



## Coalition Building in Surf Therapy: A Case Study on Collective Impact

Matthew Mattila<sup>1</sup>

**Keywords:** collaboration and coalition development, program evaluation, organizational development, small and large group processes

**Author Biographies:** *Matthew Mattila*, helped develop ISTO as part of the Waves for Change team in South Africa. His role as COO includes contributing to research, launching global projects, and aligning Waves for Change's strategy with the sector. Mr Mattila led coalition development across government, private sector, researcher institutions, and think tanks. He brings a strategy background with roles at The Boston Consulting Group, Rocky Mountain Institute, adidas, NYCT and Oakley. He studied Business at UNC Chapel Hill.

**Recommended Citation:** Mattila, M. (2020). Coalition Building in Surf Therapy: A Case Study on Collective Impact. *Global Journal of Community Psychology Practice*, 11(2), 1 – 11. Retrieved Day/Month/Year, from (<http://www.gjcpp.org/>).

---

<sup>1</sup> International Surf Therapy Organization

## Coalition Building in Surf Therapy: A Case Study on Collective Impact

### Abstract

This article explores the experience of the surf therapy sector developing a coalition using the collective impact framework. Several dozen surf therapy programs and sector supporters now meet annually to discuss progress and collaborate on shared sector goals after years of programs working independently and even viewing one another as competitors. Key participants found collective impact worked in encouraging shared leadership, common agenda, reinforcing activities, and continuous communication. However, participants found challenges with collective impact in the approach feeling top-down, difficulty agreeing on a common agenda and shared measures, and uneven contribution and follow-through from programs. Additional challenges included limited opportunities for program participants to contribute to the coalition building, lack of a social justice orientation, and lack of backbone organization funding. Recommendations for sectors using coalition building include considering funding and previous experience building coalitions, finding humble and bold leaders, getting the timing right, being focused and realistic with targets, and streamlining decision making.

The rapid rise of the International Surf Therapy Organization (ISTO) suggests a sector with a rich history of collaboration, data collection, and shared goals. However, as recent as a year prior to the organization's founding, few organizations spoke regularly, and many viewed one another as competitors for funding and media. In this article, we'll explore how the sector came together using the collective impact framework. Collective impact was first described by Kania and Kramer (2011) as commitment of a diverse group to a common agenda for solving a specific challenge.

ISTO is a collective of the world's leading surf therapy proponents, researchers and influencers working together to share best practice, collaborate on research, and advocate about the benefits of surf therapy. Established in October 2017, ISTO seeks to enable more people in need access to safe surf therapy programs globally, and for surf therapy to become a widely accepted evidence-based form of care. We collaborate to help change the lives of individuals using

surf therapy to positively impact physical and mental wellbeing. ISTO has three working groups, an independent board, CEO, data collection tools, a shared research bibliography, organizes regular conferences, and provides access and organizational support to a Ph.D. candidate specializing in surf therapy. Over a period of nine months with the input from the broad coalition, organizing and editing by the research working group, and guidance of professors with experience creating similar documents, ISTO created a guiding document, our declaration, to help coordinate efforts and to communicate our role for an external audience. The *Surf Therapy Declaration* (See **Appendix**) guides targets for the organization and the sector. An internal ISTO research group led the creation of the document based on similar templates used in academic circles. The draft declaration was then shared with the group and further developed. This declaration provides a concise summary of the benefits, targets, and assets of the organization. This helps establish the credibility and rigor of surf

therapy as surfing moves into the Olympics and grows as a professional sport. Since its development, the Surf Therapy Declaration was endorsed by surf professionals and surf therapy practitioners at contests, conferences, and workshops. Prior to the founding of ISTO, surf therapy was viewed as disorganized and often not taken seriously. With little evidence to point to, the view was hard to dispute. Few researchers were able to reference existing work and programs did not share or often even collect data. However, programs, like Waves for Change, continued to grow and develop in isolation as new programs launched regularly. Waves for Change, a non-profit based in South Africa, works in communities affected by violence, poverty and conflict, where mental health services are often stigmatized and under-resourced. Working in partnership with local community members, they identify, train and resource local surf coach mentors, who we work with to open programs that service the youth of their own home communities.

They provide child-friendly mental health services through access to safe spaces, caring mentors, and a curriculum based on surfing focusing on teaching skills to cope with stress, regulate behavior, build positive relationships, and make positive life choices. In 2017 Waves for Change served one thousand participants across six sites and employed thirty coaches. They conducted internal evaluations and began to work with researchers on external evaluations and reviewing existing evidence.

Waves for Change developed the idea for a sector collaboration as an Ashoka Globalizer program. The Ashoka Globalizer helps social innovation programs prepare for global growth. They connect programs like Waves for Change with a team of global advisors to prepare impact and implementation strategies. As part of the program, they were challenged to develop the sector rather than

their program. They recognized the factors slowing the expansion of surf therapy were the limited evidence base, lack of communication, and uncoordinated approach to sector development. As Waves for Change struggled to identify a clear leader in the sector, they explored alternative methods for coordinating action and decided to move ahead with collective impact.

Kania and Kramer (2011) establish the main criteria as different from most collaborations as they involve a centralized infrastructure, dedicated staff, and structured process leading to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities for participants. Kania and Kramer (2011) explain that five key elements are critical in achieving collaboration and impact include common agenda, shared measurements, reinforcing activities, continuous communication, and backbone support. Using collective impact, Waves for Change was able to serve as backbone support without needing to be viewed as the best, oldest, or most qualified participant, although at times other programs perceived Waves for Change as acting in unilateral ways.

