



Community sports clubs: are they only about playing sport, or do they have broader health promotion and social responsibilities?

Jonathan Robertson, Rochelle Eime & Hans Westerbeek

To cite this article: Jonathan Robertson, Rochelle Eime & Hans Westerbeek (2018): Community sports clubs: are they only about playing sport, or do they have broader health promotion and social responsibilities?, Annals of Leisure Research, DOI: [10.1080/11745398.2018.1430598](https://doi.org/10.1080/11745398.2018.1430598)

To link to this article: <https://doi.org/10.1080/11745398.2018.1430598>



Published online: 25 Jan 2018.



Submit your article to this journal [↗](#)



Article views: 5



View related articles [↗](#)



View Crossmark data [↗](#)



Community sports clubs: are they only about playing sport, or do they have broader health promotion and social responsibilities?

Jonathan Robertson ^a, Rochelle Eime^{b,c} and Hans Westerbeek^b

^aCentre for Sport Research and Deakin Business School, Deakin University, Geelong, Australia; ^bInstitute of Sport, Exercise and Active Living, Victoria University, Melbourne, Australia; ^cSchool of Health Sciences and Psychology, Federation University, Ballarat, Australia

ABSTRACT

Community sport organisations face increasing pressure from stakeholders to devote resources to activities that help them appear as being socially responsible actors in society. This study extends the concept of social responsibility from the corporate sport domain to investigate the relative importance of social responsibilities for community sport clubs. Items were developed from the Global Reporting Initiative and International Standards Organisation guidance on socially responsible organisations. A three-wave Delphi study was conducted internationally with 33 sport management academics and 23 national sport organisation managers. This study found that community sport clubs are primarily responsible for enhancing sport participation, creating a safe and inclusive environment, and ensuring the club is economically and legally sound. It is concluded that for sport clubs to be socially responsible organisations, their focus should be on fulfilling obligations that meaningfully impact their community, before devoting scarce resources to activities beyond their immediate capacity.

ARTICLE HISTORY

Received 8 June 2017
Accepted 17 January 2018

KEYWORDS

Social responsibility;
community sport clubs;
health promotion

Community sport organisations play an important role in the creation and delivery of social capital and community health outcomes in local communities globally. These organisations can be defined as ‘non-profit and voluntary organisations that have a primary mandate to provide recreational and competitive sport services to their members’ (Misener and Doherty 2014, 493). In the United Kingdom, Canada and Australia there are more than 234,000 community sport organisations (Nichols 2003; Pedersen et al. 2011; Commonwealth of Australia 2011). Community sport organisations can greatly impact the community in which they are embedded. For example, community sport clubs may be a setting that can produce positive social benefits and increase social capital by bringing communities together, provide opportunities for physical activity, and promote health (Nicholson and Hoye 2008; Darcy et al. 2014; Eime et al. 2015). Simultaneously, in order to maximise the positive benefits that a community sport club may produce, they also need to mitigate negative outcomes such as exclusion (Putnam

2000), harm (Nichols and Taylor 2010; Parent and Demers 2011) and injury (Pakzad-Vaezi and Singhal 2011; Finch, Kemp, and Clapperton 2015) to their constituents and community stakeholders.

Drawing on social responsibility literature from the corporate domain, this paper examines the premise that community sport organisations are to a certain extent responsible to society (Carroll 1979; Paramio-Salcines, Babiak, and Walters 2013). Recognising the capacity constraints of organisations at the community level we present the argument that social responsibility is, logically, constrained based on resource availability (e.g. human, financial) (Casey et al. 2012). Using health promotion as the frame of reference, we develop the argument that there exists a hierarchy of social issues that community sport organisations have been charged with addressing, and that the most important social issues should be addressed first (Sheth and Babiak 2010). Whilst intuitive, this paper explicitly develops the notion that the social responsibility of a community sport organisation contains both the avoidance of harm and the advancement of socially beneficial organisational outcomes (Campbell 2007).

Corporate social responsibilities of organisations

Social responsibility has been defined as the 'responsibility of enterprises for their impacts on society' (European Commission 2011, 6). In the latter half of the twentieth century the concept began to develop within corporate organisations (Bowen 1953), and generally considers an enterprise's social, environmental and economic responsibilities to society (Elkington 1997). After nearly three decades of theoretical development, Carroll (1979) identified that a corporation's social responsibility consisted of economic, legal, ethical and discretionary responsibilities regarding a variety of social issues (discrimination, shareholders, product safety, the environment), and could range from proactive to reactive responses by the organisation. Building on this model, Wood (1991) conceptualised that the social performance of an organisation is based on principles of legitimacy, public responsibility and managerial discretion; processes of environmental assessment, stakeholder and issues management; and outcomes of the social impacts, programs and policies of a corporation's behaviour. Since this time there have been numerous attempts to describe and integrate the broad concepts that connect business and society into identifiable domains (accountability, balance and value) (Schwartz and Carroll 2008).

Despite recent advancements the concept of social responsibility in the sport industry remains relatively new and confined to highly commercialised organisational forms (Paramio-Salcines, Babiak, and Walters 2013). Whilst it is known that social responsibilities can vary between corporate industries (Godfrey, Hatch, and Hansen 2010), it is not well understood how these social responsibilities differ in community sport. Smith and Westerbeek (2007) broadly investigated the overlap between corporate social responsibility and the social responsibilities that are intrinsic to sport. They found that when corporate social responsibility is implemented in the sport industry it may possess distinctive dimensions, including mass media distribution and communication power, youth appeal, positive health impacts, social interaction, environmental awareness, cultural understanding and integration, and immediate gratification benefits. Albeit under the corporate paradigm, this marked one of the early attempts to demonstrate the utility of conceptualising the sport industry as a distinct field of social responsibility inquiry. The treatment of the

sport industry as a distinctive field of inquiry regarding social responsibility laid the foundation for further conceptual advances in the conceptualisation of social responsibility in professional European football (Breitbarth, Hovemann, and Walzel 2011); professional sport leagues in the United States, Germany, Australia and Japan (Breitbarth and Harris 2008; Babiak and Wolfe 2009, 2013; Sheth and Babiak 2010; Cobourn 2014); and the social responsibility of major sport events such as the Super Bowl (Babiak and Wolfe 2006).

Health promotion within community sport clubs

The discourse on what responsibilities sport organisations have to society has received increasing attention within the sport management and public health domains. According to the World Health Organisation (WHO) health promotion can be defined as ‘the process of enabling people to increase control over, and to improve, their health’ (WHO 1986, 1). Moreover, within the health promotion domain, the social responsibility of sport organisations as it relates to health promotion policies and practices has been investigated internationally (Kokko, Kannas, and Villberg 2006; Geidne, Quennerstedt, and Eriksson 2013; Kokko, Green, and Kannas 2014). However, the integration of management principles of social responsibility and health promotion within sport clubs has not been researched. This paper aims to explore what are the primary social responsibilities of community sport, and where does health promotion fit in?

