Sport and Recreation Victoria

Evaluation of Access for All Abilities

FINAL REPORT



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Acknowledgement and thanks are extended to the many people who contributed to the evaluation: SRV AAA Program management and staff; AAA Providers and workers; AAA Strategic Partner; AAA Initiative Fund recipients; members of the Evaluation Reference Group; DVC Local Presence Officers, sport and recreation associations, clubs and groups; people with a

disability, family members and carers; and members of the community who provided their comments.

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EXECUTIVE SUMMARY

The Access for All Abilities (AAA) Program is funded by the Department of Human Services through a Memorandum of Understanding with Sport and Recreation Victoria, a division of the Department for Victorian Communities. This agreement is due for renegotiation in June 2006.

The aim of the AAA Program is to develop sport and recreation opportunities that are inclusive of, and accessible to, people with a disability. The AAA Program has been operating in its current format since 1997 and has three components: the AAA Providers, AAA Strategic Partner and the AAA Initiative Fund. SRV funds and delivers a number of complementary initiatives that ensure all members of the community have the opportunity to participate in sport and recreation.

In 2005, the Nucleus Consulting Group was commissioned to undertake an evaluation of the AAA program. The aims of the evaluation were to:

- Investigate the extent to which the stated aims and objectives of the AAA Program were being met.
- Assess the effectiveness of the internal processes used to manage and administer the AAA Program.
- Examine the methods of program delivery and measure their success against broader AAA Program goals.
- Investigate the contribution of the AAA Program to the Department for Victorian Communities' outcomes framework for measuring success of community strengthening.

The evaluation involved extensive stakeholder consultation and a wide range of views were collected. Many people went to significant efforts in making their contributions. The evaluation also included review of documentation and qualitative and quantitative data analysis. The report provides an analysis of the AAA Program and sets out recommendations for future directions.

The evaluation has found that a number of changes should be made in order to enhance the overall impact and outcomes of the AAA Program and to better reflect and put into practice the principles of community development. These include:

- Restate the purpose of the AAA Program and redefine program objectives within the framework of the SRV five-year strategic plan, the DVC Outcomes Framework and the Victorian State Disability Plan. DHS and the sector should be consulted in this process.
- All components and initiatives funded under the AAA Program should be required to comply with the new program objectives. This will entail a review of the need for a Strategic Partner to the AAA Program, relocating

- organisations funded specifically to provide disability recreation programs to a more appropriate program, and inviting applications for AAA funding using good practice elements from existing contractual and management arrangements and redefined program objectives as criteria for selection.
- Allocate a budget for innovation grants that are consistent with program objectives and that will reinforce the strategic direction of the AAA Program. Grant applications should demonstrate sustainability, partnerships between AAA Providers, local government, sport and recreation organisations and the Rural and Metro Access Programs, and include distribution strategies for any products developed.
- Revise the functions of SRV program management staff to reduce the duplication of process between Head Office staff and Local Presence Officers, and to increase emphasis on developing collaborative relationships to better support and build the capacity of AAA Providers.
- Liaise with SRV business units to identify initiatives that can add value to the AAA Program and to actively promote and champion AAA; this would include encouraging greater cooperation and coordination with the Facilities Unit within SRV and with State Sporting Associations.
- Provide more overt leadership for the program including driving redefined strategic directions, developing a strong identity for the AAA Program, and identifying opportunities to market and promote the AAA Program where this may have a positive impact.
- Bring together DVC Local Presence Officers, AAA Providers, Rural and Metro Access workers, targeted State Sporting Associations, Regional Sports Assemblies and SRV staff to identify regional initiatives (prior to the development of annual plans).
- Consult with DHS on the proposed strategic directions, coordinate joint strategic initiatives and develop strategies to promote the complementary functions of the AAA Program and Rural and Metro Access Programs.
- Rationalise the AAA Provider reporting process and requirements, focussing on outcome reporting in annual plans (against strategies and actions consistent with the SRV strategic plan and that can be consolidated to facilitate reporting at Departmental level i.e. DVC Outcomes Framework).
- Aggregate and analyse information from AAA Provider annual reports, and develop strategies to share aspects of good practice between Providers including providing a forum where networking, peer support and program development can be encouraged.
- Formalise the planning, monitoring, review and reporting processes between SRV and DHS, consistent with the provisions of the Memorandum of Understanding.

RECOMMENDATIONS AND ACTION PLAN

RECOMMENDATION LEADER COMPLETE BY

Restate the purpose of the AAA Program to 'build capacity of the sport and recreation sector to provide participation opportunities for people with a disability'. Restate the outcome of the AAA Program to 'increase in the number of sport and recreation groups and activities available to people with a disability'.

- 2 Redefine AAA Program objectives within the framework of the SRV Strategic Plan and ensure consistency with the Victorian State Disability Plan. DHS and the sector should be engaged in the process. All components of the AAA Program should be required to comply with the new program objectives.
- 3 SRV to identify aspects of good practice in current AAA Provider contractual and management arrangements (and from other models outside the sector if relevant), and invite applications for funding from existing AAA Providers and other selected organisations using these and the redefined program objectives as criteria for selection.
- 4 SRV to consult with DHS in developing a resource formula that provides for equity for AAA Providers across rural and metropolitan local government areas.
- 5 SRV to develop guidelines for AAA Providers on the allocation of staff, overhead and program expenses.
- 6 SRV quantify the value of financial and in-kind contributions made by AAA Providers to assist reporting against the *DVC Communities Outcomes Framework*.
- 7 Define the function of a Strategic Partner to the AAA Program and determine whether such a role adds value to the AAA Program.
- 8 Identify mechanisms for how strategic advice to DVC on whole of Government issues that impact on people with a disability accessing sport and recreation opportunities can best be obtained e.g. via the Round Table on Disability and Inclusive Arts, Tourism, Sport and Recreation.
- 9 Assess capacity to allocate a recurrent budget for innovation grants that are consistent with AAA Program objectives and strategic direction. Project applications should demonstrate sustainability, partnerships between AAA Providers, local government, sport and recreation organisations and the Rural Access and Metro Access Programs, and include distribution strategies for any products developed.
- Organisations funded for specific disability recreation programs should be excised from the AAA Program; SRV should negotiate with DHS and other units within SRV to determine the most appropriate program location and mechanism for their ongoing funding.

- 11 SRV budget allocations to AAA Providers to include a small component for program development activities.
- SRV to work with DHS at a statewide level to actively promote collaborative relationships between the AAA Program and the Rural Access and Metro Access Programs.
- SRV to seek and identify targeted opportunities for AAA Providers to work in supported partnerships with State Sporting Associations.
- 14 SRV to work with selected State Sporting Associations to develop sustainable accessible participation opportunities that can be delivered locally, regionally and across the State.
- Where relevant, SRV and DHS jointly explore opportunities to influence generic issues (e.g. transport) to improve the capacity for people with a disability to participate in sport and recreation.
- Where relevant, redevelop guidelines for the Community Facilities Funding program with the Community Facilities Unit within SRV, to encourage grant applicants to liaise with AAA Providers at the concept and feasibility stage and to influence program delivery to be inclusive of people with disabilities.
- 17 Revise the functions of SRV program management staff to:
 - Reduce the duplication of process between Head Office staff and Local Presence Officers.
 - Increase emphasis on developing collaborative relationships to better support and build the capacity of AAA Providers.
 - Support the development and communication of the strategic direction of the AAA Program.
 - Provide internal strategic advice to maximise the outcomes of SRV initiatives to complement AAA.
- SRV to improve the reporting process and requirements, focussing on outcome reporting in annual plans (against strategies and actions consistent with the SRV strategic plan and that can be consolidated to report outcomes consistent with the *DVC Outcomes Framework*).
- SRV to investigate on-line reporting mechanisms (including that being developed by DHS) that enable AAA Providers to enter data in real time. The reporting process should also enable 'good practice' examples to be easily identified and lifted from the reports for general promotional purposes and to support learning and development amongst other AAA Providers.
- 20 SRV to identify the government accounting standard for financial reporting applicable to local government and incorporated associations and apply equitably to all AAA Providers.
- 21 SRV and DHS to establish joint monitoring, reporting and review mechanisms for the AAA Program, to be included in the next *Memorandum of Understanding* commencing July 2006.

INTRODUCTION

The Access for All Abilities (AAA) Program is funded under a Memorandum of Understanding (MOU) between the Department of Human Services (DHS), Disability Services and the Department for Victorian Communities (DVC), Sport and Recreation Victoria (SRV). The aim of the AAA Program is to develop sport and recreation opportunities that are inclusive of, and accessible to, people with a disability. The AAA Program has been operating in its current format since 1997. Since that time, there have been significant changes in the policy landscape that directs the way Government funds programs and services for people with a disability.

