VicHealth Partnerships for Health scheme evaluation

Summary

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Participation and equity for health

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Contents

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Section 1 – Background

Partnerships for Health (PfH)

The Partnerships for Health scheme (PfH) was implemented by VicHealth from July 2003 to June 2007. It funded 49 State Sporting Associations (SSAs)[1] to increase participation in healthy and welcoming environments. These SSAs worked with their associations, clubs and venues to develop policies and practices which promoted:

- smoke-free environments
- responsible alcohol management
- healthy eating
- sports injury prevention
- sun protection and
- environments that were inclusive and welcoming.

The PfH scheme encouraged SSAs to increase the sport sector's capacity to provide accessible, quality sport and active recreation experiences for the diversity of groups in the community.

About this summary

This summary is based on an extensive evaluation undertaken by the University of Ballarat (School of Human Movement & Sports Sciences) between 2004 and 2006. VicHealth will use the full report to prepare future funding programs. The evaluation focused on the following four areas of the PfH scheme:

1. Participation and membership in sport
2. Program participation
3. Healthy and welcoming environments (HWE)
4. Capacity building.

The evaluation was conducted at three levels:

- Level 1: a web-based survey of all funded SSAs
- Level 2: an in-depth evaluation of one program within each of 10 randomly selected SSAs
- Level 3: focus group discussions with executive officers and project officers of a selection of SSAs – with representatives of large and small SSAs.

For more information

A full list of the peer review journal articles are provided in Appendix 1.

[1] A State Sporting Association is the peak organisation for a group of smaller organisations who run the same sport in Victoria. Large SSAs can have more than 100,000 members while small ones might have less than 1500 members. There are various structures within SSAs, with each belonging to a National Sporting Organisation (NSO).

Section 2 – Findings

Introduction

This section is divided into the four areas of the scheme as identified in the summary:

- **A. Participation and membership**: including trends in membership of sporting clubs and organisations, new initiatives to attract more members and clubs' use of databases to record member details.

- **B. Program participation**: including assessing program needs, understanding how clubs deliver programs and target specific groups (including the efforts they have made to link with hard-to-reach groups), the relationship between schools and sporting clubs, how SSAs communicate with clubs and resource issues for clubs.

- **C. Healthy and welcoming environments (HWE)**: including whether clubs which implement the HWE program recruit more members, whether SSAs should be promoting HWE policy or supporting HWE practices, and an evaluation of how clubs have implemented HWE.

- **D. Capacity building**: including an assessment of issues relating to organisational development, workforce development, resource allocation, leadership and partnerships.

A. Participation and membership

Findings under this theme covered topics such as trends in membership of sporting clubs and organisations, new initiatives to attract more members and clubs' use of databases to record member details.

Membership trends

- The clearest trend in membership numbers evident from the data provided was the decrease in the proportion of adult members over the last six years. In contrast, SSAs reported an increase in the number of young members (generally 5–7 years old). However, while these respective increases and decreases were reported, it is not appropriate to extrapolate these trends for all SSAs due to the limited accuracy of data provided.

- A higher percentage of responding SSAs reported new membership options at the club level in 2005 compared with the previous evaluation in 2004 (42.9% compared with 35.7%).

- Many SSAs reported that their clubs were offering new membership categories, such as juniors, social, corporate, recreational, disabled, school, parent and instructor. In fact, during 2005, 15 new forms of membership were offered to club members across the 49 SSAs.

- Some SSAs are reviewing their membership structures, while others are offering shorter (weekly, seasonal) membership categories.

Implications of membership trends

- Increases in the proportion of young members and decreases in the proportion of adult club members may place increased pressure on clubs to provide the infrastructure that is necessary to support younger participants, including coaches, officials, managers and administrators. In the majority of community clubs, these are voluntary roles fulfilled by adults. Recruitment of volunteers will require more attention by both clubs and SSAs in the future.

Recommendations

- SSAs will need to develop pathways and assist clubs to expand their capacity to retain members who enter their sport via involvement in modified sport programs (mostly juniors).

Databases

- Many SSA membership databases were of poor quality, were not provided when requested or did not exist. As a consequence few SSAs were able to provide accurate membership information. It was therefore not possible to draw conclusions about the quality of the databases used, nor about trends in overall SSA membership.

- Barriers to collecting more accurate membership information include an association or club culture which is unwilling to forward member data to an SSA, a lack of trust of other parties and what they will use this information for, and concerns regarding data security and a lack of sophistication of the database itself.

