sports clubs were too weakly organised to participate in co-ordinated action with youth-care:

If you want to collaborate but there are no volunteers to open the dressing rooms, canteen, etcetera. Then you simply lack the resources. (Sports1)

Work processes and cultures

Although occasionally reported in the interviews, the pattern emerged that contradictory work processes and cultures hindered successful co-ordinated action. These barriers relate, for instance, to different timetables: sports clubs being open in the evening and youth-care working on workdays in working hours. Also, youth-care workers and sports club representatives reported that the different preferred ways of communication in both organisations could hinder the co-ordinated action:

Well, I always contact sports clubs via e-mail during the day. But the people from the sports clubs don't have time to reply. Instead, they want me to visit the sports club during evenings. (YC7)

Another challenge relating to work processes and cultures was the protocols with which youth-care organisations work. If increasing sports participation was not part of these protocols, or if youth-care workers were not facilitated to spend time on promoting sports, this was reported to be a barrier. All types of interviewees reported that, being paid professionals, youth-care workers were the key to overcoming these barriers through a flexible and empathetic approach towards unpaid sports club volunteers:

We have to create the right preconditions for youth-care workers to collaborate with sports clubs. For instance, sport has to be a mandatory subject in the first conversation with a youngster. (CSC4)

Participation of a boundary spanner

Almost all interviewees reported that a boundary spanner in the form of a CSC was crucial for successful co-ordinated action, for example because they organised meetings where youth-care and sports could meet each other. Youth-care workers mentioned that the CSCs were especially valuable for them when they were employed at the youth-care organisation. They reported that this helped them to find sports clubs that matched the wishes of youths under their supervision, and to get in contact with funds that support youths of low socioeconomic status to pay membership fees:

I think the CSC is really important for our organisation when it comes to sports because of his large network. If there is a waiting list at a sports club, he knows other places (...). Also, he knows how to acquire funds for sports club memberships. And he negotiates if it takes time until a sports club receives money from these funds, so youths can already start participating. (YC8)

The CSCs themselves mentioned that they facilitated the continuation of the co-ordinated action because they developed new ways of co-ordinated action and new sports programmes serving socially vulnerable youth. Sports club representatives reported that the CSCs facilitated information exchange with youth-care. Furthermore, they reported that, being a stable factor, the CSCs were important for the continuation of the co-ordinated action.

At the moment we are trying to find out how to organise the co-ordinated action if the CSC stops. This is important because you never know what is going to happen in such large organisations like youth-care organisations. (Sports7)

Clear roles and responsibilities and building on capacities

Some youth-care workers and CSCs mentioned that agreements on roles and responsibilities, and on the youths' developmental goals, might be a bridge too far for sports clubs:

Because the people from the sports clubs are unpaid volunteers, we have to act pragmatically. If we say, we will evaluate this, we will do this and that, they will be discouraged. (CSC1)

In contrast, some sports club representatives and one CSC reported that formal agreements about the roles and responsibilities of both organisations

facilitated co-ordinated action because they created a basis for sports clubs to spend time on it:

If you make some kind of a contract, the sports clubs know what the co-ordinated action means for them. For instance, that they are expected to do a weekly sports lesson for socially vulnerable youth. (CSC2)

In relation to roles and responsibilities, the interviewees reported that building on the capacities of both organisations facilitated successful co-ordinated action. More precisely, youth-care workers reported that sports coaches were experts in organising fun activities and therefore should not explicitly work on youth-care objectives:

The youths already speak a lot about care objectives. And as we want them to engage in sport to show it is fun and to experience a setting not focusing on their problems, the sports coach doesn't mention these care objectives. Instead, they work with very basic objectives, such as playing together with teammates. (YC5)

Communication and visibility

Two aspects related to communication were reported to be barriers. First, too many meetings were reported as slowing down the co-ordinated action. Second, at some locations, the co-ordinated action was applied mainly at management level, but not yet transferred to the workers and the sports coaches:

I receive too little information regarding how to increase the youths' sports participation. The CSC does a lot and has a large network. But, his efforts do not reach the workers. We receive a lot of information about sports possibilities, but we need something more concrete. (YC6)

On the other hand, some interviewees reported that co-ordinated action at management level was crucial to maintain it, particularly because it helped to increase its visibility. Youth-care workers reported that visibility of the co-ordinated action and its results had motivated them to collaborate with sports. In addition, the visibility of the results was reported as helpful for the acquisition of financial resources:

Because of financial cuts it becomes more important to show the results of the co-ordinated action, that we can show how we can help youths with our sports care tracks. (Sports3)

External elements

Two elements external to the co-ordinated action were reported to facilitate or hinder it. First, a recent paradigm shift in Dutch youth policies was reported to encourage youth-care organisations to collaborate with sports clubs because these policies stimulated

them to encompass youths' social networks in the care they deliver, and to support youths to participate in meaningful activities. To do this, youth-care organisations assigned youth-care workers specific geographical areas to work in. According to the interviewees, this has led to more good relationships between youth-care workers and sports club representatives because it reduces the number of sports clubs to only those in the youth-care workers' working area. In some cases, the paradigm shift was also reported to hinder the co-ordinated action. Youth-care workers and CSCs reported that adopting the new paradigm and reorganisations related to the paradigm shift resulted in limited time to invest in co-ordinated action with sports:

Yes, we now have the task to increase collaboration between sports clubs and social organisations. So, for each area in the city we discuss with the social workers what the sports clubs in that area can do for socially vulnerable groups. (CSC2)

Second, the availability of funds was reported to influence the co-ordinated action. For instance, the interviewees reported that the possibility of acquiring financial resources to set up new sports programmes serving socially vulnerable youth facilitated co-ordinated action. Also, subsidies to develop sports coaches' socio-pedagogical skills were reported to be a facilitator. Furthermore, youth-care workers and CSCs mentioned that funds for membership fees for youths of low socioeconomic status were a precondition for youth under their supervision to participate in sports:

