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Managerial perceptions of factors affecting the design and delivery of sport for health programs for refugee populations

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ABSTRACT

Millions of refugees from the Middle East and Africa have moved to mainland Europe in recent years, where they face boredom, physical and mental health issues, and lack of social relationships. Policy makers consider sport an effective way to address these issues, but researchers have not fully considered managerial considerations in designing and delivering sport to refugees. The purpose of this study is to understand how sport managers can design and deliver sport to refugee populations in order to maximize beneficial health outcomes. The authors theoretically grounded the study in a social-ecological model, recognizing that the design, delivery, and outcomes of sport are set within constraints at multiple levels. Data were collected using a Delphi approach with a group of experts from Germany and the Netherlands. The findings indicated that the experts attributed a number of health benefits to sport programs including physical activity, diversion, stress reduction, coping, and building friendships. Benefits were more likely to occur when the sport delivery approach moved from merely increasing participation to also affecting the sport for health settings. The experts also identified a number of intrapersonal, interpersonal, organizational, and societal level factors impacting the design, delivery, and outcomes of sport for health programs which are rich in implications for sport managers and policy makers.

1. Introduction

The United Nations High Commissioner for Refugees (UNHCR, 2017) has estimated that circumstances have forced 65.6 million people from their home worldwide. Among these people are approximately 22.5 million refugees who migrate to other countries and seek asylum for a variety of reasons (UNHCR, 2017). Motives for asylum seeking include, but are not limited to, environmental disasters, insecurity, violence, persecution, discrimination, war, and poverty (Medico International, 2016). In particular, for the latter two reasons, several hundred thousand people from the Middle East (e.g., Syria, Iraq, Iran) and Africa (e.g., Somalia, Eritrea, Ethiopia) have made their way via the Mediterranean Sea or the Balkan

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Routes to Europe over recent years. Even though the Dublin Agreement stated that refugees must apply for asylum in the first secure country they enter, many refugees did not stay in the coastal states (Italy, Spain, or Greece) and went to countries in Middle and Western Europe, like Sweden, Austria, Germany, and the Netherlands.

Regardless of the destination, after a stressful journey to a new country, refugees have several problems and needs related to safety, health, well-being, and social welfare (Garkisch, Heidingsfelder, & Beckmann, 2017), which can be exacerbated by overcrowded accommodation facilities (Safouane, 2017). One particular problem that refugees can suffer from is boredom and lack of purpose, as the application for asylum can take several months. In Germany, for example, authorities are frequently overloaded and unable to process applications in a timely manner (Zeit Online, 2016). Refugees who are tolerated in the country are only allowed to work under specific conditions (BAMF, 2017). This means that many refugees have considerable free time and no meaningful way in which to spend it (Klingst, 2015). Another potential issue is refugee health (Garkisch et al., 2017). Researchers have revealed that in addition to a general lack of physical activity, refugees arrive in Europe with a complex disease burden, including prevalence of infections, parasites, and iron deficiency anemia (Marquardt, Krämer, Fischer, & Prüfer-Krämer, 2016). Refugees also struggle with mental and emotional health issues (Garkisch et al., 2017), which can range from general issues, such as boredom, to more serious issues, including trauma and emotional strife (World Health Organization [WHO], 2010). Mental illnesses and disorders, such as post-traumatic stress disorder and depression, are also prevalent among refugees (Hebebrand et al., 2016; Marquardt et al., 2016). A third aspect of refugee well-being is social health. A recent survey of refugees revealed that developing genuine social contacts and having an intact social life is important to refugees, and they struggle to build it in their new country (Robert Bosch Foundation, 2017). Hence, the question remains: how can refugees spend their available time meaningfully and engage in activities that address these multi-faceted health and social needs?

Participation in sport and physical activity can play an important role in addressing these needs (Woodhouse and Conricode, 2016). In general, sport participation contributes to improving both physical health (Reiner, Niermann, Jekauc, & Woll, 2013) and mental health (Wicker & Frick, 2015). Moreover, sport participation facilitates social interactions, networking, and establishing social capital (Darcy, Maxwell, Edwards, Onyx, & Sherker, 2014) which, in turn, is positively associated with physical and mental health outcomes (Downward et al., 2018). Thus, sport participation can affect health both directly and indirectly. Since health is regarded as a core domain of integration (Ager & Strang, 2008), sport participation represents an effective vehicle for integration of immigrants in general (Krouwel, Boonstra, Duyvebdak, & Veldboer, 2006) and refugees in particular as a specific group of immigrants (Deuchar, 2011). We caution comparisons between immigrants and refugees, however, as the former group of people chose to relocate, whereas circumstances forced the latter to leave their country. Thus, the strategies used to improve health among refugees, including sport, might differ. Consequently, there is a need for greater understanding of how sport may play a role in increasing the health of refugees, and what organizations could do to design programs for this particular group.

Researchers examining refugees have shown that participation in sport and physical activity programs is associated with positive physical and mental health outcomes, as well as social benefits (Guerin, Diiriye, Corrigan, & Guerin, 2003; Olliff, 2008; Spaaij, 2012). Moreover, increased social connectedness through participation in a sports team led some refugees to adopt a healthier lifestyle (Dukic, McDonald, & Spaaij, 2017). On the contrary, there are possible negative outcomes of sport participation, in terms of tension and conflict (Olliff, 2008). This statement follows the argument of Chalip (2006), who stated that sport can be both good and bad, and that it is the task of the sport manager to develop strategies to ensure positive benefits, while minimizing the negative. Whereas some authors have evaluated specific sport programs designed at promoting refugee health and social integration (e.g., P. Guerin et al., 2003), and point to the importance of design and delivery of sport programs in order to achieve the desired outcomes (Northcote & Casimiro, 2009), they base their suggestions on the single case studies they were involved in. Thus far, the field is lacking a schematic overview of practices within the sector of sport for refugees. Consequently, the understanding of managerial considerations for designing and delivering sport to refugees is still in its exploratory stages.

Therefore, the purpose of this study was to gain a broader understanding of practices and challenges in the delivery of sport to refugee populations in order to provide recommendations on the design and structure of these programs that would facilitate beneficial health outcomes. To allow for a broader perspective beyond a single case study, we used a Delphi approach with a group of experts who work in organized sport in two nations that both have an elaborate state funded program for refugee sport (Germany and the Netherlands). This examination is couched within a social-ecological model, recognizing that the design, delivery, and outcomes of sport are set within boundaries and constraints at intrapersonal (individual), interpersonal, organizational, and societal levels (e.g., Eime, Young, Harvey, Charity, & Payne, 2013; Rowe, Shilbury, Ferkins, & Hinckson, 2013; Sallis, Owen, & Fisher, 2008). The examination of challenges and practices within a wide range of refugee sport programs allows us to advance the following two issues: (a) how do sport programs have to be designed and delivered in order to generate the desired health and social outcomes; and (b) how are the design, delivery, and outcomes of sport programs impacted by the social-ecological factors in which these programs are embedded?

We contribute to theory and practice in several ways. First, we adopt a managerial perspective rather than only an individual or policy perspective. Researchers have already studied health and social outcomes of sport participation among refugee populations, and policy makers agree on the potential of such programs, but managerial challenges and tactics to overcome them are less understood by scholars and managers (Millar & Doherty, 2016). Further, Rowe et al. (2013) argued that much can be learned from unpacking and understanding the interplay and complexity between individual needs/motivations and organizational or environmental factors when designing and delivering sport (see also Bauman et al., 2012).

