

VicHealth PIC SAR scheme evaluation

Summary report

March 2007

Participation and equity for health

Contents

Section 1 – Background	02
What is PICSAR?	02
About this evaluation	02
More information	03
Section 2 – Findings	04
Overview	04
Building capacity	05
Developing partnerships	09
What is a health promoting organisation?	10
Section 3 – Do RSAs increase the number of opportunities for people to participate in sport and active recreation?	13
Section 4 – Recommendations	15
VicHealth	15
Regional Sports Assemblies (RSAs)	15
Appendix	17

Suggested citation

VicHealth 2007, *VicHealth PICSAR Scheme Evaluation (Summary)*, Victorian Health Promotion Foundation, Melbourne.

Section 1 – Background

What is PICSAR?

Participation in Community Sport and Active Recreation program (PICSAR) was set up by VicHealth and works with local communities to:

- increase participation in physical activity
- encourage those currently not participating in sport and active recreation to participate, especially Kooris, culturally and linguistically diverse communities, women, older people and people aged 12–25 years
- develop partnerships within communities to create more sport and active recreation opportunities.

Nine Regional Sports Assemblies (RSAs) were funded via PICSAR to service 10 regional Victorian catchment areas. The amount of funding provided by VicHealth to the RSAs ranged from \$75,000 to \$97,683 per financial year. It was awarded over a four-year period (2002–03 to 2005–06).

About this evaluation

This publication summarises the second evaluation period of PICSAR (June 2005 to May 2006). The evaluation will be used by VicHealth to prepare guidelines for future planning of PICSAR.

The evaluation focused on two areas that are crucial to PICSAR:

- capacity building, including VicHealth's support for RSAs and the extent to which PICSAR can sustain itself; and
- developing partnerships.

The evaluation then assessed whether RSAs, through their involvement with PICSAR, have created more opportunities for a broader range of people to participate in sport and active recreation (but not whether more people actually are participating).

Method

The evaluation was based on:

- a web-based survey to measure the effectiveness of the capacity building strategies developed and implemented by VicHealth;
- interviews with four RSA executive officers, in order to explore issues related to the staffing of PICSAR; and
- eight focus group discussions – four of these included participants from community organisations such as local government authorities (LGAs),

primary care partnerships (PCPs), health services and the education sector, to measure the development of partnerships for sport and recreation programs.

The other four involved participants from the sport and active recreation sector and the volunteer sector, such as local sporting clubs and Aboriginal cooperatives.

More information

A full list of the peer review journal articles are provided in the Appendix.

Section 2 – Findings

Overview

PICSAR focused on two strategies to achieve the objective of increasing opportunities to participate in community sport and active recreation: building capacity and developing partnerships. This section addresses both of these themes.

What RSAs like and dislike about PICSAR

RSAs were asked what they most liked about the PICSAR scheme. Overall they valued:

- VicHealth's management of PICSAR; and
- the increased capacity of the RSA which has resulted from being involved in PICSAR.

Within these themes, factors that were cited most often as positive aspects included:

- the framework of PICSAR;
- the opportunity to work with other organisations and community groups;
- the flexibility of PICSAR;
- the vision of PICSAR; and
- working with VicHealth.

RSA respondents were also asked what they disliked most about PICSAR. The two primary themes were:

- components of PICSAR have been challenging to deliver; and
- issues in relation to how PICSAR was managed by VicHealth.

Within these two themes, specific issues included:

- difficulties with the focus of PICSAR;
- misunderstandings about evaluation of PICSAR; and
- a lack of clear direction.

Building capacity

Through PICSAR, VicHealth has built the capacity of RSAs using strategies that have provided RSAs with legitimacy, access to funding and access to information. PICSAR has progressed well in RSAs because it tended to cultivate a program champion, favoured the development of strong organisational sub-systems, fitted RSAs' organisational mission and avoided using brokers.

Overall, RSAs felt that VicHealth's support helped them to implement PICSAR across five capacity building action areas cited: organisational development, workforce development, resource allocation, leadership and partnership.

However, RSAs emphasised that VicHealth did not provide them with sufficient direction or guidance on how to run and implement PICSAR.

Organisational support

Specifically, PICSAR has helped RSAs to:

- develop their vision, mission and strategic planning;
- broaden the range of physical activity opportunities in their regions, most notably through increasing the range of organisations RSAs work with; increasing RSAs' organisational capacity in areas such as human resources; and broadening the type of work facilitated by RSAs in the community to include health promotion;
- develop and implement a communication plan to promote health through sport and active recreation – actions included publishing electronic newsletters;
- provide opportunities for their staff to acquire new skills; and
- promote their work, for example through in-house journals, newsletters or magazines, newspapers and submissions to government agencies and oral presentations.

