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# The role of management in achieving health outcomes in SFD programmes: A stakeholder perspective

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### ABSTRACT

There is an abundance of social issues, both health-related and otherwise, that health professionals and sport managers can address using sport as a mechanism. However, there is much debate regarding the impact sport is making in achieving development goals. In this study, the authors utilised a case study design to explore how stakeholders perceive the management of health-focused sport for development (SFD) programmes to contribute to the achievement of desired programmatic goals. The authors provided a side-by-side assessment of a sport-plus and sport-plus programme, through a qualitative case study design. Results indicate that while stakeholder perceptions of goal achievement are similar, the strengths of each type of programme vary. The authors discuss implications for these differences and the importance of stakeholder perspective in SFD.

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## 1. Introduction

Sport is often closely connected to physical activity and health outcomes. Scholars have documented sport's ability to combat chronic disease and improve mental health, contributing to its overall usefulness as a tool for improved health (Booth et al., 2016; Frederick & Ryan, 1993; Kujawska et al., 2017; Naikoo & Yadav, 2017; Sallis, 2017). As a result, health-focused sport for development (SFD) organisations have gained traction and appeal over the past several decades. SFD represents "the use of sport to exert a positive influence on public health, the socialisation of children, youths and adults, the social inclusion of the disadvantaged, the economic development of regions and states, and on fostering intercultural exchange and conflict resolution" (Lyras & Welty Peachey, 2011, p. 311). The field of SFD has grown (Brunelli & Parisi, 2011; Houlihan & White, 2002; Schulenkorf et al., 2016), offering programming that has the potential to communicate across barriers of language, religion, race, and gender (Gerin, 2007; Trunkos & Heere, 2017; Wolff, 2011). Sport is one area of SFD which has received significant attention concerning its ability to positively impact health. SFD organisations focused on combating health issues as well as raising awareness around health concerns and healthy habits demonstrate the connection between sport and health (Hershow et al., 2015; Richards et al., 2016; Warner et al., 2017). While many SFD programmes have focused on impacting health, it is unclear which aspects of SFD programming are most influential when used as a mechanism for improving health.

Scholars have noted that well directed, locally grounded, and clearly focused SFD programmes (health related or otherwise) work best (Schulenkorf, 2010a; Sherry, 2010; Sugden, 2006). These factors speak to the importance of effectively

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managing sport for health programmes so they can positively impact individuals. Without strong planning, development, and management of SFD programmes, it is difficult to measure their impact or long-term sustainability. While there are a number of factors impacting the effectiveness of SFD programmes, to alleviate confusion, we formed an operational definition of management to include the creation, development, and implementation of SFD programming. Throughout the manuscript, we use the term management when referencing each of these factors impacting the success of an SFD programme.

In considering the management of health focused SFD programmes, there are generally thought to be two main structures: sport-plus and sport-plus (also referred to as 'sport as a hook') (Coalter, 2007; Levermore & Beacom, 2012). Sport-plus programmes give primacy to the sport itself, with social issues included as supplemental to the training and development of individuals. Conversely, sport-plus programmes focus primarily on social and health issues, utilising sport as a supportive mechanism to bring together a large number of people (Coalter, 2007; Levermore & Beacom, 2012). Both sport-plus and sport-plus approaches apply to health-related SFD programming (e.g., LeCrom & Dwyer, 2013; Levermore, 2011; Whitley et al., 2013). Yet scholars rarely address the two programme types in the same study; rather, most researchers address one or the other independently. In addition, many note an overpowering or minimization of the native voice in much of the work on SFD programmes (Hayhurst, 2009; Lindsey & Grattan, 2012; MacIntosh & Spence, 2012; Sherry et al., 2017). While programmes are often implemented in the Global South, much of the work in the area of SFD comes from the perspective of Western societies (Levermore & Beacom, 2012; Nicholls, Giles, & Senthia, 2010). As such, it is often difficult to decipher local voices versus outsider voices in programme management and evaluation.

With these gaps in mind, the purpose of this study was to utilise a case study design to explore how stakeholders perceive the management of health-focused SFD programmes to contribute to the achievement of desired programmatic goals. Stakeholders are defined in this study to be the administrators and coaches of the programmes and the youth who participate in them, all of whom are local to the communities in which they reside. The two programmes selected were developed as part of a U.S. Department of State grant, and thus were conceptualized and implemented at the same time, both in local townships in South Africa, and both focusing on sport for health; however, one was structured as a sport-plus programme, while the other was sport-plus. We utilised a qualitative design in which stakeholders of both programmes reflected on programme management approaches and these approaches' impact on health-related goals. We employed Lyras and Welty Peachey's (2011) Sport for Development Theory (SFD Theory) in guiding the focus of the qualitative research design.

The contribution of the current study is related to investigating stakeholder perceptions of the management and organisation of programming to achieve health objectives. Practically, we know that there is an abundance of social issues, both health related and otherwise, which the strategic use of sport as a vehicle can address. This is an area of scholarship gaining traction and the number of SFD programmes seems to be on the rise (Darnell et al., 2016; Schulenkorf et al., 2016). In addition, non-sport related development organisations are starting to embrace sport as a potential supplement to their efforts (Levermore, 2008). However, there is much debate regarding the true impact sport is making in achieving development goals. Not all programmes are created equal, and many authors suggest that there is a need to analyse more critically programmatic management (Coalter, 2013, 2010; Nicholls et al., 2010). Given the need to identify successful programmatic strategies, looking at the management of two health focused SFD programmes (sport-plus and sport-plus) provides context around what managerial aspects are both helpful and hurtful in the achievement of desired outcomes. In addition, we critically reflect on the utilisation of SFD Theory and how its use contributes to programmatic management within the field of SFD.

## 2. Sport for development theory

SFD Theory posits that sport initiatives can facilitate personal development and social change by blending sport with cultural enrichment (e.g., educational and cultural activities; Lyras & Welty Peachey, 2011). SFD Theory suggests five lenses through which to view and evaluate SFD programmes: impacts assessment, organisational, sport/physical activity, education, and cultural enrichment. The first component, impacts assessment, refers to how programme outcomes are observed and evaluated. Additionally, this is a lens used to examine the type of outcomes the programme targets. For example, a programme might focus on a change in individual factors or behaviours, or changes in participants' social networks, or a programme might attempt to create changes to community infrastructures in an effort to facilitate social change for participants. The organisational component refers to how administration designs and shapes programmes. The third component, sport/physical activity refers to what sport or physical activity the programme uses and in what capacity. Lyras and Welty Peachey (2011) suggested that the sport component should be inclusive and linked to other activities. The education component deals with the non-sport activities the programme uses. These activities should facilitate participant learning that is then translated can into non-sport settings. Finally, the cultural enrichment component deals with the ability of cultural elements such as music, arts, and dance, to effect change among individuals if strategically implemented within the programme's activities. Viewing a programme through each of the five lenses can help researchers and practitioners understand the structures, processes, conditions, and programme components that help facilitate social change for participants.