The aim of this study is to provide breadth on the subject, and offer scholars in this field an overview of issues to consider relative to sport for health programming, rather than aiming to use a singular case study that allows scholars an in-depth understanding of one particular context.

To that end, a second contribution of this study is our use and development of a social- ecological perspective as the theoretical underpinning. O'Driscoll, Banting, Borkoles, Eime, and Polman (2014) concluded in their review that many scholars examining sport participation of migrant populations, including refugees, were neither driven by theory nor had a theoretical framework. Recognizing the value of theory in sport management scholarship (Cunningham et al., 2016), we theorize a model of refugee sport for health programming based on existing models (e.g., Eime, Payne, Casey, & Harvey, 2010; Eime et al., 2013; Rowe et al., 2013; Sallis et al., 2008) and the data derived from this study.

Further, researchers have conducted much of the previous scholarship regarding sport for refugees in Australia (e.g., Caperchione, Colt, Tennent, & Mummery, 2011; Dukic et al., 2017; Evers, 2010; Northcote & Casimiro, 2009; Spaaij, 2012) and to a lesser extent in other countries, such as New Zealand (P. Guerin et al., 2003) and the United Kingdom (Deuchar, 2011). These countries are island countries with (natural) sea borders and strict immigration policies. Hence, a refugee wave like the one arriving in mainland Europe in 2015 is less likely due to geographic location, and so are the resulting challenges for designing and delivering sport for health programs. For example, European mainland countries, such as Germany, were not prepared for such a refugee wave, leading to warehouses, shopping centers, indoor sport facilities, and tents being hastily arranged to increase accommodation capacity (Safouane, 2017). Likewise, measures and activities for providing sport programs and integrating refugees in sport clubs were hastily arranged rather than long-term planned (LSB NRW, 2016). It is, therefore, important to investigate these programs among refugee populations in a different context. Given that the success of such programs depends on the context (Schulenkorf, 2017), the findings regarding the influence of sport delivery on refugee health can inform other sport managers as they try to develop sport for health programs of their own.

2. Theoretical framework and literature review

2.1. Sport for health approaches

Sport managers can design and implement sport toward a wide array of goals including, but not limited to, the identification and development of elite athletes (development of sport) and nurturing the role sport can play in enhancing community wellness (development through sport). These outcomes and foci likely exist on a continuum, where various factors of program design and delivery influence the desired outcome. Rowe et al. (2013) argued that programs aimed at increasing community health are at the development through sport end of the continuum, and building such programs should consider the development of social-ecological models, "in efforts to better understand and promote participation in different forms of sport and active recreation for different purposes" (p. 373).

2.2. Social-ecological factors influencing sport delivery

The delivery of sport for health is influenced by a number of factors, both internal and external to the organization. Researchers studying services provided for immigrants and refugees has stressed the importance of various social ecologies surrounding individuals (Garkisch et al., 2017). Thus, we theoretically ground our study in the social-ecological model (Bronfenbrenner, 1979; Eime et al., 2013; Rowe et al., 2013), which highlights the influence of intrapersonal, interpersonal, organizational, and societal level influences on attitudes and behaviors. In the following space, we outline how factors within each level can influence the design, delivery, and outcomes of sport for health programs for refugees and what knowledge existing studies have generated in this regard.

Beginning with the intrapersonal level, individual constraints and facilitators of participation in sport programs and, ultimately, program success must be considered in the design and delivery of programs. A number of individual constraints can influence program delivery for refugees in particular, including personal health (P. Guerin et al., 2003), post-traumatic stress (Caperchione et al., 2011), financial constraints (P. Guerin et al., 2003; Spaaij, 2013), sport participation in the home country (O'Driscoll et al., 2014), and individual requirements arising from culture or religion (e.g., eating behavior in Ramadan, music preferences; P. Guerin et al., 2003; Krouwel et al., 2006), among others. For example, Muslim culture and associated fear of interacting with people of other ethnicities can be problematic in many sport programs that require some form of interaction among participants (Northcote & Casimiro, 2009). Moreover, some people want to confirm their ethnic identity rather than participate in sport programs consisting of people with diverse ethnic backgrounds (Krouwel et al., 2006). Resilience, independence, and autonomy of refugees also play a role in the sense that people want to keep their identity (Evers, 2010). Unlike immigrants, refugees may not have a strong desire to change and assimilate through programs developed for them (Evers, 2010). Language difficulties represent another barrier of program participation (P. Guerin et al., 2003; Spaaij, 2013) and potential negative mental health outcomes (Guerin, Abdi, & Guerin, 2003). Many sport programs require oral communication and, thus, language barriers can negatively affect program delivery and success.

The interpersonal level is also important to the design, delivery, and success of sport for health programs. There are a number of constraints at this level, including parental expectations, paying fees for multiple family members (Spaaij, 2013), strained intergroup and interethnic relations (Krouwel et al., 2006), and the associated excessive bonding social capital within refugee groups which can limit integration (Deuchar, 2011). In fact, some scholars suggest that even when social ties

developed through sport programs, they did not transfer to other life domains (Spaaij, 2013). Other interpersonal factors with the potential to influence sport delivery include gender norms for sport participation (Spaaij, 2013), the competitive, rather than cooperative, nature of many sports (Evers, 2010; Spaaij, 2013), and participation limitations associated with traditional sports (Dukic et al., 2017). Hence, there are many situations where sport may create social exclusion instead of inclusion, which ultimately also limits positive health outcomes of such a program.

The organizational level includes the physical environment (Rowe et al., 2013), such as location and availability of transportation in the area that affect access to sport programs (P. Guerin et al., 2003), and various institutions that are involved in designing and delivering sport for health programs for refugees. These encompass voluntary organizations that provide a welcoming environment for immigrants and refugees via sports and leisure activities (Garkisch et al., 2017) and collaborate with governmental institutions in the planning and delivery of sport programs for refugees (Strokosch & Osborne, 2017). In many countries, community sport clubs have emerged as an arena for integration of immigrants in general (Agergaard, 2011) and, consequently, also for integration of refugees (Dukic et al., 2017; Spaaij, 2013). There are a number of issues at the organizational level that hinder the delivery of sport for health programs, including the difficulties associated with trying to integrate refugees into existing mainstream sport structures of more developed countries (e.g., Evers, 2010; Jeanes, O'Connor, & Alfrey, 2015; Northcote & Casimiro, 2009; O'Driscoll et al., 2014). Sport organizations sometimes deliver sport in ways that do not meet refugees' needs, thereby limiting inclusiveness (Jeanes et al., 2015). With regard to culture, researchers have documented the importance of introducing Muslim youth and parents to sports clubs gradually and in a culturally secure way (Northcote & Casimiro, 2009). Furthermore, sport-based intervention programs should consider the intimacy and independence of refugees, meaning that they should not be designed to fix young people (Evers, 2010). Organizational capacity also influences the delivery of sport for health, as most of the work is typically performed by a few individuals, and when these key individuals leave, the continued existence of the program is challenged (Dukic et al., 2017). Moreover, many programs end when program-specific funds end (e.g., Dukic et al., 2017; Olliff, 2008). In this regard, Dukic et al. (2017) highlighted the importance of the sport manager's position given their procedural knowledge about how to access financial and physical resources – resources that are required for program survival when key individuals leave.