This paper explores the ISTO experience using the collective impact framework. From using a logic model to agree on a shared agenda, to how Waves for Change provided backbone support until the organization was able to establish an independent board and staff; this paper will outline the challenges including those proposed by Wolff in "10 Places Where Collective Impact Gets It Wrong" (Wolff, 2016), and successes ISTO experienced while following the framework. We explore the challenges of maintaining momentum in a collaborative consortium like ISTO. This paper will explore the pathway to collective impact, benefits, challenges, and the backbone organization's guidance for the future.

### **The Lead-up to ISTO**

In 2016, a small South African surf therapy program sought to benchmark their success against peer programs. Following recommended best practices, they captured data from participants using validated psychological scales at baseline and following the program intervention. However, when they looked for data to compare against, they could not find any relevant findings published. Across the few surf therapy programs, they found even fewer published regular findings. Those who did tended to only publish annual reports. Like Waves for Change, annual reports tended to read more like advertisements for programs as they are intended to encourage donors, rather provide robust and replicable data that capture program impact. After expanding their search to evidence-based sport for development programs beyond surfing, they still struggled to find comparable data. Many peer programs have similar aims, but they capture slightly different measures or using alternative methodologies that make comparison and benchmarking of programs challenging.

Waves for Change explored the challenge further and learned other programs faced similar issues. In the Sport for Development sector, commonly described as the use of sport as a tool to bring about positive change in the lives of people, standardized data collection tools were uncommon leading to a lack of evidence and slower evolution of the sector. Despite having common goals and similar approaches, programs rarely collaborated on building the evidence for their programs or the sector. Lack of consistent evidence spiraled back into difficulties for researchers and academics to build studies preventing more evidence from being collected and analyzed. Having identified lack of collaboration as a potential driver of the issue, Waves for Change focused on bringing programs, researchers, and influencers together to forge a path forward.

Being a small organization based at the far edge of Africa did not position Waves for Change as a leader. In order to attract relevant experts, they had to find a structure to organize people without having a clear leader or any authority. Collective impact provided a framework to bring programs together without needing to have authority or expertise over partners. The first attempt at bringing surf therapy programs together failed as Waves for Change could not achieve critical mass of willing programs to warrant a conference. The timing was too early for the surf therapy sector. Wolff (2001a) emphasizes the importance of timing in terms of programs being ready to commit to unified efforts before the coalition is formed.

In an effort to establish a common set of tools for tracking the impact of Sport for Development and driving sector progress, the first international surf therapy conference brought together action sports programs. Beginning at the first conference and continuing over the following year through working groups, these programs, sector experts, and researchers came together under the collective impact framework and developed a common logic model, identified gaps in the sector, and built a series of tools to address these gaps. In this first iteration of Waves for Change leading a surf therapy conference, the group achieved their goals through a collaborative approach to completing a clear scope of work. The group continued to collaborate following the conference to test, validate, and then share what they called the Action Impact Toolkit. The toolkit is freely available for programs and used worldwide. The collaborating partners still regularly work together in the sector.

Using what they learned from the first international surf therapy conference, Waves for Change again reached out to numerous surf therapy programs and spread the word about their plan to bring together programs

to build the evidence base for the sector and improve programs through learning from one another. Several factors may have enabled the surf therapy sector to come together for this conference include the additional time programs had to mature, interest programs developed in collaborating and growing, and the experience and tools the backbone organization gained in hosting an additional conference.

### **Benefits of Collective Impact as a Coalition Building Framework**

The collective impact framework brings several strengths to coalition building. We focus on the benefits experienced through the ISTO development. These benefits include shared leadership, common agenda, reinforcing activities, and continuous communication. These components were noted as especially valuable by ISTO participants and the backbone organization.

#### *No Established Leader Reduced Early Conflict*

From the onset, framing the approach as one of collective impact helped encourage programs to participate. While Waves for Change was not viewed as direct competition for programs outside of Africa, other programs were reluctant to bestow sector leadership status on them. Being able to position Waves for Change as only providing backbone support, but otherwise having the same status as other programs, helped convince programs to join. Although Waves for Change organized and facilitated the conferences, they made it clear that ISTO was a collective of programs. Whenever decision-making was questioned by other programs, they took the time to hear alternatives and change course on decisions. For a sector with many programs positioning for a leadership role, being able to work together without having to declare a leader saved much time and discussion. Being part of the community seeking to improve its own program and the

sector contributed to Waves for Change's success as a backbone organization and the formation of ISTO. They understood their own struggles and priorities were common to other members of the group. The power of aligned motivation was previously explored as Wolff (2001a) explains that coalitions are more likely to succeed when motivation comes from within the community.

#### *Setting A Common Agenda Provided A Shared Foundation*

In a post conference survey, 100% of participants reported that the common agenda was the most important condition of ISTO's success followed by mutually reinforcing activities and continuous communication at 67% each. The group established several mantras to center themselves around a common agenda and goal. These included "share wildly" and "to go fast, go alone, to go far, go together." By encouraging all programs to show and share at least some data collection, programs felt protected from others stealing data and ideas as well as united programs in building the evidence base. In post conference surveys (International Surf Therapy Organization, 2019), participants claimed:

*"The willingness of organizations to come together and share their experiences, both positive and negative, and even the IP (intellectual property) and processes integral to their success is something I have not experienced in any other setting as either a practitioner or researcher."*

#### *Mutually Reinforcing Activities Enabled Synergy*

Two thirds of respondents felt that working on reinforcing activities was one of the most important conditions of success. These activities included things like advocating for surf therapy using program highlights and



evidence from individual programs. The development and sharing of this research promoted the individual programs and provided real evidence for surf therapy as a sector. One of the key outcomes of the second ISTO conference was the Surf Therapy Declaration. The declaration publicly stated where ISTO would focus and which outcomes were prioritized. When pro surfers, researchers, or new programs wanted to know the goals of ISTO, we could simply point them to the shared declaration.