Community sport clubs are considered important settings for overall physical activity (Kokko, Kannas, and Villberg 2006; Wickel and Eisenmann 2007) and participation in club-based sport contributes considerably to leisure-time physical activity at health enhancing levels (Eime et al. 2015). Sport is a popular leisure-time physical activity, especially amongst children and adolescents (Australian Sports Commission 2016). Furthermore, participation in club sport can not only positively influence physical health, but social and mental health too. Due to the social nature of club sport participation these social and mental health benefits can rise above those attained through participation in individual types of physical activity (Eime et al. 2013). Settings-based health promotion focuses on whole-of-system thinking in order to address a range of behaviour change strategies that advocate participation in sport as healthy behaviour (Dooris 2009). This can lead to strategies engaging people in sport participation. These strategies may range from individual level factors such as improving competency and skill, to intrapersonal strategies like better coaching practices, and physical environmental and policy level influences such as improving club management and governance (Kokko, Green, and Kannas 2014).

Internationally there are a range of health promotion practices and policies being implemented in sport clubs. These include sport injury prevention, smoke-free environments, responsible serving of alcohol, sun protection, healthy eating, healthy beverages, and creating welcoming and inclusive environments (Nicholson and Hoyer 2008; Kelly et al. 2010, 2014; Kokko, Donaldson et al. 2015). Others are more directed at governance (Kokko, Donaldson et al. 2015). Sometimes these policies and strategies are driven by the clubs internally or via external health promoting agencies (Kokko, Donaldson et al. 2015). A recent study investigated the perceived influence of a range of sport club health promotion practices on participation. The authors concluded that the social environment, or welcoming factors, were the most positive influences on participation (Casey et al. 2017). Like social responsibility, the implementation and efficacy of health promotion

and inclusion programs is relative. For example, Kelly (2011) identified that inclusion programmes may be more successful in one context (e.g. employment and sports participation) than others (e.g. challenging the underlying social factors that lead to the marginalisation of participants in the first place). Additionally, in the Australian context Maxwell et al. (2013) acknowledged the paradox that practices leading to the inclusion of one social group in the community sport setting may lead to the exclusion of another.

Primary responsibility of sport clubs

Whilst there is pressure from within and outside sport clubs to deliver health promotion strategies, it is generally acknowledged that the primary role or responsibility of community sport clubs is delivering sport, that is, providing opportunities for people to play sport (Kokko, Donaldson et al. 2015). Health is not the primary goal of sport clubs (Geidne, Quennerstedt, and Eriksson 2013). Furthermore, sport policy is driven by aiming to achieve elite sporting success, as well as policy seeking to increase grass-roots community sport club participation (Australian Sports Commission 2015). Therefore tension may exist between the competing roles and responsibilities of community sport clubs. It must be remembered that sport clubs are predominantly run by volunteers and not health promotion experts, and therefore club volunteers may not have the capacity, or find it difficult to undertake these health promotion activities as they do not perceive them to be directly related to the club's primary responsibilities (Kokko 2010; Kokko, Donaldson et al. 2015).

Health promotion was deemed appropriate as a frame for the broader social responsibility discourse as it is an important and growing area of research that investigates how community sport organisations may positively benefit their communities. In contrast, health promotion research to date has not considered this area *relative* to other responsibilities the organisation may have. This is concerning for a number of reasons. Firstly, in isolation, health promotion is a logical and worthwhile social issue for a community sport organisation to pursue. However, when considering other possible issues such as good governance, legal compliance, safety, coaching accreditation, delivering the actual service of sport and other responsibilities local clubs may have, health promotion may lose some of its perceived importance. Secondly, like other discretionary actions health promotion may not contribute to the core products and services of a community sport club. Consequently, it seems unreasonable for community sport clubs to allocate scarce resources to health promotion programs at the expense of core operational tasks. Third, other actors in society have the primary purpose of promoting health. Governments can legislate the labelling and tax on goods that lead to negative health outcomes such as alcohol, tobacco and junk-food (Sacks et al. 2011). Unhealthy food and beverage companies are allowed to sponsor and influence youth sport (Kelly et al. 2011). Additionally, other locations of consumption such as the quality of food in school lunches (Peterson and Fox 2007) or the impact of the family on food consumption behaviours (Boutelle et al. 2007) arguably play more significant roles in daily food consumption than local sport clubs. If health promotion is not deemed a priority for community sport clubs and not consistently pursued by other significant stakeholders that can influence the health promotion discourse, yet diverts human and financial resources away from core operational tasks within community sport organisations, then the utility of applying health promotion strategies in this organisational setting may be questionable. To that end the aim

of this study is to explore what are the primary social responsibilities of community sport, and where does health promotion fit in?

Methods

The method selected for this project was the Delphi method. The Delphi method is a consensus generating approach that has been used in sport management to determine the future of the sport management field (Costa 2005); environmental responsibility in sport facilities (Mallen et al. 2010); health promotion factors in community sport clubs (Kokko, Kannas, and Villberg 2006; Kelly et al. 2014); steroid use in high school sports (Woolf and Swain 2014) and professionalisation in sport management practice in the North American Society for Sport Management (Bowers, Green, and Seifried 2014).

The utility of the Delphi method is the ability to elicit consensus group responses regarding complex problems. Due to the exploratory nature of this study and the multidimensionality of the social responsibility concept, the Delphi method was deemed an appropriate method for this project as it draws together the views of multiple experts in the areas of community sport and social responsibility. The Delphi method has three characteristics that differentiate it from focus groups. Firstly, the anonymity of responses reduces the impact of dominant or shy respondents by allowing each group member to have equal representation. Secondly, multiple time points separated by controlled feedback allow expert group members to mediate their responses in light of counter arguments and positions. Finally, grouped responses are provided that allow participants to see the distribution of responses and re-assess or justify contrary positions leading to more nuanced results (Martino 1983). Each iteration is separated by controlled feedback in the form of median group responses to items, the participants initial response and the opportunity to provide qualitative feedback to justify their position. Following the first round, controlled feedback was provided regarding a range of new items identified from open ended responses in the first round. The controlled feedback allowed experts to consider and change their responses in light of group responses and justify contrary opinions (i.e. discensus) via open ended responses.

Participant selection

Participant selection occurred as part of a larger study that investigated the concept of social responsibility in multiple types of sport organisations. Academics and managers were selected as the two sample groups of experts (Table 1). Expertise was assessed by the position that the individual held either as part of an editorial board of a sport management (peer reviewed) journal or as a senior manager in a national sport organisation.