Finally, the societal level includes the wider policy and community environment in which sport for health programs are embedded. For example, beliefs that refugees are angry and dangerous people prevent interaction-based sport programs from being successful (Dukic et al., 2017). In light of these issues, some scholars have questioned whether sport can address broader social challenges of refugees (Evers, 2010). That concern notwithstanding, Deuchar (2011) has argued that "refugee integration occurs most effectively in communities that are rich in intercultural social capital" (p. 672). Therefore, designing and delivering sport programs for refugees requires promoting mutual understanding of different cultures and religions at the societal level to facilitate harmonious cultural relations within sport (Northcote & Casimiro, 2009).

When designing sport for health programs, one can easily see the importance and interplay of the various levels. Taking into consideration all these levels, Casey and Eime (2015) provided strategies for implementation of sport for health. They argued that, broadly speaking, managers can implement sport for health through two primary strategies: (a) increasing lifelong participation in sport and (b) developing (culturally and structurally) healthy sport settings in local communities, via sport clubs, schools, and sport organizations. The first strategy involves tactics, such as creating more youth and adult sport programs that are participation versus performance driven. These tactics could address individual-level issues, such as skill level, age, or sex; social level issues, such as school or community sport structure; and policy level issues, such as physical education requirements or funding initiatives. The second approach also involves multiple level tactics, such as (a) creating health education information delivered in sport contexts; (b) training and incentivizing sport club workers to ensure that they promote and support healthy behaviors; and (c) working for change at the club-society level, thereby modifying sport clubs to make them more health-oriented. Interestingly, both of these sport for health delivery strategies involve informing, changing, and impacting delivery systems (e.g., sport clubs, schools, organizations) at multiple levels to modify their philosophy, design, and operations to be more health-oriented. Thus, acknowledging multiple tactics and multiple levels are important in examining the design and delivery of sport for health programs for refugee populations (see also Millar & Doherty, 2016; Rowe et al., 2013; Sallis et al., 2008).

2.3. Current study

To summarize, refugees experience many health issues – physical, mental, and social – that may be addressed with sport programs in the host countries. Sport can be a useful tool for addressing health needs, and the delivery of sport toward that end is influenced by a variety of individual, group, organizational, and societal factors. Understanding how these programs work and the challenges they face, as well as the contextual elements that shape and constrain the design, delivery, and outcomes thereof can aid sport managers in understanding how to better design and deliver sport for health among refugees in particular.

In this study, we examine these topics in two countries: Germany and the Netherlands – ideal research settings because their historical experiences with international migration are markedly different from each other. Germany has had high numbers of immigrants over this last century, and most of them are of European descent. The only exception is the influx of Turkish immigrants who came to Germany several decades ago for economic opportunity and a shortage on the German labor market. Recently however, Germany has accepted a particularly large number of refugees. At the end of 2016, Germany had sheltered approximately 1.5 million refugees from various countries, with the majority of them stemming from Syria,

Iraq, Eritrea, Afghanistan, and Iran (German Parliament, 2017). German officials have categorized these refugees into approximately three equal-sized groups according to their status: (a) accepted refugees whose application for asylum was successful; (b) refugees with an ongoing asylum procedure; and (c) refugees who are in the country for different reasons (German Parliament, 2017).

The Netherlands, on the other hand, as a former colonial power, has had greater affinity with migration from non-Europeans. After World War II, as the Netherlands lost its colonies, they were faced with heightened migration from each of them, resulting in sizable populations from Indonesia, Suriname, and the Caribbean. Additionally, like Germany, they brought in economic immigrants during the 70′s and 80′s, both from Turkey and Morocco. Due to this constant flux of international migration, the nation developed an extensive set of policies to deal with the integration and assimilation of the new immigrants (Hammar, 1985). Immigration also led to the emergence of several populist right-wing parties that scrutinized the existing policies. As a result, the Netherlands now has a rigid policy towards admitting refugees. In 2016, nearly 21,000 refugees applied for asylum in the Netherlands (Asylum Information Database, 2017). The Netherlands is an important context to examine not necessarily because of its current refugee policy, but also because of its openness to cultural pluralism and the pioneer role it played in developing migration policies (Hammar, 1985).

To understand more about the components of a range of sport for health programs in this context, we conducted a Delphi study, or a structured process that solicits expert opinion on a particular topic through a series of iterative rounds of survey questions accompanied by controlled feedback (Boulkedid, Abdoul, Loustau, Sibony, & Alberti, 2011; Mallen, Adams, Stevens, & Thompson, 2010). This method is a widely-accepted forecasting tool used to investigate collective understanding on specific topics across a multitude of fields (Hsu & Sandford, 2007; Mallen et al., 2010), including sport management (Costa, 2005; Mallen et al., 2010). Although building consensus amongst participants is the primary objective of the Delphi technique (Costa, 2005), the approach is also useful as a rich data source regarding a problem or issue. Costa (2005) suggested that it "has proven useful when endeavoring to ascertain experts' views on the current status and future directions of a field" (pp. 119–120). Thus, by utilizing this method, we strive to understand and build consensus on how sport is currently being designed and delivered to refugee populations in Germany and the Netherlands to promote health and uncover management strategies that can assist in improving health outcomes for these populations moving forward.

3. Delphi: Round 1

3.1. Method

3.1.1. Participants: Recruitment and selection

An important component of the Delphi process is gathering feedback from experts in the field (Hsu & Sandford, 2007; Jacobs, 1996). According to Adler and Ziglio (1996), participants demonstrate expertise through their "knowledge and experience with the issues under investigation, time and willingness to complete the survey, and effective communication skills" (p. 14). With these criteria in mind, we endeavored in a two-step process to identify participants. Prior to participant recruitment and data collection, we obtained approval from the appropriate internal review board. Then, in Step 1, two of the authors who are native to Germany and the Netherlands used snowball sampling to identify an initial list of scholars and practitioners in their country who qualify as experts, and asked them to share any additional contacts they had. They then evaluated the list of names to assess their fit as participants in the study. This evaluation was primarily based on their involvement in delivering refugee sport programs, either as (project) managers or researchers. The aim was to sample experts from a diverse range of organizations that are involved in designing and delivering sport for health programs for refugees, including local community sport clubs, municipalities, sport governing bodies, and universities. The selection of experts acknowledged inter-organizational relationships between voluntary organizations and governmental institutions in the planning and delivery of refugee services (Strokosch & Osborne, 2017).

In Step 2, we contacted each participant via email and explained the purposes of the study as well as the requirements and time table for participation (Costa, 2005). We afforded participants the opportunity to ask questions and clarify any parameters of the study. If the participants were willing to join the study, we followed up with an informed consent form, which they returned via Qualtrics. All agreed to participate. The study included refugee and sport experts from both participating countries: 9 participants from Germany (5 females, 4 males) and 8 from the Netherlands (2 females, 6 males), for a total sample size of 17 participants. This number was adequate, as scholars assert 15–20 members may be an optimal size for a Delphi panel (Dalkey, Brown, & Cochran, 1970). Additional information related to their demographics and duties is offered in Table 1.

3.1.2. Measures

The purpose of the first round was to brainstorm (Schmidt, 1997) and elicit the experts' opinions on the current state and future visions for the design and delivery of sport for health programs for refugee populations in each country. We worked with primary sport management contacts in each country (who are noted experts in sport governance and delivery in their country) and met to discuss the Delphi questions. Following procedures outlined by Costa (2005), we developed the instrument in three phases. First, we crafted the focus and intent of the questions and then identified the appropriate sequence for questions. Finally, we agreed upon the language for each question, including any necessary nuanced meanings for each country. This process yielded an instrument consisting of ten open-ended questions. We further tested the

Table 1
Participant Demographics and Relevant Duties.

