



Youth, Care & Sports

**A collaboration between
youth care organizations and
local sport clubs**

Identifying the elements for a successful partnership

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Identifying the factors for a successful partnership

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Abstract

Introduction: Sport is related to various positive outcomes and is currently increasingly applied to combat problems in various societal domains. The impact of sport for youth, especially vulnerable youth, is currently one of the interests of professionals operating in the youth care sector. To create more sport possibilities for these youngsters, collaborations are initiated with local sport clubs. This study aims to identify the factors that are of influence for a successful and enduring partnership between youth care organizations and local sport clubs in the Netherlands.

Method: In this qualitative study five youth care organizations participated in four locations in the Netherlands: Amsterdam (2x), Rotterdam, Utrecht and Eindhoven. In total, 20 interviews have been conducted with sport-care coordinators, youth care professionals and volunteers from local sport clubs. The Health ALLiances Framework consisting of elements influencing collaborations has been used as a guide for developing the topic list.

Results: The results show that policy, finance, attitude and belief, relationships & communication structure, roles and responsibilities & capacities, management and shared goals are elements that either stimulate or hinder the success of the alliance. Differences were found between the five locations and between the coordinators, professionals and volunteers.

Discussion & Recommendations: Recommendations are given for further research concerning how to optimize current collaborations and how to initiate new collaborations between youth care organizations and local sport clubs. It should be kept in mind that the results consist of a combination of general results and context specific results. Context specific recommendations can not be applied at all locations.

Keywords

collaboration, youth care organizations, youth care professionals, sport club, sport club volunteers, sport-care coordinators, vulnerable youngsters, sport, HALL framework, influencing factors, stimulating, hindering, Amsterdam, Rotterdam, Utrecht, Eindhoven, successful.

Executive summary

Introduction: In the Netherlands, the role of sport becomes more and more interrelated with societal aspects and is nowadays used as a method in several initiatives to optimize the quality of life of people. The impact of sport for youth, especially vulnerable youth, is currently one of the interests of professionals operating in the youth care sector. In the Netherlands, sport-Care tracks were one of the initiatives, conducted by several youth care organizations and local sport clubs, to positively affect the care of vulnerable youngsters. During the sport-care tracks, the collaboration between youth care organizations and local sport clubs did not come naturally and at several locations it took some time to make the collaboration successful. Limitless studies show that any collaboration, independent of the sector it is operating in, is influenced by different factors that either stimulate or hinder the initiation and continuation of collaborations.

Study aim and research question(s): The aim of this study is to identify the elements that influence a successful and enduring partnership between youth care organizations and local sport clubs. Therefore, the main research question is *‘What elements influence a successful and enduring partnership between youth care organisations and local sport clubs?’*

To answer the main research question, three sub-questions were posed: Firstly, *‘How can the collaborations of the five locations be described?’* Secondly, *‘Which elements are, according to the actors, influencing the collaboration?’* Thirdly, *‘What are the main differences in perceived factors between the participants?’*

Background: The responsibility of sports in society increases. Sport activities are currently used in the fight against undesirable behaviour of children and youngsters and may help to acquire insight in norms and values. Whether sport can be applied as a method during the trajectories of vulnerable youngsters is to a large extent determined by the pedagogic environment of the sport club and the capacities of the available coaches. Sport clubs differ in the presence of a pedagogic climate and consequently differ in the availability to cope with vulnerable youngsters.

In 2007, large initiatives known as the Sport-care tracks were put in practice by adding sport as fundamental element to the trajectories of vulnerable youngsters. At the end of the project, the sport-care tracks have been evaluated for their effectiveness and feasibility. Unfortunately, hard evidence for the effectiveness of the tracks is still lacking. However, all the actors involved were, and still are, convinced that sport positively changes the behaviour of vulnerable youngsters.

Two important societal changes at the beginning of 2015 have had an influence on the structure and network of youth care organizations: the shift of responsibility of youth care towards the municipalities and the introduction of neighbourhood teams. The shift towards the municipalities might create more possibilities for an alliance. Also, the upcoming trend with social neighbourhood teams might have influence on the collaboration between youth care and sport clubs and should therefore be observed and followed.

Theoretical framework: In this study, the Health ALLiances (HALL) framework is used as the starting point, it functions as a guide through the phases of developing a topic list for the interviews, data collection and data analysis. The framework aims at facilitating successful organized alliances and describes three categories. Institutional factors, including policy, finance and planning; (inter) personal factors consisting of: attitude and belief, self-efficacy, social identity and relationships; and

lastly, organizational factors including roles and responsibilities, communication structure, management, shared goals, capacities, flexible time frame and visibility. Furthermore, results of similar studies concerning collaborations are discussed.

Method: In this qualitative study, five youth care organizations participated across four locations in the Netherlands: Amsterdam (2x), Rotterdam, Utrecht and Eindhoven. In total, 20 interviews have been conducted with sport-care coordinators (five), youth care professionals (ten) and volunteers (five) from local sport clubs. The Health ALLiances Framework consisting of elements influencing collaborations has been used as a guide for developing the topic list. The topic list has been used to formulate the questions for the interview. After transcribing the interviews, the program Atlas.ti has been used to analyse the data. Before analysing the data, the interviews were coded according to the elements described in the HALL framework.

Results: The sport-care coordinators, youth care professionals and the volunteers from the sport clubs mentioned seven elements from the HALL framework influencing (neutral, stimulating or hindering) the collaboration between youth care and local sport clubs: policy, finance, attitude and belief, relationships & communication structure, roles and responsibilities & capacities, management and shared goals. Policy concerning the collaboration was, due to limited time the actors were allowed or were able to spend on the alliance, mentioned as hindering factor. Also due to the limited financial resources available nowadays, finance was mostly mentioned as a hindering factor. Concerning the category ‘attitude and belief’, the actors valued the collaboration as useful, but all questioned the motivation and interests of the other actors involved.

According to the interviewees, the success of the collaboration is significantly determined by the relationship between the youth care professionals and the volunteers. Having a strong connection and frequent (personal) contact with the other party was mentioned to positively influence the partnership, although it happened only occasionally.

With regard to the category of ‘roles and responsibilities & capacities’, professionals taking more responsibility in visiting the sport clubs would lead to a more successful collaboration. Furthermore, one of the main hindering factors described was the insufficient capacity of the trainers concerning how to take care of the vulnerable youngsters. Providing them with basic knowledge about how to take care of the youngsters would result in a more goal-oriented alliance.

Having one additional actor coordinating the collaboration between youth care organizations and sport clubs was frequently mentioned by the interviewees as one of the success factors concerning ‘management’. For some actors, the collaboration was hindered by not having one coordinating actor. Within the category of ‘shared goals’ no distinction was made between stimulating and hindering factors, but according to the actors, the exchange of knowledge from professionals towards the trainers did have a significant impact on the success of the collaboration.

Apart from the factors described in the HALL framework, the difficulty of getting the vulnerable youngsters into sports and, more important, keeping them into sports was frequently mentioned as a hindering factor.

Discussion & Recommendations: This study has led to important results that might be valuable for new initiatives and existing collaborations between youth care and local sport clubs. Several strengths and limitations can be identified for the data collection. Given the differences between the included locations of the five youth care organizations, it is unknown whether all the results can be

applied to other collaborations between youth care and sport clubs. The use of the HALL framework as a guide for identifying the elements that influence the collaborations can be valued as useful.

With regard to the recommendations, a distinction can be made between general and specific recommendations. The general recommendations focus on the two settings (youth care organizations and sport clubs) and the three actors involved: sport-care coordinators, professionals and volunteers from local sport clubs. Youth care organizations should make more use of sports in their clients' program. Sport clubs should invest time and energy in creating a safe pedagogical environment for their youth members. Sport-care coordinators must ensure that there is a strong connection between the professionals and the trainers/coaches before they take their hands off of the initiated alliance. Professionals should take a more active role in the communication with sport clubs, resulting in a strong relationship with the club. Trainers/coaches have to develop skills and gain knowledge (capacities) with regard to taking care of vulnerable youngsters within their team.

The specified recommendations aim to optimize the alliances specifically for that location.

Table of content

Abstract	p. iii
Executive summary	p. iv
List of figures and tables	p. ix
Word of thanks	p. xi
Chapter 1. Introduction	p. 1
1.1 Study aim and research question(s)	p. 3
1.2 Relevance, scope and definitions	p. 3
1.3 Structure of master thesis	p. 5
Chapter 2. Background	p. 6
2.1 Responsibility of sports in society	p. 6
2.2 Pedagogic environments of sports clubs and the role of the coach	p. 6
2.3 Sport-care tracks	p. 7
2.4 Recent societal changes	p. 9
Chapter 3. Theoretical framework	p. 11
3.1 The HALL framework	p. 11
3.1.1 Institutional factors	p. 12
3.1.2 (Inter) Personal factors	p. 12
3.1.3 Organizational factors	p. 13
3.2 Additional studies	p. 14
Chapter 4. Method	p. 16
4.1 Study design	p. 16
4.2 Participant selection	p. 16
4.3 Data collection	p. 17
4.4 Data analysis	p. 19
4.5 Ethics	p. 19
4.6 Procedure and timeline	p. 19
Chapter 5. Results	p. 20
5.1 How can the collaborations be described of the five locations?	p. 20
5.2 Which elements are, according to the actors, influencing the collaboration?	p. 21
5.2.1 Policy and finance	p. 21
5.2.2 Attitude and belief	p. 22
5.2.3 Relationships & communication structure	p. 22
5.2.4 Roles and responsibilities & capacities	p. 22
5.2.5 Management	p. 23
5.2.6 Shared goals	p. 23
5.2.7 Remaining factors	p. 23
5.3 What are the main differences in perceived factors between the participants?	p. 24
5.4 The wish question	p. 25

Chapter 6. Discussion	p. 27
6.1 Answering the research question(s)	p. 27
6.3 Strengths and limitations	p. 33
6.4 Further research / initiatives	p. 34
Chapter 7. Conclusion & recommendations	p. 35
7.1 Recommendations	p. 35
References	p. 37
Appendices	p. I
Appendix I Interview guide	p. I
Appendix II Results (extended version)	p. IV
Appendix III Tables of stimulating and hindering factors	p. VIII

List of figures & tables

Fig 1.	The Health ALLiances (HALL) framework	p. 11
Table 1.	Number of participants per location	p. 16
Table 2.	Topic list	p. 17
Table 3.	Wishes	p. 25
Table 4.	Stimulating factors	p. III
Table 5.	Hindering factors	p. III



Word of thanks

‘Sport has the power to change lives.’ I noticed this poster in the city of Maastricht where at that time a sport event was organized. I noticed the white statement, fully promoting sport participation, passed by, turned around, walked back and made a picture of the poster. I knew that I could potentially use that picture since it encompasses the focus of my thesis, a statement that hopefully all the involved actors in this study keep in mind. Personally, I totally agree with this statement. I have experienced the benefits of sports since I was young and I still do now that I am even more active in the worlds of sports. Sport has become one of the most important elements of my life. I have more sporty days than I have relaxing days, knowing that a sports day makes me feel a better person and even more important, a healthier person.

This thesis suited me perfectly. Not only due to the main focus on sports but also due to the societal element. I believe sport can combat various societal problems. Problems, that are frequently on the news. During the previous months, I have become more aware that as important it may seem to apply sports in the program of vulnerable youngsters, putting it in practice proves to be a lot harder. That is what makes research useful, something I did not realize that much until recently. Focussing for six months on my thesis made me realize that it is the combination of research and the possibility of applying the results in our society that interests me. Actually doing something with your findings, improving society step by step.

I would like to thank my supervisor Kirsten Verkooijen for the effort she put in my thesis. Her positive feedback and support during the months of my thesis made me perform better as pre-researcher. Moreover, I would like to thank Niels Hermens as daily supervisor the first four months of my thesis. Working with him as co-researcher improved my independence and scientific vision. Also, I appreciate the willingness to be part of this study and the enthusiasm of all sport-care coordinators, youth care professionals and volunteers from the local sport clubs.

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Chapter 1. Introduction

According to health professionals and policy-makers, sport participation is associated with many positive outcomes and combats problems in various societal domains. In the Netherlands, the role of sport becomes more and more interrelated with societal aspects and is nowadays used as a method in several initiatives to optimize the quality of life of people (Hermens et al., 2014). The impact of sport for youth, especially vulnerable youth, is currently one of the interests of professionals operating in the youth care sector. Vulnerable youngsters are defined as youngsters that are under supervision of a youth care organization because they encounter pedagogic problems in their family, school setting or any other setting that negatively influence their functioning in society (Jeugdzorg Nederland, 2011). Given the positive effect of sports for youth development in general (Hedstrom & Gould, 2004; Holt, 2008; Horwath, 2010 & Eime et al., 2013), policy makers also expect an improvement of quality of life as a result of sport participation for vulnerable youth (Fraser-Thomas, 2005; Super et al., 2014). Several studies confirm the expectations of policy makers and show positive outcomes with regard to the influence of sport participation for vulnerable youngsters (Berlin et al., 2007; Nicholson & Hoyer, 2008; Haudenhuyse et al., 2012; Zamanian et al., 2012, Haudenhuyse, 2014).

Despite the positive influences of sport, vulnerable youngsters tend to participate less frequently in local sport clubs compared to their peers (Breedveld et al., 2010). The lower participation rate is caused by several difficulties that vulnerable youth often experience, for example, problems with acceptance of coaches and team members and aggression control (Breedveld et al., 2010). Sport clubs and youth care organizations can help to overcome these difficulties. Sport clubs as pedagogic setting (Geidne et al., 2012; Duivestijn, 2014) can be of high value for vulnerable youth as long as a safe environment can be created and there are coaches with the necessary qualifications available (Boonstra et al., 2010; Hermens & Gilsing, 2013). Also youth care organizations have their responsibility in getting more vulnerable youngsters into sports. Sport is, in most cases, not seen as a fundamental element of the support system of youth care organisations (Buysse et al., 2010).

Sport-Care tracks

In the Netherlands, sport-care tracks were one of the initiatives, conducted by several youth care organizations and local sports clubs, to positively effect the development of vulnerable youngsters. An evaluation of the sport-care tracks shows that the integration of sport within the support system contributed to desirable behavioural changes of the vulnerable youngsters (Buysse, & Duivestijn, 2011). Behavioural changes included coping with rules and regulations, self-discipline, aggression control and increase of defensibility (Buysse et al., 2010;). Within the sport-care tracks, collaboration was initiated between the youth care organization and participating sport clubs in order to make the care for vulnerable youngsters more effective. After evaluation, sharing professionals' expertise and knowledge was perceived to be necessary to support the volunteers from local sport clubs with taking care of the vulnerable children (Hermens & Gilsing, 2013). Moreover, since sport increases the positive development of vulnerable youngsters, input from local sport clubs to the youth care professionals with regard to noticeable behavioural changes was observed to be essential. Although the project sport-care tracks have officially ended in 2010, youth care organizations and local sport clubs have continued working together. During the sport-care tracks, the collaborations between youth care organizations and local sport clubs did not come naturally and at several locations it took some time to make the collaboration successful (Van Bodegraven & Lammers, 2010).