The Victorian State Disability Plan 2002–2012 highlights the Government's commitment to people with a disability having the rights to live and participate in the community on an equal footing with all other citizens. It is the first plan to take a whole of Victorian Government approach and whole of community approach that looks at all aspects of life for people with a disability — including recreation, disability supports, health and community services, education, employment, transport and housing¹.

The value of recreation in the lives of people has long been understood and this applies equally for people with a disability. The change in Government policy, the length of time the AAA Program has been operating, the release of the *SRV Five Year Strategic Plan*, and negotiation of ongoing funding were all triggers for the AAA Program to be reviewed.

In 2005, the Nucleus Consulting Group was commissioned to undertake an evaluation of the AAA program. The aims of the evaluation were to:

- Investigate the extent to which the stated aims and objectives of the AAA Program are being met.
- Identify opportunities to improve the AAA Program within the context of the new environment.
- Assess the effectiveness of the internal processes used to manage and administer the AAA Program.
- Examine the methods of program delivery and measure their success against broader AAA Program goals.
- Investigate the contribution of the AAA Program to DVC's outcome framework for measuring success of community strengthening².

The evaluation involved extensive stakeholder consultation, review of documentation and qualitative and quantitative data analysis. The findings of the evaluation are presented within a framework of three main sections as provided in the project brief: Program Structure; Program Delivery; and Program Management. The report provides an analysis of the AAA Program and sets out recommendations for future directions.

¹ Victorian State Disability Plan 2002–2012

² SRV (2005) Request for Quote

BACKGROUND

VICTORIAN POLICY CONTEXT

GROWING VICTORIA TOGETHER

In 2001 the Government released *Growing Victoria Together*, a broad framework for building a fair, sustainable and prosperous Victoria. *Growing Victoria Together* identifies key priority strategies for promoting the rights and respecting the diversity of all Victorians. The Victorian State Government recognises that people with disabilities have an important contribution to make to the community as citizens of Victoria, and that they should be actively encouraged to participate in all aspects of the Victorian community.

STATE DISABILITY PLAN

In 2002, the Government released the *Victorian State Disability Plan 2002-2012* outlining the Government's vision for the future for people with disabilities: 'By 2012, Victoria will be a stronger and more inclusive community—a place where diversity is embraced and celebrated, and where everyone has the same opportunities to participate in the life of the community, and the same responsibilities towards society as all other citizens of Victoria'.

The State Plan is based on the four principles of 'equality', 'dignity and self-determination (choice)', 'diversity' and 'non-discrimination'. The State Plan articulates a move away from separate and segregated activities for people with disabilities and directs the participation of people with disabilities in activities that other members of the community choose to enjoy.

MENTAL HEALTH PLAN

In 2002, New Directions for Victoria's Mental Health Services was released which outlines the Victorian Government's priorities for the development of mental health services over the following five years. The plan was based on five principles: priority to those in greatest need; care in the community whenever possible; consumer and carer participation; service quality and responsiveness; and continuity of care.

The aim of the plan is to provide responsive acute and community based services that enable people to live and be supported in their local communities.

A FAIRER VICTORIA

A Fairer Victoria: Creating Opportunity and Addressing Disadvantage was released in May 2005 and sets out strategies for creating new opportunities and providing fairer access to services for people with a disability. The policy identifies a range of strategies to be implemented by government to address disadvantage for people with disabilities.

DVC STRATEGIC DIRECTIONS

In 2002, the Department for Victorian Communities was established with the goal of strengthening communities through a more integrated approach to planning, funding and delivering services at the local level³. DVC has five key objectives:

- Communities that shape their future.
- Communities that encourage participation.
- Communities that embrace diversity.
- Communities that gain lasting benefits from the Commonwealth Games.
- Government that is easier to work with.

DVC has developed the *Communities Outcome Framework* to measure real changes produced by community strengthening activities, for groups of people and places. The *Communities Outcome Framework* identifies measures for improved services, a more connected community and improved long term community strength.

In addition to AAA, DVC also has a number of other initiatives for people with a disability. Examples include:

- The DVC Disability Action Plan defines a range of strategies to address access and participation by people with a disability across the whole department.
- Neighbourhood Houses are funded to address the needs of people with a disability in the local community.
- The Community Enterprise Program brings together a variety of non-profit initiatives and ventures that combine business principles and practices with social objectives to develop initiatives that build community capacity and address social disadvantage e.g. funding organisations to address the employment of people with a mental illness.
- The Office of Women's Policy provides Women's Community Leadership Grants to build ongoing and sustainable outcomes for women in the community including women with disabilities.
- The Round Table on Disability and Inclusive Arts, Tourism, Sport and Recreation (the Round Table) brings together both government and non-government representatives to provide a forum for discussion, idea sharing, networking and collaboration between key stakeholders with an interest in inclusive arts, tourism, sport, recreation and disability.

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³ DVC Corporate Plan 2004–2007

SPORT AND RECREATION VICTORIA

Sport and Recreation Victoria (SRV) is a division of DVC with the role to support the achievement of DVC's five key objectives. In November 2005, SRV released its *Five Year Strategic Plan for Sport and Recreation Victoria* 2005–2010 setting out key actions to capitalise on the Commonwealth Games and build on a stronger sport and recreation sector for all Victorians⁴.

SRV has committed to work with the community to:

- Promote awareness and benefits of sport and recreation to government and the wider community.
- Enable communities to develop programs and facilities that meet local needs through its grants programs.
- Interact with the breadth of organisations involved in sport and recreation by improving communication, and building stronger more collaborative relationships with government departments and agencies.

Four strategic directions have been identified and each has a defined goal. Each also has strategies and actions to be implemented, indicators of success and an outcome. All four directions require complementary action to support the overall development of the sport and recreation sector:

Strategic Direction 1: Active People and Active Communities

Goal: Encouraging people and communities to be active. Aiming to maximise the benefits of participation and the development of cohesive communities through sport and recreation.

Outcome: A culture of inclusiveness and participation.

Strategic Direction 2: Building Capacity for Tomorrow

Goal: Ensuring that all Victorians have access to sustainable, quality sport and recreation activities and facilities.

Outcome: Access to sustainable activities and facilities in all communities.

Strategic Direction 3: Collaboration for Development

Goal: Developing a cohesive sector based on skill development, enhanced collaboration and partnerships.

Outcome: A cooperative approach to service delivery.

Strategic Direction 4: A State of Achievement

Goal: Supporting organised sport and recreation and providing the opportunity for all Victorians to achieve their goals.

Outcome: A leading sport and recreation sector providing opportunities for all Victorians to achieve their goals.

The strategic plan provides the framework and context for all SRV programs delivered over the next five years and as such in an important influence in setting the future direction of the AAA Program.

⁴ DVC (2005)

AAA PROGRAM OVERVIEW

AAA is managed by the *Community Sport and Recreation Branch* of SRV through the *Community Access Unit*. The aim of the AAA Program is 'to develop and support sport and recreation environments that are inclusive of, and accessible to people with disabilities'⁵.

The three objectives identified for the AAA Program are:

- Increase awareness of the benefits of sport and recreation environments that are inclusive of people with disabilities.
- Influence local level planning so that it delivers sport and recreation environments that are inclusive of people with disabilities.
- Increase the number and range of sport and recreation environments that are inclusive of people with disabilities.

SRV has received funding for the AAA Program from DHS Disability Services since 1997 via a Memorandum of Understanding (MOU). The MOU is renegotiated every three years with funding allocated to SRV on an annual basis. Funding from DHS has provided Consumer Price Index (CPI) increases but there has been no growth funding since the inception of the Program. The current MOU is due for renegotiation in June 2006.

The AAA Program comprises three components: AAA Program Providers (twenty-four providers are located in a range of organisations across the state including local government, sport and recreation organisations and community agencies); the AAA Strategic Partner – VICNORD; and the AAA Initiative Fund.

A fourth group of organisations also receive funding under the AAA Program as a result of historical arrangements. These organisations are known as Disability Organisation Recreation Providers (DORPs) and include *Riding for the Disabled Association of Victoria, People Outdoors* (auspiced by the *Australian Camping Association*), the *Deafblind Association* and *ARBIAS*.

OTHER SRV DISABILITY INITIATIVES

SRV also funds a number of initiatives in addition to AAA that direct sport and recreation opportunities for people with disabilities.