Since its conception, scholars have used SFD Theory as a theoretical basis for evaluation in numerous studies (Cohen & Ballouli, 2016; Hancock et al., 2013; Welty Peachey & Lyras, 2015; Welty Peachey et al., 2013). For example, Hancock et al.

(2013) used the theory to identify trends and patterns in programme objectives, use of sport and other activities, and intended outcomes for programmes aimed specifically toward girls and women. Researchers found that many programmes geared toward girls and women combined traditional and non-traditional sports with cultural activities to achieve outcomes. Additionally, programmes that employed education tactics typically focused on health education or social inclusion. Welty Peachey et al. (2013) also utilised SFD Theory in order to identify the perceived impact of a homeless street soccer SFD intervention and to identify which aspects of the programme facilitated positive outcomes for participants. The results revealed that inclusive programming, and the blend of cultural enrichment and educational activities with sport activities, helped to facilitate positive impacts for some participants. Specifically, positive outcomes materialized due to an emphasis on social interaction, goal setting, and personal development.

While it is common for researchers to consider all five components when evaluating SFD programmes, other scholars have looked at components individually. Cohen and Ballouli (2016) focused on the cultural enrichment component by assessing the impact of providing culturally sensitive activities (e.g., hip-hop music and dancing) on producing positive outcomes for at-risk youth in Harlem, New York. The results suggested the cultural element of the programme played a role in engaging participants and other stakeholders such as employees and funders.

In the current case study, we used SFD Theory to assess two programmes based on three of the five components: organisation, sport, and education. We were primarily concerned with the organisational, sport/physical activity, and educational components, due to their connection to the management of the programme. That is, in order to explore the management of two SFD programmes, one sport-plus and the other sport-plus, it is necessary to assess the characteristics of the organisations (e.g., administration, recruitment, curriculum) as well as their use of sport and health-education. Results from the current study have the potential to advance SFD Theory in that we explore two programmes simultaneously, unlike previous researchers who have applied SFD Theory in only one setting at a time.

### 3. Literature review

#### 3.1. SFD and health

According to the World Health Organization (WHO), health is the state of complete physical, mental, and social well-being (World Health Organisation (WHO, 2016)). Thus, rather than solely focusing on the absence of disease and infirmity, health holistically refers to the ability to perform activities of daily living, the ability to negotiate daily challenges, and the ability to interact with others and maintain relationships without major problems (Rowe & Siefken, 2016). Scholars have argued that sport participation has the potential to enhance health by allowing people the opportunity to engage in physically active behaviours, allowing them to strive for personal goals, and providing the context for socialisation (Eime et al., 2013; Gotova, 2015; Rowe & Siefken, 2016).

Sport participation is linked to positive physical, psychological, and social health outcomes. For example, Gotova (2015) found that physical activity in the form of sport participation played a role in improving breathing, heart activity, endurance, flexibility, and maintaining weight for youth. Scholars have also pointed out the psychological and social benefits of sport for participants (Bergeron, 2007; Eime et al., 2013). Sport participation can promote mental and social health by affording individuals the opportunity to work toward personal goals and socialise with others. Additionally, sport participation can help lessen feelings of hopelessness and depression (Boone & Leadbeater, 2006; Taliaferro et al., 2011), reduce suicidal thoughts and attempts (Taliaferro et al., 2008), manage social anxiety (Dimech & Seiler, 2011), and promote emotional self-efficacy (Valois et al., 2008).

Based on a review of literature related to youth sport participation and health benefits, Eime et al. (2013) developed the health-through-sport conceptual model. The model suggests that sport's ability to positively impact health is dependent on the context. That is, the relationship between team sport participation and positive physical, psychological, and social health is strong, while the relationship between individual sport participation and positive psychological and social health is weaker. Additionally, the model suggests that individual, social, environmental, and policy factors all influence an individual's ability to engage in sport, and in order to promote health, it is important to consider each of those factors. Therefore, sport promotes health, however, only under certain circumstances (Eime et al., 2013).

While there is evidence to suggest that sport can promote health, much of the literature on the topic deals with sport participation in a general sense, rather than its strategic use through SFD (cf., Casey & Eime, 2015; Rowe & Seifken, 2016). In their review of the SFD literature, Schulenkorf, Sherry, and Rowe (2016) found that about 15% of articles published between 2000 and 2013 assessed health-related SFD programmes, indicating that understanding how sport impacts participants' health is a salient focus of SFD research. Researchers suggest SFD programmes promote health by either providing the opportunity to participate in sport (i.e., sport-plus) or by teaching health education and providing health services (i.e., sport-plus; Hanrahan, 2012; Hershov et al., 2015). The avenues of sport-plus and sport-plus appear to increase health-related behaviours, healthy decision making, or health knowledge for participants (Hershov et al., 2015).

The promotion of health through sport appears through the sport-plus model in various ways. By improving access to sport for marginalised populations, sport-plus programmes indirectly promote physical, mental, and social well-being for those individuals, given the health benefits associated with sport participation. Researchers have shown that sport-plus programmes typically adapt sport activities and provide equipment, coaches, instruction, and facilities to allow previously

excluded individuals the opportunity to participate (Mason & Holt, 2012; Sherry, 2010; Weintraub et al., 2008). Because a goal of sport-plus programmes is to increase participation for marginalised groups, there are not many studies that specifically link health promotion to sport-plus programming. Hanrahan (2012) found that teenage orphans participating in a sport-plus programme experienced increased self-worth and life satisfaction. However, most scholars simply focus on sport participation in general (Casey & Eime, 2015; Eime et al., 2013; Gotova, 2015), so sport-plus's direct connection to health remains an under researched phenomenon.

Similar to sport-plus programmes, sport-plus SFD programmes can also work to promote health for participants. The main objective of these programmes is to give participants the tools and knowledge necessary to gain control over and improve their health. With that goal in mind, sport is utilised as a way to mobilise individuals and bring people together to raise awareness for health issues (Darnell, 2010). Furthermore, researchers have shown that sport is utilised as an alternative form of education, especially for youth (Kay, 2009). By combining sport activity and health education, sport-plus programmes engage in health promotion in a direct manner.

A large amount of the research on health-based sport-plus programmes deals with HIV/AIDS prevention within sub-Saharan Africa (Botcheva & Huffman, 2004; Hershow et al., 2015; Kaufman et al., 2013; Roberts et al., 2012). Sport-based HIV prevention has been widely utilised by programmes to help increase general knowledge about the disease (e.g., epidemiology and risk factors), decrease negative perception and stigma associated with the disease, and increase HIV testing for youth and other at-risk populations (Hershow et al., 2015). An evaluation of Grassroot Soccer (GRS), a sport-based HIV prevention organisation serving communities throughout Africa, suggested that the intervention significantly improved student knowledge, attitudes, and perceptions of social support related to HIV/AIDS. Additionally, emotional awareness regarding AIDS improved for those who participated in the programme (Botcheva & Huffman, 2004).