Alliance

Limitless studies show that any collaboration, independent of the sector it is operating in, is influenced by different factors that either stimulate or hinder the initiation and continuation of collaborations (Axelsson & Axelsson, 2006; Casey et al., 2009). There are an increased number of studies investigating alliances within the sector of health (care) and the sector of sports nowadays.

Recently, in the sector of health, researchers have developed the Health ALLiances (HALL) framework, which describes stimulating and hindering elements affecting alliances between professional organisations aiming at health promotion (Koelen et al., 2012). This framework distinguishes institutional factors, (inter) personal factors and factors affecting the organisation of alliance. The study of Den Hartog et al. (2014), which focussed on alliances in a Dutch health intervention, developed the Coordinated Action Model (CAM model), which identified six factors that describe the success of a collaboration: representation of relevant societal sectors, discussing aims and objectives, discussing roles and responsibilities, communication infrastructure, visibility and management (Den Hartog et al., 2014).

Also alliances in the area of sports have been studied (Bibak, 2003; Bibak & Thibault; Rowe et al., 2013). Attitudes and perception of leaders and managers and institutional and structural barriers affect the formation and development of partnerships between sport organizations (Bibak & Thibault). According to Bibak (2003), time should be spend in exploring a common understanding of what the partnership entails and the aims that are tried to be achieved. Disparity in understanding might lead to tension and miscommunication within the alliance (Bibak, 2003).

Concerning the collaboration between youth care organizations and sports, only one study has recently investigated the factors that influence the partnership (Hermens et al., 2015). This study recommends further research to explore the factors that fulfill the potential of partnership between youth workers and local sport clubs stakeholders.

Moreover, almost all studies mentioned above describe collaborations between two professional or two voluntary organizations, rather than one professional and one voluntary organization, which is the case for the partnership between youth care organizations and local sport clubs. Compared to the partnership between two professional organizations, only limited studies have investigated the factors that are important with regard to alliances between professionals and volunteers (Casey et al., 2009; Van der Gaag & Van der Klein, 2012). For example, a contact person for both parties and a shared goal are mentioned as stimulating factors concerning a collaboration between a professional and voluntary organization. Also, well-defined responsibilities, expectations and respect for institutional differences between the professional and voluntary organisation are elements that, when properly executed, will result in a stronger partnership (Van der Gaag & Van der Klein, 2012).

The lack of studies concerning the collaboration between youth care organizations and local sport clubs and thereby the limited studies focusing on partnerships between professionals and volunteers create opportunities for further research. Besides, due to the current increasing interest in applying sports in the program of vulnerable youngsters (Buysse, & Duivestijn, 2011), more focus on the collaboration between the youth care organizations and sport clubs is needed. Therefore, the aim of this study is to identify the elements of successful and enduring partnership between youth care organisations and local sport clubs. The HALL framework will be applied as guide to identify both stimulating and hindering elements.

1.1 Study aim & Research question(s)

The aim of this study is to identify the elements, which influence successful and enduring partnerships between youth care organisations and local sports clubs. From this aim, the following main research question can be formulated:

- *What elements influence a successful and enduring partnership between youth care organisations and local sport clubs?*

In order to answer the main research question, the following sub questions are posed:

- *How can the collaborations of the five locations be described?*
- *Which elements are, according to the actors, influencing the collaboration, both stimulating and hindering?*
- *What are the main differences in perceived factors between the professionals from the youth care organizations, volunteers from the local sports clubs and sport-care coordinators?*

1.2 Relevance, Scope and Definitions

Relevance

In the Netherlands, the role of sport has become more and more interrelated with societal aspects (Duivestijn 2014; Hermens et al., 2014). One of the societal aspects is the application of sport for socially vulnerable youngsters (Duivestijn, 2014; Hermens et al., 2014). The potential of sport activities to stimulate positive youth development has been used as reason for further research and has been used as argument for applying sport in trajectories of vulnerable youngsters. Some initiatives in the Netherlands show a positive change in behaviour due to sport activities of clients of a youth care organization (Buysse, & Duivestijn, 2011). To be able to use sport more often as a method within the trajectories of vulnerable youngsters, a solid partnership between youth care organizations and local sport clubs is essential. However, a successful and efficient partnership is often not that easily achieved and many factors might be of influence for the establishment and continuation of an alliance (Axelsson & Axelsson, 2006; Casey et al., 2009). To identify the elements that stimulate or hinder the collaboration, this study has been conducted.

This study is part of a project by Wageningen University. Wageningen University conducts a project focusing on the role of sport for vulnerable youngsters (Super et al., 2014). The project contains of four sub-projects. The first subproject investigates the assumed relation between vulnerable youngsters and the positive impact of sport participation. “This subproject aims to address the causal effect of sport participation on life prospects” categorized in five domains of beneficial outcomes: physical, lifestyle, affective, social and cognitive. Furthermore, this subproject tries to test the longstanding idea that sport participation may contribute to skill development and that those skills can be applied in other domains besides sport. The second subproject tries to address the processes that take place in the sport context, that are for the socially vulnerable youth important for the enhancement of their personal development. Gaining insights in the life experiences of the vulnerable youngsters with regard to the sport context, may provide a deeper understanding of the critical factors influencing their personal development. The third sub-study explores the social conditions that influence and optimize the effect of participating in sports on the life prospects of the

socially vulnerable youth. One of the factors that has been pointed out as important factor, is the creation of a positive socio-pedagogical climate. Also the role of the sport coach in the social development of the youngsters is investigated within this sub-study. More empirical testing is needed, with attention specifically focusing on different groups, settings and practices (Super et al., 2014). The fourth sub-project is investigated in this master thesis: the factors influencing the collaboration between youth care organizations and local sport clubs.

Scope

This study has been executed in four cities in the Netherlands: Rotterdam, Amsterdam, Utrecht and Eindhoven. In these cities, sport-care coordinators, youth care organizations and local sport clubs within the surrounding of the youth care organization have participated by being interviewed. Whether the results of this study can also be applied to other alliances of youth care organizations and local sport in The Netherlands, depends on the type of factors that will be identified during the interviews. The factors that are specifically oriented at the organizational or club setting level might not be important for other youth care organizations or sport clubs. General factors that are influencing the collaboration might be worth evaluating for other collaborations. Therefore, the results of this study might give sufficient guidance and recommendations for comparable alliances between youth care organizations and local sport clubs that did not participate in this study.

Definitions

The following definitions have been used in this thesis:

Vulnerable youngsters: youngsters that are under supervision of a youth care organization because they encounter pedagogic problems in their family, school setting or any other setting that negatively influence their functioning in society. The problems are of that extent that the family is not able to solve the problems by themselves and support from youth care institutions is needed. Problems might also include problematic behaviour of the youngsters that can not be handled by the family for which professionals are brought in (Jeugdzorg Nederland, 2011).

Youth care organizations: Organizations with the focus on the support of children and youngsters with (extreme) pedagogic problems with the ultimate aim to let them fully participate in society again (Jeugdzorg Nederland, 2011). The children and youngsters together with their caretaker are intensively counselled according to the mission: one child, one family, one plan.

1.3 Structure of master thesis

This master thesis is divided into different chapters. The next chapter defined as *Background* has been included to give more information about current societal developments, initiatives and changes that create a deeper understanding of the importance of this study. The chapter *Theoretical Framework* describes the HALL framework that has been applied in this study and additional studies related to collaborations. The method of the study including study design, participants, data collection, and analysis is added in the chapter *Method*. The *Results* chapter describes the results of the study, followed by the *Discussion*, which includes strong points of the study, limitations and recommendations for further research. This thesis ends with a conclusion and recommendations. Remaining documents are added in the Appendix.

Chapter 2. Background

This chapter provides more information to create a deeper understanding of the importance of this study and the currently related circumstances that are of influence. This chapter describes the increasing responsibility of sport in society nowadays as coordinating factor, the pedagogic environment of the sport clubs, the initiative of sport-care tracks and the current changes in responsibility of Dutch municipalities.

2.1 Responsibility of sport in society

The popularity of sport is increasing. A total of 56% of the Dutch citizens are participating in sports at least forty times per year and approximately 30% is attending a sport club as member (Collard & Pulles, 2013). Also for 78% of the children, sport is part of their weekly activities (Collard & Pulles, 2013). Participating in sports and physical activity is associated with better physical and mental health. This relationship can be found in all ages: youths, adults and seniors. People who are active for 30 minutes, five days a week have a smaller chance of becoming overweight (Kemper et al., 2000) and have a lower risk of experiencing cardiovascular diseases and premature death (Hildebrand, Chorus, & Stubbe, 2010). Besides the fact that sport, or physical activity in general, improves the health of youngsters, there are studies investigating the impact of sport for vulnerable youngsters at societal level. Sport is, according to policy makers and health professionals, a tool to achieve societal targets and is increasingly applied for this purpose (Boonstra & Hermens, 2011).

Sport activities have also been used to improve the development of children and youngsters (Zijlstra & Wever, 2014) and may help to acquire insight in norms and values. Sport is an effective pastime and it may prevent vandalism that would otherwise occur at the same time the youngster is active on the sport field (Schafer, 1969). Sport increases the confidence of youngsters and that is assumed to be related with less problematic and undesirable behaviour (Fraser-Thomas, 2005; Super et al., 2014). Also in this relationship, the context is of importance and it is not possible to conclude that every sport by definition leads to improved youth development (Miller et al., 2005; Boonstra & Hermens, 2011). A safe pedagogic environment, the necessary capacities of the coaches and the type of sport activities influence the extent of the possible preventive role of sport (Holt, 2008; Boonstra & Hermens, 2011; Duivestijn, 2014; Hermens et al., 2014).

2.2 Pedagogic environment of sport clubs and the role of the coach

Whether sport can be applied as method during the trajectories of vulnerable youngsters is to a large extent determined by the pedagogic environment of the sport club and the capacities of the available coaches (Duivestijn, 2014). This pedagogic climate does not only affect vulnerable youngsters, but for any youngster, the presence of such an environment can have a substantial impact on behavioural developments (Holt, 2008; Vella et al., 2011). Since 75% of the youth are members of a sport club (Duivestijn, 2014) the youngsters spend a substantial part of their free time there. The sport club is, together with the coach, potentially important and a sufficient path to positive youth development. In some environments, sport has also been associated with negative outcomes. The application of structured sport and the way it is delivered to the youngsters influence the extent of behavioural developments (Holt, 2008). More specific, there is a pivotal role for the coaches whereby their personal characteristics are the essential ingredients of successful youth development (Griffith & Armour, 2011; Vella et al., 2011). Nowadays, multi-tasking competencies and knowledge in the field of pedagogics are demanded from coaches (Côte et al., 2007). Also coping

with undesirable behaviour and attacking behavioural problems are now capacities that should be part of the competences of a coach (Duivestijn, 2014).

In a study from Vella et al. (2011) 22 coaches were interviewed to investigate their view on being responsible for positive youth development. All coaches were active in team sports with adolescents. By conducting in-depth interviews, results showed that coaches did view themselves responsible for youth development that occurs at and around the sport field. Thereby, the coaches felt responsible for the initiation and maintenance of a positive team climate referring to interpersonal interactions between team members and a sense of togetherness (Vella et al., 2011). Another study from Holt et al. (2008) has focussed on youth sport participants (n=40) and their view on their developmental experiences in sport. According to them, coaches taught them capacities as persistence, effort and they emphasized teamwork. Moreover, the participants reported that the coaches positively taught coping skills and providing feedback. The participants did not only mention positive influences of their coaches. Too much negative communication and the overemphasized focus on winning were elements that negatively influenced the sport experiences of the youngsters (Holt, 2008).

Sport clubs differ in the presence of a pedagogic climate and consequently differ in the availability to cope with vulnerable youngsters. Some sport clubs focus explicitly on having a pedagogic environment and offer their coaches, board members and the parents of the youngsters the opportunity to feel part of the pedagogical network by sharing the goals and values of the sport club and teaching them about the behaviour of this vulnerable group (Duivestijn, 2014). However, more often, the principles of the sport club remain implicit. Whether a pedagogical environment can be created is then dependent on the pedagogical capacities of the available coaches and their willingness to help with this (Duivestijn, 2014).

2.3 Sport-care tracks

Besides the increase of research concerning the potential role of sport in the youth care sector, several initiatives have recently popped up in practice. In 2007, large initiatives had been set up by fifteen youth care organizations and the ministry of health, welfare and sport as part of a larger program 'Meedoen Alle Jeugd door Sport', in order to influence behaviour and competences of vulnerable youngsters in a positive way in the Netherlands. These initiatives, known as the sport-care tracks were put in practice by adding sport as fundamental element to the trajectories of vulnerable youngsters. Fifteen youth care organizations, nine sport federations and more than 65 sport clubs participated in approximately 50 sport-care tracks until the end of the project in 2010 (Buysse & Duivestijn, 2011).

There were four types of sport-care tracks initiated: the Join-Plus program, the Away-Home-Game program, the Group method and the Private lessons (Buysse & Duivestijn, 2011). For every youngster the most suitable program was chosen. Vulnerable youngsters chosen for in the Join-Plus program participated in a regular team or group, similar to 'normal' youngsters. Although they needed some extra support, they were expected to blend in with the others. The Away-Home-Game tracks involved only vulnerable youngsters. A safe environment had been created, within a positive and relaxed atmosphere and stimulated the youngsters to experience the positive effect of sport activities. Sport activities offered by an external party were defined as an Away-Game, whereas sport activities organized in the direct surrounding of the youth care organization were referred to as Home-Game tracks. The Group method especially aimed at very problematic youngsters who were,

because of their inability to adjust, not able to participate in the Away-Home-Game tracks. Sport in this program was intensively used as method to regulate aggression and defensibility. The Private lessons were similar to the Group method besides the fact that this method was applied for individuals who were not able to cope within a group. Due to the high costs of individual training, in this track the vulnerable youngsters were being prepared for participating in the Group Method later on.