The academic expert group was generated from the editorial boards of one sport sociology journal and three sport management journals. In total 125 sport management and sociology experts were invited to participate in the project, 62 were professors, 54 were associate professors and nine had either an unspecified title or held the title of doctor. The manager expert group was developed from publically available website data in 14 countries and 24 sports. Consistent with the selection strategy of identifying experts in the field, 96% of the 159 experts identified were employed in executive positions in national sport organisations (e.g. executive director, chief executive officer, secretary

Table 1. Expert panel overview.

	Academic	Industry
Gender	46 female, 79 male	27 female, 132 male
Position	63 professors, 54 associate professors, 9 unspecified	152 executive managers, 7 middle managers
Countries	United States (56), Canada (25), Australia (13), United Kingdom (10), New Zealand (5), Norway (3), Germany (3), the Netherlands (2), Greece (2), France (2), Switzerland (1), South Korea (2) and Mexico (1).	Australia (16), New Zealand (17), England (8), Scotland (6), Wales (5), Canada (11), United States (14), the Netherlands (13), South Africa (12), India (13), Finland (12), Sweden (13), Singapore (13) and the Philippines (6)
Broad Topic Areas/Sports Governed	Race, gender, economics, organisational studies, marketing, ethnicity, community development and capacity, management, policy, volunteerism, sociology, physical activity and health, diversity, governance, inequality, culture, sponsorship, social capital, consumer behaviour, social responsibility, ethics, labour policy, risk management and law	Football codes (European, Australian, league, union), swimming, volleyball, athletics, basketball, table tennis, baseball, softball, rowing, golf, hockey, cycling, cricket, badminton, netball, tennis, golf, ice hockey, squash, handball and lacrosse

general, general manager). The remaining 4% (seven people) held middle to senior management positions in organisations where the senior management contact details were unavailable. Participants were selected on the basis of knowledge of the sport industry, English proficiency, and the ability to critically analyse the importance of social issues for sport organisations. The size of the expert panel was larger than previous studies to ensure appropriate response rates and panel size (Dalkey 1969).

Social responsibility is a heterogenous concept including, amongst other things aspects of governance, human rights, labour practices, the environment, fair-operating practices, consumer issues and community involvement and development (International Organisation for Standardisation 2010). Both expert groups offered valuable insights that complemented each other. On the one hand academic experts could provide expertise in one or more content areas of social responsibility. On the other hand, senior managers from the sport industry provided pragmatic guidance regarding the importance of these issues to the day-to-day operations of these organisations. By utilising the Delphi method, a broad range of expert opinions were combined to form a consensus around social responsibility issues.

Item development

A list with social responsibility items was developed based on two of the most prevalent and globally accepted conceptualisations of social responsibility: the International Organisation for Standardisation's ISO 26000 Guidance on Social Responsibility (2010) and the Global Reporting Initiative's (GRI) – Sustainability Reporting Guidelines (2011). Both measures have been developed for over a decade and are widely used by organisations around the world. To develop the social responsibility item list, the item hierarchies in each guideline were mapped. Each document identified macro, meso and micro levels of social responsibility and these were combined in the initial item list. At the macro level 13 social responsibility categories were identified, with a further 73 social responsibility issues at the meso level and 363 social responsibility items at the micro level. To start building a social responsibility hierarchy the ISO 26000 document was used as the initial framework. Only categories and issues from the GRI 3.1 that were dissimilar to

those present in the ISO 26000 were added to the framework (see Table 2). Duplicate issues were removed resulting in the identification of 66 social responsibility issues. The research team collectively identified, refined and piloted an item list of 25 social responsibility items they felt most adequately represented the initial list of social responsibility issues. The pilot study was conducted with 13 sport management and sociology academics from an Australian university. The pilot study allowed the research team to identify the likely completion time, test the wording of the questions and have a pilot run at analysing the data to address any final issues prior to distribution to the global expert panel (Gratton and Jones 2004).

Items were categorised around the core (macro) social responsibility issues as identified from a review of conceptual papers on corporate social responsibility in sport management, and industry measures of responsibility (International Organisation for Standardisation 2010; Walker and Parent 2010; Global Reporting Initiative 2011; Breitbarth, Hovemann, and Walzel 2011; Babiak and Wolfe 2013) (see Table 3). Seven categories of social responsibility were identified. Each category included several social responsibility items that are relevant in organisations. The seven categories are (number of items included in brackets): community development (seven items), labour practices (seven items), human rights (seven items), economics (three items), governance (five items), fair-operating practices (three items) and the environment (one item).

Delphi sample characteristics and response rates

The response rate from the expert sample was 19.7% producing an initial expert panel of 56 members who completed the first survey. More males (34) than females (22) responded, from 12 different countries and representing 14 different national sport organisations and 32 different universities. After the first round, 10 out of the 25 social responsibility issues had reached consensus, 15 had not. The expert panelists identified eight additional social responsibility issues. The eight new social responsibility issues along with the 15 issues that had not reached consensus, were redistributed in the second round. Thirty-three social responsibility issues were presented in total.

Forty-nine members of the expert panel responded to the second survey round, a response rate of 87.5%. Out of the 23 social issues that were redistributed to the expert panel, a further 18 social responsibility issues reached consensus in the second round. The total number of issues that reached consensus was 28 out of 33 issues. Only five social responsibility issues did not reach consensus after the second round: freedom to associate; anti-competitive behaviour; philanthropy (surplus resources to social benefit organisations); local investment and prioritising on-field sporting success. Of the 28 social responsibility issues that reached consensus 17 were also identified as highly

Table 2. Exemplar of the social issue hierarchy on a human rights issue.

Level of Issue	Example
Macro	<i>Human rights</i> is a category of responsibility that a community sport organisation should be concerned about.
Meso	<i>Due diligence</i> is a component of implementing human rights within an organisation.
Micro	<i>Complying with relevant anti-discrimination legislation</i> is an indicator of meeting an organisations human rights responsibility.

Table 3. Overview of social responsibility dimensions from the literature.

	Governance	Labour Practices	Human Rights	Environmental	Fair Operating Practices	Community Development	Economic
International Organisation for Standardisation (2010)							
Global Reporting Initiative (2011)							
Babiak and Wolfe (2013)							
Breitbarth, Hovemann, and Walzel (2011)							
Walker and Parent (2010)							

important to community sport organisations. These social responsibility issues were redistributed to the expert panel in round three. The response rate for the final round was 61.2% leaving 28 useable responses. Participants were asked to select their five highest social responsibility priorities and rank them from first to fifth most important. This allowed the research team to discriminate between the highest social responsibility priorities for the community sport organisation.