While HIV prevention is the most commonly researched topic, others have explored the role of sport-plus SFD programmes in promoting health via a number of different topics including general sexual health promotion (Kong et al., 2010), prevention of chronic illnesses (Fadich, 2016), awareness and treatment of communicable diseases (Webber & Skinner, 2016), nutrition education (Conrad, 2016; Weintraub et al., 2008), and drug and alcohol prevention (Werch et al., 2003). Most researchers have found SFD programming, both sport-plus and sport-plus, has the ability to positively impact healthy behaviours. Overall, there is research to suggest that both sport-plus and sport-plus programmes can promote health; however, more evidence would aid in understanding if and how SFD programmes are working to promote health for participants.

### 3.2. Management of SFD organisations

Being strategic in choosing the health focus of a SFD programme is critical, as is determining how the organisation will carry out its strategy. In SFD research there is a growing emphasis on understanding the management of programmes and how they operate to achieve intended outcomes. Some researchers conducting empirical studies have linked programme managerial practices or processes to outcomes or success, looking at programme structure (e.g., leadership), the activities implemented, and resources used to promote health or achieve other desired outcomes (Harris & Adams, 2016; Svensson & Hambrick, 2016). Welty Peachey and Burton (2017) looked at leadership within SFD organisations, arguing that leaders who are caring, nurturing and who empower their staff and participants are essential to the management and success of these programmes. Others have assessed the leadership of organisations that specifically aim to promote health. For example, Kaufman et al. (2013) found that successful sport-based HIV/AIDS prevention programmes utilised youth members of the community in leadership roles. The authors suggest that having youth peers of similar age coaching and mentoring participants creates an environment of trust, support, and guidance. Additionally, it empowers members of underserved communities to be agents of change in their own communities.

Svensson and Hambrick (2016) conducted semi-structured interviews with staff members from one SFD programme in an effort to examine what SFD organisations need to be able to successfully facilitate social change. The authors found that human capital in the form of management, and well-trained paid staff and volunteers from diverse backgrounds were important. The results also revealed the importance of having a consensus about the organisation's goals and model of development among all members of the organisation. Additionally, the authors found that financial capital (from the community and other fundraising), strategic planning, and strong community partner relationships were necessary to facilitating positive change for participants.

In terms of programming itself, researchers have found that promoting health through interactive games can be successful, especially when discussing taboo topics such as HIV/AIDS and depression with youth (Hanrahan, 2012; Kaufman et al., 2013). Additionally, offering a variety of activities can be instrumental in engaging participants in health promotion efforts (Hanrahan, 2012). However, in order to do this effectively, resources are necessary. Sherry (2010) suggested that SFD programmes should have strong ties to the community that they serve in order to be successful and sustainable. Similarly, Naylor et al. (2015) found that parental support and support from the community (either financially or otherwise) were necessary to bring about positive health outcomes for participants. Other resources that facilitate positive outcomes include easy to follow and relevant educational materials (for programmes focusing on health education) and an informed, trained staff (Gibson et al., 2008; Naylor et al., 2015).

### 3.3. Stakeholder perspectives in SFD

When thinking about some of the aforementioned managerial aspects of SFD programmes, it is important to understand the perspectives of all involved. Yet to date, too many native voices have been missing from the conversations surrounding the management and evaluation of SFD programmes (Hayhurst, 2009; Lindsey & Grattan, 2012; MacIntosh & Spence, 2012). Utilised strongly in business and management literature, Stakeholder Theory states that the management of organisations should keep all stakeholders in mind, not just shareholders (Freeman, 1984). It moves the needle from a purely financial impact assessment to one that considers how organisations affect society (Laplume et al., 2008). Thinking in these terms is a fit for SFD programmes, whose impact is predominantly, if not completely, social.

However, to date very little has been known from the viewpoint of local stakeholders involved in SFD work (Lindsey & Grattan, 2012). Darnell (2010) notes that true equality is absent from the conversation and Hayhurst (2009) adds that policy initiatives rarely listen to or consult voices from within (programme participants or local organisers). She stated, “I argue that future research on SDP [sport for development and peace] should be informed by anthropological perspectives that aim to uncover how those on the ‘receiving end’ of SDP policies are affected and challenged by taking up the solutions and techniques prescribed to them” (Hayhurst, 2009, p. 223).

One of the only SFD articles focused exclusively on the perspective of local stakeholders and organisations, Lindsey and Grattan (2012) interviewed local programme administrators working with SFD organisations in two Zambian communities. Through listening to local stakeholders explain and describe the work they were doing, the authors found that much of the previous SFD literature may be misleading. They stated, “the ‘internationalist’ focus of much of the sport-for-development literature means that the power of actors within the Global North over those within the Global South is a commonly articulated theme” (p. 94), yet they found this not to be the case in the communities they studied. However, as an ethnographic case study, it has limited generalizability, which reinforces the importance of others focusing research more directly on stakeholder perspectives in SFD.

Given this review, we aimed to fill two gaps in the literature: (a) to provide stronger stakeholder perspectives in SFD literature, and (b) to explore the management of both sport-plus and sport-plus initiatives simultaneously. The goal of the study was to examine a sport-plus programme and a sport-plus programme in terms of how stakeholders perceive the management of the organisation to impact programmatic goal achievement (positive health outcomes). Keep in mind that we did not directly study health outcomes, but rather how stakeholders perceived the organisations to be working toward them. Exploring the managerial practices of the two types of SFD programmes can provide insight into the challenges and strengths of each approach, as well as understanding how each type of programme works to promote health. We devised the following research questions:

**Research Question 1:** What do stakeholders perceive to be the strengths and challenges of the management of health focused SFD programmes?

**Research Question:** In what ways does the management of the organisation (sport-plus/sport-plus) contribute to its goal achievement?

## 4. Method

The work of Lindsey and Grattan (2012) guided the way we structured this study. Lindsey and Grattan utilised a multi-case study, ethnographic approach in looking at the viewpoints of local SFD stakeholders in Zambia. Similarly, our primary goal was to address the viewpoints of local stakeholders involved in health-focused SFD programmes in South Africa. A case study, as defined by Yin (2009), is “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (p. 18). In an effort to examine the impact and management of the two SFD programmes, we utilised a qualitative research design. Merriam (1998) defined a qualitative case study as an “intensive, holistic description and analysis of a single instance, phenomenon, or social unit” (p. 27). We took this approach and applied it to two unique programmes in similar environments. Guided by SFD Theory with the aim to assess organisation, sport, and education, we conducted qualitative interviews with direct programme stakeholders of both a sport-plus and sport-plus health-focused SFD programme. Yin (2009) recommended qualitative interviews as one of the six possible sources of case study evidence. Stakeholders included programme administrators and youth participating in the programmes. The broad research objective was to examine the management of two SFD programmes via participants and administrators.