Using a common tracking tool, ISTO helped programs collect data. This activity reinforced the goal of building an evidence base and helped programs understand their strengths and opportunities for improvement. Several research participants were able to leverage data from the shared tools to publish reports, complete graduate research, and construct a doctoral program of study in surf therapy. Although the tracking tool was not a validated measure, it instilled the value of collecting data and showed the value collective data could bring. Programs also worked together as part of several working groups based on their interest and capacity. As part of their outreach strategy, the organization presented at multiple international conferences, often cited by participants as a key success.

### *Continuous Communication Built Cohesion*

The backbone organization provided escalating levels of communication as programs became more involved. The progression was:

1. Public invitation
2. Follow-up emails
3. Online survey
4. Phone calls
5. Video Conference
6. Whatsapp text message group
7. Email groups per working group

This progression prevented the backbone organization from communication overload from programs that were not yet fully committed to joining the organization. As they provided more information and moved closer to joining, the programs received more personal and frequent communication. Leading up to and following the annual conferences, programs were invited to a Whatsapp group for frequent, informal communication that encouraged sharing and collaboration. For more formal discussions, regular email groups and video conferences were utilized. Participants offered that they found benefits in working with others in the sector:

*“Surfing and Surf Therapy can sometimes feel like a solo venture, and ISTO provided a place for all of us to come together as one.”*

### **Challenges of the Collective Impact Framework**

To assess where participants found difficulties with the collective impact framework, we surveyed the group following the first two annual conferences. The key challenges in the first three years of coalition building in ISTO have included the approach feeling top-down, difficulty agreeing on a common agenda and shared measures, and uneven contribution and follow-through from programs (International Surf Therapy Organization, 2019). Challenges identified by Wolff (2016) and that currently face ISTO's coalition building efforts include limited opportunities for program participants to contribute to the coalition building, lack of a social justice orientation, and lack of backbone organization funding.

### *Top-Down Approach Did Not Feel Collaborative*

Participants felt too much of the decision making happened through leaders of the coalition, the backbone organization and

Board, rather than organically coming from the group as a whole. Among the critiques, the top ranked was the top down approach. As Wolff (2016) explains, collective impact emerges from top-down business-consulting experience and is thus not a true community-development model. The framework was established from a select group. ISTO also established an Advisory Board and a CEO as the time commitment exceeded the capacity of the backbone organization. Several participants preferred a more bottom-up approach.

### *Disagreement on the Common Agenda and Shared Measures*

Several programs struggled with the common agenda. One challenge with a common agenda across a large group is that a common goal is seldom unanimous. We encouraged disagreement, but disagreeing about the overall goal of ISTO caused challenges. Several programs felt ISTO should be used as a *gatekeeper* to police the sector and ensure bad actors were prevented from developing. While many programs felt enthusiastic around generous sharing, one survey respondent felt over sharing was the wrong approach, and that sharing should be done selectively rather than widely.

Part of the challenge the backbone organization may have overlooked was the close geographic and offering proximity of programs in surf therapy *heavy* regions. Wolff (2001a) has described this as the intensity of turf wars to demonstrate how competition within sectors can affect readiness for coalition engagement. ISTO worked to be more culturally and geographically representative on the Board by adding advisors from regions including Latin America.

### *Uneven Contributions and Follow Through were Difficult for Organizations of Varying Sizes and Capacity*

While nearly all Surf Therapy programs are relatively small compared to similar sectors, there is significant variance in individual program's budget and capacity. The larger, better resourced programs provided significant support in terms of man hours contributed to ISTO. Their contributions supported a number of successes raising the profile of the surf therapy sector and potentially the legitimacy of their own programs. The number of programs participating in ISTO went from six to nearly sixty across the three annual conferences. Many of these programs were launched and accelerated using ISTO's resources and shared best practices. Newly launched programs used the data collection tools, volunteer and indemnity templates, safety plans, and the research bibliography to support their growing programs. Some of the more active and larger programs felt they were contributing more than others and potentially creating competitors in the space. Organizations with less experience often overcommitted to tasks and were unable to follow-through while still starting up their own program. Across the working groups, many tasks committed to at the conference were not completed by their deadlines.

### *Challenges of the Collective Impact Framework that ISTO Coalition Building Efforts Now Face*

Wolff (2016) identified several additional challenges found relevant to the ISTO coalition building process including limited opportunities for program participants to contribute to the coalition building, lack of a social justice orientation, and lack of backbone organization funding. By working with organization founder and managers, the coalition neglected to bring the voices of those most directly affected by the programs and issues they are trying to address. Wolff (2016) establishes this omission leads to missing a critical voice and potential solutions. In addition to limited inclusion of the participant voices, collective impact also

lacks a social justice orientation. Many of the ISTO programs address issues that may have similar root causes. However, as explored by Wolff (2016), using a top-down method like collective impact often limits the ability for those with little power to establish the urgency of root causes including inequality or systemic racism and sexism. Finally, on the operational side, collective impact requests significant contribution from a backbone organization and assumes they are capable and well-funded. As established by Wolff (2016) very few coalitions can find or afford such capable and funded backbone organizations. When they do, coalitions run the risk of being more top-down rather than truly collaborative.