Participant #	Gender	Job Title/Role	Duties
Germany			
1	Female	Municipality employee	Deliver pedagogic sports programs for children and adolescents with refugee and immigrant backgrounds.
2	Male	President and youth officer of a sport club	Trainer, liaison, organizer, treasurer, partner for refugee-housing units and emergency shelters.
3	Male	President of a sport club	Create programs for refugee populations and promote integration into existing teams.
4	Female	Employee at a state sports confederation	Advise and consult clubs, create and coordinate projects for refugee populations.
5	Female	Employee at a state sports confederation	Make programs for refugees available at sport clubs
6	Female	Researcher	Study engagement of German sport clubs for integrating refugees
7	Female	Project manager (social project)	Trainer, Educator, organization and development for refugees.
8	Male	Employee at sports leadership academy	Analysis and evaluation of programs related to refugees.
9	Male	Vice director of sports leadership academy	Nationwide consultation for integration through sport; development and strategy related to refugees and youth sport.
The Netherlands			
1	Male	Project Leader	Increase participation by refugees and newcomers in Dutch sports.
2	Female	Researcher at private knowledge center for sports	Research and disseminate information to practitioners, offer workshops for sport providers.
3	Male	Researcher	Explore the importance of sport activities for refugees.
4	Male	Manager	Trainer of volunteers for different programs.
5	Male	Project manager	Manager of refugee program at applied university.
6	Female	Project manager	Volunteer and project coordinator for refugees.
7	Male	Teacher	Give lessons in physical education to students and refugees.
8	Male	Project Manager	Developing recreational/ creative interventions to support the psychosocial development of children affected by conflict.

appropriateness of the questions by sending them to a panel of sport management experts, who examined the questions and made further suggestions. The original English version was translated and then back-translated into the native tongue for all participants. The ten questions from the Round 1 instrument are shown in Appendix A.

3.1.3. Procedures

We distributed the open-ended surveys through the online platform Qualtrics, an ideal method given the geographic dispersion of the sample. The researchers provided the participants with the questions in either German, Dutch, or English and directed the participants to respond to the questions in their preferred language. The researchers collected and translated the qualitative responses from Round 1 with a professional translation service to provide a final data set from each of the countries. Each of the research team members then collated and analyzed responses independently. First, the researchers examined responses across all 10 questions within each country to gain an overall perspective for the situation in that country. Second, the researchers analyzed responses for each question across the two countries to gain a perspective of similarities and differences between countries in relation to the benefits, detriments, challenges, and tactics toward delivering sport for health. Once an independent analysis was complete, we met to discuss and compare salient themes. We coded the participants' responses from both Germany and the Netherlands into four larger categories: benefits, detriments, challenges, and tactics. The themes for all four categories and associated quotes for the latter two categories can be seen in Tables 2 and 3 for Germany and Tables 4 and 5 for the Netherlands.

4. Delphi: Round 2

The goal of Round 2 of data collection was to refine responses and work toward consensus, as to take full advantage of the wide range of insights from the different programs, and identify those practices and challenges that exhibit some level of universality. Toward that end, the responses collected and themes identified in Round 1 served as the blueprint for developing questions that were included in the Round 2 questionnaire. Whereas the primary objective of the former was to generate a broad understanding of the issue at hand, the goal of the latter was to filter this information as consensus began to form, and initiate the process of generalizability for our findings (Jacobs, 1996). This process of collecting the responses from Round 1, identifying themes, and developing the Round 2 questions accounted for the two weeks between Rounds 1 and 2.

4.1. Method

4.1.1. Participants

Participants ($n = 17$) in Round 2 were the same as those who completed Round 1.

Table 2
Quantitative Results among German Sport Experts.

Item	Mean	SD
Benefits of Sport Programs for Refugees in Germany		
Health [a,b]	1.56	.73
Feel their bodies/movement [a,b]	1.22	.44
Making friends/community [a,b]	1.56	.73
Connections with others [a,b]	1.67	.71
Language skills	2.89	1.17
Self-confidence	2.33	1.00
Self-efficacy/competence [b]	2.11	.78
Learning rules [a,b]	1.56	.73
Diversion [a]	1.89	1.27
Relieve boredom [a,b]	1.78	.83
Feeling welcome [b]	2.11	.78
Integration into life of club	3.33	1.12
Stability	2.89	1.27
Violence prevention	2.89	1.90
Structure/life purpose	3.22	1.64
Detriments of Sport Programs for Refugees in Germany		
Conflict	4.11	1.36
Trauma	4.44	1.42
Racism	4.78	1.56
Feelings of being overwhelmed	4.22	1.48
Frustration	4.22	1.20
Discrimination	4.33	1.66
Social exclusion	4.67	1.66
Reproduction of hegemonic value	3.89	1.76
Segregation of men and women	4.00	1.87
Decreased self-esteem from failure	4.78	1.48
Potential bursts of aggression	4.78	1.64
Challenges Associated with Sport Programs for Refugees in Germany		
Transportation [a,b]	1.78	.97
Integration into regular club operations	2.44	1.33
Difficult to reach target groups	2.44	1.33
Reaching girls and women [a]	1.89	1.36
Turnover and relocation of refugees [a]	1.56	1.13
Volunteer support and appreciation	2.22	1.20
Facility availability [a,b]	1.89	.93
Bureaucracy and politics	2.56	1.13
Lack of proper application platform	3.00	2.00
Language barriers	2.78	.97
Volunteer training	2.33	1.22
Tactics and Design Components for Offering Sport Programs for Refugees in Germany		
Provide transportation	2.33	1.12
Close proximity to housing unit [a,b]	1.56	.73
Need low threshold sport offerings [a,b]	1.44	.53
More facilitators with skills (e.g., sport, culture, language) [a,b]	1.22	.44
More funding [a,b]	2.00	.71
Transition to regular training and club membership [a]	2.00	1.22
Committed volunteers with high investment [a,b]	1.67	.71
International language training	2.11	1.69
Bring club members on board [a,b]	1.67	.87
Offer wide range of sports and services [a,b]	1.56	1.01

Notes.
[a] Values of 2.0 or less indicate agree or strongly agree.
[b] r_{wg} value of .70 or greater. Scores range from 1 (strongly agree) to 7 (strongly disagree).

4.1.2. Measures

Drawing from the Round 1 results, we developed items for Round 2 (Tables 2 and 4). The researchers informed participants that the items were representative of the major themes emerging from the previous iteration of data collection. The stem read: "The following items were listed by your colleagues as benefits that refugees garner from participation in sport programs designed for them. For each item, please indicate your level of agreement as to whether or not sport actually provides these benefits." This stem remained constant for the items concerning detriments, challenges, and tactics, except the word "benefits" was changed to "detriments", "challenges", and "tactics" for the respective items. Each item was anchored by a Likert scale from 1 (*strongly agree*) to 7 (*strongly disagree*), and participants could then offer a qualitative response to contextualize their rating (see also Costa, 2005).

Table 3
Categorization of Challenges and Tactics from Germany and Sample Quotes.