### 4.1. Research context

The two SFD programmes included in this study are the result of a U.S. Department of State grant, as part of its Sports Diplomacy division. Through this grant, South African sport coaches and administrators with the potential to positively impact their communities travelled to the United States for two weeks of training and planning. While in the United States, the coaches and administrators worked with local university faculty and a local youth football (American soccer) club’s coaches and administrators to put together a plan of action to address a social need in their community, using sport. They

were trained and equipped with skills and tactics for planning programming, setting goals and objectives, recruiting coaches and participants, measuring and evaluating their programmes, and working with youth. Additionally, they observed and participated in programming offered by local well-established youth clubs and SFD programmes. Finally, the South Africans created action plans which outlined the establishment of their SFD programme upon returning to their home communities. While the coaches and administrators were provided with information and training, they alone were responsible for identifying the community need they would address and for determining what type of programming they would utilise.

The two SFD programmes analysed here are a result of this grant. A team of two coaches/administrators from the same home community created each programme, hoping to improve sustainability and share the workload. With each programme, the coaches had previously worked with youth in their community through other organisations; however, each of the programmes created out of this grant were new initiatives in their communities. Programmes began in August (sport-plus) and September (sport-plus) of 2015, after several months of conceptualisation and planning, and have been operating since that time. Coaches managing the programmes recruited youth participants, as they interacted with the youth through local schools and direct contact as they were already familiar with the youth in the area. Additionally, both programmes chose to address health as their social issue.

Differences between programmes do exist as well. The sport-plus programme is located in the township of Khayelitsha, South Africa. Khayelitsha is located on South Africa's western cape, just outside the city of Cape Town. It has a population of approximately 390,000 with 98% of its residents classifying themselves as Black Africans (Statistics SA, 2011). The two football coaches recruited youth to play for them in their football club, focusing on the development of football players, and supplemented this with health education (sport-plus). They had previously coached the youth in football, but had not provided any health programming or education, so they considered this a new programme as the youth received health and educational training twice a week in addition to the football training. This programme takes a holistic look at health education, including topics related to sexual health (e.g., HIV/AIDS), emotional health (e.g., mental well-being), and physical health (e.g., nutrition). Because the coaches will not turn anyone away who shows up for training, they have youth ranging from 7 to 20 years old. However, they have limited the age range for the football and health/education training to 12–18 years of age. Within this age range and group of youth who participate in the sport-plus health programme, they average 30–40 youth per session.

The sport-plus programme is located in the township of Alexandra, South Africa. Alexandra is located in central South Africa, just outside the city of Johannesburg. It has a population of approximately 180,000 with 99% of its residents classifying themselves as Black Africans (Statistics SA, 2011). The two women who started this programme created it with a very specific health focus on teen pregnancy. Within that, they educate girls in the programme on topics surrounding teen pregnancy such as HIV/AIDS, gender violence, and domestic abuse. Recruitment of girls in this programme focuses on the social topics and the sport (football and netball), with the knowledge that girls this community want to be active individuals. Therefore, sport is the hook, yet health education is given primacy in this programme (sport-plus). The women had worked with the youth through their involvement with other community initiatives, but this programme that had not existed previously. This programme has up to 40 active participants at any one time, though they average 25–30 girls weekly, ranging from middle-to-high-school ages (12–18).

While a grey area can often exist between sport-plus and sport-plus programmes, these two are examples of ones that fall distinctly in one category or the other. Because of the similarities in the programmes (time of conceptualisation, existing trust and knowledge of their communities and youth, number of programme staff upon initiation (two), health topics addressed, demographic make-up of the communities), yet differences in conceptualisation (sport-plus/sport-plus), they offered a unique opportunity to assess their strengths in the form of a case study design.

#### 4.2. Researchers' positionalality

We tried to account for personal biases throughout this study. The team consists of faculty researchers who not only conduct research in the SFD realm, but who also create and run SFD programmes in their local community and abroad. We approach SFD from an advocacy standpoint, having consulted with numerous SFD organisations in various stages of their life cycles, working with them on best practices and creating careful and well-planned programming with specific goals in mind. Our experience ranges from the very beginning (conceptualisation stage) to very mature SFD programmes (evaluation and growth) throughout the world. We live and operate daily in a Western society, yet work with organisations across the globe, with experience in sub-Saharan Africa, the Middle East, Central Asia, Eastern Asia, and Western Europe.

In working with programmes abroad, our team is well aware of power dynamics that are present, as noted in the SFD literature base (Darnell, 2012; Levermore & Beacom, 2012; Nicholls et al., 2010; Spaaij et al., 2017). As outsiders coming in to aid in programme development in a different culture, the approach that we have always taken has been one of a partners in the process, requiring that local community members take the lead on programme development and implementation. This was the approach taken in the current study; local community leaders developed the two programmes, with the research team providing guidance and support in the planning stages.

Having worked with programmes that have made a strong impact in their community and cross-culturally, we believe in sport as a powerful tool in development efforts, but are also aware, through personal experience and well documented research, that sport does have limitations and is not inherently impactful. Within this study specifically, we were aiding in the consultation and development of the two programmes analysed, as we were the U.S. State Department grantees.

Therefore, there was a direct interest in the creation of successful programmes. However, understanding this frame through which we view the field and this study specifically, we made distinct efforts to remain neutral in viewing the impacts of these two programmes. A neutral third party conducted the interviews so that interviewees did not feel pressure to respond in a specific way, and we consulted with a neutral colleague on the interpretation of the qualitative results to account for potential bias.

#### 4.3. Setting and procedures

This qualitative study took the form of interviews with both programme administrators and youth participants. Coaches of the two programmes requested participation from all youth who had showed interest in (and ultimately participated in) their new programmes. The coaches requested participation face-to-face, reading a protocol provided by the research team, which outlined the voluntary nature of this study. The coaches additionally sent home a consent form, which included the same protocol and information read to the youth, to receive approval from parents and guardians for their children to participate, before administering any interviews. The consent form was in English as well as native languages when requested. There was no requirement to participate and no repercussions for those who chose not to participate. Interviews were in English (in which the majority of participants were fluent), but coaches were available to translate or explain a particular question in the youth's native language when requested.