Looking forward, ISTO plans to address these challenges. At the most recent ISTO conference, the focus shifted from internal to external audiences with two full days open to public participation. An additional day encouraged everyone to join several organizations in running surf therapy at a local beach. While the participants were able to share their experiences, next year we propose a more explicit role for participants on panels and groups at the conference. ISTO will encourage individual programs to include participants' voices in the development and strategy of their programs. Waves for Change shared several examples including a foundational study on the voices and images captured by participants used to develop the program.

In addition, ISTO as an organization, will review the working groups annually and explore adding a social justice group. Wolff (2001b) explains that a social justice component is a unique characteristic of the most effective community coalitions. This group could encourage programs to address local community social justice topics relevant to surf therapy programs. For example, in addition to providing psychoeducation to youth participants on coping techniques to

manage stress associated with living in a violent community, Waves for Change collaborates with local community groups combatting violence and gang participation to improve community conditions. ISTO could support initiatives that develop partnerships and share resources to address issues such as racism or sexism across regions. If successful, ISTO could serve in promoting a broader role of surf therapy programs in giving participants greater voice and access to resources that address root causes of marginalization. This working group could also develop a social justice section of the conference and host participant led discussions focused on social justice issues. ISTO collaborated on a sector theory of change and should continue to update the inputs and potential interventions focused on social justice.

One of the most difficult and time-consuming challenges has been developing sustainability in funding. As ISTO grew from a small data exchanging workshop to an international coalition with annual conferences, the funding requirements have also grown. The number of programs, media inquiries, website, and resource requirements demanded more than part-time volunteers. As part of her role, the CEO leads the fund raising. The CEO sets the budget with approval from the board and strives to meet fundraising targets. ISTO should also continue to encourage a fundraising working group and a panel at the conferences. Past suggestions include ways for programs to participate in larger grants as part of ISTO to access funds they would otherwise not qualify for.

### **Suggestions from the Backbone Organization**

For sectors considering coalition building, ISTO found additional guidance would be helpful. The suggestions include considering funding and previous experience building



coalitions, finding humble and bold leaders, getting the timing right, being focused and realistic with targets, and being quicker with decisions. These suggestions are based on the experience of the backbone organization in using collective impact as a structure for coalition building in developing ISTO in its first three years of development.

### *Funding and Previous Experience Building Coalitions*

Waves for Change staff took on the role of the backbone organization for the launch of ISTO. Waves for Change brought previous experience planning, hosting, and managing coalition building. They also had funding set aside to support the first conference. They sought surf therapy programs actively engaged in collecting and sharing data. From previous experience, Waves for Change recognized the benefit of upfront work from potential participants. They hosted several discussions to align on strategy as well as showcase the amount of work required to secure an invitation to the initiative. Participating programs were encouraged to suggest other programs as well as provide feedback to the structure and objectives of the conference. To incentivize participation, they offered a fully paid for travel and lodging in Cape Town. The benefits of participating as well as the pathway to joining were communicated transparently. Without funding or previous coalition building experience from the backbone organization, the success of the initiative would be less likely. Both 'mobilize funding' and 'guiding vision and strategy' are featured in the SSIR key roles for backbone organizations (Turner et al., 2012).

### *Humble Leaders with Bold Vision*

As Waves for Change developed from a small startup to a more sustainable organization, it frequently used the phrase humble and bold to describe the ideal leadership style. At

Waves for Change, this phrase encourages leaders at all levels to commit to large scale action and be confident they are moving forward with the organization's strategy. However, they also augment their bold vision with humility. On the humble side, leaders are encouraged to listen to feedback and respond to program assessments with an open mind. The program maintains it is data driven by frequently conducting third party assessments and adapting their strategy based on the findings. For ISTO, aware of the competitiveness in the sector, Waves for Change quickly established itself as a humble backbone organization. While responsible for all of the costs, organization, and strategy of the initiative; they actively solicited feedback and encourage participants to share leadership of conference components. They proposed the collective impact framework early and aligned on objectives through consensus building. To achieve a shared vision, they built a shared logic model for the group based on responses from a standardized survey around individual programs' objectives and methodology. Using this shared framework, Waves for Change as the backbone organization demonstrated common goals across the organizations. The group set a shared vision which while beyond the reach of even the top surf therapy organizations would be achievable through working together.

### *Timing Needs to be Right*

As mentioned, the first attempt at a surf therapy network failed. However, Waves for Change made a second attempt as they felt the sector was well positioned for the emergent opportunity. As identified by SSIR the sector could benefit from forming a coalition as an unnoticed practice that could be used locally (Kania & Kramer, 2013). Also, Waves for Change saw surf therapy as a strategy working locally, but could be spread widely.

## *Be Focused and Realistic with Targets*

ISTO proposed a bold mission but maintained reasonable working objectives. The milestones were often met, despite working with a fully volunteer group. It was often difficult to match the excitement of participating programs with achievable working targets. One method Waves for Change employed was a simple near-term deliverables approach with individuals signing up for outputs and deadlines. The working groups were able to check-in and maintain accountability although some projects progressed further than others and some stalled.

In the follow-up survey participants suggested ISTO 'keep the mission manageable.' This is reinforced from existing literature (Baker & Horne, 2016). Following the excitement of conferences, leadership worked to provide reality checks in terms of resources, time commitments, and near-term milestones. The focus of goals and objectives being attainable, concrete and measurable has been described by Wolff (2001a).

## *Streamline Decision Making*

Decision making was slow when disagreements arose. As the group sought to encourage everyone to have a voice, most key decisions took a significant amount of time and effort. As ISTO matured into the second and third year, they developed structures and processes to make important decisions fairly and quickly. None of these were unique to ISTO and we would suggest adopting and agreeing to them early in the process to facilitate action. As described by Wolff (2001a), successful coalitions are able to streamline decision making and decisions, reviewing responsibilities and roles and codifying processes across membership.