STATE SPORTING ASSOCIATIONS

The State Sporting Association Support Grants Program (SSASG) will provide a total of \$75,000 in the 2005–06 financial year to fund initiatives to promote sporting opportunities for people with disabilities:

 Basketball Victoria – funded to address participation for children with physical and intellectual disabilities and to expand development programs for basketball referees.

D1 (C (2002)		
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- Cricket Victoria An All Embracing Plan provides one-on-one assistance to a selected number of clubs and to develop a model for increasing the involvement in clubs of people with a disability, both as players and non-players (administrators and officials).
- Netball Victoria A Disability Inclusion Plan supports people with a disability to participate in netball through the provision of education to club and association personnel via information dissemination, an inclusion seminar and a coach's course. Netball Victoria will also conduct a player development program. The project will provide support, promote programs and respond to queries.
- Sporting Shooters Association of Australia (Victoria) M2006 Take Your Shot! will create a number of opportunities for people to try the sport of shooting through "Come 'n' Try" days at various facilities across metropolitan Melbourne and regional Victoria.
- Victorian Softball Association provision of disability education training.
- Yachting Victoria provision of funding to run the Sailability program for people with disabilities.
- Calisthenics Victoria provision of funding to conduct recreational classes for people with a disability.

A further six organisations will receive a total of \$63,000 for 2005–06 through the SSASG primarily to complete business and strategic plans. Organisations funded in this way are the *Victorian Blind Sports Association, Deaf Sports Recreation Victoria, Wheelchair Sports Victoria, Victorian Sport and Recreation Association of People with an Intellectual Disability* (VICSRAPID), *Victorian Disability Sports Advisory Committee*, and *Transplant Australia* (Victorian Branch).

VICSPORT

VicSport is the peak body for sport in Victoria and is an independent non-government membership-based organisation representing over 170 members of the sport and recreation industry and affiliated groups.

VicSport is currently undertaking a research project for SRV (funded from non-recurrent AAA funds) to identify the range of sport and recreation programs currently in place for people with disabilities across Victoria. The initial phase of data gathering involves surveys of existing programs and gaps in the market, and the identification of barriers that prevent organisations from running inclusive programs and how these might be overcome. Key groups being surveyed include State Sporting Associations, Regional Sports Assemblies, AAA Program Providers and peak disability organisations. The project will provide an overview of the types of programs that exist, the locations of the programs and gaps in service provision across Victoria. The report of the project, due for completion in June 2006, will provide a sound basis for the future development of inclusive sport and recreation programs.

DISABILITY EDUCATION PROGRAM

The *Disability Education Program* assists sport and physical activity providers to better include people with disabilities in sport and physical activity. The program is coordinated by the Australian Sports Commission and SRV has been contracted to administer the program in Victoria. SRV has subcontracted *Sport Education Victoria* to deliver the program across the state.

PROJECT CONNECT

Project CONNECT is a transition program for sport designed specifically to prepare sport for the inclusion of people with a disability at all levels from grass roots to the elite. The program is national initiative of the Australian Sports Commission and SRV has been contracted to administer the program in Victoria. SRV has subcontracted *Sport Education Victoria* to deliver Project CONNECT across the state.

PHYSICAL ACTIVITY FUNDING

RecLink receives funding under the Physical Activity Program and provides a range of activities for disadvantaged people including those with a disability and mental health issues. Organisations that have received grants under this program include the Victorian Deaf Society.

COUNTRY ACTION GRANTS SCHEME

Funding is also provided through the *Country Action Grants Scheme*, *Category 3: Including Everyone* to help organisations provide accessible opportunities for members of the local community. Priority is given to intiatives that focus on people who traditionally do not access sport and receation including people with disabilities. The *Country Action Grants Scheme* aims to increase the capacity of sport and recreation organistions in regional and rural Victoria.

COMMUNITY FACILITY AND BETTER POOLS/AQUATIC ACCESS FUNDING PROGRAMS

The Community Facility Funding Program and the Better Pools Funding Program contribute to the provision of high quality and accessible community sport and recreation facilities across Victoria. Physical access to the facilities is a requirement of funding under both programs.

PROGRAM STRUCTURE

Program Structure refers to:

- The purpose of the AAA Program.
- Objectives and strategic direction of the AAA Program.
- The AAA Program identity.
- The three components of the Program: the AAA Providers, AAA Strategic Partner and AAA Initiative Fund. A discussion of the DORPs is also provided in this section.

PROGRAM PURPOSE

The AAA Program Guidelines⁶ clearly state that the aim of the program is to develop sport and recreation opportunities that are inclusive of, and accessible to, people with a disability. While the aim is clearly articulated, many comments were received about the lack of clear direction of the AAA Program suggesting that the purpose needed to be more clearly articulated and promoted across the sector (currently, there are differences in how the Program is being interpreted and implemented across Victoria).

While the intent of the Program is 'through local partnerships and collaboration that AAA Program Providers *support the capacity* of local sport and recreation organisations to respond to the needs of people with a disability', there is evidence that some AAA Providers perceive the emphasis as being on increasing the sport and recreation opportunities for people with a disability. This means that, to varying extents, some AAA Program Providers see their business as the direct provision of services and activities for people with a disability, rather than the building of capacity within the community more broadly (service delivery is discussed in more detail later in this report). This is contrary to the aim of the Program and the provisions set out in the MOU which states:

"DVC through the Access for All Abilities Program will focus on community development initiatives and work with local government authorities, mainstream sport and recreation service providers and community organisations to enhance their capacity and responsiveness to provide for people with disabilities⁷."

It is important that the purpose of the AAA Program is clearly articulated to direct the use of resources by the sector. The purpose of the Program should be consistent with SRV's overall strategic directions and have greater emphasis on 'building the capacity of the sport and recreation sector', reinforcing the intent to utilise a community development approach. It would then follow that the outcome of the AAA Program would be an 'increase in the number of sport and recreation groups and activities available to people with a disability'. This approach is consistent with the direction of the State Disability Plan.

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⁶ DVC (2003)

⁷ MOU – DHS and DVC (2003)

Recommendation 1 - Restate the purpose of the AAA Program to 'build capacity of the sport and recreation sector to provide participation opportunities for people with a disability'. Restate the outcome of the AAA Program to 'increase in the number of sport and recreation groups and activities available to people with a disability'.

PROGRAM OBJECTIVES AND STRATEGIC DIRECTION

The evaluation found inconsistencies in the way the AAA Program objectives are applied to the three components of the AAA Program. The AAA Program identifies three objectives but only one component of the program (the AAA Providers) report against the objectives. There is also confusion and a lack of understanding as to how the three components of the AAA Program relate to each other.

The general perception across the sector is that the AAA Providers are the AAA Program (where there is a single AAA Worker employed, for example in local government, this worker is often regarded as the AAA Program). There is little understanding across the sector as to how the other two components – the AAA Initiative Fund and the AAA Strategic Partner - align with the work of AAA Providers to deliver the AAA Program. This is attributed to a lack of clarity in purpose, role and function for the AAA Initiative Fund and the AAA Strategic Partner in relation to the AAA Program, and is reinforced by these two components not having their objectives or functions aligned with the AAA Program. There are no clear mechanisms to facilitate the three components working together to achieve the AAA Program objectives.

The objectives of the AAA Initiative Fund are discrete from those of the AAA Program and there is no requirement for grant recipients to demonstrate that initiatives meet the AAA Program objectives. The AAA Initiative Fund Guidelines give examples of how successful projects could work with AAA Providers, however, the structure of the grants is aligned with the broader DVC grants process with the target group being people with a disability. There is a strong sense within the sector that the AAA Initiative Fund operates independently and little expectation that all of the grants will complement other activities of the AAA Program, in particular initiatives of the AAA Providers and work of the State Sporting Associations. A more detailed discussion on the AAA Initiative Fund is provided later in this section.

The AAA Strategic Partner is funded to provide statewide advocacy and strategic advice to the Government on inclusive sport and recreation opportunities for people with a disability. While the Strategic Partner is expected to work with AAA Providers and has had a role in supporting AAA Initiative Fund applications, it is not required to meet the AAA Program objectives. A more detailed discussion on the AAA Strategic Partner is also provided later in this section.

During the evaluation, feedback was sought on the relevance of each of the current AAA objectives and what changes if any should be made. The majority of respondents considered the program objectives to be appropriate

as they are broad and can be interpreted to meet local needs. However, some specific comments were made in relation to each of the objectives:

- Objective 1: Increase awareness of the benefits of sport and recreation environments that are inclusive of people with disabilities
 feedback was received that it is unclear and to who needs to be made aware.
- Objective 2: Influence local level planning so that it delivers sport and recreation environments that are inclusive of people with disabilities - a number of AAA Providers indicated they had significant difficulty achieving this objective. Several cited the difficulty influencing local government planners. Those AAA Providers that are not located in local government expressed the most difficulty in influencing local area planning. AAA Providers located within local government cited their capacity to influence planning as one of the greatest strengths.
- Objective 3: Increase the number and range of sport and recreation environments that are inclusive of people with disabilities the majority of AAA Providers found this objective the one to which they most easily related.