Data collection

Data were collected in three sequential survey rounds (Martino 1983). Each survey round contained Likert scale and open-ended questions regarding the most important perceived social responsibilities of a community sport organisation. Requesting the identification of the most important social responsibility issues allowed the research team to discriminate between the relative importance of various responsibilities. This enabled the research team to determine how important, relative to other competing responsibilities, health promotion was to the organisation. Each survey round allowed two weeks for participants to complete the survey; separated by a week for the research team to analyse the data and provide controlled feedback. Conservative measures of consensus were used in comparison to previous Delphi studies (von der Gracht 2012). For an item to reach consensus one of two conditions had to be met. First, if the median value was between two and four inclusive, then the condition of consensus was 90% of the expert panel responding within one rating scale point of the median value. Second, if the interpolated median value was less than two, or greater than four, then the consensus threshold was lowered to 80% of the expert panel responding within one rating scale point. If the item did not reach consensus then participants who fell outside one rating scale point of the median value were given the opportunity to revise their response in light of group opinion or describe their reasoning for maintaining their position outside of group consensus.

The first survey round asked participants to rate the 25 social responsibility issues on a five point Likert scale of importance (from one – very low importance; to five – very high importance). The open-ended questions allowed participants to identify areas of social responsibility they thought were important but not included in the first survey round. In

round two the items that did not reach consensus were redistributed to those participants who were outside the group consensus measures. Eight additional items were identified as important to the community sport organisation. These eight items were distributed to all participants in round two to be ranked for the first time on the same five point Likert scale of importance.

All items that reached consensus and rated above highly important (greater than four) were redistributed to participants in the third round. The third round was designed to discriminate between highly important social responsibility issues in a community sport organisation. Each participant identified their five highest priorities and described how they would expect to see such priorities actioned within a community sport organisation.

Data analysis

Data analysis occurred sequentially throughout the data collection process as outlined above. Following round three a weighting factor was developed to discriminate between the most important social responsibility issues that had reached consensus. The sum of the priority scores assigned to each social responsibility issue was expressed as a fraction of the maximum possible sum of priority scores and the fraction was added to 1.0. The weighting factor for round three could therefore range from 1.0 (although participants identified this issue as highly important no participant identified it in the top five highest social responsibility priorities for the community sport organisation), to 2.0 (all participants regarded this social responsibility item as the highest social responsibility priority for a community sport organisation). The round two mean scores were then multiplied by the weighting factor to produce a priority weighted mean score of the importance of social responsibility issues to the community sport organisation. The results of the data collection and analysis processes identified 33 social responsibility items.

Results

The expert panel identified several areas of social responsibility that were perceived to be most important to community sport organisations (Table 4). The items that did not reach consensus or were perceived as less important are shaded in grey. Table 4 is ordered by the weighted third round mean (for those issues that were on average above 'highly important' after round two (i.e. above 4.0)) and the second round mean (for those issues that were on average below 'highly important' after round two (i.e. below 4.0)).

High social responsibility importance scores were achieved for maximising participation in sport (6.79), safeguarding individuals from harm (6.11), creating an inclusive setting (5.88), remaining financially responsible to their members (5.57) and financially viable as an organisation (5.38), and, maximising volunteer participation (5.19). The lowest scores were achieved for contributing surplus resources to social benefit organisations (i.e. philanthropy) (2.43); expressing freedom to associate and collectively bargain (2.69), implementing socially responsible procurement practices (3.24); abiding by anti-competitive behaviour regulation (3.38) and prioritising on field sporting success (3.43). The lack of perceived importance of these issues indicates that philanthropy, collective bargaining,

Table 4 . Social responsibility priorities for a community sport organisation.

Perceived Organisational Priority	Weighted R3 Mean	Round 2 (n)	Social Responsibility Item	Social Responsibility Dimension
<i>Human Rights Dimension</i>				
1	6.72	49	Maximise participation in the sport	Human Rights
3	5.88	49	Create an accessible and inclusive sport setting	Human Rights
8	4.93	49	Complying with relevant equity and anti-discrimination legislation	Human Rights
10	4.75	48	Ensure gender inclusion and equity standards	Human Rights
13	4.43	48	Ensure disability inclusion and equity standards	Human Rights
17	4.19	49	Ensure the organisation is an equal opportunity employer	Human Rights
21	3.79	48	Develop equality and diversity resources to implement within the sport	Human Rights
<i>Labour Practices Dimension</i>				
2	6.11	49	Safeguard individuals from potential harm by assuring people in positions of trust have gone through relevant background checks and possess appropriate training	Labour Practices
6	5.19	49	Maximise volunteer participation	Labour Practices
12	4.51	48	Ensuring up to date occupational health and safety standards and procedures	Labour Practices
15	4.32	49	Guarantee data protection and privacy	Labour Practices
16	4.23	49	Develop and implement injury prevention strategies for players and officials	Labour Practices
22	3.78	49	Provide personal development and training opportunities for staff and members	Labour Practices
32	2.69	49	Overtly express the freedom to associate and collectively bargain	Labour Practices
<i>Economic Dimension</i>				
4	5.57	49	Ensure fiscal responsibility to owners/members	Economic
5	5.38	48	Ensure financial viability	Economic
29	3.43	49	Prioritise on field sporting success within the organisation	Economic
<i>Governance Dimension</i>				
7	5.15	49	Ensure the appropriate organisational governance frameworks are in place to effectively identify and manage the organisation's social objectives	Governance
14	4.37	49	Setting social equality policies and procedures	Governance
24	3.73	48	Raise awareness of social issues within the organisation's sphere of influence	Governance
25	3.71	49	Actively identifying the organisational resource capacity for socially responsible programs	Governance
26	3.65	49	Publicly stating social goals and performance indicators	Governance
<i>Community Development Dimension</i>				
9	4.90	49	Maximise the use of the organisation's sports facilities	Community Development
11	4.69	48	Contribute to increasing social capital and community cohesion through community involvement	Community Development
19	3.86	49	Maximise health promotion opportunities for staff, volunteers and community	Community Development
20	3.86	49	Provide equitable access to disadvantaged groups through subsidies, access times, locations etc.	Community Development
27	3.63	49	Provide community education opportunities	Community Development
28	3.49	49	Maximise local investment, suppliers and employment	Community Development

(Continued)

Table 4 Continued.

Perceived Organisational Priority	Weighted R3 Mean	Round 2 (n)	Social Responsibility Item	Social Responsibility Dimension
33	2.53	49	Contribute surplus resources to social benefit organisations that are not business related	Community Development
<i>Fair Operating Practices Dimension</i>				
18	3.98	49	Actively promote anti-corruption practices that support the 'uncertainty of outcome' within a sporting contest and/or the organisation's integrity	Fair Operating Practices
30	3.38	47	Actively abide by anti-competitive behaviour regulation to ensure fair competition within the organisation's market(s)	Fair Operating Practices
31	3.24	49	Implement socially responsible procurement practices within the supply chain	Fair Operating Practices
<i>Environmental Dimension</i>				
23	3.73	49	Abide by principles of environmental responsibility and sustainability	Environment

responsible procurement and conformance to regulations regarding competition were relatively incongruent with the non-profit and community orientated goals of these organisations. Interestingly, on-field performance was one of the issues perceived to be the lowest priority whilst maximising participation was the highest.