At the end of the project, the sport-care tracks have been evaluated for their effectiveness and feasibility. Unfortunately, hard evidence for the effectiveness of the sport-care tracks is still lacking and the added value of sport for vulnerable youngsters is therefore still based on assumptions. However, all the actors involved (trainers and volunteers from local sport clubs, professionals from youth care organizations and sport-care coordinators) were, and still are, convinced that sport can positively change the behaviour of vulnerable youngsters. More importantly, the youngsters perceived desirable changes due to sport activities (Buysse & Duivestijn, 2011).

In total, around 1.015 youngsters from youth care organizations have participated in one of the sport-care tracks. The exact number of youngsters has not been recorded. The evaluation of the project shows that the majority of the youngsters (86%, n=112) enjoyed the element of sport within their trajectory. A total of 93% (n=112) considered starting a membership at a local sport club. One out of three of the youngsters that completed the years of sport-care tracks had become a member of a sport club. The positive attitude towards sport increased the chance that youngsters maintained participating in sport activities. A total of 10% of the participating youth did not complete the entire project from start to finish. Not being able to combine the sport activities with other obligatory activities, not fitting in the group or a lack of willingness were a few reasons for quitting early. Due to transfers to other youth care organizations or the ending of the care-track in general; another 25% of the youngsters quit the sport-care tracks before the end of the project (Buysse & Duivestijn, 2011).

Despite the lack of hard-evidence, the trainers from local sport clubs and professionals from youth care organizations were asked whether they had perceived any changes in behaviour of the involved youngsters during and after the project. Trainers perceived an improvement in behaviour among 86% of the youngsters within the sport context, whereas the professionals saw a positive change of behaviour of 75% of the youngsters outside the sport context. Most changes were noticeable with regard to the self-esteem of the participants, level of discipline and social skills (Buysse & Duivestijn, 2011).

Taken together, the results of the sport-care tracks tend to demonstrate the effectiveness of combining sport and youth care tracks more often in the future. However, again, the results are perceived by the participants, rather than measured for hard-evidence. As long as some conditions are taken into account, sport can potentially fulfil a role in youth development (Duivestijn, 2014). According to the initiative with sport-care tracks, factors influencing the success of the addition of sport were fitted sport activities for the youngsters, the availability of trainers with the necessary capacities and support from the youth care professionals. More crucial for the future, sport needs to continue as sport and should not fulfil the role of the professional (Duivestijn, 2014). Making use of each other capacities could strengthen the effect of sport for vulnerable youngsters (Zijlstra & Wever, 2014). Therefore, a successful collaboration between the two parties is essential.

2.4 Recent societal changes

Two important societal changes at the beginning of 2015 have had an influence on the structure and network of youth care organizations: the shift of responsibility of youth care towards the municipalities and the introduction of neighbourhood teams (Movisie, 2012).

Since the first of January 2015, the responsibility of municipalities has extended. Municipalities are now responsible for youth, employment, perquisite and the support for caretaking and service. Reasons for the shift in responsibility from the government to the municipalities are the possibility to execute tasks more efficient for a lower budget, more possibilities of local parties to collaborate and standing more close to the citizens (Van der Bries; 2013; Van Yperen et al., 2013). Due to this transition, many chances are created for the municipalities to work more efficiently within the societal domain. This can be achieved by applying innovations, making use of citizen participation, the power of society, using available resources and especially close contact with both citizen and professional. This transition also includes the shift of responsibility of youth care from the government towards the municipalities (Zijlstra & Wever, 2014). That means that nowadays youth care organization are locally managed and youth care should become simpler and more accessible for parents and youngsters without getting lost in the complexity of the youth care sector. Creating and maintaining successful partnership between youth care organizations and local sport clubs has now become one of the responsibilities of the municipalities (Hermens et al., 2013; Duivestijn, 2014).

Due to their extended responsibilities, municipalities are searching for new ways of efficient citizen support and care supply (Arum & Schoorl, 2015). A trend that is applied by more and more municipalities is the use of neighbourhood teams (NJI, 2013; Zijlstra & Wever, 2014)). A total of 86% of the municipalities in the Netherlands are currently applying neighbourhood teams or are planning to implement them shortly (Arum & Schoorl, 2015). Neighbourhood teams are multidisciplinary teams including professionals from different organizations and disciplines who work together to create an integrated network. The aim of neighbourhood teams is to strengthen the first-line-care, whereby the first step focuses on visibility and approachability within the neighbourhood. By being easy accessible for families, neighbourhood teams are a central point within the neighbourhood. Moreover, neighbourhood teams have the responsibility to monitor in the neighbourhood and schools. The two roles of being easy accessible for families and monitoring are assumed to make a neighbourhood team an effective tool in prevention and for early interventions (Zijlstra & Wever, 2014). As a result, the need for specialized care and support is expected to become less (NJI, 2013). Besides general neighbourhood teams, there are teams for youth and family, specifically oriented at problems with regard to educational problems. Those teams support the family with basic pedagogic skills and via direct support on demand. Signalling problems in an early stage prevents further development of relatively small problems into complex problems. However, also families with multi-problematic issues are the target group of neighbourhood teams. With the multi-disciplinary approach of neighbourhood teams the amount of specialized care for these families will decrease (NJI, 2013).

There are two ways to get in contact with a neighbourhood team. The family can approach the team or the team can signal the family (Arum & Schoorl, 2015). Depending on the needs of the family, a professional from the neighbourhood team formulates together with the family goals that are desirable to be achieved. Preferably, one professional will be connected to a family and functions as

contact person during the whole track: “one family, one plan, one director” (NJI, 2013). With the help of the professional there will be searched for best-suited support and guidance and a step-wise approach is applied. The neighbourhood team will be operative as long as there is need for within the family. When needed, colleagues within the team will be contacted for additional help or specialized care will be brought in when the support from the neighbourhood teams is unsatisfactory and specialized care is needed (NJI, 2013).

The trend with neighbourhood teams for family and youth might be of influence for the network of youth care organizations (Zijlstra & Wever, 2014). The professionals from youth care are expected to work more intensive with other social professionals, applying the best-suited support. Due to the current increased focus on aids from the social environment (the potential of sport clubs), the youth care professional connected to a family might fulfil an increasingly important role for the implementation of sport activities in the life of the vulnerable youngster. The upcoming trend with socially neighbourhood teams should therefore be observed and followed for potential extension of the network of youth care organizations and local sport clubs.

Chapter 3. Theoretical Framework

This chapter describes the theoretical framework used in this study. The main framework that has been used in this study is Health ALLiances (HALL) framework, which is described in paragraph 3.1. Other relevant theory is described in paragraph 3.2.

All types of collaborations in various sectors are influenced by factors, which either stimulate or hinder the success of a collaboration. To gain insight in the factors that might influence the collaboration between youth care organizations and local sport clubs, a recently developed framework and additional studies concerning collaborations are reviewed and discussed.

3.1 The HALL-framework

In this study, the Health ALLiances (HALL) framework (Koelen et al., 2012) is used as the starting point, it functioned as a guidance through the phases of developing a topic list for the interviews, data collection and data analysis. The HALL framework offers insight in those factors influencing the alliance of the organizations and was originally developed for the collaboration of organizations working on health promotion. The framework is shown in figure 1. Due to the range of factors described, the HALL framework is assumed to be useful as guide in this study concerning the collaboration between youth care and sport clubs.

Various studies on health promotion showed that the context in which the alliance functions and the personal characteristics of the stakeholders have a significant influence on how collaborations develop and sustain. Three clusters of factors can be identified from the framework either facilitating or hindering the success of alliances. Institutional factors include policies, planning horizons and funding mechanisms and all refer to incentives that are rooted in the economic and institutional environment of organizations. Personal opinions and characteristics of the partners within the alliance represent the personal and interpersonal factors. Attitude and belief, self-efficacy, social identity and personal relationships can be identified in this cluster. Both institutional and personal factors are connected to the stakeholders who bring them into the alliance. The third cluster refers to factors important in dealing with the first two characteristics to increase the quality and performance of the partnership: factors relating to the organisation of alliances. The seven factors described by the HALL framework in this cluster are: a flexible time frame, clear roles and responsibilities, a clear communication structure, the use of the specific capacities of the organizations involved, a shared mission, visibility of (the results of) the partnership, and an empowering and neutral management of intersectoral action.

The three clusters individually influence the functioning of the alliance indicated by the unidirectional arrows. Both bi-directional arrows from institutional and (inter) personal factors to organization of alliance show that the first two mentioned can be influenced by the organizational factors and may change from barrier to facilitator (Koelen et al., 2012).

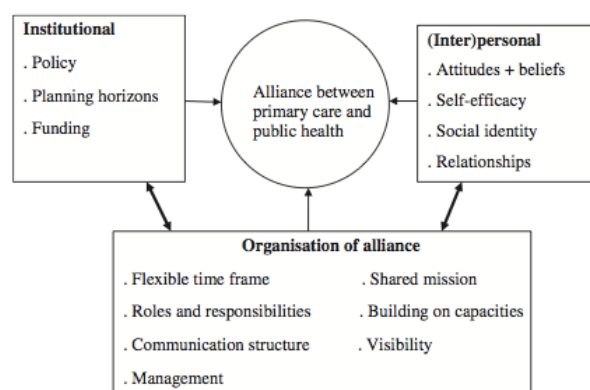


Fig. 1. The Health ALLiance (HALL) framework

The factors described in the HALL framework will be shortly explained below. The factors are categorized by the three clusters of factors: institutional factors, (inter) personal factors and organizational factors.

3.1.1 Institutional factors

Organizations from different sectors have their own **policy**, which includes regulations with regard to finance and time (Koelen et al., 2012; Spence & Reddy, 2012). Matching the policies of two or more organizations is often challenging and can result in disagreements. It is often necessary to invite an outsider to bring the organizations together. Differences can be found in the time that actors within an alliance are allowed to spend on that alliance. For some, there is no time scheduled to spend on the alliance, whereas for others, there is available time mentioned in the job description (Olsen et al., 2011). Policies as one of the institutional factors appeared to be especially important during the initial phase of starting alliances (Golonka, 2012).

Between organizations, the **planning horizon** can differ, ranging from the next 12 months, all the way to the upcoming 20 years (Soloduch-Pelc, 2015). As some organizations react with immediate action, other organizations apply long-term thinking and focus on the future when solving a problem (Koelen et al., 2012). The differences in the planning horizon might be a hindering factor with regard to alliances.

Organizations differ in the way they are **financed**. Organizations can be financed internally, but there may also be external parties that have a stake in financing an organization (Koelen et al., 2012).

3.1.2 (Inter) personal factors

Attitudes and beliefs can either facilitate or hinder successful alliances. Personal characteristics of the actors together with the willingness to collaborate with organizations from other sectors are important factors that will influence the success of a partnership (Golonka, 2012). It might be valuable for one party, but a waste of time for the other, resulting in a hard time to create an alliance in general, let alone a successful one. The willingness to put effort in the alliance by time and resources and the task perception have an influence on how the alliance will function. Mutual trust (Golonka, 2012), respect, level of commitment (Olsen et al., 2011) and believing in the capacities of those involved are important key factors (Koelen et al., 2012).

Feeling confident about your capacities (**self-efficacy**) determines to some extent the success of an alliance (Koelen et al., 2012). During initiations of collaborations, those involved might feel insecure about their role due to a lack of knowledge, skills, training and experience. An important determinant is the belief that someone can make a difference.

Besides the **identity** partners individually bring into the alliance, a shared identity should be developed. Becoming a member of a group must be meaningful and positively influence his or her self-image (Olsen et al., 2011). Common aims, the available time and willingness to invest that time to achieve the aims induce and strengthen such identity (Koelen et al., 2012).

The nature of the **relationship** with the other parties involved in the alliance is considered to be an overriding factor determining the success of collaboration (Koelen et al., 2012). Aspects of success are the acceptance of different visions from others, building trust and having fun with the others

involved. Disliking the other partners can result in an unproductive, unsatisfying partnership (Koelen et al., 2012). When actors already know their possible partners and are familiar with them, collaboration are initiated easily (Esteve et al.)

3.1.3 Organizational factors

Depending on the skills and expertise that the participations of the collaboration bring in, clear **role and responsibility** definitions are required within an alliance (Olsen et al., 2011). Collaboration can be hindered when there are expected roles and tasks, which are not executed in practice. Responsibilities should be clearly defined to prevent frustration (Koelen et al., 2012).

The way **communication** is managed within an alliance is an important factor that may facilitate or hinder a successful partnership (Koelen et al., 2012). The structure through which ideas, experiences and information is shared between the partners can be defined in protocols. Besides, informal contact is equally important, and should also be actively facilitated (e.g. having lunch together, or making an informal phone call) (Koelen et al., 2012). According to a study conducted by Boer et al., investigating the factors affecting the development of collaborative improvement, trust seemed to influence the extent of open communication (Boer et al., 2005).

In order to create a successful alliance, a sustained engaged leadership is needed by a neutral **manager** (Koelen et al., 2012). This manager should recognize the different cultures involved, but is able to bridge these cultural differences. The neutral manager should encourage people to share ideas and information within an effective communication network (Koelen et al., 2012). Also, the characteristics of a manager may influence the engagement of collaborative activities (Esteve et al.).

With the various stakeholders involved in a collaboration, a variety of **capacities**, skills and expertise is brought into the alliance (Koelen et al., 2012). By combining the skills, results are achieved which could not have been achieved by one single partner. The diversity of the group adds value to the alliance. When tackling complex problems, organizations are more likely to develop an alliance that takes advantage of the capacities of the other organizations (Olsen et al., 2011).

When entering an alliance, the institutional environment of an organization often causes different missions and aims. Common aims and common understanding of the goals (**shared mission**) from the different stakeholders must be recognized in order to create a successful partnership (Olsen et al., 2011). Expectations and perceptions often remain implicit. 'This may lead to serious conflicts as soon as plans are made for concrete actions' (Koelen et al., 2012 pp. 36). However, conflicts can result in better communication and a stronger relationship when they are resolved. Conflicts, therefore, are not necessarily problematic (Koelen et al., 2012).

With building a successful alliance, common language and trust are developed by backward and forward processes (Koelen et al., 2012). One should be aware that this vital phase of building relationships takes time and being patient is necessary. Partners in the alliance can become disappointed if **the time period** is not kept into account.

The **visibility** of a program increases the internal motivation of the participants in the program to stay involved. 'It functions as an incentive for involvement and sustainability' (Koelen et al., 2012 pp. 36). To optimize the visibility, both realistic long-term and realistic short-term goals should be defined.