One submission proposed refining the first two objectives:

- To work in partnership at a state, regional and local level to develop inclusive practices in a sport and recreation environment for people with a disability.
- To influence planning at state and local levels so that it reflects the strategic direction of the AAA Program.

The evaluation has also highlighted the importance of addressing change and promoting action at a range of levels:

- Local level, for example by AAA Providers using local knowledge to support and resource sport and recreation groups and clubs.
- Regional level, for example by utilising the resources of DVC Local Presence Officers and State Sporting Associations to link SRV regional initiatives and promote partnerships.
- Statewide level, for example by obtaining strategic advice to address systemic issues that have been identified at local and regional levels; funding statewide organizations such as State Sporting Associations to resource and complement regional and local initiatives; and streamlining internal DVC and SRV processes to plan and maximize the allocation of resources to ensure they complement and support the AAA Program.

The program objectives and strategic direction need to be redefined to better reflect the changes in government policy and direction since the inception of the program. The SRV strategic plan provides a strong framework for redeveloping the objectives of the AAA Program consistent with the direction of the Victorian State Disability Plan.

Once the AAA Program objectives are redefined, they then need to be applied equally to all components of the program i.e. the Program Providers, the Strategic Partner and any grants funded through the program. The strategic direction of the AAA Program also needs to consider action at state, regional and local levels to maximise the community capacity building opportunities. Defining the strategic direction for the AAA Program at these three levels would also model the principles of community development on which the AAA Program is based. DHS should be consulted as part of this process and there is strong support for consulting with the sector in the redevelopment of AAA Program objectives.

Recommendation 2 – Redefine AAA Program objectives within the framework of the SRV Strategic Plan and ensure consistency with the Victorian State Disability Plan. DHS and the sector should be engaged in the process. All components of the AAA Program should be required to comply with the new program objectives.

PROGRAM IDENTITY

The evaluation showed that AAA Providers are perceived as the AAA Program and that there are significant identity issues for the Program.

In some areas the AAA Program has a clear profile e.g. the Joint Council Access for All Abilities Program (JCAAA) is clearly marketed as a AAA Program. In other areas the AAA Program is subsumed or integrated into the functions and activities of an auspice organisation e.g. within local government recreation and leisure units. In other AAA Provider organisations the AAA Program is 'rebadged' e.g. Options Victoria runs the AAA Program under the name *Leisure Link Up*. The range of ways in which the AAA Program is presented has evolved due to the way in which AAA Providers are determined and is discussed in the next section.

There are also difficulties with the way in which the Program is perceived where the AAA Provider and/or auspice organisation also provide direct services (with different funding). For example, some organisations also receive DHS *Great Breaks* funding to provide recreational activities for people with a disability as part of a respite program for carers. Some comments were received from parents and carers of people with a disability that indicated they did not understand the difference between the community development focus of the AAA Program and the direct service delivery of the respite program (this issue is also discussed further in a later section of this report).

There is a strong case for having the AAA Program clearly marketed as a discrete program. This would increase its profile within the community and also allow it to be more clearly identified as a collaborative arrangement between government departments including for reporting purposes. (Redefining the AAA Program objectives will also assist to address identity and marketing issues).

Some feedback was received that the name of the program could be improved. This could also be addressed at the same time the objectives and strategic direction of the program are being determined.

PROGRAM COMPONENTS - AAA PROVIDERS

DELIVERY BASE AND LOCATION

Twenty-four AAA Providers are funded across Victoria to deliver the AAA Program providing coverage to every local government area. Figure 1 below shows that 15 AAA Providers are located in metropolitan Melbourne and nine in regional and rural Victoria:

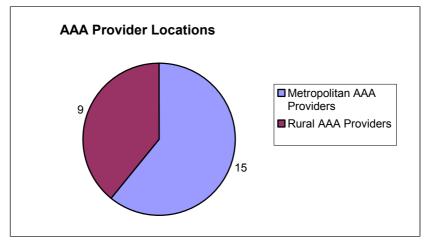


Figure 1: AAA Provider Locations

AAA funding is provided to a range of different auspices across the State. Figure 2 shows that 10 AAA auspices are local government organisations, all located in metropolitan Melbourne. Eight AAA auspices are community agencies, some with a specific sports focus with others being health and community service organisations. Five rural auspices also deliver the Regional Sports Assemblies Program - four of these are located in sport and recreation organisations and the fifth is located in an education facility.

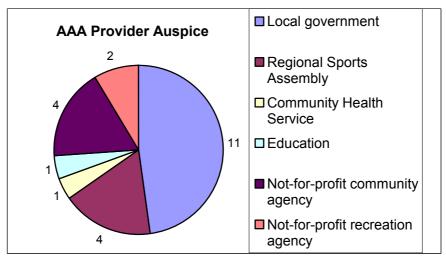


Figure 2: AAA Provider Auspice

There are different contractual and staffing models used by AAA Providers, influenced by the type of auspice organisation and the geographic area covered (a summary of these is provided in Table 1, over the page).

Table I: Current AAA Service Models

	Local Government - individual agreement	Local Government - lead agency	Local Government - management committee	Incorporated organization	Incorporated organization auspice	Regional Sports Assembly
Current AAA Providers	Casey Cardinia Melton Brimbank Hobsons Bay Maribyrnong Moonee Valley	Banyule includes Nillumbik and Whittlesea Darebin includes Yarra Hume includes Moreland	JCAAA	Eastern Recreation and Leisure Services East Gippsland Arts and Recreation Leisure Access Group	Yarra Ranges Quantum Wimmera Uniting Care PINARC YMCA Options Victoria	Mallee Sports Assembly South West Sports Assembly Leisure Networks Sports Focus The Centre
Contractual Relationship	Individual contract with single LGA	Contract with one LGA (lead agency) which then disperses funding to other LGAs. Darebin and Yarra are the only LGAs who have a formal agreement in place	Contract with lead LGA. Management committee established comprising representatives of each of the four local governments. Written binding agreement between the four LGAs	Contract with the incorporated organization to provide service over a number of LGAs. ERLS has a formal subcontracting arrangement with the City of Boroondara only.	Contract with the incorporated organization to provide service over a number of LGAs. Incorporated organization has no formal/informal agreement with LGAs in catchment	Contract with the RSA to provide service over a number of LGAs. RSA has no formal or informal agreement with LGAs in catchment
Staffing Model	Single worker located within council providing coverage to one LGA. Brimbank is the exception as they integrate the functions of the AAA Program into the duties of all Leisure Unit staff	Individual workers located within the councils to which they are providing service	AAA coordinator and AAA workers located at lead agency and providing coverage across four LGAs	Workers located in a central agency. Both agencies looking to colocate AAA workers in sub regional offices/other LGA offices to maximize coverage	Mix of service models — primarily single workers providing coverage across a number of LGAs Two agencies looking to co-locate AAA workers in sub regional offices to maximize coverage	Two RSAs have outposted workers in sub regional offices Remaining auspices have AAA workers centrally located and assume responsibility for different geographic areas
Accountability	Line Management with departmental manager. All workers are located within Leisure Units except for two workers who are located in the Social Planning Unit and the Aged and Disability Unit	Lead agency subcontracts funding to respective councils. All AAA workers line managed by council staff	AAA coordinator reports to the management committee	AAA workers report to AAA coordinator	AAA coordinator reports through operational line management	AAA workers report to AAA coordinator, either dedicated position or manager of the unit/RSA
Other SRV Resourcing	Funding via grants program if successful e.g. Better Pools Program, AAA Initiative Fund	Funding via grants program if successful e.g. Better Pools Program, AAA Initiative Fund	Funding via grants program if successful e.g. Better Pools Program, AAA Initiative Fund			RSA funding provided

AAA Provider auspice organisations are a result of historical arrangements with only minor changes since the inception of the AAA Program. The models of delivery for metropolitan Melbourne include:

- Developing an agreement with local government to deliver AAA within a particular local government area (LGA). Under these agreements, generally a single worker is employed full or part time by the council. This arrangement is in place for seven AAA Providers.
- Developing agreements with one local government (the funds holder or lead agency) to provide services across a number of LGAs. Under these agreements, the lead agency disperses (subcontracts) funding to other nominated local governments. This arrangement is in place for three AAA Providers. Generally a single worker is employed full or part time by each of the councils. SRV does not have an agreement with the subcontracted councils. The lead agency is not required to have formal or informal agreements with the subcontracted councils. However, a clause within the funding agreement requires that where activities are subcontracted the lead agency must be satisfied that the subcontractor has the systems in place to ensure that funds are expended as intended.
- Formal agreement with one local government which then has a formal agreement with the councils to which it has agreed to provide a service. Only one AAA Provider is structured this way (JCAAA), with a formal agreement between councils intended to be legally binding and forming a contractual arrangement between them⁸. A management committee comprising representatives of each member LGA provides strategic direction to the Program.
- Providing funds to incorporated organisations that then employ one or more AAA Workers to work across one or more LGAs. This arrangement is in place for Eastern Recreation Leisure Services (ERLS), YMCA and Ranges Community Health Service. Each of these organisations operates differently: ERLS subcontracts (in part through an MOU) to Boroondara Council and is currently trying to co-locate workers in other councils to which it is providing service; Options Victoria is co-located with the City of Greater Dandenong and has one AAA worker co-located in council venues across the LGAs to which it is providing service; and Ranges Community Health provides coverage to the Yarra Ranges Shire only and has no formal or informal agreement with the Shire.