However, several gaps exist in the RSAs' capacity to deliver and sustain the PICSAR scheme:

- The workforce development opportunities that VicHealth facilitated were primarily directed at, and for, RSA staff members rather than board members, even though board members have ultimate responsibility for decisions affecting the effectiveness of PICSAR.
- The structure of PICSAR did not seem to support the retention of staff within RSAs. Staff turnover appeared to be caused by higher salaries being offered by other related sectors, a lack of career path within RSAs and a lack of job security.

- Workforce development opportunities, such as the PICSAR Network Meetings, did not appear to be in keeping with the needs of RSA staff members.

What RSA executives say about PICSAR and capacity building

“The PICSAR scheme has allowed us to work with partner organisations to develop projects that focus on physical activity that otherwise would not have happened, for example women’s forums, GAP training and support of disadvantaged groups through specific programs.”

“[PICSAR] has put health promotion on the agenda.”

“We don’t go out to the community and say ‘we are now doing RSA’ or ‘we are doing PICSAR’ or ‘we are doing Good Sports’. The PICSAR and the RSA aspects of our work overlap considerably and the expectation of my staff is that they are all-rounders and no longer just PICSAR.”

“[PICSAR] has also strengthened our other programs, so while we get separate funding for each program, by combining resources you get a lot more leverage...so leverage from the other programs, but also from the other stakeholders, such as the PCPs [primary care partnerships]...they have invested in some of our projects and we apply for grants that we may not have applied to before...so I guess we are now seen as the agency that brings health and sport together.”

“It is difficult to pick out what is PICSAR as it crosses over into so many other areas.”

“[PICSAR] provides a context or a model to base our work around. Particularly for the work that does not necessarily fit in any other funded programs within the organisation.”

“PICSAR funding has allowed programs to be set up for the long term (more than 12 months’ funding).”

Can RSAs sustain the benefits of PICSAR?

The intention of PICSAR was that sustainability of RSA initiatives would be addressed through the development of resources, partnerships or changes in organisational policies and practices that address sport and active recreation.

PICSAR did not include strategies to access or generate new funding sources. Not surprisingly, then, VicHealth funding as a proportion of the RSA's total funding remains high in some RSAs (ranging from 3.6 to 57.5%). The capacity of RSAs to sustain their role independent of VicHealth funds is therefore limited. Funding from VicHealth has assisted RSAs to meet community demand, which includes servicing the health, community, and sport and active recreation sectors. A change in either the supply (funding) or demand (generated within the community) may, therefore, affect the sustainability of PICSAR.

Most board members were pessimistic regarding their RSA's ability to generate new resources. This was primarily since they believed there was a lack of public resources available in regional areas and most funding bodies imposed restrictions on how grant funds could be spent.

Research on how sporting organisations obtain or create funding within their financial environment has shown that while they are engaged in resource acquisition strategies, most organisations do not obtain these resources effectively from appropriate sources. It has also been shown that these organisations use cost-cutting measures (such as retrenchment) to balance the books rather than look for new sources of revenue or core business. It is possible that RSAs face similar risks if funding for PICSAR is reduced.

Nonetheless, the compatibility of PICSAR with the RSAs' core operations influenced the integration of PICSAR within RSAs and their existing activities. Research suggests that this level of integration does increase the likelihood that a scheme like PICSAR will continue.

PICSAR also developed program 'champions' with RSAs, which research suggests are likely to be a factor in helping support for PICSAR to continue in the absence of ongoing funding.

PICSAR is also well aligned with community opinion and the existing policy environment, which means that people or organisations within the community would maintain demand for PICSAR to continue should it be threatened by a lack of funding. For example, primary care partnerships (PCPs), which encourage partnerships between local primary health care providers and community groups to promote an integrated approach to health care and health promotion, would potentially advocate for PICSAR. This is because it fits with their agenda of reducing obesity, cardiovascular diseases and diabetes through making links with sport and active recreation.

Another factor which may help to sustain PICSAR in the event of funding being withdrawn is that executive officers and board members within RSAs were key stakeholders in the program and have a sophisticated level of understanding of PICSAR. To varying degrees, they have also participated in formal training opportunities provided by VicHealth. Programs with formal training opportunities are more likely to be sustained than those without, since capacity is literally built into an organisation.