Challenges	Infrastructure	Transportation	"Moreover, they [sport programs] lack resources to ensure that the refugees can be transported to the venues where the programs take place."
		Facility availability	Listed
		Lack of proper application platform	"Some programs lack the required application platforms."
	Participants	Integrating refugees into regular club operations	"Only a few refugees could actually be integrated in the regular club operations." "A uniform integration guideline does not exist."
		Turnover and relocation of refugees	"Right now, another challenge is the turnover within the groups and thus, also the regular participation in sports activities. As a result of relocations from the initial housing facilities to long-term residential facilities, people have to be solicited multiple times to join the sports club. When they move to a different residence, refugees do not seek out a sports club at the new location on their own."
		Language barriers	"The swimming classes turn out to be failures because of [. . .] the linguistic issues of the refugees or trainers, but also a lack of didactic and intercultural knowledge."
		Difficulty reaching target groups	"It is extremely difficult to reach certain target groups with the programs. This includes, in particular, girls and women, handicapped refugees, or people of an advanced age (seniors). These target groups require special attention."
		Reaching girls/women	"Reaching the women and girls is much more difficult, which is the sports club's complaint."
	Volunteers	Support and appreciation	"The compensation paid to those providing services is low; volunteers are not appreciated – they are exploited instead."
		Training	"It can be bad for both parties [refugees and instructor] if they [volunteers] come into situations without any training."
	Other	Bureaucracy/politics	"Bureaucratic obstacles for sports clubs are often a big problem, something that has only been increased by the influx of refugees."
Tactics	Infrastructure	Providing transportation	"I think it would be ideal if the parents and children would be picked up at their housing units."
		Being in close proximity to housing unit	"The geographic proximity to their [refugees] residence is the #1 factor for success."
	Services	Offering intentional language training	"Many clubs also offer language course in combination with sports programs to take advantage of motivation to be athletically active."
		Providing low threshold sport offerings	"Making the threshold for participation as low as possible will continue to be a critical aspect."
		Offering a wide spectrum of sports and services	"To reach as many people as possible, offering a wide spectrum of services will continue to be a feasible approach."
		Assisting refugees with transition to regular training/club membership	"The integration of refugees and asylum seekers is a long-term process. Clubs who are engaged in this process can provide a foundation for it by introducing the target group to club sports and by making available to them relevant placement opportunities within the social system of a sports club. However, the transition from low-threshold programs into regular club programs will definitely not happen automatically."
	Personnel	More facilitators with skills	"Add more facilitators and improve their levels of qualification."
		Getting committed volunteers with high investment level	"What is really needed are committed people with an idea and a concept, who get things started and, in doing so, possibly have a few supporters and continue to get more over the course of time so that things don't get frustrated."
		Bringing club members on board	"The club can deploy the commitment of its own members to help build these bridges [between individuals]."
	Other	Gaining more funding	"For the clubs, long-term funding is important. Clubs provide additional staff and facilities for these programs – this work deserves acknowledgement and also calls for financial support."

4.1.3. Procedures

As in Round 1, we collected the questionnaires, professionals translated the responses, and we then analyzed the data. We identified and discussed salient themes and findings, and calculated the distribution of ratings for each question (e.g., mean, standard deviation, and variance), along with the themes derived from qualitative comments and explanations (see also Costa, 2005). In addition to the quantitative results, we again coded the qualitative data according to the benefits, detriments, challenges, and tactics seen in the sport for health programs for refugees. Both qualitative and qualitative data helped to inform our findings, which are discussed in the following sections.

5. Round 1 results and discussion

We coded the participants' responses from both Germany and the Netherlands into four larger categories: benefits, detriments, challenges, and tactics. The themes for each of these four categories, along with sample quotes, are available in Table 2 for Germany and Table 4 for the Netherlands. Regarding the ways sport participation can be beneficial for refugees, we identified 15 items from Germany and 21 from the Netherlands that fully encapsulated the benefits identified by the participants. Although we had purposefully asked about the potential benefits or positive outcomes of these programs, participants were intentional about describing the successes of their programs in regard to the lives of refugees. We further categorized the benefits into sub-categories

Table 4
Quantitative Results among Dutch Sport Experts.

Item	Mean	SD
Benefits of Sport Programs for Refugees in the Netherlands		
Health [a,b]	1.71	.76
Stress reduction [a,b]	1.57	.79
Distraction [a,b]	1.14	.38
Reduce boredom [a,b]	1.71	.76
Meaningful daytime activity [a,b]	1.71	.76
Relaxation [a,b]	1.29	.49
Fun [a,b]	1.29	.49
Self-confidence [b]	2.71	.76
Increased coping skills [b]	2.71	.76
Increased sleep quality [b]	3.00	.82
Feel at home [b]	2.57	.79
Integration into culture	3.29	1.25
Contact with other refugees [b]	2.14	.69
Contact with other Dutch people [b]	2.43	.98
Create friendships [b]	2.14	.90
Participation in social life [b]	2.43	.79
Social and emotional support [b]	2.43	.79
Structured environment [b]	2.43	.53
Language skills [b]	3.00	.58
Decreased segregation [b]	2.86	.90
Capability to transition from volunteer to worker [b]	3.14	.69
Detriments of Sport Programs for Refugees in the Netherlands		
Frustration	4.67	1.37
Conflict	4.33	1.97
Trauma	4.83	1.17
Discrimination	4.50	1.76
Social exclusion	4.50	1.76
Reproduction of hegemonic norms [b]	4.17	.41
Segregation of men and women	4.83	1.60
Decreased self-esteem from failure	4.83	1.47
Potential bursts of aggression	4.33	1.63
Hurtful to children [b]	6.33	.52
Ignorance	5.00	1.55
Jealousy among family members	4.33	1.37
Challenges Associated with Sport Programs for Refugees in the Netherlands		
Lack of funding	3.17	2.23
Lack of societal attention	3.50	1.22
Negative societal perception of refugees [b]	2.50	.55
Forming partnerships with shared values [a]	1.33	1.21
Limited facilities at refugee centers [b]	2.83	.75
Temporary reduction in incoming refugees	3.50	1.38
Volunteers	4.17	1.33
Promotion channels	4.83	1.17
Transportation	3.67	1.97
Language barriers	3.83	1.72
Tactics and Design Components for Offering Sport Programs for Refugees in the Netherlands		
Integrated connection of movement and care	2.83	1.47
Integrate refugees into the existing sport clubs [a]	1.83	1.17
Raise awareness [a,b]	2.00	.63
Deploy well-known athletes and organizations to promote [b]	3.00	.63
Collaborations with different organizations [a,b]	1.83	.41
Training for volunteers [a]	2.00	1.26
Training for coaches [a,b]	1.67	.52
More professionals [b]	2.17	.75
Providing information to refugees about organizations [b]	2.50	1.05
Providing information to clubs about refugees [b]	2.17	.98

Notes.
[a] Values of 2.0 or less indicate agree or strongly agree.
[b] r_{wg} value of .70 or greater. Scores range from 1 (*strongly agree*) to 7 (*strongly disagree*).

Table 5
Categorization of Challenges and Tactics from the Netherlands and Sample Quotes.