3.2 Additional studies

Besides the HALL framework that will be used in this study as guidance, more studies have focussed on the initiation and maintenance of collaborations between organizations in different sectors, which might be useful to evaluate. Four different studies are discussed below: one study with regard to an alliance in the public health sector, one in the sector of sports, one concerning collaborations between professionals and volunteers and one study investigating a collaboration in another societal sector.

According to Axelsson & Axelsson (2015), who investigated alliances in the sector of public health, the most successful forms of inter-organizational collaborations seem to contain stable multidisciplinary teams and collaboration over a long period of time. The researchers describe knowing and trusting each other, having close connections, similar interests, values and goals as factors that cause the investigated collaboration to be successful. On the other hand, factors including different budgets, rules and regulations, different values and interests and the commitment of the involved actors might hinder the success of the collaboration. Despite the fact that the alliance between youth care organizations and local sport clubs can not be referred to as an inter-organizational collaboration, there might be similar influencing factors (Axelsson & Axelsson, 2015).

A study from Bibiak (2003) examined dynamics, challenges and complexities encountered in partnerships in amateur sports. One of the effectiveness criteria she describes is building social capital whereby individuals and organizations develop relationships of trust and reciprocity. Also, the commitment of the members within the collaboration determines the success of the partnership. The availability of financial resources influences the possibilities of successful alliances in amateur sports.

Furthermore, only a couple of studies have explicitly investigated alliances between professionals and volunteers. Also, the HALL framework is developed targeting collaborations between two professional organizations. A study from Van der Gaag and Van der Klein (2012) has investigated ten cases in society of collaborations between professionals and volunteers. Despite the differences in actors involved, there are many similarities between the identified elements of the HALL framework and the stimulating and hindering factors described in the study from Van der Gaag and Van der Klein. Van der Gaag describes an easy accessible relation between the professional and volunteer based on trust, whereby both professionals and volunteers are aware of each other's roles and responsibilities. Furthermore, the study mentions engagement and flexibility of the professional towards the volunteer as an important factor for the success of an alliance. Both the amount of freedom volunteers have in executing their tasks and formulated rules and regulations should be in balance. Also, the capacities of the volunteers are in this study described as either a stimulating or hindering factor within an alliance. According to the ten cases, one coordinating volunteer or one contact person from the side of the professionals might lead to more success. It is questionable

whether the factors concerning the collaborations of these ten cases are similar to the factors influencing the collaboration between youth care organizations and local sport clubs.

A study from Johnsen (2003) has focussed on the collaboration needed with regard to the provision of services to children and their families to maximize available resources. The interviewees reported seven factors contributing to the success or failure of the collaboration. These factors can be summed up into three categories: commitment, communication and strong leadership. Commitment was described as the sharing of goals and visions and having a trust-based relationship. Open lines for communication was mentioned as a critical element of a successful alliance. Strong leadership included involvement of the upper management and their commitment to the collaboration (Johnsen, 2003). The results of this study seem to be partly comparable to the factors identified in the HALL framework.

Chapter 4. Method

This chapter describes the methods that are applied to identify the elements that influence the collaboration between youth care organizations and local sport clubs. The chapter includes study design, selection of the participants, data collection, data analysis, ethical consideration and procedure and timeline.

4.1 Study design

The study has a cross-sectional design. A qualitative approach is applied by collecting the data through interviews with the participants.

4.2 Participant selection

In this study, five locations of youth care organizations, which have been involved in the sport-care tracks, were selected: Amsterdam (Spirit & Altra), Rotterdam (FlexusJeugdPlein), Utrecht (De Rading) and Eindhoven (De Combinatie). These locations were chosen based on their already initiated collaboration with sport clubs and their previous participation in the organized sport-care tracks. Also in these locations, sport-care coordinators were operating.

In each city, sport-care coordinators were operative, to facilitate the collaboration between the youth care organizations and the local sport clubs. The five sport-care coordinators were invited by email to participate in the study. All sport-care coordinators responded positively to the email and appointments were made to conduct the interviews. Due to their extensive network in the cities, including professionals from the youth care sector and volunteers of local sport clubs, the sport-care coordinators were requested to identify two professionals from the youth care organization and two volunteers from local sport clubs. The professionals and the volunteers were contacted via mail or when requested, by telephone. With those who responded and were willing to participate in the study, an appointment was made to conduct the interview. When they did not respond, a reminder was sent by email. Only one was not willing to participate due to a lack of time. Then the sport-care coordinator was requested to select another potential interviewee.

There were no explicit inclusion or exclusion criteria mentioned for the selection of the participants, besides criteria that they had to be operative within the youth care organization or a local sport club, that used to be involved in the former sport-care initiative or is currently operative in a similar initiative. The volunteers were selected by the sport-care coordinators from different sport clubs to increase variety (i.e. football club, kick box centre etc.). Eventually, one conducted interview with a volunteer has not been used in this study due to no connections with the youth care organizations at all. After approximately 18 interviews, data saturation had been reached and no new information was being obtained.

Study sample

The study sample contained 20 participants including five sport-care coordinators (3 men, 2 women), 10 professionals from the youth care sector (3 men, 7 women) and 5 volunteers from local sport clubs (5 men). In table 1, the number of participants per location are shown. The average age of the coordinators, professionals and volunteers were respectively 41, 41 and 40 years.

	Sport-care coordinator	Professionals youth care	Volunteers sport clubs	Table 1. Number of participants per location
Amsterdam- Spirit	1	2	2	
Amsterdam- Altra	1	2	2	
Rotterdam-FlexusJeugdplein	1	3	1	
Utrecht- De Rading	1	1	0	
Eindhoven- De Combinatie	1	2	0	

Both in Amsterdam and Rotterdam, a sport-care coordinator, professionals from the youth care organizations, and volunteers from the local sport clubs participated in this study. Due to limited time, in Utrecht and Eindhoven, no sport clubs could participate.

4.3 Data collection

The qualitative data was collected through interviews with the participants. The interviews have been conducted by two researchers. For conducting the interviews, a topic list had been developed, mainly based on the items identified from the HALL-framework. The topic list presented three categories of questions. The first category represented questions with regard to the organizational setting that the participants were working in. Open questions concerning the participants' opinion and experiences with the collaboration between youth care organizations and local sport clubs were included in category two. The final category focused on the elements of the three clusters described in the HALL-framework. The questionnaire ended with a question, further referred to as 'wish-question' in which the interviewee was requested to mention what they would like to see different, with regard to the collaboration between youth care organizations and local sport clubs. In table 2, a short overview of the topic list is presented. The full interview is added in the appendix (Appendix I)

Table 2. Short overview of the topic list

1. Institutional factors (in general) – to get to know the organization	
1. Can you tell me something about [organization]?	<ul style="list-style-type: none"> a. Goals b. What is going well within the organization c. Problems within the organization d. Finance e. Stimulation collaborations
2. Open questions – opinion and experiences collaboration	
1. Open questions	<ul style="list-style-type: none"> a. Opinion collaboration between youth care organizations and sport clubs b. Daily practice / Role within the alliance c. Reason for participation d. Success factors for alliance e. Factors stimulating the success of the partnership e. Factors hindering the success of the partnership f. Coping with these problems
3. Institutional factors (focused on collaboration)	
1. Policy and Finance	<ul style="list-style-type: none"> a. Time, money and energy reserved for collaboration within the organization <ul style="list-style-type: none"> - Enough time - Meeting - Financial resources/ compensations b. Goals of [organization] with regard to the collaboration between youth care organizations and local sport clubs
2. Planning	<ul style="list-style-type: none"> a. Time period of achieving goals
4. (Inter) Personal factors	
1. Attitude and Belief	<ul style="list-style-type: none"> a. Usefulness of collaboration between youth care organizations and local sport clubs b. Conviction usefulness of the other parties involved c. Motivation other parties involved

2. Self efficacy*	a. Contribution collaboration b. Value of contribution c. Contribution appreciated by other parties involved
3. Social identity	a. (Youth care) Experiences with sport b. (Sport club) Experiences vulnerable youngsters
4. Relations	a. Parties involved within partnership b. Relation with actors involved above (trust)
5. Organization of collaboration	
1. Roles and responsibilities	a. Role / responsibility of actors involved in collaboration - Recorded? b. Impact current division on (results of) collaboration
2. Communication structure	a. Communication in daily practice - Method - Frequency b. Impact current communication on (results of) collaboration
3. Management	a. Manager - If yes: Who, how is leadership executed? - If no: Need for a manager? Capacities manager
4. Shared goals	a. Shared goals - If yes, description shared goals Z - If no, impact lack of shared goals for (results of) collaboration
5. Capacities	a. Contribution alliance - <i>Skills, network, knowledge</i> b. Contribution other actors involved - <i>Skills, network, knowledge</i> c. Lack of expertise / Need for
6. Flexible timeframe	a. Flexibility planning appointments b. Difference in time frame of achieving goals of actors involved
7. Visibility	a. Informed about results collaboration b. Media attention c. Satisfaction due to visibility
6. Wish-question	

* The factor *Self-efficacy* has been operationalized incorrectly.

To be able to compare the answers of the sport-care coordinators, the professionals and the volunteers, the interviews were developed in a way that most questions were applicable for all three stakeholders. The interviews were semi-structured. That means that an interview guide was used including a list of questions and topics, which needed to be covered during the conversation. When appropriate, other topical trajectories were allowed to be followed that strayed from the guide. These questions were applied when more depth during the interview was expected in order to get a satisfactory answer. Only during the first interviews the exact order according to the topic list was kept. After the interviewers became more familiar with the questions and the way of interviewing, the topic list was used in a more flexible way.

The interviews were audiotaped with the permission of the interviewees and transcribed later. To increase the comparability of the interviews conducted by the two researchers individually, the first

interview was conducted in the presence of both researchers. Halfway through all the interviews, a second interview was conducted in the presence of both researchers to maintain the similarity with regard to the way the questions were asked. One researcher conducted the interviews in Rotterdam and Amsterdam. The interviews in Utrecht and Eindhoven were conducted by the second researcher.

4.4 Data analysis

In order to analyse the recorded interviews, the program ATLAS.ti was applied. ATLAS.ti provides tools to systematically analyse complex unstructured data, which can be coded and weighted to their importance. Also relationships between the data can be visualized (Atlas website). The first phase of the data analysis included transcribing the audiotaped interviews. The interviews had been transcribed as literal as possible and no interpretations were added. The large amounts of texts obtained from the transcribed interviews were deductively coded in Atlas.ti according to the indicators from the HALL framework. However, due to the interest in elements that might influence the collaboration that are not mentioned in the framework, inductive coding was also applied. The open-oriented questions at the start of the interview, depending of the answer given, have been relocated, when possible, in the categories of the elements mentioned in the HALL framework to make analysing possible.

The interviews have also been split for the three groups of actors involved: sport-care coordinators, professionals and volunteers. Also a distinction was made between factors positively influencing the collaboration and factors negatively influencing the collaboration. At the start of the coding phase three of the interviews were coded by both the researchers and subsequently compared to test whether the coding was done in a similar way. The remaining interviews were coded by a single researcher.

The data were selected based on three indicators: striking, important and/or frequently mentioned. These indicators were applied to prevent an overload of data. In case factors were identified and mentioned by more than one participant, the results were written in plural. In addition, words as 'in general', 'most' and 'a lot' were added when applicable.

4.5 Ethics

The code of Conduct for Social Science Research has been considered. The interviewees were verbally informed with regard to anonymity, privacy and permission for audiotaping the interview. The interviewees were asked whether they had understood these statements and whether they agreed on conducting the interview. Their understanding and permission was audiotaped as prove for their agreement.

4.6 Procedure and timeline

The interviews have been conducted between February the 26th and May the eighth. The coding of the interviews started the second week of April and was executed within three weeks. Analysing the data with Atlas.ti started the 12th of May. At the start of the analysis, no new interviews were conducted and the coding was completed.

Chapter 5. Results

This chapter describes the results of the interviews. Paragraph 5.1 to 5.3 reports the answers to the research questions. Only factors that had met the requirements of being: 1. Striking, 2. Important or 3. Frequently mentioned are discussed in this results section. A more extended version of the results is added in the Appendix II and III. Paragraph 5.4 describes the answers to the wish-question of the interview.

5.1 How can the collaborations of the five locations be described?

The two youth care organizations Spirit and Altra in Amsterdam had a similar design. Both had employed a sport-care coordinator, a professional who had previously been working part-time but had shifted to completely take on the role of sport-care coordinator. The sport-care coordinators have a mediating role, connecting the professionals from the youth care sector and their clients with the volunteers from the sport clubs. Due to the active role of the coordinators, many sport clubs in Amsterdam and the surrounding area took part in the sport-care initiatives.

In Rotterdam, the design with regard to the sport-care coordinator is partly comparable to the design in Amsterdam. Also at this location, the sport-care coordinator was employed by the youth care organization FlexusJeugdplein. However, he was also partly employed by SportSupport, an organization supporting sport clubs in Rotterdam. His functioning in both worlds has led to considerable involvement in the collaboration. The sport club that participated had a different position in the collaboration with youth care; a sport club that had close contact with SportSupport rather than with FlexusJeugdplein. For the last couple of years, this sport club had focused, together with the help from SportSupport, on creating a safe pedagogic environment for all of their youth members to eventually be able to initiate sport tracks for societal initiatives.

Due to the location in the south of Rotterdam, the football club had to deal with, as the interviewee stated, more problematic children and youngsters. Over the years, SportSupport has provided the trainers and coaches of the club with instructions on to how to take proper care of these children and moreover, they have given the club the chance of contacting SportSupport in case of unwelcome behaviour of the youngsters. When needed, SportSupport would visit the sport club for additional assistance or when needed, they brought in specialized care from the youth care sector. Therefore it can be concluded that the sport club did not explicitly collaborated with the youth care sector but still had a certain stake in the alliance.

Furthermore, two of the three interviewed professionals in Rotterdam had an additional function as sport-officer within the municipality. Both professionals did not have a clear view on what their main tasks were as sport-officers resulting in less focus on sport possibilities in society.

In Utrecht, the collaborative triangle including sport-care coordinators, professionals and volunteers from sport clubs totally differed from the collaborations described above. As opposed to Amsterdam and Rotterdam, in Utrecht there was an independent organization operating as mediator between the youth care organization De Rading and local sport clubs, rather than a sport-care coordinator who is employed by the youth care organization. However, in general there seemed to be less collaboration with local sport clubs since this stand-alone organization called 'On the Move' offered their own sport activities to vulnerable youngsters. On the Move was an initiative of three people, of which two have been interviewed in this study. One of them was functioning as the coordinator, whereby the other had a background in the youth care sector, referred to as youth care professional

in this study. Only during specific organized sport-tracks this organization hired an external trainer, which more or less is comparable with the collaborative designs of Amsterdam and Rotterdam. No sport clubs in Utrecht participated in this study.