Implications of database use

- SSAs agreed that improving the quality and reach of their respective membership databases would be a positive step forward.

What SSA representatives say about membership databases

"We have to create a culture within sport in general that if you are a member of a sporting club, part of the deal is not only to get to play the sport but you provide details of yourself which helps grow the sport."

"I think it [this new culture] is the sort of thing that Sport and Recreation Victoria or VicHealth should start and develop…that it's part of the package. If you want to play sport, sport has to know who you are and what you do."

"I think the real problem is what membership data is required and what systems are there…how we interface between the fact that membership databases and things aren't quite in sync and working well is just one of the symptoms of a far bigger problem with sport in Australia. We don't have these models right, they're not progressive models, and what comes out of it are all these nitty bits and pieces. We haven't got our act together nationally or in the states."

"One of the barriers I think is who knows what questions to ask, they [clubs] don't know what baseline information they really need."

"It would be too hard to get volunteers [to enter data]…they [clubs] would rather use their volunteers some other way."

Recommendations

- A membership data management system should be established that incorporates a generic set of items common to all SSAs, while allowing for various forms and structures.

- This membership data management system should allow SSAs which currently operate a well-developed system to incorporate the generic questions into their existing system.

- SSAs that do not have a well-developed data management system should be able to easily access all components of any system that is developed so that it is affordable for all SSAs.

- VicHealth should consider financially subsidising smaller SSAs to participate in the membership management system.

- SSAs should promote this new membership database management system to clubs by emphasising the benefits of the system.

- Individual club members should be able to enter their personal data into the data management system.

Changes in membership

- SSAs need to further investigate the reasons for the decrease in adult participation in club-based sport, the role of involved participants (officials, coaches, administrators) in club-based sport and ways to align club membership categories with the needs and desires of current and potential club members.

- In conjunction with VicHealth, SSAs need to develop and implement effective and efficient strategies to maintain, regain and retain junior and adult club members.

B. **Program participation**

Findings in this area included assessing program needs, understanding how clubs deliver programs and target specific groups (including the efforts they have made to link with hard-to-reach groups), the relationship between schools and sporting clubs, how SSAs communicate with clubs and resource issues for clubs.

General outcomes

- Many participation programs are being offered at clubs and in non-club settings such as schools as a result of the influence of the PfH scheme.

Engaging target groups

- The participation programs implemented in the PfH scheme were generally not designed to cater for the needs of a defined target group or region; instead they were designed for 'all ages'. Where a program was targeted, it was usually for a particular age group, most commonly juniors, rather than for minority groups such as culturally and linguistically diverse (CALD) communities, people with a disability or Indigenous communities.

- Ironically, while schools were a strong focus of activity, SSAs openly acknowledged that schools were a poor investment in growing club membership, particularly if a transition from school to club was not provided or facilitated.

Note: there was no requirement from VicHealth regarding the specific target of participation programs implemented by the SSAs. Most chose either junior or all-age programs, while a small number elected to focus on more defined target groups.

- SSAs perceived that programs focused on specific target groups such as women, older adults, Kooris and CALD communities are often difficult, time-consuming and costly to implement.

- Some SSAs felt that it was contradictory for the PfH scheme to focus on specific 'hard-to-reach' target minority groups while at the same time aiming to increase participation in physical activity across the broader community and membership within each SSA.

- SSAs felt a responsibility to support their existing members and that this affected the way in which they prioritised their allocation of time and resources. Given this and the above response, SSAs reported that they often gave minimal attention to attracting participants from 'hard-to-reach' target

groups as they found targeting mainstream groups a significant challenge in its own right.

- Some SSAs are compensating for decreasing adult membership by introducing programs to a new market: 5–7 year olds. Other SSAs are more concerned about addressing the decrease in adult participation in general.

Recommendations for engaging target groups

- In order to maximise the high level of SSA input into these specific groups, the evaluation found that SSAs considered it to be important that particular sports are matched to the desires of particular target audiences.

- SSAs considered delivering participation programs in schools to be a 'poor investment' in growing club membership as school-based participants often failed to continue their participation in a club setting. However, there was a general lack of understanding of how sport can help to enhance physical activity in children and youth through providing opportunities for them to transfer from a school to a club setting. For health gains through physical activity, including sport, it is essential that continued opportunities to participate are not only available, but that transfer mechanisms are in place and promoted.