## **Conclusion**

Using the collective impact framework to establish ISTO brought several benefits and challenges. From an opportunity identified by Waves for Change, a small nonprofit based in South Africa, to an international body with 60 programs, multiple research projects, regular conference presentations, and a shared set of evaluation tools, the collective impact framework provided a platform for coalition building. While ISTO is a new organization, it has achieved several milestones but also encountered numerous conflicts. Some of the benefits and challenges can be attributed directly to using the collective impact framework. For example, the backbone organization was critical for launching, organizing, and funding the organization. However, some participants felt the decision making was often too concentrated and top down. Another core component of collective impact, a common agenda, was viewed as being fundamental to the progress of ISTO and a source of disagreement for other participants. Even the concept of mutually reinforcing activities, viewed by the majority of participants as a key ingredient for progress, raised some challenges as larger organizations felt they contributed more than other organizations who received more of the benefit at the sector level. Additional challenges now facing ISTO include lack of inclusion of program participants' voices, lack of a social justice exploration of core causes to common issues, and challenges in balancing backbone organization funding and capabilities with collaborative decision making.

For developing coalitions, it may be useful to explore several frameworks and assess their fit with your goals and assets. In developing ISTO, we feel some of the key components for success could be used within the collective impact framework but could also be applied to other methods of coalition building. These components include having participants with

funding and coalition building experience, proposing a bold vision but approaching partners with humility, getting timing right, and being focused and realistic with targets.

[http://ssir.org/articles/entry/embracing\\_emergence\\_how\\_collective\\_impact\\_addresses\\_complexity](http://ssir.org/articles/entry/embracing_emergence_how_collective_impact_addresses_complexity)

### References

- Baker, S. M., & Horne, K. K. (2016). Second-Generation Collective Impact. *Stanford Social Innovation Review*. Retrieved from [http://www.ssir.org/articles/entry/second\\_generation\\_collective\\_impact](http://www.ssir.org/articles/entry/second_generation_collective_impact)
- International Surf Therapy Organization. (2019). Participant Feedback Survey. *International Surf Therapy Organization*: Manhattan Beach, CA.
- Kania, J. & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*. Retrieved from [http://www.ssir.org/articles/entry/collective\\_impact](http://www.ssir.org/articles/entry/collective_impact)
- Kania, J. & Kramer, M. (2013). Embracing Emergence: How Collective Impact Addresses Complexity. *Stanford Social Innovation Review*. Retrieved from [http://ssir.org/articles/entry/embracing\\_emergence\\_how\\_collective\\_impact\\_addresses\\_complexity](http://ssir.org/articles/entry/embracing_emergence_how_collective_impact_addresses_complexity)
- Turner, S., Merchant, K., Kania, J., & Martin, E. (2012). Understanding the Value of Backbone Organizations in Collective Impact: Part I. *Stanford Social Innovation Review*. Retrieved from [http://ssir.org/blog/entry/understanding\\_the\\_value\\_of\\_backbone\\_organizations\\_incollective\\_impact\\_1](http://ssir.org/blog/entry/understanding_the_value_of_backbone_organizations_incollective_impact_1)
- Wolff, T. (2001a). A Practitioner's Guide to Successful Coalition. *American Journal of Community Psychology*, 29(2), 173 – 191.
- Wolff, T. (2001b). Community Coalition Building – Contemporary Practice and Research: Introduction. *American Journal of Community Psychology*, 29(2), 165 – 172.
- Wolff, T. (2016). Ten Places Where Collective Impact Gets It Wrong. *Global Journal of Community Psychology Practice*, 7(1), 1 – 11.

**Appendix**

Surf Therapy Declaration

INTL  
**SURF  
THERAPY**  
ORG

**SURF  
THERAPY  
DECLARATION**





# INTRODUCTION

*Surf therapy* takes a structured approach to surfing to achieve a therapeutic benefit. Surf therapy plays a significant role globally in improving peoples' health and wellbeing. Target groups include, but are not limited to, disadvantaged children and youth, people with autism spectrum disorder, people with physical impairments and people with post-traumatic stress disorder, depression or other forms of mental illness. The last five years have seen a rapid increase in the use of surfing as therapy for vulnerable populations. However, until now, surf therapy organizations around the world have operated primarily alone.

The *International Surf Therapy Organization* (ISTO) is a collective of the world's leading surf therapy proponents, researchers and influencers working together to share best practice, collaborate on research, and advocate about the benefits of surf therapy. Established in October 2017, ISTO's goal is to enable more people in need to access safe surf therapy programs globally, and for surf therapy to become a widely accepted evidence-based form of care. We collaborate to help change the lives of individuals using surf therapy to positively impact physical and mental wellbeing.

This *ISTO Surf Therapy Declaration* is a statement of intent and a demonstration of the evidence base behind surf therapy. It recognizes the importance of providing surf therapy in not only the prevention space, but also in early intervention and long-term support. This declaration reflects an international consensus among surf therapy organizations on the key principles and processes needed to execute effective surf therapy programs, while providing a gold standard of surf therapy programming to improve health and wellbeing.

---

## Mission statement

*To understand, grow, advocate for and equip excellence in surf therapy.*



*If we had the entire world surfing, the fact is, we'd have a much more peaceful place.*

— Peter Mel, World Surf League, 2017

## We envision a world where...

- Surf therapy holds a trusted and valued place within an integrated approach to healthcare and personal development.
- The outdoor environment combined with structured healthy social engagement is used for all forms of recovery.
- Health care professionals prescribe surf therapy as a standard means of care.
- Surf therapy empowers, breaks down stigma, and improves social engagement.
- Surf therapy is accessible to everyone in need.