The regional Victorian models all provide coverage across a number of LGAs:

 Four Regional Sports Assemblies (RSA) receive AAA Program funding to provide the program across several LGAs and one education facility receives AAA Program funding as well as RSA funding. Two RSAs have located AAA workers in subregional offices to increase capacity to provide coverage across catchment areas.

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⁸ Councils' Agreement (2004)

Four incorporated associations receive AAA funding. Three of these are community based organisations whose primary function is to deliver community welfare services (Quantum Support Services, Wimmera Uniting Care, PINARC Support Services). The fourth (East Gippsland Arts and Recreation Access Group) is co-located with a disability organisation. Two are working towards co-locating AAA workers with other agencies (one in local government and one with a disability specific organisation).

There are strengths and limitations for each of these models. The strengths of being located within local government were cited as:

- Having a high profile with the local community and established relationships with local sporting groups and clubs through the provision of facilities and venues. This provides AAA workers with a mandate for approaching clubs and groups to support and resource them as well as having leverage to require clubs to address access issues e.g. tying community grants to access compliance, providing disability awareness training sessions.
- Capacity to better influence local area planning (to address access issues, especially the development of leisure facilities, open space and upgrades of sporting clubs) at the feasibility and development stages.
- Capacity to add value to the AAA Program by providing access to computers, vehicles, IT support, professional development opportunities and administrative support.
- Capacity for councils to work collaboratively across boundaries, recognising that people with disabilities utilise a range of services within and external to councils' boundaries. (This was not a consistent finding as some people consulted stated that not all local governments work collaboratively to support initiatives that are outside their boundaries).

The limitations of local government auspices were cited as:

- Difficulty in retaining staff (especially if the position is not full time) as AAA workers can often move to other sometimes more senior positions within council.
- Staff turnover can also dissipate community development work previously undertaken (this is also a limitation experienced by other AAA Providers not just local government). Brimbank Council has addressed this issue by no longer employing a AAA Program worker but integrating the community development and inclusion functions of the AAA Program into the duties of all Leisure Unit staff.
- The AAA worker role may not be clearly understood and the worker can be expected to take on other roles e.g. referrals for disability respite services.
- Sense of isolation for single workers, particularly those employed part time.

Limited number of formal agreements between lead local governments and subcontracted councils. This issue was highlighted when Wyndham Council, the lead agency, withdrew from the agreement with SRV leaving no formal arrangements in place for Maribyrnong and Hobson's Bay Councils that also received funding under that arrangement.

The strengths of AAA Providers being located within RSAs were cited as:

- A strong connection/profile with the local sport and recreation sector.
- Capacity to combine AAA Program funding, RSA funding and VicHealth PICSAR funding to work with sporting clubs and facilities to address access and inclusion.

The strengths of AAA Providers located in incorporated bodies that do not have a sport focus were cited as:

- Not being involved in the politics or constraints of decision-making processes of local government. These providers used other mechanisms to influence local government including establishing collaborative relationships, exerting pressure through media or making presentations to council.
- Having good connections and relationships with disability organisations and disability service providers.
- Having access to salary packaging (to leverage the funding provided).

The limitations of locating AAA Providers in such organisations included:

- Being 'left off the agenda' of local government planning, often finding out about leisure developments after the feasibility and concept stages and when it is too late to address access issues.
- Being identified as a disability support worker, especially where the workers are co-located with other disability programs.

Some metropolitan councils serviced by AAA Providers external to local government did not consider they were getting equitable access to the AAA Program. These councils considered the AAA Providers to be concentrating their efforts on the councils in which they were located to the disadvantage of the remaining councils within the catchment. These councils sought clarification as to the level of service they could reasonably expect from a AAA Provider. This situation also highlights the importance of having formal agreements in place that require AAA Providers to work with local government.

Several comments were received about the capacity of AAA Providers to deliver an equitable service across large geographic areas in regional and rural Victoria. The decision by some AAA Providers to place workers in subregional offices can assist in improving the profile of the Program across catchment areas. However, it can also contribute to the sense of isolation for AAA workers. Rural AAA Providers have the added expense of travel costs for staff to attend meetings, professional development opportunities and other activities that might support workers and reduce isolation.

The evaluation has identified a clear need to have good working relationships with local government which has prime responsibility for local area planning and considerable influence in the development and resourcing of local sport and recreation facilities and clubs. SRV also contributes funding to local government through its capital works funding and has the capacity to influence access and program issues through this process.

The different auspice agencies and the different models of operation have contributed to confusion about program identity and can sometimes cause tension between AAA Providers. The way in which AAA Providers deliver the AAA Program is discussed in more detail later in this report however, it is timely to consider how AAA Providers add value to the Program. It is also important that the best features of the current models of operation are used as the criteria for determining future AAA Program Providers. In order to maximise value, SRV should consolidate provider auspices through a process that includes assessment of the following factors:

- Locating the AAA Program within organisations that have clearly demonstrated links with and capacity to influence the sport and recreation sector. This is important if the purpose of the AAA Program is to build capacity in the sport and recreation sector.
- Locating the AAA Program within an auspice that is already, or is eligible to, receive other SRV funding.
- Having a single agreement to cover a number of geographic areas and where practical removing subcontracting arrangements.
- Identifying the terms and conditions of partnership agreements and where subcontracting arrangements continue, require all parties to be subject to an agreement (which should specify the rights and obligations of all parties i.e. level of service provided by the lead agency, level of co-contributions to the AAA Program, processes for planning, monitoring and reviewing the program). SRV should provide pro-forma copies of agreements to be used between lead agencies in the delivery of the AAA Program.
- Requiring auspice organisations to identify additional funding and in-kind support they bring to the AAA Program.
- Methods for ensuring relationships can be developed and maintained with local government.
- Methods for working collaboratively with other stakeholders i.e.
 State Sporting Associations, Rural Access and Metro Access.

The advantages of fewer auspice agencies are several:

- Reduction in the number of contracts for SRV staff to manage (and more focused compliance monitoring).
- More time for providing additional (more meaningful) supports and resources to AAA Providers.

 Increased capacity to employ full time staff within AAA Providers (and thereby assisting to address staff turnover).

Recommendation 3 - SRV to identify aspects of good practice in current AAA Provider contractual and management arrangements (and from other models outside the sector if relevant), and invite applications for funding from existing AAA Providers and other selected organisations using these and the redefined program objectives as criteria for selection.

PROVIDER FUNDING ALLOCATIONS

The level of funding received by AAA Providers was raised as a significant issue by many AAA Providers.

SRV indicated that initial funding allocations for AAA Providers were based on the proportion of people with a disability within the catchment area, calculated using the number of people in receipt of Disability Support Pensions through *Centrelink*. The method of determining levels of funding for AAA Providers has not been reviewed since the inception of the Program and in this time there has been some significant changes to populations.

An analysis of the funding provided to each AAA Provider, based on the population of their geographic catchments, shows inequities between some areas (refer to Appendix 4). In the metropolitan area, funding for Casey, Leisure Link Up, Brimbank and Wyndham is the lowest as a proportion of population. All are in outer suburbs of Melbourne and all have experienced significant population growth over the past five years. In 1996-2001 the largest absolute population growth for Melbourne was in Casey (+33,000), Mornington Peninsula (+15,000) and Brimbank $(+14,000)^9$. Leisure Link Up also covers the largest geographic area in the metropolitan region.