- Young children generally participate in sport for fun, to be with friends and for fitness. They perceive that a program is 'fun' when it involves activities that are appropriately modified and are based on aspects of the senior version of the sport.

- Modified sports programs provided by SSAs for 5–7 year olds were largely based on skill development and often were adjusted by the deliverers to include games based on the sport in an effort to meet these desires of children (and their parents).

- VicHealth should promote a systematic approach to providing programs to the target groups it has identified previously.

- SSAs should work with key agencies within each target population group to assist them in developing and delivering appropriate sport/physical activity programs.

- VicHealth should facilitate a dialogue between the agencies representing the target population groups and a sample of SSAs to develop strategies to establish appropriate sport programs to transfer the groups who participate in these programs into mainstream sport.

Resource issues

- A number of barriers limit the transfer of children and youth playing sport at school to a club setting. These include privacy laws, difficulty in tracking participants, the capacity of clubs (including a lack of volunteer time), the willingness of clubs to recruit new members and a lack of parental exposure to a particular sport.

- A major barrier to the success of participation programs was a lack of resources (such as finding suitable coaches), money and club support to implement the programs. Other barriers included scheduling and time issues, such the difficulty in finding suitable dates and fitting a program into competition calendars.

Recommendations for resource issues

- Successful participation programs often involve both SSA staff and club members being involved in the delivery of the program, and depend on the enthusiasm of club personnel and active recruitment of participants.

Recommendations for program structure

- SSAs should conduct formal program needs assessments for all VicHealth funded programs in order to increase the likelihood that the programs meet the needs of their target populations as well as organisational goals of both the SSAs and VicHealth.

- VicHealth should restrict funding for new programs to the development of a small number of pilot programs located in clubs and/or delivery settings so that it can establish best-practice models based on evidence.

- VicHealth should consider implementing strategies to assist SSAs develop their skills in order to conduct formal needs assessments, develop a program rationale and evaluate programs.

- VicHealth should fund participation programs focused on the provision of ongoing opportunities for individuals to participate in sport/physical activity.

- VicHealth should reconsider its position of providing funding to established programs that are already substantially supported, both financially and with human resources, and run by national sports organisations.

- SSAs should plan and develop specific program promotion strategies.

- SSAs should conduct pilot programs in conjunction with a formal needs assessment, development of a clear rationale for each program and a formal program evaluation.

Recommendations for delivery settings

- VicHealth should only fund SSAs that are able to develop strategies to facilitate the transfer of program participants to continued participation.

- Where possible, SSAs should include personnel from local clubs in the delivery of participation programs within the community, or at least provide contact details of local clubs to program participants to assist with the transfer of participants to these clubs.

- SSAs should consider whether local clubs have sufficient capacity to accommodate program participants wishing to continue to participate in the sport before conducting participation programs in a local area.

- SSAs should develop strategies to track program participants in order to determine the impact of the program on participation in their sport.

- SSAs should provide a rationale or be able to justify how each program has been developed to promote continued participation in their sport.

Recommendations for attracting younger participants

- Programs delivered specifically for young children should be evaluated to ensure that they are delivered in a manner that reflects the desires and capacities of the children involved.

- SSAs should ensure that participation programs that focus on the provision of modified sport include activities that are related to the adult form of the sport, so that children can see a clear link between their involvement in the program and the sport involved.

What SSA representatives say about participation

"We look at figures at the end of each year which is a net result and the thing that concerns me is the turnover, the dropout [rate] from sport, and I don't think enough attention is paid to it. I just wondered how many sports would understand what their churn rate is."

"We try to develop programs that are all-inclusive of all cultures and it is almost an insult to say you only get funding or more funding if you target these groups."

"The reason for doing school clinics is not about getting membership, it's about providing the visibility of your sport and something a little bit special."

"It was very clear that when you run these [out-of-school-hours] programs it is run when your clubs are actually practising, so that's a problem, no doubt about that."

"I think it is important to play more games than practise skills. Put the skills into a game-based situation."

C. Healthy and welcoming environments (HWE)

VicHealth suggests that promoting a health and welcoming environment (HWE) should include:

- smoke-free environments
- responsible alcohol management
- healthy eating
- sports injury prevention
- sun protection and
- environments that were inclusive and welcoming.

This section of the evaluation included an analysis of whether clubs which implement the HWE program perceived they would recruit more members and an examination of how clubs are implementing HWE and the success factors and barriers.