PIC: FLASHPOINT LABS



# THE CHALLENGE

*ISTO's founding organizations currently run programs across the following priority areas; mental health, disability, adverse environments, and marginalized communities. These priority areas are complex and challenging to address. They account for a significant burden of global health as highlighted below:*

## Mental Health

- Mental health conditions are one of the main causes of the overall global burden of disease. They account for 21.2% of years lived with disability worldwide.
- Mental health conditions are particularly stigmatized across all contexts with individuals facing discrimination even in health care settings.
- Depression, currently ranked fourth among the 10 leading causes of the global burden of disease, is predicted to be positioned in first place by 2030.
- In the United States 22 military veterans commit suicide each day.
- Eating disorders have the highest mortality rates among psychiatric disorders while specifically Anorexia Nervosa has the highest mortality rate of any mental illness.

## Disability

- Currently, an estimated 975 million people are living with a disability worldwide.
- Of these, it is estimated that 190 million have "severe disability" – the equivalent of disability associated with conditions such as quadriplegia, severe depression, or blindness.
- An estimated 95 million children (0-14 years) are living with a disability worldwide.
- Disability is a human rights issue; people with disabilities experience inequalities including denial of equal access to health care, employment and education.

## Adverse Environments

- It is estimated that of people with severe mental health conditions, a staggering 76-85% in developing countries receive no treatment, as compared with the also high rate of 35%-50% in developed countries.
- On average, there are five psychiatrists per million people living in low and middle-income countries.
- Studies have suggested that around half to two-thirds of young people will be or have been exposed to at least one traumatic experience or event by the time they reach 16 years of ages.

## Best practice requirements

- To provide best practice, we must consider a holistic approach to healthcare, including the outdoor environment. Nature-based therapies provide added benefits to those carried out in traditional settings.
- Surf therapy, like all therapy, should be strengths based and recovery focused, centered around the 'whole person'.
- Surf therapy must include a rigorous approach to safety provision, governance, evidence and inclusion in practice.



*Taking part in activities outdoors can do so much to build confidence, and the in-depth evaluation of surf therapy shows what great outcomes it can achieve.*

— Alison Johnston MSP,  
Health and Sport Committee  
Scottish Government, 2018

# THE BENEFITS

**Surf therapy provides significant benefits across a wide range of populations and has been successfully utilized for the benefit of individuals facing challenges associated with disability, mental health, social isolation, combat veteran status and living in a post-conflict zone.**

Surf therapy is associated with the following benefits:

- Improved physical health.
- Improved physical mobility.
- Improved mental health, including reduction of specific symptomologies.
- Improved personal wellbeing, including improvements to:
  - Confidence
  - Self esteem
  - Personal empowerment
  - Resilience and coping.
- Improved social skills.
- Improvements to positive functioning.
- Reduced costs and burden associated with future preventable illness.
- Greater quality of life.

**The ocean has a way of putting everything in perspective, ready or not it forces you to focus, clearing your head and helping you relax.**

— Lance Corporal Frank Schnitenbaumer



*The two hours that I spend here, are the only two hours that I don't hear the voices in my head, or I don't have to rehearse everything I'm going to say.*

— Anonymous





# OUR GOALS

1. Provide access to surf therapy for people who are physically, mentally or socially disadvantaged.
2. Build a research and evidence base to showcase global innovations in surf therapy.
3. Grow the global network of gold standard, high quality surf therapy interventions servicing various vulnerable populations.
4. Mentor upcoming surf therapy programs for inclusion into the ISTO network.
  - a. Help these programs meet the minimum requirements of surf therapy.
  - b. Ensure a high safety standard.
  - c. Monitor outcomes and program evaluations.
5. Highlight the importance of the natural environment and its benefits in therapeutic interventions.
6. Promotion of surf therapy access to landlocked areas using new wave pool technology alongside other innovations.



*All people should have safe access to salubrious, wild, biodiverse waters for well-being, healing, and therapy.*

— Wallace J. Nichols, *Blue Mind*, 2014

## Pathways to impact

*ISTO believes in pioneering surf therapy, and helping new organizations flourish and grow. The following 3 pillars define ISTO:*

### Pillar 1 **UNDERSTAND**

#### **Increase understanding of surf therapy**

Conduct shared research projects, publish existing research annually and share on [intlsurfterapy.org](http://intlsurfterapy.org). Execute an annual Surf Therapy conference to highlight impact and best practice in the sector.

### Pillar 2 **SHARE**

#### **Promote excellence in surf therapy**

Connect leaders of surf therapy organizations worldwide, share knowledge and exchange program tools, evaluation tools and evaluations to help each other improve practice and evidence base.

### Pillar 3 **ADVOCATE**

#### **Build awareness of surf therapy**

Share research and impact data at conferences globally, grow social media accounts and recruit global ambassadors to push awareness of surf therapy globally. Increase inclusion of surf therapy beneficiaries in the growth of surf therapy worldwide.







*Surfing has saved my life,  
if it wasn't for surfing, I don't  
know if I'd be around.*

— Anonymous

## Five year target

**Within the next five years, our aim is to ensure:**

*Surf therapy is regarded as an evidence based and integrated approach to healthcare, prescribed and practiced with excellence globally.*

### Background to the Declaration

This declaration was initiated following the inaugural conference of eight surf therapy organizations in Cape Town, South Africa in September 2017. The group, consisting of surf therapy practitioners, clinicians and researchers from four continents, established this consensus to promote the widespread promotion and evidencing of surf therapy.