Also in Eindhoven, an additional organization was involved in the collaboration between the youth care organization (De Combinatie) and local sport clubs: SportFormule. SportFormule was part of the municipality of Eindhoven and had initially the task to support sport clubs creating a structured self-directing club (comparable to SportsSupport in Rotterdam). Different from the design in Utrecht whereby the stand-alone organization was closely connected to the youth care sector, SportFormule was closely connected to the sport clubs. The transitions within the municipalities from the first of January 2015 and the upcoming trend of using sport for societal goals, together caused that SportFormule started connecting the youth care organizations and sport clubs. Like in Utrecht, in Eindhoven, an organization connected youth care organizations and sport clubs, rather than one single sport-care coordinator. Only a couple of partnerships had been established since SportFormule started the initiative. No sport clubs in Eindhoven participated in this study.

5.2 Which elements are, according to the actors, influencing the collaboration?

5.2.1 Policy and Finance

Time

Approximately half of the interviewees, indicated not to have enough time to spend on the alliance. Besides, the professionals stated that they encounter a lot of stress, partly due to the current transitions in the youth care sector. However, most of them continued that despite this limited time, they still make time for the collaboration. *"You don't really have time scheduled for that, but you execute this task within your available time and you just do it. Whether it is outside working hours or not, you just do it."* (F, 33, care) Due to their voluntary function, also trainers have limited time to invest in the alliance with youth care according to a coordinator. One sport-care coordinator mentioned that when there is more time, he would invest the time to reach the board of the sport clubs. He explained that convincing the board of a sport club, could lead to a collaboration that is taken more seriously.

Manual

Two of the interviewees (one coordinator and one professional) reported that they would like to see a manual developed, which can be used as a defined plan for the collaboration. *"It would be useful to have plan of action of how the alliance can be organized. What do you have to do first, what next?"* (M, 45, care) The professional who stated that a manual would be useful, was the youth care professional also operating as sport-officer. As described above, her task as sport-officer was unclear, which explains her need for a manual.

Finance

Money was often referred to as a restricted factor within the collaboration by all three groups of actors involved. This can be concluded from both table X including the described hindering factors, but moreover, the wish-table shows several actors wishing for more available financial resources. One coordinator stated that having more money would result in a better collaboration between the youth sector and sport clubs. Also one volunteer explained that the collaboration would be a success

if there were enough resources for the vulnerable youngsters. *"It should be financed and a trainings field should be made available. The vulnerable youngsters should feel valued."* (M, 24, sports). According to one professional, certain projects in the past had to be stopped due to financial restrictions. He explained that the Sport Fund should receive more money in order to let more vulnerable youngsters participate in sports.

5.2.2 Attitude and belief

All interviewees assess the collaboration between youth care and sport clubs as valuable. However, whether the other actors assess the collaboration as 'useful' is, according to all the sport-care coordinators, professionals and volunteers questionable or not the case at all. The majority of the sport-care coordinators questioned whether the professionals value the alliance. *"The collaboration is a success when the people are sport-minded and willing to take the initiative in the group."* (F, 38, SCC) Also the volunteers were not sure about the positive attitude of the professionals towards the collaboration. Moreover, even the professionals questioned whether all their colleagues assess the alliance as valuable. *"You need enthusiastic colleagues to let this alliance be successful."* (F, 45, care) According to three professionals sport clubs seem to be more reserved and are not dying to be involved in sport-care tracks. One professional stated that trainers having a positive attitude stimulate the youngsters to show up during the training.

5.2.3 Relationships & Communication structure

From all the interviews a relation between youth care and sport is assessed to be essential. *"The collaboration is a success when the youth care and sport clubs know where to find each other, trust each other and exchange knowledge."* (M, 41, SCC) However, three professionals mentioned that they have never had any contact with the sport clubs. It seemed like all the actors expected more from the other actors involved in the collaboration. According to the sport sector, the relation with youth care depends on the interests and motivation of the professional. The professional described that the relation with the sport clubs is extremely dependent on the type of trainers.

According to the majority of actors from all groups, the best way of communication within this relationship was described as professionals visiting the sports clubs in person. *"My aim is that in case of any problem, the sport clubs know who to go to and who to contact for support."* (M, 56, SCC) Striking is that, despite the fact that the sport-care coordinators were seen as mediator between the sport clubs and youth care, visiting the sport clubs was mainly expected from the professionals, rather than from the sport-care coordinators. However, sport clubs mentioned that such visits are rarely the case. Moreover, the majority of professionals stated that they initiate the contact only on request or when there are problems. Contrary, as can be seen in table 3, many wishes were targeted on being in contact with the sport clubs more frequently. Furthermore, the professional described that they would like to see more communication from both sides. *"Mutual contact is desirable. The sport clubs, the trainers they signal the most. They should do something with these signals."* (F, 33, care)

5.2.4 Roles and responsibilities & Capacities

According to the sport sector and sport-care coordinators, visiting the sport clubs is one of the tasks of the professional, but rarely happens. *"The professionals should register the youngsters and preferably transfer them as fervently as possible, as active as possible."* (F, 37, SCC) Also, when asked who is responsible for having frequent contact with the sport clubs, seven out of ten professionals

and the sport-care coordinators referred to the professionals. In Rotterdam the two interviewed professionals, who also had the role as sport-officer did not know what their actual function was. *"It is very unclear what you have to do as sport-officer."* (V, 35, care) The main role of the trainers is described as giving the actual training.

Concerning the capacities, most professionals stated that the pedagogic role of trainers is very important, but the same professionals also indicated that the capacities of the trainers with regard to this pedagogic role are often inadequate. *"The trainer is very important, but he or she should not replace the professional! We don't want to turn trainers into professionals, let them be trainers. Care and support should remain the role of the professional. An interaction would be perfect!"* (M, 41, care) Interesting is that the trainers are willing to receive feedback basic knowledge about how to handle vulnerable youngsters, something that the professionals were not aware of. According to the volunteers, the professionals miss empathy towards the youngsters.

Whether the roles and responsibilities were documented varied in all three groups of actors. Both the professionals and the volunteers stated that it is not possible to have them officially documented since a voluntary sector is involved in the collaboration. Only a couple of actors explicitly mentioned that they would like to have a clear task division documented.

5.2.5 Management

On the question 'who is in charge within the collaboration', the actors of all three groups responded very diverse. In all groups, actors referred to the coordinators or the professionals as leaders. Also, interviewees referred to everyone having partly the lead, whereby everyone should take the lead in their own sector. Other actors mentioned that no one takes the lead including actors who liked to see that change and actors that stated that it is not feasible to have one single leader.

Having one actor coordinating the collaboration between youth care organizations and sport clubs was frequently mentioned by the interviewees as one of the success factors. *"There is a need for someone who coordinates everything"* (M, 56, SCC) *"If you have one contact in the north, one in the west, one in the east, if there would be money available for that, the collaboration would be more successful."* (M, 24, sports) A lack of time from all the actors was reported as main reason declaring the need for an additional actor coordinating the collaboration.

5.2.6 Shared Goals

According to six of the seven professionals, there are no shared goals formulated by the sport clubs and the youth care organizations. All of them explained that it is usually the case that they inform the sport clubs about their goals for the youngsters, rather than that they formulate the goals together. *"You do have agreements for example when the youngster is very shy, then of course we discuss that with the trainers. But that does not happen everywhere."* (M, 41, care) *"If I have set a goal for a youngster, I ask the trainer whether he or she can help work towards it."* (F, 33, care) Two volunteers agreed that they would like to be more informed by the professionals concerning the problems and background of the youngster in order to take care of the youngsters properly. In conclusion, most actors (both professionals and volunteers) mentioned that the professionals should share their formulated goals with the trainers and sport clubs, rather than formulating them together.

5.2.7 Remaining factors

On the question 'when do you consider this collaboration as successful?' many interviewees responded similar, with their main focus on the vulnerable youngster. According to many actors,

having the vulnerable youngster participate in sports for an extended period of time, the youngster enjoying participation in sports and that they eventually become a member of a sport club, are all results that assess whether the collaboration has been a success. Moreover, three interviewees mentioned that the collaboration is successful when the youngster has learned something, that they have developed certain social skills. Nevertheless, the same actors also mentioned this success factor as a hindering factor. *“Youngsters can not be motivated. Sometimes you have a trainer who works extremely hard for the youngster, but the youngster just fucks up.”* (F, 31, care) According to one sport-care coordinator and a professional, it is very hard to keep the youngsters motivated until the end of their sport-tracks. One professional stated that this can even lead to conflicts with the sport club.

Besides focussing only on the youngster, some actors also reported that the success can be found in the youth care organization as a whole. Two professionals mentioned that if youth care makes optimal use of sport as a method, the collaboration could be assessed as useful. *“That every group of youth care participates in any kind of sport at least once a week.”* (F, 50, care) Also the trainers and sport clubs should continue to put effort in the collaboration for further success, despite the sometimes problematic target group, according to one professional. *“You really need to coach them in the beginning of what to do, when and how.”* (F, 50, care)

5.3 What are the main differences of influencing factors between the participants?

Although the sport-care coordinators have, according to all actors, a significant role in the collaboration, most points about changes and dissatisfactions are made for the youth care professionals and the volunteers from sport clubs. In general, all actors seemed to be satisfied with the role of the sport-care coordinators, their tasks and motivation. Concerning the professionals, trainers lack certain capacities whereas according to the volunteers, it is the attitudes of the professionals that matter.

According to the majority of the professionals and sport-care coordinators, most trainers miss certain capacities to take proper care of the vulnerable youngsters. They meant that the trainers have an important pedagogical role, although only a couple of professionals mentioned this explicitly. The trainers reported that they would like to receive more feedback and are open for any training.

Not only the sport-care coordinators and the volunteers from the sport clubs noticed a lack of motivation and sport interest in the professionals, also the professionals themselves admitted that their attitude towards sports could improve.

Furthermore, there is a difference in ideas concerning the shared goals. The professionals and volunteers both admitted that the goals are formulated unidirectional, rather than formulated by both parties. Both groups of actors explained that the professionals are responsible for the formulation of goals for their vulnerable youngsters. According to the professional, the volunteers from the sport club were not always easily approachable and willing to be informed about goals for the youngsters. However, the interviewed volunteers reported that they would like to be more informed by the professional about the background of the vulnerable youngsters and the formulated goals.

Other significant differences can be found between the different locations involved in this study. One of these differences can be linked to the capacities of the trainers. As described in Rotterdam, the involved sport club was provided with support from the external organization SportSupport. With the weekly support targeting the organizational setting, the trainers, coaches and volunteers, SportSupport had helped with creating a safe pedagogical environment with skilled trainers within the sport club, ready to take part in sport-care tracks. Moreover, in Amsterdam and Rotterdam, the youth care organization and the sport clubs were the only two parties involved in the collaboration due to the fact that the youth organizations had employed the sport-care coordinator. Both in Utrecht and Eindhoven, there is a more triangular design, with an additional external organization besides the youth care organizations and sport clubs. The sport-care coordinator of Rotterdam wished for an external organization, which should mainly focus on initiating and maintaining a strong collaboration, comparable to the initiative in Utrecht and partly to that in Eindhoven. However, the sport-care coordinator in Eindhoven would like to have someone coordinating the collaboration from the side of the youth care, the same as what happens in Amsterdam and Rotterdam.

5.4 Wish-question

In table 3, the wishes of all involved actors concerning the collaboration are shown. In the table sport-care coordinators are referred to as “SCC”, youth care professionals as “Care” and Volunteers from sport clubs as “Sports”. The table is categorized according to the factors of the HALL-framework. For one factor, no wishes were made. Most wishes that were made concerned Policy, Finance, Relations, Communication structure and Capacities. Concerning Policy, the wishes mostly emphasized getting an additional actor within the collaboration with the main task of structuring the collaboration. Besides, wishes were made about sports becoming a fundamental element in the youth care sector. According to five interviewees, financial resources should be made more available which will result in more possibilities for the vulnerable youngsters to participate in sports. With regard to relationships and communication, connections between youth care organizations and sport clubs should be initiated, maintained, strengthened and frequently used. Most similar wishes were made in the category of capacities, targeted on improving the capacities of the volunteers/ trainers of the local sport clubs concerning taking care for the vulnerable youngsters.

There were no additional wishes made besides the wishes with regard to factors identified from the HALL framework.

Table 3. Wishes reported by the interviewees concerning the collaboration. Sport-care coordinators are referred to as “SCC”, youth care professionals as “Care” and Volunteers from sport clubs as “Sport”.

Factor	Actor	Wish
Policy	SCC:	‘One founded coordinating organisation resulting in a more structured collaboration.’
	SCC:	‘That the collaboration is self-evident and that no guidance is needed anymore.’
	SCC:	‘Recruitment of one full-timer operating within the youth care organization as a central contact. Someone having the initial task to build a network around the collaboration.’
	Care:	‘More one-on-one moments during sport-care tracks for the vulnerable youngsters.’
	Sport:	‘Sport-care as enduring element in the youth care trajectories.’

		Recruiting someone to fulfil this task.'
	Sport:	'Sport should be taken more seriously within the youth care sector. Youth care organizations should integrate more in the sport clubs of their clients and should actively keep track of the developments of the vulnerable youngsters.'
	Sport:	'The youth care organizations should develop an action plan before approaching the sport clubs.'
Finance	SCC:	'More money available to compensate the time and energy trainers have to invest in taking care of this target group.'
	Care:	'The Sport Foundation should receive more money in order to help more youngsters into sports. People should invest a lot of money, because nowadays we sometimes have to stop projects due to a lack of money.'
	Care (2x)	'Having more financial resources to make sports for vulnerable youngsters easier accessible.'
	Sport:	'More budgets to support sport clubs to create a safe pedagogic environment and the necessary capacities of the trainers.'
Attitude and belief	SCC:	'Getting everyone motivated.'
Relations	SCC:	'More personal connection between youth care organizations and local sport clubs so that they can invest in each other.'
	Care:	'Mapping all sport clubs in the neighbourhood with the contact details of the person to approach within the sport club.'
	Care:	'Having contact with all sport clubs in the neighbourhood and surroundings to let more children be involved in sport-care tracks.'
Roles and responsibilities	Sport:	'The youth care organizations should take more responsibility to use sports as a method in their program.'
Communication structure	Care:	'More communication from both sides concerning the youngsters. Communication should become part of the tasks professional have.'
	Care:	'Just getting a reaction from the sport clubs you contact. So it is not necessary to constantly ask them whether they have received my email. That would improve the support of the youngster.'
	Care:	'That the trainers know that they can also contact us, rather than only me calling them.'
Management	SCC:	'One founded coordinating organisation resulting in a more structured collaboration.'
	Sport:	'Having a neutral person frequently visiting the sport clubs with the sufficient expertise and knowledge without prejudices.'
Capacities	SCC:	'Sharing of expertise between youth care and sport.'
	SCC:	'More investment in the capacities of the trainers and sport clubs for taking care of the vulnerable youngsters.'
	Care:	'More knowledge and understanding of the volunteers to take care of this target group. That can be accomplished by inviting sport clubs during organized theme nights. This way you can provide the volunteers with instructions, something that is still lacking.'
	Care:	'That the trainers have more basic knowledge.'
	Sport:	'Municipalities, districts and KNVB should invest more in the capacities of the trainers by offering courses with more focus on pedagogic elements.'