Impact of HWE on membership

- SSAs supported the assumption that implementation of the HWE program would result in an increase in club members. Some clubs claim to be able to demonstrate an increase in membership as a result of developing a healthy and welcoming environment.

- However, the HWE program needs to be founded on an evidence base that directly links the HWE program to club membership or participation. SSAs either did not conduct, or only undertook limited, needs assessment or evaluation of the HWE program. They also reported that they were unsure how to perform needs assessments and formal program evaluation.

Other outcomes of HWE

- Within the HWE program, SSAs were most likely to have developed a smoke-free policy for their clubs and were least likely to have a sun protection and/or healthy eating policy for their clubs.

- Clubs reported that the cost of healthy food was a barrier – financially as well as practically. Processed rather than fresh food was much easier and cheaper to supply.

- While the rationale and principles of the VicHealth standards for HWE are supported by SSAs, the practices reported by both the SSAs and selected sports clubs generally did not meet these minimum standards.

- A number of clubs reported that the behaviour exhibited within the club had improved as a result of implementing the recommendations of the

Responsible Serving of Alcohol program, which are Liquor Licensing Victoria requirements rather than specific strategies employed by an SSA.

Implementing HWE

- SSAs implemented the HWE program in two ways: a staged-approach, whereby issues were worked one particular focus area at a time and an all-in-one package where issues were addressed on an priority basis. Even though these two approaches seem to be the opposite of one another, the SSAs that utilise the all-in-one package have still continued to reinforce specific aspects of the program and particular focus areas.

- Irrespective of which approach SSAs adopted, each depend on the SSA developing and delivering resources for the clubs. For some SSAs these included structured modules or all-in-one booklets for clubs to follow. For others it involved continual communication regarding a best-practice approach. Some SSAs developed their resources by accessing information from other sports.

- For some SSAs, HWE was not an isolated program – it was incorporated into a broader approach to club development, which included addressing issues such as how to operate as a club, manage volunteer turnover and up-skill volunteers.

- SSAs were wary of overburdening clubs with extra work and wanted to demonstrate that the SSA was there to support them.

- SSAs reported that the following factors helped to successfully implement a HWE program: a personal approach from the SSAs to the clubs, SSAs motivating rather than directing clubs, and SSAs incorporating the HWE program into a broader club development program as opposed to running the program independently.

- Where possible, both large and small SSAs utilised direct contact with clubs to promote the HWE program. However, in many cases clubs reported no or little influence and support from their SSA to implement the HWE program.

- SSAs identified the following barriers when implementing the HWE program: a lack of volunteer capacity, club priorities not being aligned to the values and principles of the HWE program and unwillingness by clubs to become involved.

- SSAs felt that it was important to find key individuals from within the established club membership to promote the HWE program, they believed

that it was actually new members who were often the ones that could change club culture.

- SSAs supported the idea of developing a common brand to promote the HWE program: for example, by having a logo/slogan for each of the focus areas that they could display that would provide consistency throughout different sports.

Policies

- SSAs felt there was a need to progress from policies to practice, although policy development was still regarded as an initial step that needed to be taken. The move from policy development to the adoption of appropriate practices requires SSAs to develop and/or distribute resources.

Developing the HWE program

- SSAs, regional/zone/district associations should communicate directly with members/clubs to promote implementation of the HWE program.

- SSAs should develop a structured long-term approach to the development and implementation of HWE that is based on evidence and/or member needs instead of implementing short-term focused programs based on available funds.

- VicHealth's HWE program should be incorporated into a broader club development program that includes advice on how to run a club.

- SSAs should investigate the effectiveness of different implementation strategies, including the 'all-in-one' and a 'staged-approach'. They should then choose a strategy that meets the needs of the particular sport and its clubs.

VicHealth minimum HWE standards

- VicHealth should clearly define HWE standards.

- VicHealth should develop individual contracts with each SSA based on a set of common principles.

- VicHealth should only award a contract with an SSA to implement the HWE program once the SSA provides VicHealth with evidence that: the planned program is based on the findings of a comprehensive needs assessment; is in line with a clearly stated rationale and objectives that are based on evidence

and the outcomes of a pilot program; has clear strategies for feedback and evaluation; and has a long-term focus.

- VicHealth should consider promoting a common brand for the HWE program: for example, having a logo/slogan for each of the focus areas that clubs can display that would establish consistency throughout the different sports.