Funding in rural areas also shows some potential inequities, with Wimmera Uniting Care receiving significantly more and Quantum receiving significantly less funding as a proportion of population (Wimmera Uniting Care covers the largest geographic area but the smallest population). All rural AAA Providers cited the expense of long travel distances as a significant constraint to the Program.

DHS has indicated it is developing a resource formula for the Rural and Metro Access Programs based on increasing equity between local government areas and productivity. The formula takes into account a number of factors including population and geographic area. There is capacity for SRV to work with DHS to ensure the formula also has application to the AAA Program.

Recommendation 4 – SRV to consult with DHS in developing a resource formula that provides for equity for AAA Providers across rural and metropolitan local government areas.

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⁹ Department of Sustainability and Environment (2005)

USE OF AAA PROGRAM FUNDING

Many AAA Providers indicated that their SRV grant is spent mainly on staffing costs with the remainder used for overhead and program related expenditures. Table 2 below shows the proportion of 2005/06 AAA funding assigned for staff costs. In reviewing the table please note:

- Darebin has been omitted as it meets the full cost of the AAA worker and uses the SRV grant for development activities and administration.
- The grant to the YMCA does not include funding that has since been negotiated to provide service to the City of Wyndham.
- Maribyrnong and Hobsons Bay Councils are omitted as they are negotiating separate agreements with SRV after the withdrawal of Wyndham Council from their agreement.
- Where a council is a fund holder for other councils, only the amount retained by the fund holder for application within its own municipality has been used in the comparison.
- Some Providers may inadvertently understate staff costs by not allocating all appropriate costs from special purpose projects (i.e. a project may support a project officer but is reported as a discrete project rather than splitting out the wages component). Similarly, staff expenses may also include administration expenses that would be more accurately allocated under operational costs.

Table 2: Staff Costs as a Proportion of SRV 2005/06 Grant

AAA PROVIDER	SRV GRANT 05/06	STAFF BUDGET	STAFF %
BANYULE	60,652	57,971	96%
BRIMBANK	53,635	33,997	63%
CARDINIA	31,970	30,023	94%
CASEY	57,525	62,185	108%
EGARAG	114,945	70,970	62%
ERLS	227,170	186,200	82%
HUME	64,482	52,401	81%
JCAAA	159,641	138,600	87%
LEISURE NETWORKS	191,611	157,000	82%
MALLEE RSA	89,390	59,776	67%
MELTON	44,696	49,289	110%
MOONEE VALLEY	53,635	51,880	97%
OPTIONS VIC	159,641	106,987	67%
PINARC	114,945	79,397	69%
QUANTAM	83,080	51,509	62%
RANGES CHC	58,787	47,854	81%
SPORTS FOCUS	167,318	97,423	65%
SWSA	121,360	93,310	77%
THE CENTRE	191,611	188,353	98%
WIMMERA UNITING CARE	136,399	88,463	65%
YMCA	52,583	33,079	63%

Source: AAA Provider Budgets 2005–06

The proportion of the SRV grant used for staff varies significantly between AAA Providers. A number of auspices make additional contributions to the AAA Program, generally to make up for spending shortfalls.

A full analysis of each Provider budget has not been carried out although some general comments can be made:

- Accounting and auditing compliance expenses generally cost around \$1,500 per year with two not-for-profit agencies having budgets for this item of \$5,000.
- One agency has building repairs and maintenance costs of \$13,000.
- Two incorporated organisations identify 'interest' as a source of income (\$7,250 and \$5,639) indicating they have program funds invested.
- Two agencies are claiming depreciation (note that no asset registers were viewed as part of the evaluation).
- Two local governments had no provision for overheads, indicating they are meeting these costs.
- Vehicle and travel expenses are significantly higher for rural AAA Providers. The way in which these two items are calculated is difficult to determine as some AAA Providers supply only one figure for vehicle expenses indicating they are combining vehicle expenses with staff reimbursement for use of their own vehicles.

The extent to which SRV has influence in how the budgets are determined and what proportion of budgets are assigned to staff, overhead and program expenses is unclear. Similarly, the extent to which analysis of budgets occurs across all AAA Providers to identify areas that are significantly higher or lower in comparison is also unclear and needs to be addressed.

The setting of budgets is also influenced by co-contributions that the auspice organisations are making to the AAA Program both financially and in kind. The co-contributions are an important indicator of the added value that Providers bring to the AAA Program. There is also capacity for SRV to quantify the co-contributions and utilise these as a measure of an outcome under the *DVC Communities Outcomes Framework:* 'increased partnerships initiatives between government and the community'.

Recommendation 5 - SRV to develop guidelines for AAA Providers on the allocation of staff, overhead and program expenses.

Recommendation 6 - SRV quantify the value of financial and in-kind contributions made by AAA Providers to assist reporting against the *DVC Communities Outcomes Framework*.

AAA STRATEGIC PARTNER

SRV funds VICNORD from the AAA Program budget as the Strategic Partner to provide a statewide focus on:

- Advocating for the involvement of people with disabilities in sport, active recreation and physical activity.
- Promoting the benefits of participation in sport, active recreation and physical activity to disability organisations.
- Providing strategic advice to Government and other key stakeholders on issues and trends affecting the participation of people with disabilities in sport, active recreation and physical activity.

It is expected that the Strategic Partner will liaise with AAA Program Providers as key stakeholders when seeking to identify issues and trends in relation to sport and recreation for people with disabilities¹⁰.

The AAA Strategic Partner, VICNORD, is auspiced by *Action for Community Living* and received funding of \$145,384 (ex GST) for the 2005–06 financial year. VICNORD employs three part time staff working the equivalent of 1.5 EFT and has administrative support of 0.4 EFT.

VICNORD is managed by a voluntary committee of management with representatives from metropolitan and rural Victoria. Committee members are people with disabilities who have links with advocacy organisations in their local communities. The role of the management committee is to:

- Discuss, consult, analyse, research and review matters that affect the participation of people with a disability in recreation.
- Plan, manage and review the direction of VICNORD.
- Provide information, advice and support to VICNORD staff.
- Take responsibility for a portfolio as required.
- Participate in working groups.
- Represent VICNORD at key regional networks and forums as required¹¹.

In addition to providing strategic advice to SRV, VICNORD has a number of other projects addressing sport and recreation opportunities for people with disabilities. Examples of these include:

- Development of an 'Activity Information Database' with funding from the AAA Initiative Fund.
- The development of the Companion Card to allow people with a disability to obtain free entry for their carers to events and venues. (The Companion Card was launched in 2004 and is now managed by DHS).

¹⁰ DVC (2003)

¹¹ http://www.advocacyhouse.org/library/vicnord/items/2004/2/00011-upload-00001.doc

- Participating in the establishment of the Round Table. Through the Round Table, VICNORD led a successful campaign to ensure the Commonwealth Games will provide accessible venues and transport.
- Review of local government disability action plans to identify ways to increase sport and recreation opportunities for people with a disability.
- Work with State Sporting Associations to document and evaluate their work in relation to the inclusion of people with disabilities in their activities.
- Networking with organisations across the state to advocate for sport and recreation opportunities for people with a disability.

Individual advocacy is also provided, with VICNORD having supported individuals in their claims of discrimination in accessing public facilities at the *Victorian Equal Opportunity Commission*.

VICNORD has established relationships with a small number of AAA Providers (eg VICNORD is currently a member of the Nillumbik Shire Project Management Committee to develop a sensory trail design framework funded from an AAA Initiative Fund grant). However, in general, consultations with AAA Providers indicated that very few have contact with either VICNORD staff or members of the management committee. VICNORD's contact with AAA Providers has generally been limited to providing information about its function and the database resource. A review of the VICNORD website indicated that only a small number of AAA Providers use the website as a facility to promote activities for people with disabilities. Similarly, a review of the 'Calendar of Events' for 2005 identified very few sport and recreation activities being promoted, none of which were linked to AAA Program initiatives.

Feedback was sought from AAA Providers on the use and application of the database established by VICNORD using an AAA Initiative Fund grant. Most Providers stated they were unaware of the database and very few had provided entries for inclusion. Of the AAA Providers who had tried to access the database the majority stated they had difficulties in accessing and uploading information for inclusion. VICNORD acknowledged difficulties in establishing the database and that it has not been utilised by the sector as fully as expected. Leisure Link Up, the AAA Provider for Kingston, Greater Dandenong, Frankston and Mornington Peninsula, has also developed a database with the stated purposes of streamlining reporting and providing a tool where AAA Providers can obtain information on sport and recreation initiatives for people with a disability. VICNORD is consulting with Infoxchange and Leisure Link Up to explore ongoing opportunities to improve delivery of information on sport and recreation to people with disabilities.