What RSA executives say about sustaining PICSAR

"If I was to have a business manager I would be able to put some time into some more strategic planning but that may not be VicHealth's charter to fund that type of activity...maybe the EO's [executive officers] could have some time [allocated] to do some more strategic planning and then if I was funded to do that I could backfill my position with a business manager...so I could set them more direction and once again it could fit into our organisation plan better...VicHealth might be interested in this...it might be able to make the program more sustainable, so maybe I could go out there and look for resources. If one day VicHealth did pull the money out, I could be out there (already) creating relationships."

"We don't have the capacity to bring that sort of funding in...we would struggle regionally to continue implementing PICSAR."

"The PICSAR scheme goes hand in hand with sport and recreation funding. Sport and recreation funding makes sure that the groups are set up in the right way, that they're legal, that they have got their insurances in place and we are paid by Sport and Recreation to make sure that happens...PICSAR is more aimed at how these groups are set up and how we get people to go to these groups and get active."

"One of the biggest frustrations is that your administration people end up spending half their time just finding and maintaining that funding instead of actually getting on with the job, or actually delivering and promoting active participation."

"The organisation relies very heavily on the [VicHealth] funding...[any reduction would] make it almost impossible to sustain the current level of activity."

Developing partnerships

One of the main objectives of PICSAR was for RSAs to develop partnerships with a range of community and sporting organisations and build these organisations' capacity to increase opportunities for individuals to participate in sport and active recreation.

Community and sporting organisations often have shared interests with RSAs and PICSAR, but they do not always have common goals. Both types of organisations share interests with RSAs in promoting physical activity participation; however, sporting organisations often have a goal of competition success while community organisations may have a goal of improving community wellbeing.

Within PICSAR, most RSA partnerships were with community organisations (for example, LGAs and health sector organisations) rather than with sporting organisations.

The most frequently reported organisational policies influenced by RSAs as a result of involvement in PICSAR were physical activity or active recreation plans, PCP community health plans and school policies.

There are benefits for the health and community sector in forming partnerships with RSAs because they can gain access to sport and active recreation providers and collaborate with them to increase physical activity levels to improve health.

Likewise, sport and active recreation organisations benefit from partnerships with RSAs as they can access tools and resources to improve the delivery of sport and active recreation, and access inactive population groups as participants or new club members.

Benefits of developing partnerships for RSAs

The evaluation found that, because of their involvement in PICSAR, RSAs:

- facilitate sport and active recreation programs by working in partnership with a range of organisations and settings;
- act as organisational change agents to facilitate policies, procedures, activities and structures within other organisations and settings that are designed to promote health through sport and active recreation;
- influence the planning and implementation of sport and active recreation policies and programs at the community level through workforce development and partnership building strategies. However, there do not appear to be formal processes in place to facilitate the adoption of policies or programs that promote health through sport and active recreation between RSAs and community or sporting organisations. Rather, RSAs provide training,

- resources and/or linkages to facilitate the implementation of sport and active recreation programs in the hope that a policy or program is adopted or adapted by another organisation;
- better plan and implement physical activity initiatives in conjunction with other organisations; and
 - enhance the avenues of communication between themselves and other community-based organisations.

Success factors for developing partnerships

The evaluation found that:

- The success of RSA initiatives relied on good partnerships and access to human and financial resources. The planning of an initiative was limited in the absence of adequate human and financial resources. Further, the absence of good partnerships impaired the successful implementation of an initiative. (Note that the definition of an ‘initiative’ – that is, a PICSAR-supported partnership-based activity – varied between RSAs.)
- The capacity of organisations to adopt strategies that promote sport and active recreation largely depended on the availability of resources (for example, staff allocated to health promotion or financial resources for program development).
- Sporting and community organisations require future support to increase program funding for human resources; to increase the number and skills of sport and active recreation providers; and to promote sport and active recreation opportunities.

What is a health promoting organisation?

The key principles of health promoting organisations include an organised set of policies, procedures, activities and structures designed to protect and promote the health and wellbeing of the organisation’s members, staff, stakeholders and wider community. Within the PICSAR scheme, there are three areas that can be further developed as health promoting.

RSAs

The majority of health promotion activities undertaken by RSAs are community-oriented, with staff developing working relationships with a range of organisations and groups from several different sectors (for example, within the health, LGA, education, and sport and active recreation sectors). In order for RSAs to further develop as a health promoting organisation, a focus could also be on their staff (e.g. walking groups, staff immunisation) within the organisation as a whole (e.g. occupational health and safety) and through their physical environment.

Other health promotion activities that RSAs could focus on include developing themselves as health promoting organisations with their staff (for example, walking groups, staff immunisation), within the organisation as a whole (for example, occupational health and safety) and through their physical environment (such as developing waste management programs).