Some years ago there were financial resources that we could use to pay lessons for sports coaches on how to deal with youth with behavioural problems and to pay sports coaches for the extra hours they spent on communication with youth-care workers. That helped a lot. (Sports8)

Discussion

This study investigated co-ordinated action between youth-care and sports. According to the interviewees, and in line with other research on outcome indicators of co-ordinated action in health (Lasker *et al.* 2001), this co-ordinated action is successful if more socially vulnerable youths participate in sports, these youths develop life skills when participating in sports and the co-ordinated action is sustained. In addition, the findings of this study reveal important facilitators of and barriers to successful co-ordinated action between youth-care and sports. In line with previous studies (Casey *et al.* 2009, Huijg *et al.* 2013), these facilitators and barriers seem to influence successful

co-ordinated action at different stages. Below, we discuss four major findings.

First, the participation of a boundary spanner appeared an important facilitator. Although boundary spanners were not found to facilitate co-ordinated action in other studies involving sports organisations (Casey *et al.* 2009, Huijg *et al.* 2013, Leenaars *et al.* 2015), this finding is consistent with studies on co-ordinated action in public health (Mizrahi & Rosenthal 2001, Cramm *et al.* 2013). In line with findings of Axelsson and Axelsson (2006), our study shows that boundary spanners can play a role at different stages. Thus, based on our findings, we recommend youth-care organisations and governmental organisations that aim to increase sports participation of socially vulnerable youth, to acquire a boundary spanner for the formation of co-ordinated action between youth-care and sports. In addition, these boundary spanners could play a role in the implementation and continuation of the co-ordinated action through facilitating good relationships and information exchange, embedding the co-ordinated action in both organisations' policies and cultures, helping sports coaches to facilitate positive sports experiences, and through applying funds for sports activities serving socially vulnerable youths. As the work of the boundary spanners at our study locations was rooted mainly in the aims and culture of youth-care, we would recommend setting up research that further explores how boundary spanners can best pay attention to and build upon the sports clubs' aims and cultures, and to investigate what kind of support sports clubs require in order to be a youth development setting.

Second, this study showed that co-ordinated action between youth-care and sports is largely rooted in the aims and perspectives of youth-care. For instance, the performance indicators are more consistent with the youth-care organisations' aims than with the sports clubs' aims. Also, elements of governmental youth policies were reported to influence the co-ordinated action but not elements of sports policies. Furthermore, only youth-care workers and CSCs, and not the representatives from sports clubs, mentioned that institutionalisation of the co-ordinated action in their organisation's protocols and policy facilitated its success. Such an institutionalised form of managing co-ordinated action was found to be successful in child protection care and child development programmes (Johnson *et al.* 2003, Lalayants 2013), but it is criticised when community sports clubs are involved (Harris *et al.* 2009, Thiel & Mayer 2009, Østerlund 2013). For example, Harris *et al.* (2009) found that governmental expectations often do

not suit sports clubs' interests, and that many sports clubs lack the physical, financial and human resources to meet these expectations. Despite these criticisms, the present study as well as previous research (Hermens *et al.* 2015) show that some sports clubs aspire to serve as a youth development setting for socially vulnerable youths. Therefore, we recommend that local governments find out which sports clubs have such ambitions, link youth-care to these clubs and support information exchange between both organisations.

Third, as personal elements such as existing relationships, youth-care workers' attitudes, and knowledge and competences among participants were reported to facilitate the formation and implementation of the co-ordinated action, it seems that successful co-ordinated action strongly depends on individuals in both youth-care and sports. This is consistent with other studies in the Netherlands that showed that positive attitudes of public health professionals towards sports and sports coaches possessing specific knowledge and skills facilitated its implementation (Huijg *et al.* 2013, Leenaars *et al.* 2015). Hence, youth-care organisations that aspire co-ordinated action with sports clubs may want to employ one youth-care worker who strongly believes in sports as a youth development setting and who has a network in sports. At the locations where this study was conducted, such youth-care workers were eventually employed as CSCs who had a boundary spanning role between youth-care and sports.

Fourth, we found an additional cluster of elements (i.e. external elements) that influences co-ordinated action besides the elements of the HALL framework. Two external elements that were mentioned in this study are governmental policies and possibilities to acquire funds. Mizrahi and Rosenthal (2001) and Kegerler *et al.* (2010) also described the relevance of such elements. However, not much is known about what specific processes or events are turning points in the formation, implementation and continuation of co-ordinated action between care and sports. To support governmental organisations, youth-care, and sports to successfully manage and facilitate such co-ordinated action, research is needed that identifies the most critical external elements.

This study is not without limitations. First, the interviewees were purposefully selected because we needed interviewees experienced in co-ordinated action between youth-care and sports. Consequently, they may have positive attitudes regarding the co-ordinated action. Second, the researchers were familiar with the HALL framework before they started the study. Despite the efforts to minimise bias, this may

have influenced the way questions were posed and the way the data was coded.

Conclusion

The present study expands the body of knowledge regarding co-ordinated action between professional care and community organisations. Existing and good relationships, a boundary spanner, care workers' attitudes, knowledge and competences of the participants, organisational policies and ambitions, and some elements external to the co-ordinated action are facilitators of and/or barriers to co-ordinated action. In addition, it shows that different elements were reported to be important at different stages of the co-ordinated action. Future research is recommended to further explore the role of boundary spanners in co-ordinated action between health and social care organisations and community sports clubs, and to identify what external elements (e.g. events, processes and national policies) are turning points in the formation, implementation and continuation of such co-ordinated action.

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