Challenges	Infrastructure	Transportation	"Transport is another thing [challenge]; refugee camps are sometimes in remote areas."
		Limited facilities at refugee centers	"Sports facilities are offered at asylum seekers, but the facilities are limited."
	Participants	Language barriers	"Language always remains a point of contention. Difficult to communicate."
		Temporary reduction in incoming refugees	"There is a temporary reduced inflow, so hardly any attention has been given to the subject [challenges that can be managed now]."
	Awareness	Lack of societal attention	"The social interest and the attention to the importance of sport and fitness activities for this target group also has value."
		Negative societal perceptions of refugees	"[One challenge is] the negative atmosphere and media coverage, politics and society."
		Forming partnerships with shared values	"In designing the programs, it is important to establish partnerships and to make connections between different factors."
		Promotion channels	"[One challenge is] the availability of promotion channels and deployment of people with existing organizations (clubs, municipalities, refugees, etc.)."
	Other	Volunteers	"Finding the right people, professional people that work as volunteers every week to facilitate sport activities has proven to be a challenge."
		Lack of funding	"The current developments in society and the imaging around refugees ensures that little money moves in that direction."
Tactics	Services	Integrate refugees into the existing sport clubs	"It would be ideal that a refugee supervisor is also sporting/moving and able to link the refugee to clubs/associations/organizations."
		Integrated connection of movement and care	The ideal future includes an "integrated connection (stepped movement and stepped care) of sport participation."
	Personnel	Training for volunteers	"Sports and game programs should be guided by skilled people (not just skills in sports but especially in dealing with refugees and all the challenges that surround them)."
		Training for coaches	"[Sport programs need] money and training for district coaches/neighboring coaches."
		More professionals	"[Sports programs need] more professionals instead of well-meaning volunteers."
	Awareness	Raise awareness	"[Sports programs could be] raising awareness among sports associations about what and how sport can contribute to health and integration of refugees and asylum seekers."
		Deploy well-known athletes and organizations to promote	"[Sports programs can use the] deployment of well-known athletes and organizations, like Warchild."
		Collaborations with different organizations	"[Sports programs can] collaborate between both the parties [refugees and club] on sport and movement, as well as the civil society organizations on refugees and the care-related organizations."
		Providing information to refugees about clubs	"It is important to gather and disseminate recent knowledge in the field of sport with asylum seekers and refugees."
		Providing information to clubs about refugees	"Making sure there is a link to the sport clubs that are accessible for refugees will also make a big difference and equipping the clubs with knowhow and background info on refugees will make this successful."

of physical health, social health, mental health, and other benefits. Understanding that sport participation can have both positive and negative impacts, we identified 11 items from Germany and 12 items from the Netherlands that reflected the ways in which sport participation can be detrimental for refugees. We further categorized these items into social health, mental health, and other detriments. Overall, the participants from both countries identified ways in which sport participation can be beneficial and/or detrimental to the individual refugee participant. As a testament to the value of these sport programs, participants from both countries identified more benefits than detriments.

In addition to the benefits and detriments of sport participation, participants indicated challenges to designing and delivering sport to refugees when moving toward the ideal future for these programs. Specifically, the participants' responses yielded 11 items from Germany and 10 items from the Netherlands. Consistent with the social-ecological framework, we further categorized the responses into challenges concerning the infrastructure, participants, volunteers, bureaucracy/politics, and the awareness and lack of funding.

The participants also identified actions or tactics that would contribute to the movement of sports in the ideal direction, resulting in 10 items for both Germany and the Netherlands. For both countries, the general themes included services, personnel, and awareness, but the specific item indicators in each theme varied by country. Participants typically identified tactics to combat a certain challenge, such as providing transportation for refugees to and from the facility to solve transportation challenges or offering intentional language training to overcome language barriers between refugees and sport club personnel. Tactics at improving the program design and delivery then result in additional benefits and detriments. Thus, program management is malleable and those delivering the programs are generally open to feedback regarding necessary changes and constant improvement.

6. Round 2 results and discussion

In presenting the results, we have combined the findings across countries as separating the two data sets would be counter-productive to discussing the more generalizable findings. Tables 2 and 3 and Tables 4 and 5 include the quantitative

and qualitative results within Germany and the Netherlands, respectively. In interpreting the mean scores, we focus on the cutoff point of 2.0, as that value represents the degree to which the respondents agreed or strongly agreed with the statements.

As shown in Table 2, the German experts agreed upon several benefits of sport programs for refugees, including health, being able to feel their bodies move, making friends and building community, learning rules, sport as a diversion, and sport as a way to relieve boredom. The data in Table 4 indicate that the Dutch experts agreed that a number of benefits are associated with sport programs designed for refugees, including health, stress reduction, sport as a distraction, reduced boredom, sport as a meaningful daytime activity, relaxation, and fun. Thus, both the German and Dutch experts agreed that sport provides some health benefits, serves as a diversion, and provides a reduction in boredom in the lives of refugees. Their accompanying explanations (see sample quotes in Tables 3 and 5) provided much insight as to the contextual factors related to the realization of these benefits.

There was less agreement concerning the detriments among both the German and Dutch panel. Although the experts stated a number of potential detriments associated with sport for refugee programming in the first round of data collection (see Tables 3 and 5), they did not agree or strongly agree with any of the possibilities.

The expert panel also agreed upon a number of challenges associated with providing sport for health for refugees. Among the German experts, these included transportation, difficulty reaching girls and women, turnover and relocation of refugees, and availability of facilities. Likewise, the Dutch experts stated a number of potential challenges associated with the sport programs, but only came to agreement on one: forming partnerships with shared values.

Finally, the experts offered a number of tactics and design components sport managers can employ when designing sport for health programs for refugees. These are evident in the quantitative results (see Tables 2 and 4) as well as their accompanying explanations (see Tables 3 and 5). Among the German experts, these included providing programming close to the housing unit, a low threshold for sport offerings, more facilitators with skills in culture or language, additional funding, transitioning the refugees to regular training and club membership, having committed volunteers who are highly invested, ensuring other club members are on board, and offering a wide range of sports and services. The Dutch panel agreed upon the importance of integrating refugees into the existing sport clubs, raising awareness among the refugees, collaborating with different organizations, and training volunteers and coaches.

7. Social-ecological model development and discussion

7.1. Sport for health delivery approach

Acknowledging that multiple factors at multiple levels influence the design and delivery of sport, Casey and Eime (2015) suggested that strategies for approaching sport for health delivery manifest in two basic approaches: an increased participation approach and a sport settings approach. As previously explained, the first strategy involves tactics at multiple levels aimed at increasing sport participation across ages and abilities, the premise being that if more people participate, more health benefits will accrue. The second approach also involves multiple level tactics, but is focused on modifying sport settings so they are more health-oriented. This approach involves tactics such as creating health education information delivered in sport contexts and training and incentivizing sport club workers promote and support healthy behaviors within the entire club (Casey & Eime, 2015). In the current study, the expert participants suggested that the primary approach currently being utilized in both countries is the increased participation approach. That is, both countries have charged sport clubs with increasing sport participation among refugees in current club locations using current programs. This increase involves tactics such as reaching out to refugees located near the clubs, providing transportation to the clubs, and in some cases reducing or removing club fees.

The experts, however, suggested that for sport for health outcomes to be more fully realized, a settings approach is also needed. As one German expert said:

Insofar as refugees can profit [benefit] from such programs, naturally this depends very much on the type and quality of the program and the goals that are associated with the program. It is unlikely that sport in and of itself can do anything but improve general health benefits and release from boredom.

This quotation reflects at least five of the experts' almost exact wording. Thus, when only utilizing an increased participation approach, the experts suggested that sport is somewhat limited in what it can provide. Thus, additional thought and consideration must be given to the settings themselves, not just bringing in more people, but making the programs more health focused, and meeting participant needs through understanding the people and the context of the sport programs at multiple levels. We focused the remainder of this discussion on demonstrating and explaining this kind of thought and consideration as it unfolds across multiple levels.