Other organisations within the PICSAR scheme

Community organisations most commonly reported that they partnered with RSAs to access information and resources on sport and active recreation, such as training or funding opportunities, and to facilitate partnerships with other organisations and groups in the community. Sporting organisations tended to deliver sport and active recreation opportunities and often required assistance to develop club policies and access grant funds.

In order for RSAs to continue facilitating the promotion of health through sport within other organisations, organisational development strategies need to be applied (e.g. identify opportunities, create interest/support, form groups, empower others/capacity build. Consolidate and institutionalise approaches). It is suggested that RSAs build the skills of community and sporting organisations to plan, implement, evaluate and sustain sport and active recreation programs.

Other settings

What is the link between the development of a health promoting sport and active recreation setting and physical activity levels? One challenge for RSAs that are implementing PICSAR is the apparent difference in the values and goals of sporting and active recreation organisations compared with community organisations. Sporting and active recreation organisations aim to increase participation in physical activity for membership benefits, while community organisations focus on health benefits. It is important that the expectations of these different sectors are met to ensure commitment to health promotion and sustainable changes.

What partners say about working with RSAs

"We utilise the services of the RSA to help connect community organisations, sporting clubs and recreation groups in terms of delivering programs, because as an organisation we don't have the resources to support clubs in developing programs or governance administration or assisting with such things as responsible serving of alcohol and providing courses and information."

"We have a recreation advisory committee which enables council to provide a direct link from the community back to council and certainly as a professional independent provider [the RSA] sits on that committee, so I guess they have influenced some of the decisions made by council [through that committee]."

[The RSA] helps decide where an organisation's priorities lie."

[The RSA] has changed the emphasis to 'fun' not competition."

Section 3 – Do RSAs increase the number of opportunities for people to participate in sport and active recreation?

The majority of RSA initiatives (that is, programs that create opportunities for participation) were focused on capacity building and forming partnerships with community and sporting organisations. It was anticipated that the provision of community sport and active recreation opportunities would be facilitated by these activities. But were they?

The evaluation found that:

- at least 50% of RSA initiatives reported physical activity outcomes, such as walking, strength training, and bicycle user groups or various sports programs (see box below);
- initiatives that did not report physical activity outcomes were focused at the systems/sector level and were designed to influence attitudes, policies or practices of organisations – this resulted in partnership and/or capacity building outcomes in the pursuit of increasing access to existing or the introduction of new sport and active recreation opportunities;
- successful initiatives rely on good partnerships and human and financial resources – without these there can only be limited planning;
- good partnerships (which include shared goals and agreements) are crucial for the successful implementation of sport and active recreation opportunities;
- identifying appropriate partners and common interests, and developing sharing between organisations, takes time and has an impact on the planning and implementation of initiatives;
- most outcomes were reported when the RSA's role in an initiative was as a collaborator; and
- sport and active recreation programs may not be designed to cater specifically for the needs of defined population groups because the rationale for developing these programs is based on the strategic directions of organisations rather than research or consultation with the community.

Overall, PICSAR had only limited information and monitoring systems in place to measure the success of the scheme, particularly in relation to the characteristics of participants who engaged in sport and active recreation programs initiated by RSAs. For example, the specific impact of RSA-sponsored initiatives to promote participation in physical activity by Koori or culturally and linguistically diverse (CALD) population groups could not be assessed because most RSA initiatives catered for other VicHealth defined target groups such as older adults, women and youth.

Types of opportunities created by PICSAR for participation in physical activity

Theme	Sub-theme	Examples
Physical activity opportunities		<ul style="list-style-type: none"> • New walking group/program • Various physical activities • Established bicycle user group with 20 social rides planned • VFL and Basketball Australia programs • Gymnasium-based program • Soccer program • Regular strength training class in six communities • Four new volunteer weight training sites and one new paid weight training site • After school program
Increase access to physical activity opportunities	Promote physical activity opportunities	<ul style="list-style-type: none"> • Promote SSA programs in school and club settings • Promote walking programs and deliver health messages • Information directory on physical activity opportunities • Increase in knowledge of programs
	Development of resources to promote physical activities	<ul style="list-style-type: none"> • Development of walking guide • Website for walking program developed
	Club development	<ul style="list-style-type: none"> • Support committees to cater for their members • Increase club capacity to deliver and promote existing physical activities
Processes that facilitate new opportunities		<ul style="list-style-type: none"> • Planning and funding from PCP to implement physical activity programs • Increased planning/implementation of physical activity programs by organisations working in partnership with RSA • Partnerships with groups to establish petanque clubs • Business and schools using resource guide to implement physical activity programs

Section 4 – Recommendations

The evaluation makes recommendations for both VicHealth and RSAs.