Health promotion was perceived to be the 19th most important social responsibility issue out of the 33 included in the Delphi study, with a mean importance score of 3.86. [Table 4](#) indicates that its importance is commensurate with issues such as equal opportunity employment (4.19), anti-corruption measures (3.98), equitable access for disadvantaged groups (3.86) and developing equality and diversity resources (3.79).

Discussion

This study is the first to investigate the concept of social responsibility in community sport clubs, and extends from research focusing on the social responsibilities within the corporate sector. Furthermore, it extends research regarding health promotion in sport, by investigating how important health promotion in sport is relative to other competing organisational objectives. That is, what are the primary social responsibilities of community sport, and where does health promotion fit in?

There has been considerable research on the health promotion policies and practices that occur within sport clubs (Kelly et al. 2014), as well as the impact health promotion activities have on health behaviours of club participants (Kokko, Selänne et al. 2015). Furthermore, the broader organisational constructs such as partnerships and partnership developments between sport and health (Casey et al. 2012; Misener and Misener 2016) have been investigated, but these tend to be in isolation of health promotion and sport, and not investigated within the broader context of the responsibilities that sport (organisations) have to society.

In this study, social responsibility was captured in seven responsibility dimensions: human rights, labour practices, economic, governance, community development, fair operating practice and environment. We will now discuss the social responsibility dimensions and items the expert panel perceived to be most important for a community sport club.

Overall, the highest social responsibility scores were achieved in the human rights and labour practice dimensions. Maximising participation in sport was the highest perceived priority, followed by safeguarding individuals from potential harm and creating an accessible and inclusive sport setting. Further perceived priorities were related to financial responsibility (economic dimension). Interestingly, lower priorities were awarded to governance and community development dimensions. Health promotion as part of the community development dimension was only ranked the 19th priority out of 33 identified.

Many of the human rights items were ranked highly and related to maximising participation, creating accessible and inclusive sport settings and generally ensuring equity standards and opportunities. As a CEO from a national sport organisation in Canada stated 'it's the fundamental role of a sporting organisation. If you're maximising participation you're doing many things correctly and your policies inevitably support participation. It's a foundational responsibility' (Participant 50, CEO Canadian NSO). The results of this study are consistent with previous research and policies which state that the primary focus of sport organisations is on maximising or increasing participation (Australian Sports Commission 2015; Kokko, Donaldson et al. 2015).

Accessible and inclusive settings, and ensuring equity were also ranked highly. Issues of equality and inclusion 'form club culture – behaviours are rewarded or chastised under culture banner – what we stand for ... Proactively encourage and promote an open for all philosophy and culture' (Participant 48, Senior Manager, Australian NSO). There are many initiatives within sport governance and policy that focus on accessibility, inclusivity and equity. In the Australian context examples include the 'Come Out to Play' report that focuses on better understanding and combating gender and sexuality based discrimination in sport (Symons et al. 2010); various ethical and integrity issues associated with grassroots participation (Australian Sport Commission 2010); and national anti-racism strategies (Australian Human Rights Commission 2015). In addition to these formal guidelines and initiatives there are other informal strategies that clubs deliver. For example, initiatives to encourage inclusivity in sport, including clubs providing meals for disadvantaged children (Kelly et al. 2010).

Within the labour practice dimension the highest priority related to safeguarding individuals from harm, maximising volunteer participation, as well as health and safety standards and procedures. Volunteers have been identified as one of community sport organisations' most scarce resources (Wicker and Breuer 2011). Subsequent considerations should be made to 'put in place a volunteer management program to recruit, train, and retain volunteers' (Participant 21, Sport Management Associate Professor, Canada). This is 'due to the lack of capacity (paid) [it is] important to have a volunteer base to develop other needed areas' (Participant 40, CEO, Australian NSO). Consequently, the maintenance of the voluntary labour force is highly important to community sport clubs. Increasingly state and national governing bodies are introducing regulations around safe guarding individuals (particularly children and vulnerable groups) from harm. In countries such as Australia, Scotland and Canada, recent policies have introduced the need for background checks of all volunteers for criminal history to 'ensure all coaches and volunteers have completed the appropriate police, working with children checks' (Participant 42, CEO, Australian NSO) (Nichols and Taylor 2010; Parent and Demers 2011). Furthermore, there is increasingly research and implementation of strategies regarding injury prevention which relates to the health and safety standards context (Swan et al. 2009).

Health promotion lies within the community development dimension and was ranked quite low, at 19th out of 33. Also within this dimension, maximising the use of the facilities and the contribution of sport to social capital and community cohesion through community involvement, were ranked as higher priorities than health promotion. The provision of sports facilities is a necessity for playing sport and therefore ranked as a high priority for clubs to take charge of. The role of sport for increasing social capital and social connectedness has also been longstanding (Darcy et al. 2014).

There has been much research on health promotion practices and policies, and organisational change principles within sport clubs. These are aimed at trying to get sport organisations to develop both sport and health strategies (Kokko, Donaldson et al. 2015). However, a challenge regarding the efficacy of such strategies remains, as health promotion policies do not directly translate to sustained health promotion practices within sport clubs (Crisp and Swerissen 2003; Kokko, Donaldson et al. 2015). Health promotion is often not seen as a priority (Kokko, Donaldson et al. 2015), and therefore strategic planning for health promotion within sport organisations is low, even with the support of funded health promotion schemes (Casey et al. 2012). It is also acknowledged that health promotion through sport clubs is not feasible for clubs and sports to achieve alone, without funding and expertise to support it (Kelly et al. 2014).

The dependence on volunteer capacity to run sport clubs is highlighted above, and within the health promotion in sport literature, volunteer capacity dominates the debate. Recent research has highlighted the misalignment between different organisations that work in sport and health promotion diminishes their collective capacity to collaborate and use scarce resources effectively to meet health promotion policy goals (Misener and Misener 2016). A lack of capacity to deliver health promotion is commonly reported (Casey et al. 2012; Kelly et al. 2014; Kokko, Selänne et al. 2015; Misener and Misener 2016) and this also relates to (the lack of) readiness of organisations to change.