VICNORD acknowledges the confusion within the sector as to its role. This has caused frustration for VICNORD, the AAA Providers and other stakeholders such as State Sporting Associations.

Several AAA Providers perceived the AAA Strategic Partner as their advocate, especially with State Sporting Associations. These providers expected that the AAA Strategic Partner would address systemic issues with

State Sporting Associations that have been identified at the local level and have been frustrated when they have approached the Strategic Partner to take on these roles. Similarly VICNORD has expressed frustration with AAA Providers having expectations of it that sit outside its own perceived role.

Other AAA Providers perceived VICNORD as a resource that could provide information about the range of initiatives across the sport and recreation sector that addressed the needs of people with a disability. A small number of AAA Providers had found VICNORD helpful in obtaining information on specific resources available.

Many AAA Providers and other sport and recreation sector representatives were critical of the VICNORD structure that asserts to represent sport and recreation issues for people with a disability when committee members have little or no connection with AAA Providers or the broader sport and recreation sector. These respondents queried the validity of the information that was forming the strategic advice provided by VICNORD to SRV.

There has been little attempt by VICNORD and AAA Providers to bring sport and recreation groups and disability advocacy organisations together to work at a local and regional level to identify and address issues. VICNORD has experienced difficulties in recruiting and supporting local people with disabilities who have the capacity to network with their local communities and to represent issues for a broad range of people with a disability. Developing sustainable mechanisms to support and resource the management committee is an action identified in VICNORD's current Annual Plan.

VICNORD sees its role more broadly as an adviser to SRV across the spectrum of sport, recreation, arts and tourism rather than in relation to the AAA Program. It defines itself as "a statewide information and advocacy network of people with disabilities, their carers and advocacy groups in relation to recreation, sport, physical activity, tourism and the arts"¹². It regards one of its strengths as its partnership approach to issues that limit participation in recreation through its strategic advice role to SRV, partnership with Tourism Victoria and its participation on the Round Table. VICNORD has undertaken some work to align its activities with the objectives of the AAA Program but in essence regards these as applying to AAA Providers only.

VICNORD regards the strength of the strategic partnership with SRV as being "at the cutting edge of inclusive practices for people with a disability being involved in management and decision making that affects their access to recreation"¹³. VICNORD considers this provides SRV with further potential to promote itself as "a government department leader in providing innovative support for the active participation of people with a disability in leading, advising and decision making for the VICNORD organisation and SRV"¹⁴.

VICNORD questions SRV's commitment to the strategic partnership beyond the provision of funding. VICNORD has stated that it provides strategic advice reports to SRV annually and little feedback is provided as

¹² http://www.advocacyhouse.org/vicnord/about.html

¹³ VICNORD submission (October 2005)

¹⁴ VICNORD submission (October 2005)

to what action if any is taken by SRV on the advice it receives. There is some tension between SRV and VICNORD around VICNORD's functions and activities, in particular focus on the arts and tourism which are outside SRV's strategic directions. The tension arises as VICNORD regards itself primarily as a disability advocacy organisation to promote the participation of people with a disability in sport, recreation, tourism and arts whereas SRV is requiring strategic advice on "issues and trends affecting the participation of people with disabilities in sport, active recreation and physical activity." ¹⁵

The role of VICNORD as a strategic partner needs to be further considered. If it is to remain a strategic partner to the AAA Program then it should be required to work within the aims and objectives of the AAA Program. The process and strategies that it uses to meet the objectives could still include the management committee structure to ensure people with a disability are integral to decision making about sport and recreation opportunities. However, reporting and accountability mechanisms would need to demonstrate clear links with other components of the Program, specifically AAA Providers, through local, regional and statewide mechanisms. The activities of VICNORD would also need to demonstrate they are grounded in the needs identified by people with a disability and the sport and recreation sector.

If VICNORD is to function more broadly as a strategic partner to SRV, then that function needs to be clearly articulated. SRV funds other organisations to provide strategic advice on a range of sport and recreation issues e.g. *Centre for Multicultural Youth, VICSPORT, Acquatic Industry Council*. SRV would need to determine how VICNORD's strategic advice fits with other strategic advice it receives and how this will be used to inform policy development, planning and resource allocation. For example, the participation of VICNORD on the Round Table is regarded by both SRV and VICNORD as delivering valuable advice on whole of Government initiatives to ensure they are accessible to people with a disability.

Recommendation 7 - Define the function of a Strategic Partner to the AAA Program and determine whether such a role adds value to the AAA Program.

Recommendation 8 - Identify mechanisms for how strategic advice to DVC on whole of government issues that impact on people with a disability accessing sport and recreation opportunities can best be obtained e.g. via the Round Table on Disability and Inclusive Arts, Tourism, Sport and Recreation.

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AAA INITIATIVE FUND

The AAA Initiative Fund was established in 2000/01 and operated during 2001/02 and 2003/04 and 2004/05 financial years. The aim of the Initiative Fund is to support projects that deliver innovative and sustainable approaches to enhance the inclusion of people with a disability in sport and recreation environments. The objectives of the AAA Initiative Fund are to:

- Improve community skills and involvement.
- Strengthen community organisations.
- Enhance links and partnerships between organisations.
- Develop models that can be used or adapted for use at the local and/or statewide level¹⁶.

Figure 3 below shows a total of 28 initiatives have been funded from the AAA Initiative Fund in the period 2001–2005. Of these, eight were granted to AAA Providers, two to the AAA Strategic Partner, six to State Sporting Associations, five to local governments that are not AAA Providers, four to community organisations (one of which has a sport and recreation focus), two to community health services and one to a DORP organisation. Of the eight AAA Providers that received grants, one received three grants.

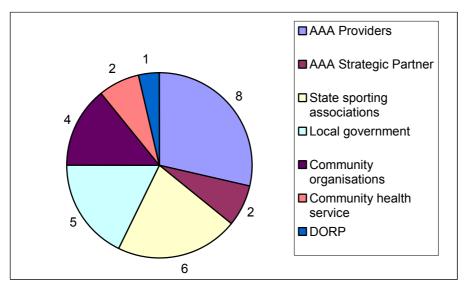


Figure 3: AAA Initiative Fund Grants 2001 - 2005

The value of the grants for each year were:

- 2001/02 \$188,572; grants ranged from \$9,000 to \$39,500.
- 2003/04 \$247,488; grants ranged from \$18,000 to \$54,000 with the majority around \$25,000.
- 2004/05 \$249,478; grants ranged from \$10,000 with the majority between \$23,000 and \$25,000.

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¹⁶ DVC (2004)

The grants were allocated for a range of initiatives including:

- Developing models for inclusion and increasing access to community based sport and recreation programs.
- Developing resources (manuals, video and kits) relevant to a specific disability type.
- Evaluation of current programs.
- Establishing working groups to audit and develop open spaces.

Consultation with AAA Initiative Fund grant recipients indicated they had different understandings of the objectives of the grants. The majority identified 'increasing sport and recreation opportunities for people with a disability' as the main objective. The majority of the grant recipients understood the objective of the AAA Initiative Fund to be consistent with the purpose for which they had received the grant i.e. to develop resource materials, develop models of inclusion, develop inclusive open spaces etc.

AAA Initiative Fund recipients utilised a number of strategies in developing and implementing projects including:

- Consultation with individuals, local community groups and clubs.
- Establishment of working groups, reference groups/steering committees.
- A significant number employed dedicated project officers.
- To a lesser extent individual projects spoke at network meetings and conferences; undertook research and planning prior to project implementation; and utilised launch events of their products to raise awareness and keep people engaged.

Where projects utilised a consultation process, this was found to be successful because it provided lots of information and ensured all potential stakeholders were identified and involved in the development process.

Projects that utilised working groups, reference and steering committees found them important in supporting the project and keeping it focused.

Projects that employed dedicated project officers found this critical to the success of the project for building key relationships where these had not existed before – the personal approach was noted as advantageous to this process. It was commented that the role of the project officer to scope and establish pathways and relationships enabled a concerted focus which would not have occurred if the project was included in existing workloads.

Grant recipients that were not AAA Providers showed low levels of partnering with AAA Providers. Two projects had involvement with the AAA Strategic Partner, the remaining projects had no involvement. Of particular note is the low level of partnering with sporting clubs.

Most projects noted increased opportunities for people with disabilities to participate and strengthened partnerships/stakeholder relationships as the main outcomes. The projects evidenced this by the increase in the number of

clubs that are now providing programs for people with disabilities, and the development of new networks. This occurred in pockets across the state and was not common to all funded projects. One project was able to evidence the increase in participation by attendance and waiting list numbers.