Given the grassroots nature of both programmes and the limited number of programme decision makers, two coach/administrators from each programme participated in the semi-structured interviews, followed up by three interviews with youth programme participants who reflected on their experiences within the programmes. Administrative level interviewees were self-selected by programme administrators, with the requirement that they were heavily involved in the development and implementation of their respective programmes. Random selection determined the youth interviewees, based upon those who had shown interest and obtained consent. To reduce bias, a researcher who was otherwise not involved in the programmes or this research conducted interviews; they took place via telephone and were audio-recorded and subsequently transcribed. The sample population was at-risk adolescents age 12–18 in the country of South Africa. The sport-plus programme was all boys and the sport-plus was all girls. Both groups were black Africans.

We designed this study to gain insight from programme administrators into the organisation and the programme practices that may have influenced the youth participant outcomes, and to gain insight from the youth on their own perceptions of programmatic structure and impact. We utilised SFD Theory in the development of questions regarding the organisation, sport activities and educational components of the programmes. Prior to administration, we sent interview guides to a local research consultant native to South Africa who vetted them for appropriateness and comprehension. We constructed questions to gain additional information on programme structure, programme growth, and perceived programme goal achievement. Examples of questions asked include: “what does a typical day look like for a [you/a youth] in your programme” (reflecting the organisational aspect of SFD Theory), “in what ways is the health programming integrated into your sessions” (reflecting the educational aspect of SFD Theory), and “how are your sport coaches trained and evaluated” (reflecting the sport aspect of SFD Theory).

#### 4.4. Analysis

We used the Atlas.ti software to store and assist in the analysis of data. Data analysis followed the three-step systematic deductive approach described by Miles and Huberman (1994) and adapted by Gilgun (2005), in which we used theory to make sense of the data. In the first step, the creation of a list of six *a priori* codes guided the coding processes (Miles & Huberman, 1994). These codes reflected the components of SFD Theory and included micro-level impacts, meso-level impacts, organisational structure, organisational capacity, sport programming and educational programming. While we used this prefigured coding scheme, in the second step, we paid close attention to patterned regularities and crossover as the data were reviewed line by line to allow additional codes to emerge (Creswell & Poth, 2017). Finally, in the third step, we reduced all codes to create broader themes. In order to ensure trustworthiness, two researchers were involved in the data analysis process (one of whom was not directly involved with the grant or programmes analysed). In step one, each researcher coded data individually. Inter-coder reliability was determined as both researchers had to agree on each code in order for it to remain a code for further analysis (Becker, 2005). The process then became collaborative in steps two and three. Working together, the researchers combined codes into themes. Through this reduction process, three overarching themes emerged, with subthemes under each.

### 5. Results and discussion

With the goal of taking an in depth look at stakeholder views of how the management of health-focused SFD programmes can help or hinder perceived goal achievement, the results aim to closely align with SFD Theory. As SFD Theory guided the design of the study, specifically the dimensions of organisation, sport, and education, the themes analysis emerged through this theory's lens (Lyras & Welty Peachey, 2011). Herein, the directors and coaches of each programme, as well as youth participants describe the assessment in terms of organisational structure, the programme's sport focus, and the

programme's educational focus. Once again, this study did not assess true health outcomes; rather, the authors asked stakeholders to comment on their observations and experiences as members of the programmes.

The positive impacts perceived to have resulted from both programmes included improved attendance, making better and healthier choices, talking excitedly about future aspirations, and comments from parents about positively altered behaviour in their children. These impacts were self-identified by the youth, observed by the coaches and administrators, and noted through conversations with the youth and feedback from teachers and parents. While stakeholders within both programmes acknowledged that progress is slow and there is still much work to be done, they were encouraged by the changes they had already observed and had been experienced by their youth participants. For instance, the director of the sport-plus programme noted, "I note the change from what parents call me to say. When a child changes their attitude towards their parents and school, more goal oriented because of the programme, that is progress. And parents are telling us that." In considering these changes, themes from the interviews more specifically emerged around the organisational structure, sport, and education (consistent with SFD Theory).

### 5.1. Impacts and organisational structure

In reflecting on how the organisational structure contributed to the perceived achievement of goals seen by both programmes, three sub-themes emerged: mission driven, resource dependent, and community engaged.

#### 5.1.1. Mission driven

Initially, both programmes were conceptualized and created as the programme leaders saw sport's value as a teaching tool in their home communities. In addition, their experiences in creating and structuring their interventions confirm that the organisation of SFD programmes is complex and multifaceted. Their lived experiences through the creation of a grassroots effort to improve health outcomes in their communities speaks to the presence of various theories of change. This mirrors the work of several scholars who have discussed sport's complexities (Lyras & Welty Peachey, 2011; Slack & Hinings, 1992; Welty Peachey & Bruening, 2011). Specifically, the following quotes speak to the complex organisational struggles experienced by both groups in promoting positive health in their communities.

The sport-plus director commented, "We need to stick to the mission. The mission is to make the world a better place by making a small change wherever you are." This ideal, shared by leaders of both organisations, clearly depicts transformational leadership theory and organisational culture in the sense that individuals are inspiring change in other individuals and entire communities (Slack & Hinings, 1992). They have a vision for what their communities could look like once they are able to change the community culture related to health and health issues. A coach of the sport-plus programme pictures the mission in practice:

Anecdotally, we are achieving our goals, but it will take time for us to see this in the long term, to see if the youth get married, get good jobs, stay away from drugs and crime. We want them to progress in life understanding healthy choices.

Their vision is becoming a reality through the intentional use of sport programming to promote health. The sport-plus programme director noted:

[the youth] have impacted me in a good way. In a good way to a point where I am open to learning new things now. I'm open to make changes in my own life. Before I said I want to make changes in somebody's life but now I can see that I also need to make changes.

Changing communities is also about changing individuals.

The focus on a core mission communicated by both programmes indicate that it would be wise for SFD programmes to take the time to strategically establish a mission, core values, goals, and objectives at the outset (Kopaneva & Sias, 2015). Svensson and Woods, in a systematic review of SFD programmes, found that only 48.2% of existing programmes have a mission statement publically available (2017). Resisting the temptation to jump in and start creating change as quickly as possible when one sees a need is difficult. However, in an effort to create an environment with the greatest likelihood for long-term sustainability, the time and effort of creating these guiding principles could be critical to overall long-term goal achievement (Kopaneva & Sias, 2015). And, it continues to be critical for the stakeholders themselves to shape these values and mission (MacIntosh & Spence, 2012).

#### 5.1.2. Resource dependent

In addition, both organisations are experiencing resource dependence, though in different ways. Resource dependence theory states that the behaviour of organisations is dependent on external environmental factors (Pfeffer & Salancik, 1978). In short, both organisations are dependent on external resources and their need to secure these has impacted how they operate. For instance, the sport-plus programme director stated:

We received money to do a tournament for the kids; the response was amazing! The whole community bought in and the response we received was great – ambulance, TV station, companies, students from the university. The tournament was a platform so we could bring in people to talk about health to more people. Even more than just the youth.