Limitations and future research directions

This exploratory study had some limitations and also implications for future research. Seminal components to the social responsibility concept are economic, legal, ethical and discretionary responsibilities (Carroll 1979). Within sport management, the concept of corporate social responsibility has been used as the principal framework for understanding the responsibility of sport organisations (Walker and Parent 2010; Breitbarth, Hovemann, and Walzel 2011; Babiak and Wolfe 2013). The transferability of social responsibility frameworks developed within the corporate context, and applied to small non-profit organisations, is a limitation of the current study. In particular the results regarding the least important social responsibility issues (i.e. philanthropy, collective bargaining, procurement and compliance with regulation) should be considered cautiously. These items, whilst congruent with social responsibility practice in highly resourced and profit orientated organisations are potentially incongruent with the organisational goals and objectives of non-profit organisations. What is apparent from this research is that despite the questionable fit of some items, community sport organisations do have important social responsibilities to the society they are embedded in. Future research may wish to investigate the extent to which small non-profits differ in their responsibilities from larger profit oriented organisations.

Community sport organisations are increasingly pressured to produce social outcomes beyond their constitutional and operational remits. However, clubs face constrained resource environments. Consequently a minimal behavioural thresholds approach oriented toward avoiding harm may potentially hold more utility for sport clubs (c.f. Campbell 2007 for an example in the corporate setting). For example, Sport England accredits community sport clubs in the United Kingdom on the basis of the clubs activity program; duty of care and welfare; knowing your club and community; and club management as the central tenants of its 'ClubMark' accreditation system (Sport England 2015). Minimal behavioural standards set floor measures and aim to avoid material negative consequences from negligence and misconduct in club environments. This approach raises pragmatic questions that are yet to be addressed in the literature: when is a community sport organisation responsible enough? What are the key functions of a community sport organisation? What are the material risks? Have they been met? Future research along these lines may investigate social responsibility in practice.

Beyond the conceptual extension from the corporate to the community sport domain, there is a need to better understand the micro-foundations of social responsibility practice at the individual level of analysis. To do so, future research on the voluntary human resource capacity in community sport organisations and boards of governance is required. Approaches to decision making in sport organisations often assume rationality and perfect information in decision making (e.g. club managers are rational economic actors). That is, perfect information is available, and individuals are able to accurately analyse, interpret and communicate this information without consideration for emotional, political or interpersonal relationships within a constrained resource environment. However in reality, decision making is bounded (Simon 1957). Individuals do not have access to perfect information, make emotional decisions, and are influenced by interpersonal relations. Applying this to the concept of social responsibility, little is known about the ability of managers to influence socially responsible behaviour at the organisational level (Aguinis and Glavas 2012). Future research in this area may wish to address how individuals within community sport organisations interpret, manage and prioritise social responsibility issues within their organisations. This may require methods that better enable us to understand individual choice and decision making factors. For example, weighting the importance of organisational action (e.g. the point allocation methodology), or utilising frameworks such as the competing values framework (e.g. Quinn and Rohrbaugh 1981). These approaches may enable researchers to better understand the conscious and unconscious decision making processes individuals utilise when making choices about the responsible actions of the sport organisation.

Conclusion

This study delivered evidence that community sport organisations are perceived to have a wide range of social responsibilities. By extending corporate social responsibility research to the community sport domain we also found that health promotion as a social responsibility of sport clubs did not rate high on what are considered priorities for community sport organisations. Our findings confirm intuitive and anecdotal perceptions about the foundational role of community sport clubs. We found that the fundamental responsibility of community sport organisations is to maximise participation, in a safe environment that is

accessible to a variety of community stakeholders whilst remaining financially viable. Community sport organisations play a vital role in our society and can influence society in positive and negative ways. To maximise positive social outcomes community sport organisations should devote scarce resources to what a sport management expert panel considered as the most important social responsibilities, such as inclusion and participation in sport, whilst actively mitigating any risks of harming their stakeholders. As most community sports organisations are primarily volunteer-based, they cannot be expected to extend beyond their core responsibilities and deliver on a range of other social issues outside the scope and resource capacity of the organisation.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Jonathan Robertson is a Lecturer in Sport Management at Deakin University. His research broadly investigates the conceptualisation of social responsibility within the sport industry. The focus of his research is trying to understand the differences between social responsibility in sport institutions. Jonathan is particularly interested in how social responsibility is enacted in practice and the implications this has on theoretical and practical developments within sport management.

Hans Westerbeek is Professor of Sport Business and Dean of the College of Sport and Exercise Science, incorporating the Institute of Sport, Exercise and Active Living (ISEAL) at Victoria University in Melbourne, Australia. Prior to his academic appointments he worked as an academic and consultant in the fields of international marketing and sport business. Hans has consulted to professional sport organisations, (inter)national and state sport associations, and local and state government in multiple countries, such as FIFA, IMG, Giro d'Italia, Sport Business Group, the governments of the United Arab Emirates, New Zealand, Australia and the Netherlands and Saujana Limited Group (Malaysia). He has written 23 books on sport management, sport marketing and sport business related topics and he frequently consulted by the international media as a sport business expert.

Rochelle Eime is an Associate Professor of sport participation with the Institute of Sport, Exercise and Active Living (ISEAL) at Victoria University as well as with the Faculty of Health, Federation University. Rochelle is the director of the Sport and Recreation Spatial program of research. Sport and Recreation Spatial investigates sport and recreation participation, facilities, and health, for evidence-based decision making for the sport and recreation sector.

ORCID

Jonathan Robertson  <http://orcid.org/0000-0003-1062-1145>

References

- Aguinis, H., and A. Glavas. 2012. "What We Know and Don't Know About Corporate Social Responsibility: A Review and Research Agenda." *Journal of Management* 38 (4): 932–968.
- Australian Human Rights Commission. 2015. *Racism. It Stops With Me*. AHRC. Accessed March 25. <https://itstopswithme.humanrights.gov.au/>.
- Australian Sport Commission. 2010. *Summary of the 2010 Ethical and Integrity Issues in Australian Sport Survey*. Canberra, Australia: Australian Sports Commission.
- Australian Sports Commission. 2015. *Play Sport Australia: The Australian Sports Commission's Participation Game Plan*. Bruce: Australian Sports Commission.