Indeed, there were a number of health benefits – mental and social – that experts directly attributed to the programs (e.g., relaxation, self-confidence, coping skills, sense of community, building friendships). The experts suggested, however, that these benefits were largely the product of careful design and delivery of the sport for health programs, along with proper training of those who deliver these programs – that is, a settings-based approach. They also suggested that mere provision of sport (without intentional design) could do more harm than good. For example, participation in sport among people of very diverse backgrounds, when not properly managed, can lead to exclusion, conflict, and a reinforcement of prejudice. It can also create situations that trigger trauma, such as failure or touch. As one Dutch expert noted, "Children's programs with

insufficiently trained instructors can lead to situations where children become busy, aggressive, and disappear into greater obscurity." Instead, the sport programs need to be carefully designed and managed not only to increase participation, but also promote health benefits and avoid detriments.

Thus, the experts in this study suggest that moving forward, both approaches must be adopted. That is, sport managers must work to increase participation. However, increasing participation is not enough, as managers must also adopt a settings-based approach, where sport managers examine contextual factors at multiple levels, and design and implement sport specifically for health outcomes, thereby increasing the health benefits experienced through sport. In their responses from both Rounds 1 and 2, the experts provided insight regarding the various levels of the social-ecological model that can shape and impact the design, delivery, and outcomes of sport for health programs for refugees (e.g., Casey & Eime, 2015; Dukic et al., 2017; Rowe et al., 2013). We present an overview in the following space.

7.2. Conceptual model of sport for health programs for refugees

In Fig. 1, we offer an illustrative summary of the conceptual model of designing and delivering sport for health programs for refugees. In conceptualizing this model, we categorized the qualitative and quantitative data from both rounds and both countries into the four levels of the social-ecological model. Combined, these rich data inform both the contextual factors and the sport for health approach to program design and delivery in sport for health for refugees.

7.2.1. Intrapersonal level

This level reflects characteristics of the individual, such as knowledge, attitudes, and behaviors that impact the design and delivery of sport. Previous researchers have identified intrapersonal factors related to sport for health including health, post-traumatic stress, financial constraints, individual requirements resulting from culture or religion, and desire to keep one's

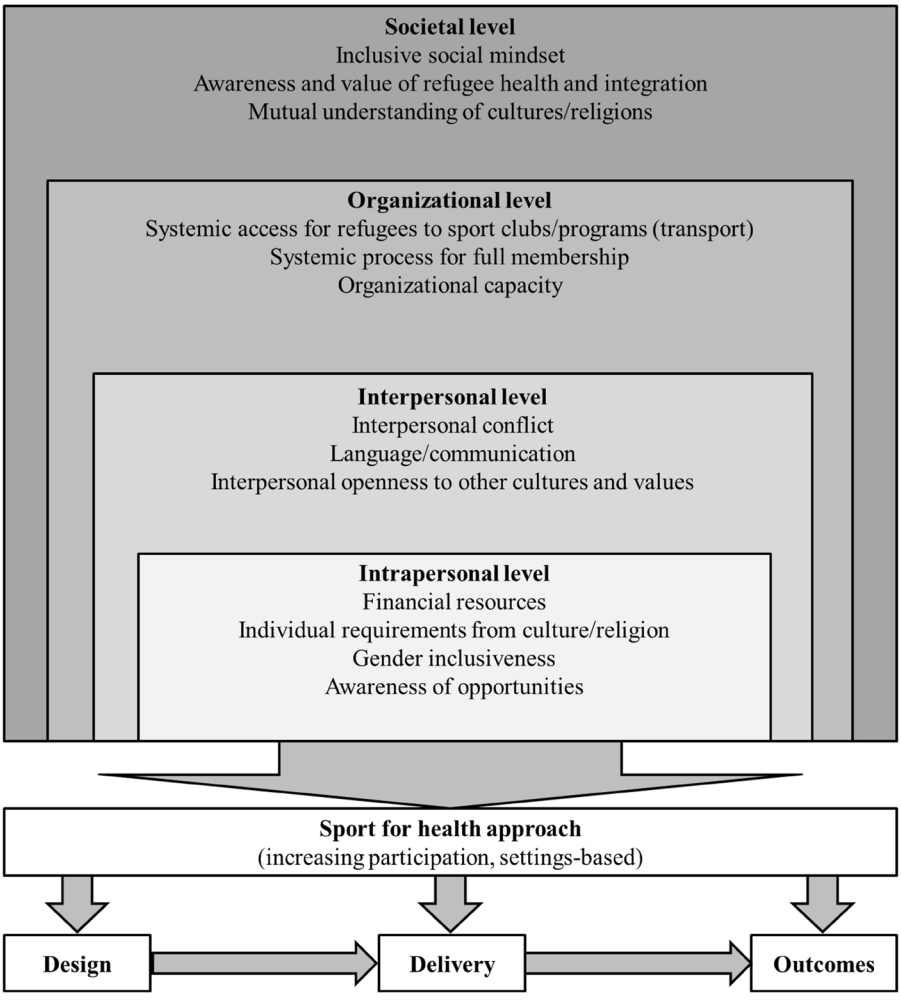

Fig. 1. Conceptual Social-Ecological Model of Sport for Health Programs for Refugees.

identity (rather than integrate). These same themes are also reflected in the current study, whereby experts noted that participant knowledge of sport and sport programs was limited, refugees had little to no financial resources, and some exhibited post-traumatic stress. In the current study, the strongest intrapersonal factors identified by the experts were cultural issues in providing inclusive programming for girls and women. Specifically, the experts noted challenges in providing gender inclusive programming. They suggested that in many cases sport participation is not appropriate for women from certain religious or cultural backgrounds, and certainly not in the open or mixed-gender formats found in Western Europe. They also noted that girls and women might have little time for their own health and well-being, given responsibilities to look after their families. Interestingly, although in Round 1, experts identified trauma as a potential challenge for sport for health delivery, they did not see this as a strong or agreed upon challenge in Round 2 in either country. Collectively, these findings support previous literature (see B. Guerin et al., 2003; P. Guerin et al., 2003; Krouwel et al., 2006; Rowe et al., 2013) and acknowledge the impact of these intrapersonal factors on the design and delivery of sport for health programs for refugees.

7.2.2. Interpersonal level

The interpersonal level deals with issues related to communication and relationships between people. In this context, it can mean relationships between participants (e.g., particularly between refugees and home country participants), and between participants and activity providers (e.g., coaches, trainers, managers). Previous scholars have identified interpersonal issues, including language barriers, the competitive nature of traditional sport, and interethnic rivalries as important to the design and delivery of sport (Deuchar, 2011; B. Guerin et al., 2003; P. Guerin et al., 2003; Krouwel et al., 2006; Spaaij, 2013). In the current study, the experts also mentioned such issues including social exclusion, reproduction of hegemonic norms, and conflict. As one expert said, "When sport is played too aggressively, this can create quarrels and ignorance." Another suggested that conflict can arise due to different understandings or rules or specific sub-cultural norms within a sport club.

In order to address these challenges, the experts recommended tactics utilizing a settings-based approach. First, raising awareness among club members and gaining their buy-in as to the value of sport for refugees was suggested as a tactic to improve sport delivery. Experts in both countries also mentioned creating a welcoming atmosphere at the clubs, a tactic that can improve inclusion in other sport for health settings, too (Casey & Eime, 2015). One Dutch expert advised that teaching the refugee participants specific rules or norms of the club would reduce conflict and social exclusion in the clubs. The experts advised that language training for those providing sport would be helpful for increasing the effectiveness of health outcomes, and for being able to reduce conflict should it arise. Interestingly, none of the experts mentioned specific sports or groups as being problematic, indicating that the settings can be modified more generally, rather than with specific interpersonal targets, to improve the health outcomes experienced through sport participation.