### Contributing organizations

- A Walk On Water
- Jimmy Miller Memorial Foundation
- Kind Surf
- Surfers Healing
- Surf Industry Manufacturers Association
- The Wave Project
- Wave By Wave
- Waves for Change
- Waves of Wellness Foundation
- World Surf League



INTL  
**SURF  
THERAPY**  
ORG

[www.intlsurftherapy.org](http://www.intlsurftherapy.org)  
[@intlsurftherapy](https://www.instagram.com/intlsurftherapy)



To download this document or to access references alongside further information about how you may support and endorse this ISTO Declaration please head to:  
[\*\*\*www.intlsurftherapy.org/declaration\*\*\*](http://www.intlsurftherapy.org/declaration)



## Bibliography

- Arcelus, Jon; Mitchell, Alex J; Wales, Jackie; Nielsen, Søren, (2011) Mortality Rates in Patients With Anorexia Nervosa and Other Eating Disorders: A Meta-analysis of 36 Studies, *Archives of General Psychiatry*, Vol.68(7), pp.724-731
- Armitano, Cortney; Clapham, Emily D; Audette, Jennifer; Lamont, Linda (2015) Benefits of Surfing for Children with Disabilities: A Pilot Study, *Palaestra*. 29. 31-34.
- Brown, Graham; Langer, Arnim; Stewart, Frances (2011) *A Typology of Post-Conflict Environments*, Centre for Research on Peace and Development; <https://soc.kuleuven.be/crpd/files/working-papers/wp01.pdf>
- Caddick, Nick; Phoenix, Cassandra; Smith, Brett (2015) Collective stories and well-being: Using a dialogical narrative approach to understand peer relationships among combat veterans experiencing post-traumatic stress disorder, *Journal of Health Psychology*, Vol.20(3), pp.286-29
- Caddick, Nick; Smith, Brett; Phoenix, Cassandra (2015) The Effects of Surfing and the Natural Environment on the Well-Being of Combat Veterans, *Qualitative Health Research*, Vol.25(1), pp.76-86
- Cavanaugh, Lauren Katrina; Rademacher, Sarah Beth (2014) How a Surfing Social Skills Curriculum Can Impact Children with Autism Spectrum Disorders, *Journal of the International Association of Special Education*, Vol.15(1), p.27-35
- Clapham, Emily D; Armitano, Cortney N; Lamont, Linda S; Audette, Jennifer G. (2014) The Ocean as a Unique Therapeutic Environment: Developing a Surfing Program, *Journal of Physical Education, Recreation and Dance*, Vol.85(4), p.8-14
- Coleridge P. (2005) Disabled people and 'employment' in the majority world: policies and realities. In: Roulstone A, Barnes C, eds. *Working futures? Disabled people, policy and social inclusion*. Bristol, Policy Press,
- Copeland WE, Keeler G, Angold A, Costello EJ. (2007) Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*. 64(5): 577-84
- Demyttenaere, Koen; Bruffaerts, Ronny; Posada-Villa, Jose; Gasquet, Isabelle; Kovess, Viviane; Lepine, Jean Pierre; Angermeyer, Matthias C; Bernert, Sebastian; De Girolamo, Giovanni; Morosini, Pierluigi; Polidori, Gabriella; Kikkawa, Takehiko; Kawakami, Norito; Ono, Yutaka; Takeshima, Tadashi; Uda, Hidenori; Karam, Elie G; Fayyad, John A; Karam, Aimee N; Mneimneh, Zeina N; Medina-Mora, Maria Elena; Borges, Guilherme; Lara, Carmen; De Graaf, Ron; Ormel, Johan; Gureje, Oye; Shen, Yucun; Huang, Yueqin; Zhang, Mingyuan; Alonso, Jordi; Haro, Josep Maria; Vilagut, Gemma; Bromet, Evelyn J; Gluzman, Semyon; Webb, Charles; Kessler, Ronald C; Merikangas, Kathleen R; Anthony, James C; Von Korff, Michael R; Wang, Philip S; Brugha, Traolach S; Aguilar-Gaxiola, Sergio; Lee, Sing; Heeringa, Steven; Pennell, Beth-Ellen; Zaslavsky, Alan M; Ustun, T Bedirhan; Chatterji, Somnath; (2004) Prevalence, Severity, and Unmet Need for Treatment of Mental Disorders in the World Health Organization World Mental Health Surveys, *JAMA*, Vol.291(21), pp.2581-2590
- Kemp, Janet; Bossarte, Robert (2012) *Suicide Data Report*, 2012, Department of Veterans Affairs, US Government; <https://www.va.gov/opa/docs/suicide-data-report-2012-final.pdf>
- Fleischmann, David; Michalewicz, Betty; Stedje-Larsen, Eric; Neff, John; Murphy, Jennifer; Browning, Kara; Nebeker, Bonnie; Cronin, Andy; Sauve, William; Stetler, Christopher; Herriman, Laurel; Mclay, Robert (2011) Surf Medicine: Surfing as a Means of Therapy for Combat-Related PolyGram, *JPO Journal of Prosthetics and Orthotics*, Vol.23(1), p.27-29
- Gaspar de Matos, Margarida; Santos, Anabela; Fauvelet, Cristiana; Marta, Francisco; Evangelista, Ema Shaw; Ferreira, José; Moita, Miguel (2017) Surfing for Social Integration: Mental Health and Well-Being promotion through Surf Therapy among Institutionalized Young People, *J Community Med Public Health Care* 4: 026.
- Godfrey, Cath; Devine-Wright, Hannah; Taylor, Joe (2015) The positive impact of structured surfing courses on the wellbeing of vulnerable young people, *Community practitioner: the journal of the Community Practitioners' & Health Visitors' Association*, 88:1