- Australian Sports Commission. 2016. *AusPlay Participation Data for the Sport Sector. Summary of key National Findings*. Canberra: Australian Sports Commission.
- Babiak, K., and R. Wolfe. 2006. "More Than Just a Game? Corporate Social Responsibility and Super Bowl XL." *Sport Marketing Quarterly* 15 (4): 214–223.
- Babiak, K., and R. Wolfe. 2009. "Determinants of Corporate Social Responsibility in Professional Sport: Internal and External Factors." *Journal of Sport Management* 23 (6): 717–742.
- Babiak, K., and R. Wolfe. 2013. "Perspectives on Social Responsibility in Sport." In *Routledge Handbook of Sport and Corporate Social Responsibility*, edited by J. Paramio-Salcines, K. Babiak, and G. Walters, 17–34. New York: Routledge.
- Boutelle, K. N., D. Neumark-Sztainer, M. Story, J. A. Fulkerson, and S. A. French. 2007. "Fast Food for Family Meals: Relationships with Parent and Adolescent Food Intake, Home Food Availability and Weight Status." *Public Health Nutrition* 10 (1): 16–23.
- Bowen, H. 1953. *Social Responsibilities of the Businessman*. New York: Harper and Row.
- Bowers, M. T., B. Green, and C. S. Seifried. 2014. "'Let the Marketplace be the Judge': The Founders Reflect on the Origins and Trajectory of NASSM." *Journal of Sport Management* 28 (5): 565–587.
- Breitbarth, T., and P. Harris. 2008. "The Role of Corporate Social Responsibility in the Football Business: Towards the Development of a Conceptual Model." *European Sport Management Quarterly* 8 (2): 179–206.
- Breitbarth, T., G. Hovemann, and S. Walzel. 2011. "Scoring Strategy Goals: Measuring Corporate Social Responsibility in Professional European Football." *Thunderbird International Business Review* 53 (6): 721–737.
- Campbell, J. 2007. "Why Would Corporations Behave in Socially Responsible Ways? An Institutional Theory of Corporate Social Responsibility." *Academy of Management Review* 32 (3): 946–967.
- Carroll, A. 1979. "A Three-Dimensional Conceptual Model of Corporate Performance." *Academy of Management Review* 4 (4): 497–505.
- Casey, M. M., R. M. Eime, J. T. Harvey, N. A. Sawyer, M. J. Craike, C. M. Symons, and W. R. Payne. 2017. "The Influence of a Healthy Welcoming Environment on Participation in Club Sport by Adolescent Girls: a Longitudinal Study." *BMC Sports Science, Medicine and Rehabilitation* 9 (1): 1. doi:10.1186/s13102-017-0076-y.
- Casey, M., J. Harvey, R. Eime, and W. Payne. 2012. "Examining Changes in the Organisational Capacity and Sport-Related Health Promotion Policies and Practices of State Sporting Organizations." *Annals of Leisure Research* 15 (3): 261–276.
- Cobourn, S. 2014. "Battle for the Community: Key Features of Community Engagement in Professional Sport." *The International Journal of Sport and Society: Annual Review* 4 (2): 25–32.
- Commonwealth of Australia. 2011. *National Sport and Active Recreation Policy Framework*. Canberra, Australia: Commonwealth of Australia.
- Costa, C. 2005. "The Status and Future of Sport Management: A Delphi Study." *Journal of Sport Management* 19 (2): 117–142.
- Crisp, B., and H. Swerissen. 2003. "Critical Processes for Creating Health-Promoting Sporting Environments in Australia." *Health Promotion International* 18 (2): 145–152.
- Dalkey, N. 1969. "An Experimental Study of Group Opinion: The Delphi Method." *Futures* 2 (3): 27–37.
- Darcy, S., H. Maxwell, M. Edwards, J. Onyx, and S. Sherker. 2014. "More Than a Sport and Volunteer Organisation: Investigating Social Capital Development in a Sporting Organisation." *Sport Management Review* 17 (4): 395–406.
- Dooris, M. 2009. "Holistic and Sustainable Health Improvement: The Contribution of the Settings-Based Approach to Health Promotion." *Perspectives in Public Health* 129 (1): 29–36.
- Eime, R., J. Harvey, M. Charity, M. Casey, J. van Uffelen, and W. Payne. 2015. "The Contribution of Sport Participation to Overall Health Enhancing Physical Activity Levels in Australia: A Population-Based Study." *BMC Public Health* 15 (806): 1–12.
- Eime, R., J. Harvey, M. Craike, C. Symons, and W. Payne. 2013. "Family Support and Ease of Access Link Socio-Economic Status and Sports Club Membership in Adolescent Girls: A Mediation Study." *International Journal of Behavioral Nutrition and Physical Activity* 10 (50): 1–12.
- Elkington, J. 1997. *Cannibals with Forks: The Triple Bottom Line of 21st Century Business*. Chichester, England: Capstone Publications.

- European Commission. 2011. *A Renewed EU Strategy 2011-14 for Corporate Social Responsibility*. Brussels, Belgium: European Commission.
- Finch, C. F., J. L. Kemp, and A. J. Clapperton. 2015. "The Incidence and Burden Of Hospital-Treated Sports-Related Injury in People Aged 15+ Years In Victoria, Australia, 2004–2010: A Future Epidemic of Osteoarthritis?" *Osteoarthritis And Cartilage* 23 (7): 1138–1144.
- Geidne, S., M. Quennerstedt, and C. Eriksson. 2013. "The Youth Sports Club as a Health-Promoting Setting: An Integrative Review of Research." *Scandinavian Journal of Public Health*. 41 (3): 269–283.
- Global Reporting Initiative. 2011. *Sustainability Reporting Guidelines Version 3.1*. Amsterdam, The Netherlands: Global Reporting Initiative.
- Godfrey, P. C., N. W. Hatch, and J. M. Hansen. 2010. "Toward a General Theory of CSR's: The Roles of Beneficence, Profitability, Insurance, and Industry Heterogeneity." *Business and Society* 49 (2): 316–344.
- Gratton, C., and I. Jones. 2004. *Research Methods for Sport Studies*. London: Routledge.
- International Organisation for Standardisation. 2010. "ISO 26000 – Guidance on Social Responsibility." In *ISO 26000:2010(E)*. Geneva, Switzerland: International Standards Organisation.
- Kelly, L. 2011. "Social Inclusion Through Sports-Based Interventions?" *Critical Social Policy* 31 (1): 126–150.
- Kelly, B., L. Baur, A. Bauman, and L. King. 2010. "Examining Opportunities for Promotion of Healthy Eating at Children's Sports Clubs." *Australian and New Zealand Journal of Public Health* 34 (6): 583–588.
- Kelly, B., L. Baur, A. Bauman, L. King, K. Chapman, and B. Smith. 2011. "Food and Drink Sponsorship of Children's Sport in Australia: Who Pays?" *Health Promotion International* 26 (2): 188–195.
- Kelly, B., L. King, A. E. Bauman, L. A. Baur, R. Macniven, K. Chapman, and B. J. Smith. 2014. "Identifying Important and Feasible Policies and Actions for Health at Community Sports Clubs: A Consensus-Generating Approach." *Journal of Science and Medicine in Sport* 17 (1): 61–66.
- Kokko, S. 2010. "Promoting Health is Good for Sports Clubs." *Motion-Sport in Finland* 2010 (1): 38–39.
- Kokko, S., A. Donaldson, S. Geidne, J. Seghers, J. Scheerder, J. Meganck, A. Lane, B. Kelly, M. Casey, and R. Eime. 2015. "Piecing the Puzzle Together. Case Studies of International Research in Health Promoting Sport Clubs." *Global Health Promotion* 23 (1): 75–84.
- Kokko, S., L. W. Green, and L. Kannas. 2014. "A Review of Settings-Based Health Promotion with Applications to Sports Clubs." *Health Promotion International* 29 (3): 494–509.
- Kokko, S., L. Kannas, and J. Villberg. 2006. "The Health Promoting Sports Club in Finland – A Challenge for the Settings-Based Approach." *Health Promotion International* 21 (3): 219–229.
- Kokko, S., H. Selänne, L. Alanko, O. Heinonen, R. Korpelainen, K. Savonen, T. Vasankari, L. Kannas, U. Kujala, and T. Aira. 2015. "Health Promotion Activities of Sports Clubs and Coaches, and Health and Health Behaviours in Youth Participating in Sports Clubs: the Health Promoting Sports Club Study." *BMJ Open Sport and Exercise Medicine* 1 (1): 1–11.
- Mallen, C., L. Adams, J. Stevens, and L. Thompson. 2010. "Environmental Sustainability in Sport Facility Management: A Delphi Study." *European Sport Management Quarterly* 10 (3): 367–389.
- Martino, J. 1983. *Technological Forecasting for Decision Making*. New York: Elsevier.
- Maxwell, H., C. Foley, T. Taylor, and C. Burton. 2013. "Social Inclusion in Community Sport: A Case Study of Muslim Women in Australia." *Journal of Sport Management* 27 (6): 467–481.
- Misener, K., and A. Doherty. 2014. "In Support of Sport: Examining the Relationship Between Community Sport Organizations and Sponsors." *Sport Management Review* 17 (4): 493–506.
- Misener, L., and K. Misener. 2016. "Examining the Integration of Sport and Health Promotion: Partnership or Paradox?" *International Journal of Sport Policy and Politics* 8 (4): 695–712.
- Nichols, G. 2003. *Citizenship in Action – Voluntary Sector Sport and Recreation*. London: Central Council of Physical Recreation.
- Nichols, G., and P. Taylor. 2010. "The Balance of Benefit and Burden? The Impact of Child Protection Legislation on Volunteers in Scottish Sports Clubs." *European Sport Management Quarterly* 10 (1): 31–47.
- Nicholson, M., and R. Hoye. 2008. *Sport and Social Capital*. London: Butterworth-Heinemann.