This only happened after lots of work selling their programme and what they are trying to do, noting the ways they must advocate for their youth externally so that they can secure the resources needed to sustain the programme. Additionally, the programme director feels that his job is more than just impacting the youth in terms of improved health, but also to be a



marketer in the community so that the entire community buys in and supports what they are doing. This mirrors Naylor and colleagues' work noting the importance of support from the community in programme implementation (2015).

Similarly, the sport-plus programme's director noted, "There is another established group in the community who provides us with space for free and we can use their equipment, which makes it easier for us," indicating her organisation's dependence on partnerships with others in the community who have provided forms of support. Svensson and Hambrick (2016) found that similar resources are critical to the operation of SFD organisations. Because of the need for these relationships, scheduling occurs around availability of resources until they grow to the point where they can dictate their own terms. Both the sport-plus and the sport-plus programmes experienced very similar contextual challenges around the organisational structure of programming, dictated more by their environment and maturation than by the programming they specifically implement. Interestingly though, neither mentioned any type of resource dependence coming from outside of the community itself; both programmes rely on resources and partnerships, but all of them come from local businesses and organisations. This is consistent with Lindsey and Grattan's (2012) work with SFD programmes in Zambian communities.

Resource dependence is not something new to the SFD world (Lyras & Welty Peachey, 2011; Slack & Hinings, 1992; Svensson & Hambrick, 2016). Operating similar to non-profit organisations, many SFD programmes could not exist without reliance on external sources of funding and resources. What becomes problematic, however, is when resource dependence distracts from the mission and vision of the organisation. This could especially be true for SFD organisations in the early stages of growth, as they can be underfunded and understaffed. Perhaps creating administrative positions solely responsible for development and fundraising as opposed administrators that do both is potentially beneficial, yet may be unrealistic given both budget sizes and staff sizes.

### 5.1.3. Community engaged

Finally, in regard to organisational structure as defined by SFD Theory, one important similarity between both the sport-plus and sport-plus programmes that has contributed to their initial impacts on youth is their solid standing in their home communities. Local community members who have grown up in these communities and care deeply about them developed both programmes. There is a high level of trust among others in the townships, which has been critical to their securing of resources, recruitment of youth, and overall community buy-in. One programme director stated, "The community supports us very much. People don't see it as me and my partner anymore; it's a community project." While the other feels there is more work needs to do, noting, "Sometimes you see what others can't see and you need to just keep working until others see it . . . parents, children, the whole community." Change agents coming from within a community, rather than as an outsider, has allowed the impacts of these programmes to be seen quicker than they may have been if they had to start from scratch in developing trust and buy in (Burnett, 2010; Sherry, 2010).

Additionally, communities are often looking for events, ideas, and people to rally around and support (Schulenkorf, 2012a). It is possible that these programmes, with a focus on sport and health, provide that community buy-in more strongly than other diplomacy efforts or educational programmes might. Even with sensitive topics like teen pregnancy, these programmes had an overarching focus on making healthy decisions and choices, which seems to have received solid community feedback. It would make sense that health is a social issue in this context, and therefore provides an opportunity to build community support. Some of the events hosted by these organisations to build community support, such as a football tournament mentioned by the sport-plus programme director, seem to have served the purpose of engaging the community, which may lead to longer-term success (Schulenkorf, 2012b).

## 5.2. Impacts and sport/physical activity

While there were few differences between the sport-plus and sport-plus programmes in terms of SFD Theory's organisational structure, the main differences lie in the implementation of the programmes in terms of sport and education. Herein, the sport-plus programme finds strength in its impacts directed through sport, while the sport-plus programme finds strength in its impacts directed through education. That said, both programmes have a sport focus and consider themselves agents of change through sport, becoming sub-themes under impacts and sport/physical activity.

### 5.2.1. Sport focused

As the programme foci differ, structure and recruitment manifest themselves differently, which directly relates to the sport-plus programme's focus on football first, and the sport-plus programme's focus on education first. Because of the sport-focus of the sport-plus programme, recruitment focused on the sport itself, and then they received education as a supplement. As a result, they tend to be stronger players who are highly motivated to come each week with the focus on football. This programme's director notes, "Initially the focus was on football. Then they can use football to learn as a tool. We train their brain to focus on something . . . football. Then we also use that time to teach them about health." This football focus came through in hearing from the youth as well, who stated, "The goal of our team is to achieve, win the league, go to tournaments, and play football," and "Being part of this programme makes me feel great and good. It is about having fun, moving away from gangsterism, making good healthy choices, and most, playing football."

That said, education is integrated into sport each day, consistent with SFD Theory advocacy for blending sport with enrichment (Lyras & Welty Peachey, 2011). While every day there is a curriculum surrounding the football/netball training

and the educational components, it is important for the coaches and programme administrators to integrate the two. Stated in the sport-plus programme director's own words, "We teach them things during the game when they understand how it applies to life. Everything is incorporated into the team sessions. We do this because we have to make it fun." Because the youth expected a football-specific programme, the administrators spoke about the importance of keeping that as the focus, yet allowing additional educational benefits to be worked into their football instruction. Topics such as HIV/AIDS education, nutrition, sexual health, and mental health have sparked great conversations that extend beyond the field, demonstrating the health benefits the programme is having. The views communicated by the programme directors and coaches demonstrate their belief in sport as an alternative teaching tool (Kay, 2009).

The youth in both programmes reflect this; one participant in the sport-plus programme noted "We learnt a lot of information using football. They used ways in sport to make us understand information better." A coach of the sport-plus programme knows that sport must remain a focus in the programme, due to its power in teaching health and life lessons: "We use football metaphors, football language and activities to address key behaviours that drive the speed of HIV and teen pregnancy," and it appears to be finding success among the youth. One sport-plus participant noted not only what she is learning through sport, but also the direct benefit sport can have in her life and on her health: "Sport has taught me that I can make better choices and I can stay away from making bad, unhealthy decisions by spending time participating in sport." Ultimately the coaches are committed to excellence in providing quality educational experiences through football (Lyras, 2007), and know that if the sport component is not primary, the educational component may fall flat. This mirrors Lindsay and Grattan's findings related to sport and education, "Much of the value attributed to sport lay in interviewees perceptions of its popularity among young people" (2012, p. 101).

### 5.2.2. Agents of change through sport

While the sport-plus programme clearly sells itself as a football focused programme, believing that this allows them to recruit larger numbers of participants than if they marketed it as more educational, there are similarities between the two programmes related to the impact of sport itself. Both the sport-plus and sport-plus programmes work through traditional sports (football and netball), and both sets of programme administrators and coaches consider themselves agents of change through sport. As role models to their youth, they feel a need to be experts in both the sport and the health-related topics. Their roles allow them to make large impacts on the youth they serve, continuing to believe football is a powerful tool through which to teach health-related topics. One sport-plus coach summed it up this way, "Everyone is there in the spirit of football, and that's when you teach them about health."