- Lauber, Christoph; Ressler, Wulf (2007) Stigma towards people with mental illness in developing countries in Asia, *International Review of Psychiatry*, Vol.19(2), p.157-178
- Lemarchand, Bruno (2014), Activité, acteurs et bienfaits du handisurf: Pratique du surf des mers par les personnes handicapées; Practice, participants and benefit of handisurf: Sea surfing performed by disabled persons, *Kinésithérapie, la revue*, Vol.14(146), pp.29-33
- Lund, Crick; De Silva, Mary; Plagerson, Sophie; Cooper, Sara; Chisholm, Dan; Das, Jishnu; Knapp, Martin; Patel, Vikram (2011) Poverty and mental disorders: breaking the cycle in low-income and middle-income countries, *The Lancet*, Vol.378(9801), pp.1502-1514
- Marmot, Michael (2005) Social determinants of health inequalities, *The Lancet*, Vol.365(9464), pp.1099-1104
- Mclaughlin, Katie A.; Koenen, Karestan C.; Hill, Eric D.; Petukhova, Maria; Sampson, Nancy A.; Zaslavsky, Alan M.; Kessler, Ronald C. (2013) Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol.52(8), pp.815-830.e14
- Moore, Adam M.; Clapham, Emily D.; Deeney, Theresa A. (2017) Parents' Perspectives on Surf Therapy for Children with Disabilities, *International Journal of Disability, Development and Education*, p.1-14
- Roberts, Bayard; Damundu, Eliaba Yona; Lomoro, Olivia; Sondorp, Egbert, (2009) Post-conflict mental health needs: a cross-sectional survey of trauma, depression and associated factors in Juba, Southern Sudan, *BMC Psychiatry*, Vol.9, p.7
- Rogers, Carly M; Mallinson, Trudy; Peppers, Dominique (2014) High-intensity sports for posttraumatic stress disorder and depression: feasibility study of ocean therapy with veterans of Operation Enduring Freedom and Operation Iraqi Freedom, *The American journal of occupational therapy: official publication of the American Occupational Therapy Association*, Vol.68(4), pp.395-404
- Siperstein GN, Norins J, Corbin S, Shriver T. (2003) *Multinational study of attitudes towards individuals with intellectual disabilities*. Washington, Special Olympics Inc, [http://staging.specialolympics.org/uploadedFiles/LandingPage/WhatWeDo/Research\\_Studies\\_Description\\_Pages/Multinational%20Study%20of%20Attitudes%20toward%20Individuals%20with%20Intellectual%20Disabilities%20-%20pdf.doc.pdf?ga=2\\_5064560.216058866.1527624364.1462185884.1527624364](http://staging.specialolympics.org/uploadedFiles/LandingPage/WhatWeDo/Research_Studies_Description_Pages/Multinational%20Study%20of%20Attitudes%20toward%20Individuals%20with%20Intellectual%20Disabilities%20-%20pdf.doc.pdf?ga=2_5064560.216058866.1527624364.1462185884.1527624364)
- Stuhl, Amanda; Porter, Heather (2015) Riding the waves: Therapeutic surfing to improve social skills for children with autism, *Therapeutic Recreation Journal*, Vol.49(3), p.253(4)
- Thornicroft, Graham; Rose, Diana; Kassam, Aliya (2007) Discrimination in health care against people with mental illness, *International Review of Psychiatry*, Vol.19(2), p.113-122
- Unicef. (2006) *Behind Closed Doors, The Impact of Domestic Violence on Children*, New York; <https://www.unicef.org/media/files/BehindClosedDoors.pdf>
- Vick, Brandon, (2011) *Disability and poverty in developing countries: a snapshot from the world health survey*, The World Bank; <http://documents.worldbank.org/curated/en/501871468326189306/Disability-and-poverty-in-developing-countries-a-snapshot-from-the-world-health-survey>
- Vos, T., Barber, RM., Bell, B., Bertozzi-Villa, A., Biryukov, S., Bolliger, I., ...Murray, C.J.. (2013). Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: A systematic analysis for the Global Burden of Disease study. *The Lancet*, 386(9995)
- World Health Organization (2001) *MENTAL HEALTH, A Call for Action by World Health Ministers*, Geneva; [http://www.who.int/mental\\_health/advocacy/en/Call\\_for\\_Action\\_MoH\\_Intro.pdf](http://www.who.int/mental_health/advocacy/en/Call_for_Action_MoH_Intro.pdf)
- World Health Organization (2005). *Mental Health Atlas*, Geneva; [http://www.who.int/mental\\_health/evidence/mhatlas05/en/index.html](http://www.who.int/mental_health/evidence/mhatlas05/en/index.html)
- World Health Organization (2008) *The global burden of disease: 2004 update*, Geneva; [http://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf?ua=1](http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf?ua=1)
- World Health Organization (2012) *DEPRESSION, A Global Public Health Concern*, Geneva; [http://www.who.int/mental\\_health/management/depression/who\\_paper\\_depression\\_wfmh\\_2012.pdf](http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf)
- World Health Organization (2012) *World Suicide Prevention Day 2012*. Geneva; [https://www.iasp.info/wspd/pdf/2012/wspd\\_brochure.pdf](https://www.iasp.info/wspd/pdf/2012/wspd_brochure.pdf)