- Pakzad-Vaezi, K., and A. Singhal. 2011. "Trends in Paediatric Sport- and Recreation-Related Injuries: An Injury Surveillance Study at the British Columbia Children's Hospital (Vancouver, British Columbia) From 1992 to 2005." *Paediatrics And Child Health* 16 (4): 217–221.
- Paramio-Salcines, J., K. Babiak, and G. Walters, eds. 2013. *Routledge Handbook of Sport and Corporate Social Responsibility*. New York: Routledge.
- Parent, S., and G. Demers. 2011. "Sexual Abuse in Sport: A Model to Prevent and Protect Athletes." *Children Abuse Review* 20 (2): 120–133.
- Pedersen, P., J. Parks, J. Quarterman, and L. Thibault. 2011. *Contemporary Sport Management*. 4th ed. Champaign: Human Kinetics.
- Peterson, K., and M. Fox. 2007. "Addressing the Epidemic of Childhood Obesity Through School-Based Interventions: What has Been Done and Where do we go From Here?" *The Journal Of Law, Medicine & Ethics* 35 (1): 113–130.
- Putnam, R. 2000. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.
- Quinn, R., and J. Rohrbaugh. 1981. "A Competing Values Approach to Organizational Effectiveness." *Public Productivity Review* 5 (2): 122–140.
- Sacks, G., J. Veerman, M. Moodie, and B. Swinburn. 2011. "'Traffic-Light' Nutrition Labelling and 'Junk-Food' Tax: A Modelled Comparison of Cost-Effectiveness for Obesity Prevention." *International Journal Of Obesity* 35 (7): 1001–1009.
- Schwartz, M. S., and A. B. Carroll. 2008. "Integrating and Unifying Competing and Complementary Frameworks: The Search for a Common Core in the Business and Society Field." *Business Society* 47 (2): 148–186.
- Sheth, H., and K. Babiak. 2010. "Beyond the Game: Perceptions and Practices of Corporate Social Responsibility in the Professional Sport Industry." *Journal of Business Ethics* 91 (3): 433–450.
- Simon, H. 1957. *Administrative Behaviour: A Study of Decision-Making Processes in Administrative Organization*. New York: Free Press.
- Smith, A. C. T., and H. M. Westerbeek. 2007. "Sport as a Vehicle for Deploying Corporate Social Responsibility." *The Journal of Corporate Citizenship* 25 (Spring): 43–54.
- Sport England. 2015. "Clubmark Criteria." *Clubmark*, Accessed February 12. <http://www.clubmark.org.uk/what-clubmark/clubmark-criteria>.
- Swan, P., L. Otago, C. Finch, and W. Payne. 2009. "The Policies and Practices of Sports Governing Bodies in Relation to Assessing the Safety of Sports Grounds." *Journal of Science and Medicine in Sport* 12 (1): 171–176.
- Symons, C., M. Sbaraglia, L. Hillier, and A. Mitchell. 2010. *Come Out To Play: The Sports Experiences of Lesbian, Gay, Bisexual and Transgender (LGBT) People in Victoria*. Melbourne, Australia: Institute of Sport, Exercise and Active Living (ISEAL), Victoria University.
- von der Gracht, H. 2012. "Consensus Measurement in Delphi Studies: Review and Implications for Future Quality Assurance." *Technological Forecasting and Social Change* 79 (8): 1525–1536.
- Walker, M., and M. M. Parent. 2010. "Toward an Integrated Framework of Corporate Social Responsibility, Responsiveness, and Citizenship in Sport." *Sport Management Review* 13 (3): 198–213.
- WHO (World Health Organisation). 1986. "The Ottawa Charter for Health Promotion." Accessed January 18, 2018. http://www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf.
- Wickel, E. E., and J. C. Eisenmann. 2007. "Contribution of Youth Sport to Total Daily Physical Activity among 6- to 12-yr-old Boys." *Medicine and Science in Sports and Exercise* 39 (9): 1493–1500.
- Wicker, P., and C. Breuer. 2011. "Scarcity of Resources in German Non-Profit Sport Clubs." *Sport Management Review* 14 (2): 188–201.
- Wood, D. 1991. "Corporate Social Performance Revisited." *Academy of Management Review* 16 (4): 691–718.
- Woolf, J., and P. Swain. 2014. "Androgenic Anabolic Steroid Policy and High School Sports: Results From a Policy Delphi Study." *International Journal of Sport Policy and Politics* 6 (1): 89–106.