Chapter 6. Discussion

This Chapter presents the answers to the research questions. Furthermore the results are linked with existing literature. In paragraph 6.2 the strengths and limitations of the study are discussed. The chapter ends with recommendations for further research.

6.1 Answering the research questions

➤ *How can the collaborations of the five locations be described?*

During the interviews it became clear that there was a large variety between the locations concerning the actors with a stake in the collaboration. The two youth care organizations Spirit and Altra in Amsterdam had a similar design. Both had employed a sport-care coordinator who had a mediating role, connecting the youth care sector with the world of sports. Due to the active role of the coordinators, a lot of sport clubs in Amsterdam and the surrounding area took part in the sport-care initiatives. Therefore, for the collaboration in Amsterdam (Spirit and Altra) it can be concluded that both youth care professionals; volunteers from the local sport clubs and the two sport-care coordinators actively participated.

In Rotterdam, the design with regard to the sport-care coordinator is partly comparable to the design in Amsterdam. Also in this location, the sport-care coordinator was employed by the youth care organization FlexusJeugdplein. However, he was also partly employed by SportSupport, an organization supporting sport clubs in Rotterdam. Concerning the sport club, it was interesting for this study to have a sport club involved with a different position in the collaboration. A sport club that had close contact with SportSupport rather than with FlexusJeugdplein. The last couple of years, this sport club had focused, together with the help from SportSupport, on creating a safe pedagogic environment for all of their youth members and skilled trainers to eventually be able to initiate sport tracks for societal initiatives. Because several actors mentioned the need for a safe pedagogical environment and skilled trainers, more sport clubs should create a safe pedagogical environment before initiating the collaboration with youth care. It is therefore recommended that the involved sport club in Rotterdam is used as an example.

Furthermore, two interviewed professionals had an additional function as sport-officer within the municipality of Rotterdam. Remarkable is that both professionals did not have a clear view on what their main tasks were as sport-officers resulting in less focus on sport possibilities in society. They both more or less blamed the sport-care coordinator for informing them insufficiently about current trends and activities concerning the application of sports. In sense there is still much to be gained. It is recommended that the roles and responsibilities of sport-officers should become more clear in order to increase the focus on applying sports for societal goals. It might be an option to introduce regular meetings with the sport-care coordinator and sport-officers. Clear communication about roles and responsibilities to all relevant parties stimulates the success of the collaboration (Mattessich & Monsey, 1992).

In Utrecht, the collaborative triangle includes an independent organization operating as mediator between the youth care organization De Rading and local sport clubs. However, there seemed to be less collaboration with local sport clubs since this stand-alone organization called 'On the Move' offered their own sport activities to vulnerable youngsters. To increase the chance of youngsters becoming a member of a sport club and, moreover, to make them re-enter society step by step, On

the Move could put more effort in collaborations with local sport clubs. Currently there is no alliance with sport clubs.

Also in Eindhoven, an additional organization was involved in the collaboration between the youth care organization (De Combinatie) and local sport club: SportFormule. Different from the design in Utrecht whereby the stand-alone organization was closely connected to the youth care sector, SportFormule was closely connected to the sport clubs. Unfortunately only a couple of partnerships had been established since SportFormule started the initiative. SportFormule mentioned the need for a coordinating actor, creating more possibilities to connect with youth care. It is therefore recommended that an additional actor will be recruited, operating as sport-care coordinator within the youth care organization. This person should function as point of contact within the youth care to make more connections possible between SportFormule and the youth care organization De Combinatie.

➤ Which elements are, according to the actors, influencing the collaboration?

Due to the overload of mentioned factors, the results were selected on the basis of three indicators: importance, being striking or frequently mentioned. By combining the statements and opinions of all the interviewees, conclusions could be made about the elements that, according to the sport-care coordinators, youth care professionals and sport volunteers, had most influence on the collaboration. The factors: policy & finance, attitude and belief, relationships & communication, roles and responsibilities & capacities, management and shared Goals were important, striking and/or frequently mentioned. Additionally, the impact of sports on vulnerable youngsters and the difficulty of getting them into sports was frequently mentioned.

Interesting is that the factors identified by the actors as influencing factors, were the same factors which were often referred to during the wish-question. Policy concerning the collaboration was mentioned to be hindering the collaboration due to limited time the actors were allowed or were able to spend on the alliance. Having more time (described as success factor) to invest in the collaboration would, according to the actors, lead to a more successful collaboration. According to the study of Johnsen (2003), a lack of time for collaborative efforts is one of the factors that causes collaborations to be constantly under attack. Moreover, a comparable collaboration study connecting care and sport from Den Hartog et al. (2014) investigated if having enough time was the key to the development of trust among the partners within the alliance. It is therefore recommended that youth care professionals are allowed to spend more time on the initiation and maintenance of collaborations with sport clubs. Less important tasks should be delegated towards others and it should be made sure that the professionals are paid for the hours they spend on the alliance. Lowering the workload might increase the interest in new trends (sports). This is similar to Johnsen (2003) who stated that time and additional resources should be provided for those engaging the collaboration. A study from the Muller Institute focussing specifically on collaborations between professionals and volunteers pointed out that volunteers are often busy people, which hinders their time to spend on the collaboration. Important is that the volunteers should not be overloaded with tasks (Van der Gaag & Van der Klein, 2012).

Besides time, as element of policy, two participated actors referred to the development of a manual. Although this was mentioned by only two of the interviewees, it seems worthy to discuss the context

the statement was posted in, especially the context of one actor. The need for a manual providing a stepwise action-plan for how to initiate, maintain and optimize a successful partnership between youth care organizations and local sport clubs was reported by a youth care professional in Rotterdam who also had the label of sport-officer. However, as described in the results, her tasks and responsibilities as sport-officer were, according to her, vague and unclear. It is therefore that she suggested to create a clear action plan for all the involved actors within the collaboration, having their roles clearly formulated. Having unclear roles and responsibilities of the actors participating in the collaboration is more often mentioned as a hindering factor for the success of a collaboration (Den Hartog, 2014). Already in 1992, from a study by Mattessich and Monsey, the development of clear roles and policy guidelines (which can be compared to the development of a manual) was reported as a stimulating factor.

Also finance was mentioned to be stimulating the collaboration in case more money would be made available. However, due to the limited financial resources available nowadays, finance was mostly mentioned as a hindering factor. Various studies investigating partnerships emphasize the importance of financial resources (Mattessich & Monsey, 1992; Lasker et al., 2001; Johnsen, 2003). To support the collaboration, there should be an adequate consistent financial base (Mattessich & Monsey, 1992). Also concerning collaborations more specified between care and sports, financial barriers should be addressed (Lasker et al., (II) 2001). According to the study of Lasker et al. (2001), more should be invested in the documentation of the effects of partnerships in the health sector. A lack of documentation has the potential to undermine financing for alliances in the future (Lasker et al., (II) 2001). Moreover, the documentation and evaluation of effects was found to enhance the functioning of partnerships (Roussos & Fawcett, 2000). Although this study was focussed on health outcomes in general, more documentation of behavioural effects of vulnerable youngsters might be something to consider.

Concerning the category 'attitude and belief', the actors valued the collaboration as useful, but all questioned the motivation and interests of the other actors involved. Lasker et al., II (2001) stated that it is extremely difficult for people to collaborate when they are sceptical of each others' motivation. Having motivated and sport-minded actors, especially the youth care professionals, was reported to lead to more success. However, because that was often not the case, the actors described that a lack of motivation and sport interests hindered the current alliance. In the study of Johnsen (2003), motivation is comparable to what he described as commitment to the alliance, which is, according to him, one of the main variables influencing a collaboration. It is therefore recommended that youth care professionals will be introduced to sports by showing them the added value of sports for their clients.

According to the interviewees, the success of the collaboration is significantly determined by the relationship between the youth care professionals and the volunteers from the local sport clubs. Having a strong connection and frequent (personal) contact with the other party was mentioned to positively influence the partnership, although it happened only occasionally. Therefore, irregular contact or no contact at all was also stated as a hindering factor. Also the 'Beweegkuur' study by Den Hartog (2014) reported short communication lines to be a major success factor. Johnsen (2013) described that organizing frequent meetings will promote a cohesive working relationship. Moreover, with regard to a relationship between professionals and volunteers, volunteers should be

taken seriously, giving them the opportunity to provide feedback to the professionals (Van der Gaag & Van der Klein, 2012). An equal relationship should be established.

To improve communication, it might be an idea for youth care organizations to follow the example of Utrecht. Utrecht brings in a voluntary professional who is present during every training of the clients and observes the youngster's behaviour. Moreover, these signals are communicated with the concerned professionals. Introducing this example might combat the current communication barriers between youth care organizations and trainers/coaches.

With regard to the category of 'roles and responsibilities & capacities', it is recommended that professionals take more responsibility in visiting the sport clubs, which would lead to a more successful collaboration. Even the professionals admit that it is their responsibility to visit the sport clubs, but that it happens too little. Not having the roles and responsibilities officially documented might be an explanation for this contradiction. As described in the studies of Den Hartog et al. (2014) and Mattessich & Monsey (1992), having a guideline including written roles and responsibilities increases collaborative success. Also the relatively new trend of applying sports in the program of vulnerable youngsters (Buysse, & Duivestijn, 2011) might cause unfamiliarity of the youth care professionals with the additional roles and responsibilities.

Furthermore, one of the main hindering factors described was the insufficient capacity of the trainers concerning how to take care of the vulnerable youngsters. Having them trained would result in a more goal-oriented alliance. However, they should not take over the role of the professionals. A study investigating collaborations between professional and voluntary organizations reported the difficulty of improving skills of the volunteers (Van der Gaag & Van der Klein, 2021). Improving their skills might not always lead to a more successful collaboration. With regard to improving pedagogical knowledge of the volunteers, it might stimulate the alliance. However, it can also have the opposite effect, increasing the pressure on the volunteers. Sometimes, the power of the volunteers is their inexperience (Van der Gaag & Van der Klein, 2012). The capacities of the trainers within the collaboration with youth care relates more or less to pedagogical knowledge. Consequently, improving the skills of the trainers to cope with vulnerable youngsters is considered to be useful.

Having one additional actor coordinating the collaboration between youth care organizations and sport clubs was frequently mentioned by the interviewees as one of the success factors concerning 'management'. For some actors, the collaboration was hindered by not having one coordinating actor. Also the majority of the ten cases of collaborations between professionals and volunteers described in the study of Van der Gaag & Van der Klein (2012) concluded that volunteers appreciate having one single contact person who mediates between the two parties. Knowing where to go to in case of problems or questions creates clarity within the alliance (Van der Gaag & Van der Klein, 2012). Also the study of Johnsen (2003) and Den Hartog et al. (2014) indicated that strong leadership influences the success of a partnership. Johnsen recommends the involvement of someone who truly understands the nature of the collaboration and who is able to mediate between the parties (Johnsen, 2003). According to Bibiak (2003), in her study concerning alliances in sports, leadership was the most often reported factor for a partnership's effectiveness.

Within the category of 'shared goals' no distinction was made between stimulating or hindering, but the exchange of knowledge from professionals towards the trainers did have a significant impact on the success of the collaboration, according to the actors. With regard to the collaboration between

youth care and sport clubs it is the professional that should inform the trainer and sport club about formulated goals, rather than formulating them together, thereby providing the trainer a certain frame to act in. The study from Van der Gaag & Van der Klein (2012) adds an important element to this discussion stating that it varies between collaborations whether volunteers should work according to a frame (receiving feedback) or should have more freedom in their activities. In situations where volunteers are confronted with serious problems, volunteers are advised to work according to a clear frame. Not only for their own safety, but also to make sure that the volunteers are working according to a (shared) pedagogical vision (Van der Gaag & Van der Klein, 2012). It is therefore recommended to stimulate the professionals to share their expertise and knowledge with the trainers/coaches of the sport clubs. Although the professionals consider the sport clubs here to be reserved, the trainers/coaches stated that they are open for any feedback concerning the caretaking of vulnerable youngsters.

The difficulty of getting the vulnerable youngsters into sports, and more important, keeping them into sports was frequently mentioned as a hindering factor. Also literature suggests that vulnerable youngsters might encounter problems that inhibits them from participating in sports (Breedveld et al., 2010). Applying sports more regularly in the program of vulnerable youngsters might lead to more insight on how to keep the youngsters motivated and participated in sports. The factors of having professionals being present during the trainings of the youngsters, frequent communication between the two parties and skilled trainers might all increase the chance of making the application of sports in the program of vulnerable youngsters more successful.

It can be concluded that the majority of factors that, according to the interviewed actors, influence the collaboration, are also identified in the HALL framework. It seems that planning, self-efficacy, social identity and visibility have no or limited effect. Concerning the 'planning', no actors mentioned that their organization had set a certain timeframe in order to achieve collaborative aims. According to two interviewees, it was more or less a continuous process, whereby the time period was not determined. In this study, the researchers have misunderstood the element self-'efficacy'. The questions concerning self-efficacy did not actually measure the self-efficacy of the interviewees. Although self-efficacy, as formulated in our study seems not to have an impact on the collaboration, it might have had an impact when the questions would have been properly formulated. Implicitly, the actors referred to self-efficacy during questions in the categories of attitude & belief and capacities. However they did not explicitly mention their belief in their own capacities. Also 'social identity' was in the end not identified as an influencing factor. Our questions concerning 'social identity' only focussed on the identity of the interviewee, rather than on the social identity of the other actors involved. More than once, the actors referred to the professionals as not being sport-minded. These statement were classified as the factor 'attitude and belief', but could also have been classified as the factor 'social identity'. In that case 'social identity' would have been identified as influencing factor. With regard to the visibility of the study, most participated actors admitted that they like to be informed about the results of the study. They did not value the visibility of collaboration itself that much.