Seeing these coaches view themselves as more than just football/netball coaches, but community change agents, inspires the youth to help one another view themselves the same way. A youth in the sport-plus programme commented:

More players achieve their goals, don't do drugs or smoke, stay away from gangsterism, and make great choices that are healthy in life. You need this education to be able to play football. We are learning these things by playing football and talking about them.

The youth in both programmes provided examples of times when they helped their peers realise they were making unhealthy decisions, without the coaches having to step in and be the leaders. This may be an example of peer pressure in a positive sense, which influences behaviour (Jones, 2006). The empowerment and mentoring impact come as a result of the programme directors and coaches seeing themselves, and the youth, as more than coaches, but rather community leaders and change agents through sport.

The idea of peer-to-peer accountability, and of not only the coaches but the youth becoming positive influences on one another and their community, is one that needs more in depth exploration in the field of SFD. Results of the current study indicate that the focus of healthy decision-making makes for an excellent pair with sport. In sport, especially team sport, teammate support and accountability is key (Hodge & Lonsdale, 2011). The team is only as good as the weakest link and teammates have to hold each other accountable on the field. But, they are also there for support if the teammate is struggling. This dovetails nicely with healthy behaviours and healthy decision-making. Hearing the youth comment on peer-to-peer accountability on the field and in regard to making healthy choices seems unique at this age and in this context. Both Lindsey and Grattan (2012) and Kaufman et al. (2013) noted the importance of the presence of peer leaders in the findings of their studies, and perhaps this happened in the current study as well. This is an area worth further exploration.

## 5.3. Impacts and education

Using an educational framework and integrating sport as a supplemental tool, the programmes studied here have perceived improvements in knowledge and behaviour when it comes to health, resulting in two sub themes: *health education* and *life skill development*.

### 5.3.1. Health education

The administrator of the sport-plus programme specifically focused more on the educational health components in their programme, and recruited young women to this programme specifically for the educational components. The director said:

We get the girls from the schools. They are used to us being part of initiatives there so that is the best way. We told them it's a programme about teen pregnancy and they needed to understand that it wasn't just about them attending practices, but for us to assist them in making good decisions on health and pregnancy.

The youth in this programme then additionally received football and netball training as a reward and incentive for the hard work they put in on the health-focused side of things throughout the week. Seeing the excitement and motivation the youth received from the sport itself, programme administrators adopted a more problem-based learning approach to their curriculum, where health education was closely linked to the sport context as a teaching tool. This approach mirrors the initial structure of the sport-plus programme in terms of educating youth on health-related issues during the practices and drills. The problem-based learning approach has been documented as an important strategy falling under the SFD Theory umbrella, and both programmes studied here have utilised it (Brown & King, 2000; Lyras & Welty Peachey, 2011).

Noting the importance of the health education component in how the programme is administered, a coach of the sport-plus programme noted, "We hope they will go on to be great players and maybe even play professionally. But, the greatest decision we taught them is to take responsibility and not follow wrong paths. This programme has made a huge difference." A youth in that same programme has received a similar understanding, saying, "The football club talks about things we will go through, healthy and unhealthy behaviours and choices. Our teammates help us make good choices by being a good influence to each other." These results indicate that both approaches to delivering education through sport (sport-plus and sport-plus) seem to be influencing the mindset of their youth.

### 5.3.2. Life skill development

Both programmes have also focused on teamwork and empowerment among their youth in changing the health culture in their communities. Through the SFD programming, they have created opportunities for positive learning experiences, which are supplemented by sport training. The impacts have been so positive that the administrators of the sport-plus programme added an additional day of programming because the youth communicated they "need more time together."

Thinking about their roles in SFD and the evolution of their own understanding of it, one programme director stated: Before this, I didn't understand how football could go about changing things. I never knew that you could use football to incorporate the leadership skills, that you can teach kids about leadership. Now I have a clear understanding; I've got this thing. I can show the kids, you can be a captain. What is it to be a captain in a game? What is it to be captain in your community? What is it to be a leader in your community?

A coach of the other programme mirrored these sentiments, stating, "Our purpose is empowering young girls and helping them to make good life choices. The sport is fun for them, but it is not most important." This development of youth as leaders in their community requires the administrators to create empowered youth who have a strong reliance on one another.

The youth seem to be benefitting from this focus on feeling confident and empowered. One stated, "Being in this programme has made me feel good about myself and my body. It has helped me feel confident in my own skin so I can make healthy choices." Ultimately, the health education and life skills will benefit the youth much more in life, and integrating this education with sport has been an effective strategy for both programmes.

Empowering youth is a focus of a myriad of SFD programmes, and is often a supplemental goal to some other form of social change (Meir, 2017; Svensson & Woods, 2017). The coaches in the current study's programmes discovered that in order to empower their participants to become leaders and encourage them to promote positive health, they needed to overtly state these things early and often. The resulting empowerment of the participants will hopefully fuel the spread of positive social change much more quickly than if these changes were kept insulated within programme participants exclusively.

## 6. Conclusions

The purpose of this study was to evaluate how the management of two health-focused SFD programmes impact their perceived goal achievement, from the standpoint of direct stakeholders (programme administrators and youth participants). While not meant to be a direct comparison of two differing programmes, the establishment of these two programmes at the same time, through the same grant project, in similar communities and populations, presented itself as a chance to look at a sport-plus and sport-sport-plus programme simultaneously. Both the sport-plus and the sport-plus models appear as tactics for achieving social change within the health field and the SFD community more broadly (Hanrahan, 2012; Hershov et al., 2015; Kay, 2009). However, to date most of the literature that exists consists of singular programmatic evaluations that take on one approach or the other (e.g., LeCrom & Dwyer, 2013; Levermore, 2011; Whitley et al., 2013). The current study attempted to view two programmes side by side, and indicated that sport-plus and sport-plus structures have different strengths, which is an important consideration when initiating new health-related SFD programmes.

Because of the case study nature of this design, and because health is such a broad topic that covers so many areas, the authors framed health broadly in this study, as some of the health topics overlap between programmes, but others do not. Therefore, the perceived changes in health among the youth included anything from knowledge acquisition about specific health related topics (e.g., HIV, teen pregnancy, communicable diseases) to healthy decision making generally (e.g., peer pressure, self-perception, abstaining from using drugs and alcohol). In this light, stakeholders of both programmes felt very positive about slowly reaching their goals, though having done so through different organisational strategies.