7.2.3. Organizational level

A number of scholars have documented issues at the organizational level that impact the design and delivery of sport, some dealing with understanding the values and needs of refugees (or other participants), and some dealing with organizational capacity to meet those needs, particularly if they are complex (e.g., Dukic et al., 2017; Evers, 2010; Northcote & Casimiro, 2009; Rowe et al., 2013). In the current study, the organizational level was central to the design and delivery of sport. The experts identified similar issues to those in previous studies, suggesting that if sport clubs are to be effective in delivering sport for health to refugees, they must increase their understanding of refugee needs and specific cultural factors, and they must increase their capacity to deliver tailored programming that meets culturally and health specific needs. For example, one German expert said, "The swimming classes turn out to be failures because of [. . .] the linguistic issues of the refugees or trainers, but also a lack of didactic and intercultural knowledge." Nearly all the experts mentioned the problems associated with delivering sport via well-meaning, but untrained volunteers, resulting in outcomes ranging from ineffective programming to increased trauma.

The organizational level also includes locations and access. In this regard, the German participants, in particular, noted that sport participation is challenging for refugees because sport clubs may not be located near refugee accommodations. Thus, accessing sport opportunities is logistically difficult – requiring refugees to find their own transportation or clubs to provide transportation to their facility. As one German expert said:

The access issue is even more challenging due to the fact that refugees are often relocated multiple times. Thus, an individual can find information about club programs and maybe even begin participating, only to be relocated and have to start the process anew.

Different clubs offer different sports and with variations on club structures and policies, making navigation of the system quite difficult for newcomers.

The tactics the experts suggested toward addressing concerns at the organizational level fall under both sport for health approaches (e.g., increasing participation, and settings-based). Toward increasing participation, the experts recommended that organizations need to generate transportation systems for the refugees to access sport clubs. In addition, there is a need for more volunteers, consistent low-threshold sport offerings, and a well-designed process for moving volunteers from trial to full club membership. From a settings-based approach, the experts recommended three consistently agreed upon tactics. First, organizations need to add a health-based information and structure to the sport offerings. Second, they need to increase volunteer training (both coaches and managers) to understand and meet specific health-based needs, especially

with regard to mental health. Third, recognizing the inherent limitations of sport clubs to provide for every health need, they recommended that sport clubs form partnerships and collaborations with entities that can provide more specific and professional health assistance.

The experts also provided suggestions to overcome the location and transportation challenges. For example, they suggested tactics that would increase access to sport settings, including the creation of widespread marketing campaigns in the refugee camps in order to increase awareness of the programs offered at the clubs. They also recommended increasing transportation mechanisms for refugees to access the clubs. Acknowledging that goals for cultural integration through sport may be compromised, some experts suggested increasing access by redesigning the sport for health programs, offering them on location at the refugee accommodations with sports that would not necessarily need a full club facility (e.g., walking, running, soccer, table tennis). Participants also made this on-location suggestion with regard to specific programming for women and girls, which may reduce cultural and logistical barriers for females to participate.

7.2.4. Societal level

The societal level reflects laws, policies, relationships between organizations, and cultural values and norms within which sport for health programs are embedded. Previous researchers have demonstrated the difficulties of implementing sport for health programs in settings where misunderstanding and lack of societal acceptance for refugees abound (e.g., Dukic et al., 2017). Within the current study, the experts in both countries acknowledged the challenges at the societal level for delivering sport for health programs for refugees. These challenges both reflect a lack of value for refugee integration and health, and include specific challenges of funding and negative societal perceptions of refugees. As one expert said, "The current developments in society and the imaging around refugees ensure that little money moves in that direction."

Tactics toward improving the societal conditions in which sport for health programs are embedded fall under a settings-based approach. In fact, one might suggest that these tactics actually speak to embracing a settings-based approach, understanding that just "throwing sport" at refugees will not effectively improve their health or their integration. Thus, the experts recommend broad tactics, such as increasing awareness of refugee needs, cultures, and religions. They also suggest a need for valuing inclusion and creating an atmosphere of mutual understanding. In fact, the experts argue that without support at the societal level, the effort toward impacting health for refugees will remain piecemeal and marginally effective.

7.3. Limitations

There are three main limitations to this study emanating primarily from the choice of a Delphi design. First, as discussed previously, scholars have primarily relied on case studies to examine topics in this field. Although this approach allows for examination in great depth, it does not allow for a strong understanding of the generalizability of the findings. In this study, using a Delphi approach, we were able to draw from a larger population of programs, gaining an understanding of program characteristics that might be more universal. The focus here is on breadth, not on depth. This broad-brush approach, that can leave one wanting more detail, is a trade-off that comes with using a Delphi approach over a case study approach. Second, the time-consuming nature of this technique requires that participants are committed to providing feedback and participating in multiple iterative rounds in a timely manner, which could last multiple weeks to months. In the present study, depth and time dedicated to providing thoughtful feedback to questions varied among participants. Third, scholars who write about Delphi methods do not provide stringent guidelines about appropriate sampling technique, sample size, expert classification, or achieving consensus. This ambiguity leads to a wide range of depth and representation across Delphi studies. Finally, while Germany and the Netherlands might be considered as nations that represent best practices in this area, it is valuable to point out that this term is relative, and that the experts themselves acknowledge that their understanding of how to develop these refugee sport programs is still limited. Consequential, what constitutes 'best practices' is still evolving. Moving forward, future studies should continue the balancing efforts of the present study to add both depth and breadth to the literature concerning sport for health programs for refugees.

8. Conclusion

Given the current global issue of forced migration and the associated health needs of those seeking refuge in a new country, it is timely and important to continue to find creative means for improving the health of refugees. Sport for health programs clearly show promise for addressing many of the physical, mental, and social health concerns of refugees. The results from this study showed that sport for health programs in these countries are embedded in intrapersonal, interpersonal, organizational, and society contexts that shape their design, delivery, and outcomes. The feedback and learning curves in these programs are important – especially in Germany, where the programs are new. Understanding the challenges and at what level they need to be addressed is essential to future development. Further, although the specific tactics toward addressing these issues at each level will certainly change based on context, it appears that many of the challenges are consistent across contexts. This increases the generalizability and potential usefulness of the model for understanding the design and delivery of sport for health among refugees.

The experts in this study argued that the only direct benefits that we can really attribute to sport itself are diversion and physical activity. While other health benefits, including stress reduction, relaxation, self-confidence, coping, building friendships, and building community, are noted outcomes from the sport programs, these mental and social health benefits

are highly dependent on the additional elements intentionally and thoughtfully added to sport. If sport managers really want to do sport and health for refugees, they need to move beyond increasing participant approaches and affect the settings and contexts themselves, creating programs and partnerships specifically tailored toward sport for health outcomes with appropriate staff and resources.

Appendix A.

Questions from Round 1 of the Delphi Survey

1 What is your background and experience in this field?
2 What has been your role in offering sport and physical activity to refugees?
3 In what ways can sport participation be beneficial for refugees?
4 Are there any ways that sport participation can be detrimental for refugees?
5 Describe the current state (e.g., sports, number, and impact) of sport programs focused on refugee populations in your country.
6 What are the successes of sport programs currently being provided to refugee populations in your country?
7 In its current state, in what ways have these sport programs failed to deliver sufficient benefits to the refugee populations involved?
8 What do you see as the ideal future for designing and delivering sport to refugees?
9 What actions or strategies will contribute to the movement of sport in this direction?
10 What challenges can be managed now to move toward that direction?

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