- What are the main differences in perceived factors between the professionals from the youth care organizations, volunteers from the local sports clubs and sport-care coordinators involved?

The main difference between the influencing factors according to the professionals, sport-care coordinators and volunteers is that concerning the professionals, the trainers lack certain capacities whereas according to the volunteers, it is the attitudes of the professionals that matter. It can be concluded that according to the professionals most success can be gained with regard to the capacities of the trainers, whereas the volunteers point to the factor ‘attitude and belief’.

Furthermore, there is a difference in ideas concerning the shared goals. The professionals and volunteers both admitted that the goals are formulated unidirectional, rather than formulated by both parties. Both groups of actors explained that the professionals are responsible for the formulation of goals for their vulnerable youngsters. According to the professional, the volunteers from the sport club are not always easily approachable and willing to be informed about goals for the youngsters. However, the interviewed volunteers reported that they would like to be more informed by the professional about the background of the vulnerable youngsters and the formulated goals. Clearly, there is a misconception with regard to the exchange of pedagogical knowledge. The study from Van der Gaag & Van der Klein (2012), investigating the collaborations between professionals and volunteers, also shows differences between the elements that are important for the professionals and elements important for the volunteers.

Other significant differences can be found between the different locations involved in this study. One of these differences can again be linked to the capacities of the trainers. As described in Rotterdam, the involved sport club was provided with support from the external organization SportSupport. With the weekly support targeting the organizational setting and the trainers, coaches and volunteers, SportSupport had helped with creating a safe pedagogical environment with skilled trainers within the sport club, ready to take part in sport-care tracks. It might be an idea to start a similar project in the other cities, since the lack of capacities of the trainers was often mentioned as a hindering factor during the interviews. According to Duivistijn (2014), there should be a safe pedagogical environment created at every sport club, including the provision of courses for the trainers.

Moreover, in Amsterdam and Rotterdam, the youth care organization and the sport clubs were the only two parties involved in the collaboration due to the fact that the youth organizations had employed the sport-care coordinator. Both in Utrecht and Eindhoven, there is a more triangular design, with an additional external organization besides the youth care organizations and sport clubs. The sport-care coordinator of Rotterdam wished for an external organization, which should mainly focus on initiating and maintaining a strong collaboration, comparable to the initiative in Utrecht and partly to that in Eindhoven. However, the sport-care coordinator in Eindhoven would like to have someone coordinating the collaboration from the side of the youth care, the same as what happens in Amsterdam and Rotterdam. All locations might learn from each other’s collaborative design, depending on the barriers they face within their own network. Combining the benefits of both designs could optimize the success of the collaboration in all locations.

6.2 Strengths and Limitations

Despite the limited time scheduled for the interviews with the actors at four different locations, eventually 20 interviews could be conducted. Less than initially planned, but more than that seemed to be feasible halfway through the interviews. Unfortunately not all the conducted interviews were equally useful, since some of interviewees had only limited or no connections at all with the other actor. Because of this, from these two interviews, only limited data concerning factors influencing the collaboration could be obtained. Furthermore, more data could have been obtained if also in Utrecht and Eindhoven sport clubs were interviewed. Due to limited time, no sport clubs in these cities have eventually participated in the study, resulting in an incomplete data collection. Fortunately, in Amsterdam all initially planned interviews have been conducted with the coordinators, professionals and volunteers. Furthermore, it was interesting to have a sport club in Rotterdam involved with a different collaborative design. In this setting, the sport club had the initial task of signalling problematic behaviour of youngsters and bringing in youth care professionals, instead of the youth care organization initiating the contact, which was the case in all other locations.

Due to the combined project of two researchers and limited time, the interviews had to be split between the two researchers. It seemed data from interviews in general is not only obtained via what is being said, but also implicitly via non-verbal communication. Consequently, this caused variations in the data obtained between the conducted interview and the interviews from the other researcher that were only exchanged transcribed. However, this variations has been tried to prevent by conducting two interviews together.

The questions of the interviews were formulated based on the HALL framework. It is questionable whether all the factors described in the HALL framework influenced the collaboration between youth care organizations and local sport clubs, since the framework describes factors concerning collaborations in health promotion in general. According to the results, it can be concluded that for this study a distinction can be made between factors perceived to be influencing the collaboration and factors that, according to the actors, have no influence. Due to the guidance of the HALL framework, the important factors for the collaboration between youth care organizations and local sport clubs could be identified. At the same time the interviewees were given room to follow other topical trajectories that strayed from the formulated questions. Summarizing, the HALL framework contains an umbrella of factors that can be identified as, with regard to specific collaborations, influencing or not influencing factors.

By including several locations in the Netherlands, it has been tried to generalise the results as much as possible. However, it is still unknown whether the identified factors also apply to collaborations of youth care organizations and sport clubs at other locations due to context specific results. However, the majority of identified factors were similar between the locations, despite the fact that the location's collaborative design was not comparable.

6.4 Further research / initiatives

More research concerning influencing factors for the collaboration between youth care organizations and local sport clubs is not considered to be necessary. By having evaluated more collaborative studies operating in different sectors, it can be concluded that a lot of the same factors seem to influence alliances in general. A lot of similarities can be found between the studies that have investigated partnerships in the sectors of health, sports and on broader societal level (Bibiak, 2003; Johnsen, 2003; Den Hartog et al., 2014).

More important is conducting research focussed on how to initiate new collaborations and how to change unsuccessful partnerships into successful ones. As also mentioned by two interviewees, it might be useful to develop a guide to initiate, optimize or change existing collaborations. This guide should provide a clear action plan which can be applied to any collaboration between youth care organizations and local sport clubs. On the other hand, a variety of action-plans seem to be more useful due to the different collaborative designs already found in this study. In that case, recruiting an external actor for providing setting-based advice might be necessary and may lead to more successful collaborations (Johnsen, 2003). It is also interesting to look at locations who have participated in the sport-care tracks in the past, but have stopped the collaboration at the end of the project. What made them stop? Also, is it possible to continue the partnerships? Thereby, not at all locations in the Netherlands, sport-care coordinators might operate as mediator between the youth care and sport clubs. Their presence might influence the factors influencing the collaboration. Additional knowledge about collaborative possibilities at more locations and potential barriers should be gained by conducting further research.

Chapter 7. Conclusion & Recommendations

According to the interviewees, the elements of policy, finance, attitude and belief, relationships & communication structure, roles and responsibilities & capacities, management and shared goals influence a successful and enduring partnership between youth care organizations and local sport clubs. A coordinated collaboration (policy) and the availability of enough financial resources (finance) are aspects of organizational elements that influence a successful alliance. Motivated and interested actors (Attitude and belief), strong relationships between the youth care sector and sport clubs and having regular (personal) contact stimulate further success. Besides, not only being aware of, but also executing assigned tasks and a collaboration in which everyone takes his or her responsibility are mentioned to be important. Furthermore, the capacities of the involved trainers, the possible need for a single leader (management) and unidirectional formulated goals instead of the formulation of shared goals, should, according to all actors involved, be taken into account.

In this study, the HALL framework has been used as a guide for identifying the factors that are of influence in the alliance of youth care organizations and local sport clubs. Although the HALL framework was originally developed for alliances within the sector of health promotion, the involved actors mentioned many HALL framework factors as influencing factors.

The recommendations given during the discussion section and in sub-paragraph 7.1 provide directions for improving or changing collaborations between youth care organizations and sport clubs like developing action plans, building strong relationships and sharing expertise and knowledge. New initiatives should be taken in more locations to increase the number of vulnerable youngsters participating in sports, which is according to all interviewees the ultimate aim of the alliance.

7.1 Recommendations

Below, recommendations are given to optimize current collaborations. The recommendations are split according to the participated actors and institutions.

General recommendation

- Developing a manual providing a stepwise action-plan for how to initiate, maintain and optimize a successful partnership between youth care organizations and local sport clubs.

Youth care organizations

- Allow youth care professionals to spend more time on the initiation and maintenance of collaborations with sport clubs.

Professionals

- Introduce youth care professionals to the theme of sports. Show them the added value of sports for their clients.
- Professionals should take more of an active role in the communication with sport clubs, which will result in a strong relationship with the persons involved at the club.
- Professionals should be more stimulated to share their expertise and knowledge with the trainers/ coaches of the sport clubs. Also sharing a youngsters' background and formulated goals might lead to a more successful collaboration and goals that will be achieved quicker.

Sport clubs

- Sport clubs should have a safe pedagogical environment for their youth members. External organizations should be brought in for the necessary support and guidance.
- Short courses should be provided for the trainers to obtain the capacities of taking care of vulnerable youngsters.

|| Youth, Care & Sports

- Money should be made available as compensation for the time the trainers / coaches and board members invest in the alliance. External funds should be requested.

Volunteers

- Trainers/ coaches should learn to signal problematic behaviour of vulnerable youngsters and inform the concerned professional about what they have observed.
- Trainers/ coaches have to develop skills and gain knowledge (capacities) with regard to taking care of vulnerable youngsters within their sports team.

Sport-care coordinators

- Coordinators should stimulate both the youth care professionals to participate in the sport-tracks and the volunteers from the sport clubs.
- Sport-care coordinators should stimulate and must ensure that there is a strong connection between the professionals and the trainer/coach before they take their hands off of the initiated alliance.

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Appendices

Appendix I. Interview guide

1. Introduction

- Aim of the interview
- Will you allow me to audiotape the interview?

2. Institutional factors (in general) – To get to know the organization

- Q1: Can you tell me something about the organization?
 - a. What are the main goals of the organization?
 - b. How does the organization try to accomplish these goals?
 - c. What goes well within the organization?
 - d. Which problems do you encounter when trying to accomplish the organizational goals?
 - e. How is the organization financed?
 - f. Does the organization stimulate collaboration with other organizations?

3. Open questions – concerning the collaboration

- Q2: What do you think of the collaboration between youth care and sport clubs?
- Q3: What does the collaboration mean for you in daily practice?
- Q4: What is the main reason you participate in this collaboration?
- Q5: When do you assess this collaboration between youth care and sport clubs as 'successful'?
- Q6: Can you mention factors that were recently responsible for the initiation/success of the collaboration?
- Q7: Can you think of problems that were recently experienced, which were hindering the collaboration?
- Q8: How did you handle these problems?

4. Institutional factors (focused on the collaboration)

Policy and Finance

- Q9: Collaboration with other organizations takes time, money and energy. How is that organized within your organization?
 - a. Do you get enough time?
 - b. Are other tasks cancelled?
 - c. Are there organized meetings?
 - d. How about financial resources / additional reimbursements?
- Q10: What are the goals of the organization with regard to the collaboration with youth care / sport clubs?
 - a. Are formulated goals desirable?
 - b. What is the impact of having them (not) formulated?

Planning

- Q11: What is the time period in which the organization attempts to achieve the goals of the collaboration?

5. (Inter) Personal Factors

Attitude and belief

- Q12: Do you assess the collaboration with youth care / sport clubs as valuable?
- Q13: Do you think that the other actors are convinced about the benefits of the collaboration?
- Q14: Do you think that the other actors are motivated to achieve the goals of the collaboration?

Self-efficacy

- Q15: What do you contribute to the collaboration?
- Q16: To what extent do you assess your contribution as valuable?
- Q17: Do you think your contribution is valued by the other actors?

Social identity

- Q18: (youth care professionals) What are your experiences with sports?
- Q19: (sport club volunteers) What are your experiences with vulnerable youngsters?

Relationships

- Q20: According to you, who is involved in this collaboration?
- Q21: How would you describe the relation with the involved actors? (*Relation of trust?*)

6. Organization of alliance

Roles and responsibilities

- Q22: What is everyone's role/responsibility in this collaboration?
 - a. Are the roles/responsibilities officially documented?
- Q23: What is the effect of this distribution of roles/responsibly on the collaboration?
And on the results of the collaboration?
 - a. What is the effect of having the roles/responsibilities (not) officially documented?

Communication structure

- Q24: How does the communication occur between the people who are involved in the daily practice of the collaboration?
 - a. Via which medium?
 - b. How frequent?
- Q25: What is the effect of communicating this way on the collaboration?
And on the results of the collaboration?

Management

- Q26: Is there a leader within the collaboration?
 - a. If yes: How does this person give leadership?
What do you think of the collaboration being leaded this way?
 - b. If no: Do you have a need for someone who leads the collaboration? Why (not)?
How should this person lead the collaboration according to you?
 - c. What is the effect of having (no) leader?

Shared goals

- Q27: Did you formulate shared goals with the youth care organization/sport club?
 - a. If yes: Can you describe the shared goals?
How, by who and when are these shared goals formulated?
 - b. If no: Does it have any impact for the collaboration that there are no shared goals formulated?
And does it have any impact for the results of the collaboration?

Capacities

- Q28: What do you add to the collaboration? *Network, expertise, knowledge?*
- Q29: What do the other actors add to the collaboration? *Network, expertise, knowledge?*
- Q30: Do you miss any kind of expertise within the collaboration?
 - a. If yes: What does the collaboration need?

Flexible timeframe

- Q31: How flexible are the actors involved in the collaboration in planning meetings?
 - a. How is being dealt with the different working hours?
- Q32: Does the time period in which the organizations want to have their collaborative goals achieved differ?

Visibility

- Q33: Are you informed about the results of the collaboration?
 - a. If yes: in what way?
 - b. If no: Do you want to be informed?
- Q34: Is there any media attention concerning the collaboration?
- Q35: How does the visibility of the collaboration affect your satisfaction?

7. Closure

- Q36: If you were allowed to wish for one thing, what would you wish for the collaboration between youth care and sport clubs?

Appendix II. Results (extended version)

In this Appendix, all factors identified in the HALL framework are included. The factors are described according to a summary of the statements from the sport-care coordinators, youth care professionals and volunteers from local sport clubs. Additionally, two tables including the mentioned stimulating and hindering factors are added in appendix III.

Institutional factors

Policy

According to approximately half of the interviewees, they do not have enough time to spend on the alliance. Especially the professionals stated that they encounter a lot of stress, also partly due to the current transitions in the youth care sector. However, most of them continued that despite this limited time, they still make time for the collaboration. Due to their voluntary function, also trainers have a limited time to invest in the alliance with the youth care organizations, according to a coordinator. One sport-care coordinator mentioned that when there is more time, it should be invested to reach the board of the sport clubs. He explained that convincing the board of a sport club, could lead to a collaboration that is taken more seriously.

Two of the interviewees (one coordinator and one professional) reported that they would like to see a manual developed, which can be used as a defined plan for the collaboration.