Communication with clubs to support implementation of HWE Programs

- Wherever possible, SSAs should use electronic communication to contact their clubs regarding the HWE program.

- SSAs should ensure that any rewards or incentives provided to clubs and/or individuals to participate in the HWE program are sustainable in the long term.

- SSAs should provide best-practice strategies for clubs to use when implementing the HWE program.

Support agencies

- VicHealth should increase the role of support agencies in the HWE program.

Policies and/or practices

- SSAs should develop generic policies or policy templates that clubs can utilise for each HWE focus area (smoke-free, healthy eating, sun protection, sports injury prevention and risk management, and responsible serving of alcohol).

Other

- SSAs should share their experiences and learning related to the HWE program with each other, for example, through VicHealth network meetings.

- VicHealth should facilitate sharing of outcomes and learning from the HWE program throughout the SSA network.

What SSAs say about implementing healthy and welcoming environments

"We have seen it [HWE] work as part of the operation of the club as a whole resource development section…it has been an overwhelming success compared to where we were."

"You won't build participation without good environments and there is no sense in building good environments unless you have got good healthy participation within them."

"People who are in [senior club] positions don't probably understand their behaviour is having some effect within the clubs, and they don't really realise how important it is as to how their behaviour affects the well-being of the club."

"The hard one to implement…is the welcoming environment. It seems a bit vague. I don't think there is enough guidance. The concept is a good idea but implementation is a bit random."

"All the clubs are run by volunteers so if you dump a whole bunch of messages on them at once they get a little bit frightened so we just try and do it in dribs and drabs a little bit more."

"We basically just had the policies, we had them written down and sent them out to the associations and clubs and [they] just wrote their club name on the top and signed it down the bottom and sent a copy back and they kept a copy. Now I think we have moved a long way from that…we have certainly focused more now on behaviours rather than policy…a policy can just sit there and go to dust and not really be lived."