VicHealth

- Provide definitions of what an initiative is, and instructions for RSAs on how to report on initiatives. This should include instructions on the development of SMART (Specific, Measurable, Achievable, Realistic, Time) objectives and performance indicators. Consistent reporting among RSAs is important for gathering information on the impact of the PICSAR scheme in the future.
- Encourage and assist RSAs to implement standard evaluation mechanisms that collect information on the physical activity levels of participants before and after interventions, and on types of population groups engaged in physical activity programs.
- Consider the development of information systems that identify the type of health promotion action required within communities, and consider workforce development strategies that increase RSA staff skills in the area of needs analysis. It is often the case that RSAs develop initiatives based on the strategic directions of organisations such as VicHealth, PCPs or LGAs rather than the needs of communities or population groups.
- Establish monitoring systems to better track changes in the wellbeing of communities, such as community indicators. This could include monitoring changes that affect physical activity, such as policies and practices within organisations and local government, infrastructure, environments, and access to sport and active recreation opportunities, or monitoring the number of people who are qualified to deliver sport and active recreation activities in the region.
- Investigate the implications of the majority of RSA partnerships formed within PICSAR being with community sector organisations (that is, health organisations, LGAs or PCPs) rather than with sport and active recreation organisations.

Regional Sports Assemblies (RSAs)

- Identify shared interests and expected benefits between organisations or groups.
- Clarify roles and responsibilities within partnership approaches to ensure effective communication among organisations.

- Ensure partnership approaches are relevant to the needs of the community.
- Manage existing partnerships by considering partnership management strategies to strengthen and sustain relationships between groups and organisations. This could include initiating follow-up sessions with organisations or community groups that an RSA has facilitated new linkages between to review progress and maintain the motivation of key leaders.
- Implement strategies that recognise and value partnership efforts and achievements: for example, evaluate coalition programs, disseminate achievements and media releases, or complete applications for awards.
- Build on partnerships with other sectors and don't lose sight of the need to facilitate physical activity outcomes. In particular, RSAs must continue to:
 - stimulate interest and support for sport and active recreation
 - facilitate planning for, and adoption of, sport and active recreation policies and programs
 - facilitate training and support for the implementation of sport and active recreation programs
 - plan for the long-term maintenance of sport and active recreation programs within existing services and structures.
- Recognise the various skills and capacities of different sectors, organisations or groups.
- Consider advocating for the implementation of formal management processes, such as project management plans, to ensure roles and responsibilities within partnerships are clear, and that the progress and successes of a collaboration are recognised.
- Consider implementing workforce development strategies that build skills in managing, evaluating and sustaining projects, as well as improving the delivery of sport and active recreation programs.
- Establish peer support systems for organisations or community groups working in health promotion and/or the delivery of sport and active recreation.
- Develop project management plans for use in any funded project to monitor progress, achievements and community interest. This will assist organisations to identify whether there is a continuing demand for the program within the community and help to generate support for new resources.

Appendix

Publications

Eime, R., Payne, W. Linking participants in school-based programs to community clubs. *Journal of Science and Medicine in Sport*. 2009 (12) 293-299
doi:10.1016/j.jsams.2007.11.003

Eime, R., Payne, W, Harvey, J. Trends in Organised Sport Membership in Victoria: Impact on Sustainability. *Journal of Science and Medicine in Sport*. 2009 (12) 123-129.
doi:10.1016/j.jsams.2007.09.001

Eime, R., Payne, W., Harvey, J. Making sporting clubs health and welcoming environments: A strategy to increase participation. *Journal of Science and Medicine in Sport* 2009 (11) 146-154
doi:10.1016/j.jsams.2006.12.121

Casey, MM., Payne, WR., Eime, RM. Building the health promotion capacity of sport and recreation organisations: A case study of Regional Sports Assemblies. *Managing Leisure*, 14 (2), 112-124.
doi: 10.1080/13606710902752588

Casey, M., Payne, W., Eime, R., & Brown, S. Sustaining health promotion programs within sport and recreation organisations. *Journal of Science and Medicine in Sport*, 12 (1), 113-118.
doi:10.1016/j.jsams.2007.08.007

Casey, MM., Payne, WR., Eime, RM. Partnership and capacity building strategies in community sport and recreation programs. *Managing Leisure*, In press.