Finance

Money was often referred to as a restricted factor within the collaboration by all three groups of actors involved. This can be concluded from table 5 including the described hindering factors, but moreover, the wish-table shows several actors wishing for more available financial resources. One coordinator stated that having more money would result in a better collaboration between the youth sector and sport clubs. Also one volunteer explained that the collaboration would be a success if there were enough resources for the vulnerable youngsters. According to one professional, certain projects in the past had to be stopped due to financial restrictions. He explained that the Sport Fund should receive more money in order to let more vulnerable youngsters participate in sports.

Planning

According to two professionals and one sport-care coordinator, it is not about a certain time period to achieve the organizational goals. They mentioned that achieving the organizational goals is a continuous process. According to one sport-care coordinator, the planning horizons are made without input from the sport clubs. Decisions are made on management level, where they do not know the real practise. One sport-care coordinator hoped that within two to three years a national method has been development, a method that gives guidance through the different phases of the collaboration with the sport clubs.

(Inter) Personal factors

Attitude and belief

All three actors: the sport-care coordinators, the professionals and the volunteers considered themselves to have the right attitude and they all believed in the added value of sports for the vulnerable youngsters. However, every group of actors questioned the belief and motivation of the other actors involved. The sport-care coordinators questioned the motivation of the professionals and stated that their motivation is depending on their sport interest. Also the professionals themselves explained that being sport-minded is important for the motivation of their colleagues. This is also confirmed by the volunteers, who mentioned that the professionals do not always see the sport club as valuable partner. Furthermore, most professionals reported that the sport clubs are motivated to join the project, although according to three professionals, the sport clubs are sometimes more reserved. Also some sport-care coordinators questioned the motivation of every sport club.

Self-efficacy

Four of the five sport-care coordinators mentioned that their work is being valued by the professionals or the sport clubs. The two professionals, who were asked whether their contribution had been valued worthy, reported that they do not get any noticeable appreciation. Whether the volunteers are valued for their work varied. Two of them described that they are valued for their work whereby two others did not get any appreciation from the professionals, but from the youngsters themselves.

Social identity

The majority of the sport-care coordinators, most of the professionals and all volunteers reported that they are currently physically active or have been physically active in the past. Their experiences with sports were often used to apply sports during the tracks of the vulnerable youngsters.

Relationships

The sport-care coordinators, professionals and volunteers all assessed a strong relationship between the professional and sport club as one of the important elements of the collaboration. The sport-care coordinators saw themselves as the connectors within the collaboration. The professionals stated that the relationship with the trainers is depending on the type of trainer together with the trainer's motivation. However, according to the volunteers from the sport clubs, the relationship with the professional is sometimes not optimal due to a lack of interests from the side of the professional. It can be concluded that the views of these two actors seemingly varied with regard to this question and that in some cases they expected more from the other group of actors.

Organizational factors

Roles and Responsibilities

All sport-care coordinators described their role as being the connector and mediator between the sport clubs and the youth care organizations. They described their role as looking for a matching sport club for every vulnerable youngster who likes to participate in sports. This role was more or less similar described as the role the professionals and volunteers gave the coordinators. According to seven professionals, their role within the collaboration also includes having frequent contact with

the sport clubs. Also the volunteers stated that the role of the professional is to monitor the youngster from the start of the sport track until the end and thereby to visit the sport clubs. However, according to the volunteers that rarely happens. The sport-care coordinators described the role of the professionals mainly as: giving the youngsters sufficient information, motivate them to participate in sports and to arrange the sport application of the youngsters. But also having contact and visiting with the sport club was explicitly reported as the responsibility of the professionals. The roles the volunteers gave themselves varied. Two mentioned the actual training as their only responsibility, whereby two other volunteers described coordinating tasks in the collaborative network as part of their function. Also according to the sport-care coordinators, the main responsibility of the trainers was to give the actual training, whereby one sport-care coordinator also mentioned creating a safe pedagogic environment as a role of the sport club. The professionals described the pedagogic role of volunteers as very important for the development of their clients. Whether they had documented the roles and responsibilities varied in all three groups of actors. Both the professionals and the volunteers stated that it is not possible to have them officially documented since a voluntary sector is involved in the collaboration.

Communication structure

A couple of sport-care coordinators mentioned the importance of face-to-face contact with the other actors involved. Visiting sport clubs was considered to be essential for sufficient communication and visibility, but was not always possible. Therefore, most contact occurred via email or telephone but could be improved. Also the communication between professionals and the sport clubs occurred most often via mail or telephone, according to the majority of the professionals. Most of the professionals only contacted the sport clubs on request and when problems arose. They mentioned that the communication is also dependent on the type of trainer and their relationship with them. In addition, the volunteers prefer personal contact with the professionals, which is according to them rarely executed in practice.

Management

All groups of actors did not refer to one specific leader. Their views concerning who takes the lead in the collaboration varied from person to person. In all groups, actors referred to the coordinators or the professionals as leaders. Also, interviewees referred to everyone having partly the lead, whereby everyone should take the lead in their own sector. Other actors mentioned that no one takes the lead. Some actors stated that like to see that change and other actors stated that it is not feasible to have one single leader.

Capacities

According to the sport-care coordinators, they should have the network, keep the agenda and should be concerned with youth care. They described that a good trainer should know how to handle this target group, something they sometimes missed. The professionals should have the motivation to apply sports in their program, which was also something the coordinators sometimes missed and were really dependent on. Mostly mentioned by the professionals were the capacities with regard to how the trainers are taking care of the vulnerable youngsters. Trainers should be capable of giving them proper training and that varied. According to the professionals, the trainers should not become the professional but they should have a broader vision and more basic knowledge. One explicitly described that she misses a pedagogic environment at the sport clubs. The volunteers described that

the professionals lack empathy; being able to partly feel what the youngsters feel. Moreover, the volunteers would like to see more feedback coming from the side of the professionals.

Flexible timeframe

The majority of both the professionals and the volunteers expected flexibility in planning meetings from the youth care professionals. The main response was that it are the goals of the professionals that have to be achieved, rather than goals formulated by the sport clubs. The sport-care coordinators varied in their responses. According to them, all groups of actors can be flexible.

Visibility

The visibility of the collaboration between youth care organizations and local sport clubs differed between the locations involved in this study. Two of the sport-care coordinators pointed out that the collaboration is visible in the media. However, one coordinator concluded that there is no visibility at all, although visibility would be beneficial to show the board the results of the collaboration. Three of the coordinators were asked whether the visibility resulted in more satisfaction. All confirmed this question adding that the visibility stimulates and motivates them. Also three of the volunteers stated that the visibility of the collaboration contributes to more satisfaction. However, all three explicitly mentioned that it is visibility of the results of the collaboration that is the cause of the satisfaction, rather than the collaboration itself. The majority of the professionals mentioned that the collaboration is only visible within the organization via Internet, often called Intranet, or newsletters circulating within the organization.

Appendix III. Tables of stimulating and hindering factors

Table 4. Stimulating factors according to the Sport-care coordinator (SCC), Professional from youth care (Care) and Volunteers from the sport clubs (Sports).

Factor	Actor	Stimulating factors (quotes)
Policy	SCC:	"You need to have organizational willingness within the sport clubs to make the collaboration successful."
	SCC:	"Developing a manual that can be used as a concept throughout the youth care organizations and sport clubs would lead to more success."
	SCC:	"The project is going well when the voluntary professional is present during the practice of the youngster and keeps track of their presence and absence."
	Care:	"It can be seen as a success when a long-lasting collaboration is created, rather than one-time only."
	Care:	"To get more vulnerable youngsters into sports, it might be an idea to organize a day for the sport clubs twice a year."
	Care:	"For the collaboration, it would be useful to have a manual of how to organize it. What to do first and what to do next."
	Care:	"The collaboration would be more successful if there were structural meetings."
Finance	SCC:	"The more time and money you have, the better."
	Sport:	"Enough resources available, which have to be financed."
Attitude and belief	SCC:	"The voluntary professionals who are present during the training of the vulnerable youngsters are very enthusiastic, making extra working hours for the youngsters. "
	SCC:	"It can be seen as a success when the people are sport-minded and willing to take initiatives."
	Care:	"A positive attitude from the trainers supports the youngsters to participate in sports."
	Care:	"You need enthusiastic colleagues to make the collaboration successful."
Self-efficacy		No statements have been made about this factor.
Social identity		No statements have been made about this factor.
Relations	SCC:	"It can be seen as a success when the sport clubs and youth care organizations know where to find each other, trust each other and exchange knowledge and expertise."
	SCC:	"Having one-on-one contact with the contact person at the sport clubs, thereby visiting the sport club."
	SCC:	"Key factor is that you know each other. The longer you know each other, the easier it is. Relationships are very important."
	Care:	"That you have a network of sport clubs available immediately at the moment you need one."
	Care:	"Having a relation with the trainer creates the opportunity of evaluating problems or situations together."
	Care:	"Close contact with the sport club, actively contacting the sport club to initiate an alliance."
	Sport:	"Having regular contact with the sport club, close contact with the involved youth care professional."
	Sport:	"I think it is important that within the partnership, there are close connections between the two parties."

Roles and responsibilities		No statements have been made about this factor.
Communication structure	<p>SCC: "The collaboration would be more successful if there would be more communication. The more contact you have, the sooner you are able to signal that something goes wrong."</p> <p>Care: "There needs to be good communication. If I don't communicate with the other party, I don't know how everything is going."</p> <p>Care: "The partnership is a success if you have regular mail or telephone contact and you are informed about the participation of the youngsters."</p> <p>Care: "Having communication from both sides. The trainers signal the most and should communicate that with the professionals."</p> <p>Sport: "Having frequent contact via email or telephone."</p> <p>Sport: "That different parties inform you about the vulnerable youngster."</p> <p>Sport: "Communication with the youth care professional is an important factor determining the success."</p>	
Management	<p>SCC: "There is a need for one coordinating person, operating as a person of trust for the sport clubs."</p> <p>Care: "Recruiting a volunteer who operates as mediator between youth care and sport clubs."</p> <p>Sport: "If you have one contact in the north, one in the west, one in the east, if there would be money available for that, the collaboration would be more successful."</p>	
Shared goals	Care: "It is important to have agreements with the sport clubs about the difficulties they might encounter with this target group."	
Capacities	<p>SCC: "Looking for trainers/coaches who have affinity with this target group."</p> <p>SCC: "Giving practical suggestions to the trainers."</p> <p>Care: "You need to coach the trainers in the beginning in what they are expected to do."</p> <p>Sport: "It has been a success that the KNVB had provided the trainers with a course about how they should take care of the vulnerable youngsters."</p> <p>Sport: "The guidelines we got from SportSupport provided the trainers with more knowledge. That has been an enormous success for our sport clubs."</p>	
Flexible timeframe		No statements have been made about this factor.
Visibility	SCC: "The collaboration would be more successful if the possibilities of sports become more visible. The whole network and involved actors should be well known."	
Remaining factors	<p>SCC: "The ultimate aim is that the vulnerable youngsters participate in sports for a long period, and learn something from it. Then the collaboration can be assessed as successful."</p> <p>SCC: "The collaboration is a success when every youngster participates in sports and also enjoys it."</p> <p>SCC: "If the youngsters learned something during the sport activities. That they developed social skills. And more important, that they enjoyed the sport activities."</p> <p>Care: "It is a success when every community within the youth care organizations organizes a sport activity once a week."</p> <p>Care: "If the youth care can make optimal use of the sports method."</p>	

Care:	“When, in the end, the youngsters start a membership at a sport club the collaboration has been successful. “
Sport:	“When the youngsters themselves value the sport as useful.”
Sport:	“When the youngsters notice a strong connection between the professional and trainer, then the collaboration has been successful.”

Table 5. Hindering factors according to the Sport-care coordinator (SCC), Professional from youth care (Care) and Volunteers from the sport clubs (Sports)

Factor	Actor	Hindering factors (quotes)
Policy	SCC:	“You need to keep in mind that we are dealing with volunteers who do not have that much time.”
	SCC:	“There might be waiting lists for the vulnerable youngsters at the sport clubs.”
	SCC:	“The collaboration is complex. You have to deal with professionals, youth care organizations, volunteers and sport clubs. Two totally different worlds.”
	Care:	“Youth care professionals are extremely busy.”
	Care:	“The transition within the youth care affects our work; savings and the change of employees.”
	Care:	“As sport-officer I have not enough time to develop and maintain collaborations with sports clubs.”
	Care:	“Not enough time to prioritize sports due to the current changes within the youth care sector.”
	Care:	“The youth care organizations want us to collaborate with sports, but the facilities are lacking.”
Finance	SCC:	“Financing can sometimes be difficult with the several sport parties involved.”
	Care:	“We are now facing financial restrictions.”
Planning	SCC:	“You can not force the sport clubs, you have to follow their planning.”
Attitude and belief	SCC:	“Not all sport parties are convinced about the value of sports for vulnerable youngsters.”
	SCC:	“Sometimes I miss interests from the professional. They should start already with sports at the start of the care program.”
	SCC:	“Both sport clubs and youth care do not always assess the application of sports useful.”
	Care:	“It is really dependent on the professionals being sport-minded or not.
	Sport:	“Sometimes professionals really mess up when they prejudge the intention of my sport club.”
	Sport:	I miss professionals putting effort in the collaborations.
Self-efficacy		No statements have been made about this factor
Social identity	Sport:	“My problem is that only a few professionals have a background in sports. They just do not know that you need shin guards during a training.”
Relations		No statements have been made about this factor
Roles and responsibilities		No statements have been made about this factor.
Communication structure		No statements have been made about this factor.

Management	SCC:	"I miss the capacity to reach, and work for, all the groups within the youth care sector."
Shared goals		No statements have been made about this factor.
Capacities	SCC:	"Insufficient pedagogical environments at the sport clubs."
	Care:	"Sometimes the sport clubs want to end the collaboration due to the more 'problematic' target group they have to work with."
	Sport:	"Lack of capacities of the trainers."
Flexible timeframe		No statements have been made about this factor.
Visibility		No statements have been made about this factor.
Remaining factors	SCC:	"It might be difficult to let the youngsters participate in sports, especially during the whole track of ten weeks."
	Care:	"Youngsters should not be punished by prohibiting them to go to their training. "
	Care:	"There might be problems when youngsters do not meet their appointments."
	Care:	"In some cultures, sport is not prioritized. As a result, it is sometimes difficult to convince these families of the value of sports."
	Care:	"You have to deal with privacy. Some youngsters do not want the trainer to be informed about his/her background."
	Care:	"Vulnerable youngsters who can not be motivated."