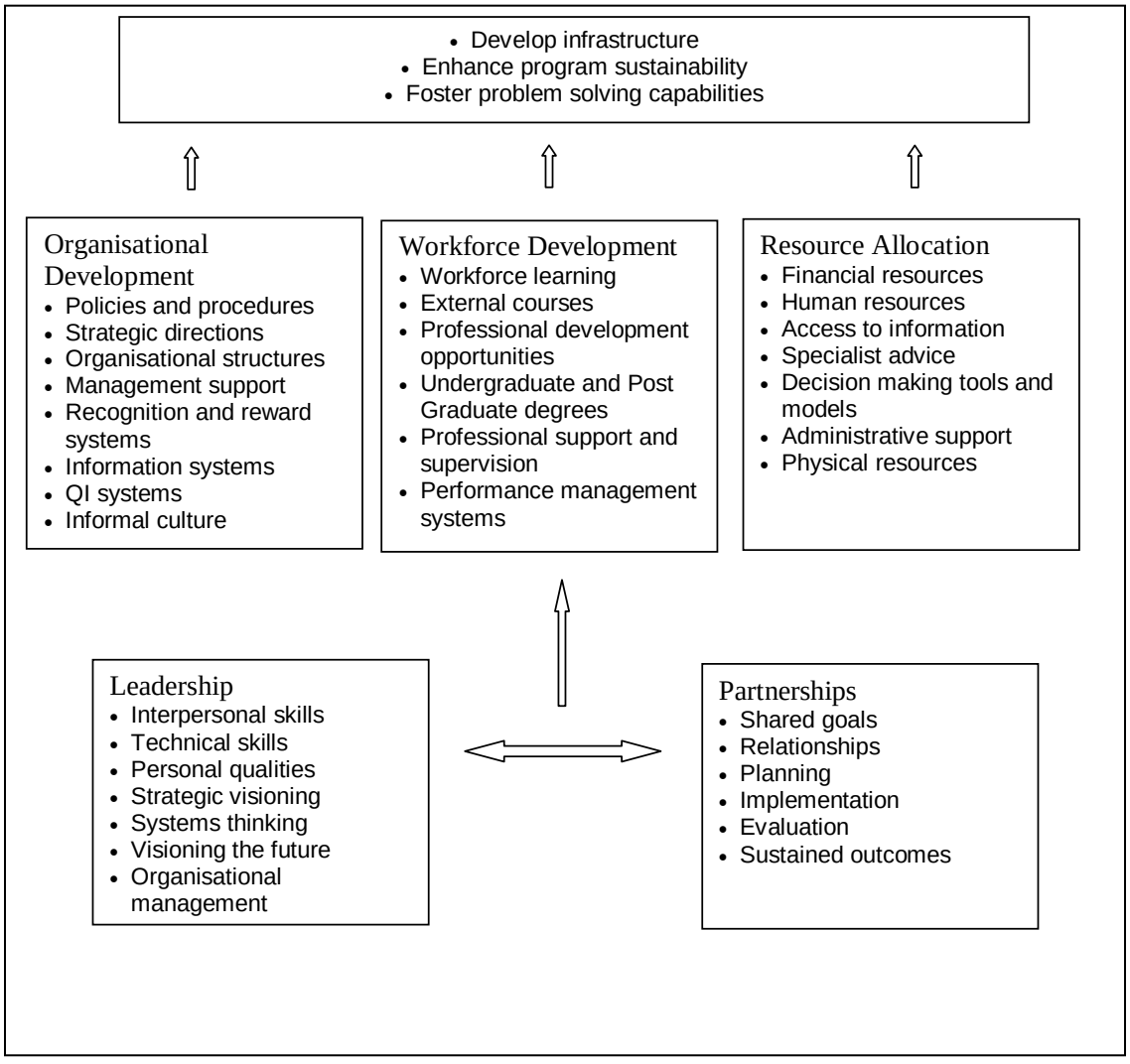
D. Capacity building

The capacity-building framework used by the University of Ballarat evaluation has five key elements:

1. Organisational development
2. Workforce development
3. Resource allocation
4. Leadership
5. Partnership.

Box 1 explains the relationship between these elements. The findings in this section are informed by this framework.

Box 1: Capacity building framework adopted by the PfH evaluation



NSW Health Department, 2001 A Framework for Building Capacity to Improve Health.

Outcomes of PfH on capacity building

- PfH has had a positive impact on the capacity of SSAs to promote health through sport, develop policies and practices, vision and mission statements, and strategic plans.

- The capacity of SSAs to influence the health-promoting practices of their affiliated clubs remains underdeveloped.

- Examples of good practice appeared to be facilitated by SSAs and clubs working together to ensure that the requisite financial and human resources were available to support the implementation of PfH.

What SSA representatives say about capacity building

"It is a two-way street and the partnership is the thing that we have built into our programs and will probably last forever; it will take a very long time to undo what we have done, with health messages and from every perspective."

"There is no doubt in terms of making it a partnership that the key messages that VicHealth want to obviously get across as well, we are getting them around there much better, and we feel we are having a tremendous success."

"It does take a long time to develop those things [programs] and we are resource dependent to develop them, but once they are developed they will be continually there."

"If you are looking at the impact and the change and the ongoing sustainability, it is not about participation programs and getting people involved in one-off things, it's more about the awareness and cultural change involved, the capacity of what we do."

"Ideally what should be happening is that they [clubs] run the clinics and charge a couple of bucks each or whatever it is and if they are organising enough of them and they are generating enough business then it becomes sustainable…we are not there yet."

"You have got your core participation program to keep your sport alive, and then you have got other programs that are a support to that or as an addendum to it, the health messages or whatever…so you check your revenue base and expenses as we do in our budgeting and you work out what you can afford to do."

"The participation [PfH] money has done some good programs, but if the money's not there those programs are going to end."

Section 3 – Recommendations

- SSAs, Regional Sports Assemblies (RSAs) and support agencies should implement strategies to improve communication between them and to ensure that they understand each other's organisational values and goals.

- VicHealth should provide workforce development strategies to support SSAs to develop skills in order to plan, sustain and evaluate participation programs, and to develop skills in partnership building.

- VicHealth should keep detailed notes of network meetings and make resources available on the Internet so that all SSAs can benefit from this information.

- VicHealth should support SSAs to disseminate information related to the PfH scheme in peer-reviewed journals and via national or international conferences.

- VicHealth should conduct and/or disseminate research that can be applied by SSAs to improve the delivery of participation programs.

- VicHealth should investigate the extent to which PfH and its fundamental principles have been institutionalised with the SSAs.

- VicHealth should encourage the development of partnerships between SSAs and RSAs to facilitate the implementation of the HWE program, and encourage SSAs to appoint staff in regional areas to ensure country clubs are adequately supported to implement the HWE program.

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