The administrators of both the sport-plus and the sport-plus programmes enlisted different approaches to recruitment and marketing, and this dictated the type of youth each one attracted. The administrators of the sport-plus programme recruited young women who wanted to learn more about health-related topics, confidence, and empowerment, but also wanted the fun of playing sport. The administrators of the sport-plus programme recruited youth who wanted to join a football team, and received the additional benefit of health education. In addition to recruitment, the balance of time between sport and education within each programme mirrors its initial focus (sport-plus spends more time playing football, while sport-plus spends more time on health education). While these and other structural determinants (coaches training, training locations, competitiveness of the sport) may have had an impact on outcomes, it was difficult to parse out any major differences in how the stakeholders perceive the programmes in terms of goal achievement. This begs the question of whether the distinction between sport-plus and sport-plus really matters? While defining types of SFD programmes is useful in categorising the field, is one form preferable over the other? This study would suggest that not to be the case, at least not in terms of one finding more success than the other.

Given that, determining which type of SFD programme would work in your community ultimately comes down to knowing your community. [Schulenkorf \(2010b\)](#) broke down nine key responsibilities of change agents. While some of these may require expertise, others thrive as a result of local knowledge, which seems to be the case in this instance. For example, in certain communities or demographics of youth, one needs the focus of a programme to be the sport itself, or no one will come. Play motivates the youth, so that needs to be how a programme is marketed. Or one may be in a community where there is a massive need for gender empowerment and confidence building among young girls, but this is a somewhat taboo topic in that culture, so there is a need to sell the programme as sport focused while taking a softer approach to the social issue. These would be examples where sport-plus programmes would be best suited.

On the other hand, there are communities and cultures that welcome directness, or that value education over sport. In these settings, a sport-plus programme may be better suited, focusing primarily on the health or social topic and supplementing physical health and fun through sport, or using sport as the hook to engage participants with social issues. Regardless, without local knowledge of the community and its intricacies and nuances, one may create a programme in vain ([Darnell, 2012](#); [Levermore & Beacom, 2012](#); [Nicholls et al., 2010](#); [Spaaij et al., 2017](#)). Both of the programmes included in this study were locally organised and grounded, and they are thriving because community members trust the programme administrators and have relationships with them. This came through very clearly during the interviews, and reiterates the need for insiders in any type of SFD programming. The process of establishing a SFD programme is challenging for anyone, but only locals or insiders have the institutional knowledge of their communities to be able to select the best approach to tackling health challenges locally ([Sherry, 2010](#)).

The contributions of this study additionally advance the field of SFD in providing perspectives on the management of programmes from within, collecting views from both local programme administrators and youth participants. Lindsey and Grattan noted, “there is, therefore, a significant need for methodologically justified research that seeks to understand sport-for-development from the perspective of actors in the Global South” (2012, p. 96). While others have included the voice of local stakeholders in their SFD programme evaluations, few have focused fully on programmes created and run by local members of the community, and included the viewpoints of the youth receiving the programming.

The stakeholder viewpoint outlined here is unique in that, by creating and managing the programmes from within the community, the community maintains control. The management of the programmes, which stakeholders view positively to date, can be dictated and transformed as community needs change. This may shed light on a question posed by [Hayhurst \(2009\)](#), who wondered if programmes coming from fully within community stakeholders are more successful because they are not driven by external funding or policy goals. While we cannot answer this question precisely, as we did not measure success or change directly, the results of the study provide evidence of programmatic success, and indicate a need to pursue this idea further. Hayhurst also noted the importance of local management of SFD programmes, as social status and power may be built through these programmes. Again, this was not the direct focus of this study, but programme administrators specifically mentioned the management of their programmes positioning them positively in their communities. They also spoke of the personal change and empowerment that resulted through the development and management of these programmes, so once again, this is an area worthy of further exploration. While results of the current study do contribute to a gap in the literature by looking specifically at stakeholder perspectives on the management of SFD programmes, there is clearly room to grow into this area of study.

Theoretically, insight gained from this study may inform future data collection, specifically in regard to SFD Theory. In creating the SFD Theory, [Lyras and Welty Peachey \(2011\)](#) indicated five lenses for consideration: impacts assessment, organisational, sport/physical activity, education, and cultural enrichment. This study specifically looked through three of these lenses. The results of the current study would suggest that none of these dimensions exists in isolation from the others, as they impact one another directly. For instance, organisation (type of programme created, environment in which it operates, etc.) will dictate the sport and education lenses through which the programme emerges. In a programme established as a primarily sport-plus structure, sport will play a larger role than education and vice versa. That then trickles down to impact. A sport-plus programme may have greater expectations and ambitions for the social impacts that result from the health education, while a sport-plus programme may concentrate more on the physical health by-products of participation in the sport itself.

### 6.1. Limitations and future research

The generalizability of this study is limited by its small sample, which should be acknowledged in terms of both the theoretical and practical implications outlined in the discussion section. Additionally, the programmes provided a natural gender divide as all of the participants in the sport-plus programme were female and all sport-plus participants were male. The sport-plus programme targets boys, as there appeared to be a stronger level of interest in that community for football among boys. Meanwhile, the sport-plus programme focuses on issues that impact girls more strongly than boys, so attracted only girls upon creation. However, they have since included boys in the programme as well (though not before data collection). While neither programme is gender selective and the divide was a natural occurrence at the time of data collection, the difference in gender composition likely impacted results. Furthermore, it is possible that a gender divide exists in terms of whether boys or girls prefer a sport-plus or sport-plus model. The data collected here are not able to determine this, but it would be worthy of future exploration in discussing programmatic differences in terms of target population. Specific demographic information could not be collected due to institutional review board requirements when studying youth.

There are a number of other factors that could have impacted the results of this study not accounted for here. A quantitative or mixed-method design exploring pre-post programmatic learning outcomes could have shed light on actual goal achievement, rather than perceived goal achievement. In addition, looking at these programmes over a longer period of time would allow for differences to emerge. While these limitations impact the generalizability of the results, in looking so closely at two similar yet distinct health-focused SFD programmes, one is able to open up future lines of study. There is limited exploration of sport-plus to sport-plus programmes to date, likely due to the challenges of accessing similar programmes on-going simultaneously. Because this was a case study design with a small sample size, the authors attempted not to directly compare approaches, but rather give a holistic look at the two programmes side by side. The hope was that this would help future SFD organisations identify the strengths of approaches in determining how best to move forward with programming. In this sense, differences between the two styles of management were identified and discussed. This study may lay the groundwork for a more comprehensive and generalizable study that would be able to more directly compare approaches in the future.

This study left us with management and process-based questions when it comes to health-related SFD. With a field that is growing rapidly, are there approaches to SFD programme establishment that lead to stronger sustainability? How does leadership play a role in both the organisation and/or administration of the programme, as well as the impact on participants? How are local stakeholders impacted personally through involvement in SFD programmes? There are clearly many directions to take these questions in regard to future research. Finally, in utilising SFD Theory, and noting how intertwined the five lenses of the theory are, we wonder if there may be a need to assess a more hierarchical form of SFD Theory, rather than all five lenses being equal. The organisational lens seemed to dictate how the other lenses played out in the current study, so looking further into this theory could be very interesting.

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