Product development was common to most projects, however, each commented that there had been no consistent approach to the dissemination of the products across other parts of the state and to other AAA Providers.

Overall, it has been difficult to determine evidence of the achievement of AAA Initiative Fund objectives from the projects reviewed. This may reflect the diversity of the projects and organisations that were funded and the varied understanding of the purpose of the grants.

Feedback from the broader sport and recreation sector highlighted some concerns with Initiative Fund grants. These included:

- Lack of strategic direction from SRV as to how the grants could complement existing AAA Program initiatives conducted at a local, regional and state level. While the intention of the grants is to promote innovation this has not been within a context of what SRV is trying to promote or achieve across the sector. This has resulted in a range of disparate projects that collectively have not maximised value to the AAA Program.
- Lack of guidance from SRV as to the criteria for determining successful grants. Some organisations stated that writing grant applications is a lengthy process and with no guidelines on what types of initiatives are likely to be successful, they had not bothered to reapply in subsequent rounds.
- Confusion as to how some grants differed from the work that AAA Providers would be undertaking anyway e.g. working with local government to develop accessible open spaces and facilities.
- Inequity of the grant allocations across the State i.e. Loddon Mallee region had no grants allocated to the region, whereas Barwon South West and Gippsland each had three each allocated.
- Insufficient SRV commitment to follow-up with projects and to take a lead role in adding more value to the projects (by actively promoting them, requiring AAA Provider involvement and making them publicly available to the sport and recreation sector).

The AAA Initiative Fund grants are identified by SRV as non-recurrent expenditure funded through budget surplus. This raises questions as to the sustainability of the funding. The allocation of the AAA Initiative Fund represents a small percentage of the total income for the AAA Program (5% for 2003/04 and 6% for 2005/06) however, there is no recurrent source of funds for the AAA Initiative Fund unless there are cuts to other areas of the AAA Program.

The bigger question is whether value for money is being delivered to the AAA Program and whether the projects that have been funded are facilitating the achievement of the AAA Program objectives. While all

successful AAA Initiative Fund recipients considered the projects to be worthwhile, further review would be required to determine exactly how the projects added value to the AAA Program. At present the AAA Initiative Fund acts as a standalone grants program that funds a range of sport and recreation programs that have variable connection to AAA Program objectives.

There is capacity to obtain greater leverage for the AAA Program by providing grants that support and resource innovation and provide the impetus for sustainable initiatives. This could be achieved by:

- Linking the grants to initiatives or themes at state, regional and local levels that are consistent with the objectives and strategic direction of the AAA Program.
- Requiring grant applications to demonstrate partnerships between AAA Providers, local government, sport and recreation organisations and the Rural Access and Metro Access Programs.
- Requiring products (reports, videos, CDs, kits etc) developed from the grants to have a publication and dissemination strategy in place. SRV and more broadly DHS also have a role in promoting and disseminating products e.g. adding to libraries, developing websites that list the products, informing the sector through electronic newsletters.

Recommendation 9 – Assess capacity to allocate a recurrent budget for innovation grants that are consistent with AAA Program objectives and strategic direction. Project applications should demonstrate sustainability, partnerships between AAA Providers, local government, sport and recreation organisations and the Rural Access and Metro Access Programs, and include distribution strategies for any products developed.

DISABILITY ORGANISATION RECREATION PROVIDERS (DORPS)

Four organisations received total funding of \$157,000 (ex GST) for 2005/06 under the AAA Program for specific disability recreation programs:

• ARBIAS received \$60,000 (ex GST) in 2005/06 to provide recreation programs to people with an acquired brain injury living in supported residential services in the South East and Northern Regions. The funding is used to pay the salary of a recreation worker and ARBIAS has partnered with a number of community groups to provide a range of suitable activities. People participating in the programs also include people with an intellectual and some with dual disabilities.

ARBIAS considers the AAA Program objectives to be appropriate but does not report against them. Annual plans are developed and managed according to ARBIAS' own priorities. ARBIAS has no formal or informal links with either AAA Providers or the AAA Strategic Partner.

Riding for the Disabled Association of Victoria (RDAV) operates 38 centres across Victoria conducting riding classes, carriage instruction and equestrian events for people with a disability. RDAV received \$50,000 in 2005/06. The funding is used to employ a coach 0.5 EFT, provide training to volunteers and coaches, conduct games competitions and develop a new operational manual.

People accessing the RDAV programs represent a cross section of people with disabilities. The majority of the riders are people with an intellectual disability, multiple disabilities, autism and physical disabilities. A project has been scheduled for 2005/06 to work with *Orygen Mental Health Service* to increase the understanding and awareness of mental illness and to address the low numbers of people with a mental illness accessing the riding programs. Given the demand for its programs, RDAV is reviewing how it can maximise riding opportunities for people with a disability. Some riders have attended the programs for years and the organisation is examining how it can provide riders with sufficient skills to move into mainstream riding clubs.

RDAV does not report against the AAA Program objectives and does not see the objectives as relevant to their programs as they are a disability specific recreation provider. RDAV conducts some integrated events with local pony clubs but does not identify a role for itself in undertaking broader community development work.

RDAV has had past relationships with some AAA Providers but does not have contact with the AAA Strategic Partner.

People Outdoors was established in 1989 by the Camping Association of Victoria and is now part of Australian Camps Association. People Outdoors provides a range of programs for children, teenagers and adults with disabilities to participate in outdoor adventure programs and weekend camping experiences. People Outdoors received \$23,500 in 2005/06 to recruit and train volunteers. People Outdoors also received a AAA Initiative Fund grant to develop a checklist to address accessibility of camping facilities. This has been picked up by universities in Victoria and Western Australia who are using the checklist as part of courses in disability studies.

People Outdoors is unaware of the AAA Program objectives and could not therefore comment on relevance their programs. People Outdoors attends disability networks such as the Northern Region Recreation Disability Network and the Northern Region Respite Network, also attended by AAA Providers. VICNORD was involved in the development of the camping checklist but there has been no ongoing contact.

Deafblind Association receives funding to provide fortnightly recreation programs for people who are deaf-blind and live in Melbourne. The organisation received funding of \$23,500 for 2005/06 and provides specific recreation activities such as visits to wildlife parks, tenpin bowling and walking around Albert Park Lake. Deafblind Association uses the funding to pay the salary of recreation staff and related costs such as transport for people to

get to events, catering, venue hire and camping expenses. The *Deafblind Association* asserts that this group of people have specific and specialised communication requirements that cannot be met by mainstream providers and therefore specific recreation opportunities must be provided.

Deafblind Association understood that it receives funding from SRV but did not know the funding was from the AAA Program. Telephone contact has been established with some AAA Providers but Deafblind Association has no contact with the AAA Strategic Partner.

Each of the four organisations receive funding under the AAA Program due to historical reasons but have no clear relationship or reporting requirements against the AAA Program. Two stated that the level of reporting and the requirement for independently audited financial statements is excessive in comparison to the level of funding received. One stated that there is little incentive to improve or expand programs that are delivered as there is no additional funding available and no bonuses for meeting or exceeding performance measures.

All of the organisations are able to identify positive outcomes for people with disabilities participating in their respective programs. While this is not questioned (the evaluation has not made an assessment of the quality of the programs being delivered by these organisations), it does not appear that the purpose of these programs is aligned with the purpose or objectives of the AAA Program. SRV recognises this 'lack of fit'.

SRV also funds six other statewide programs via small grants through State Sporting Associations funding and funds *Reclink* via a Physical Activity Grant.

All these organisations (the four DORPs and the six other small grants) have a similar goal in meeting specific sport and recreation needs for defined groups of people with a disability. However, there is no clear direction and integration in SRV's approach to supporting and resourcing sport and recreation organisations that are delivering disability specific programs. SRV in conjunction with DHS needs to consider the development of a clear direction as guidance to how these organisations are to be resourced and managed.

Discussion with DHS indicates they are aware that at least two of these organisations (*Deafblind Association* and *ARBIAS*) would fit within funding requirements of the *Community Participation and Inclusion, Recreation Programs*. These organisations have current funding agreements with DHS (for other services) and could be managed under current agreements. DHS also acknowledges that the activities of these organisations fall outside the scope of the AAA Program.

Recommendation 10 – Organisations funded for specific disability recreation programs should be excised from the AAA Program; SRV should negotiate with DHS and other units within SRV to determine the most appropriate program location and mechanism for their ongoing funding.

PROGRAM DELIVERY

Program delivery refers to:

- AAA Providers and the programs and initiatives they are undertaking.
- Sport and recreation organisations and their involvement in the delivery of the AAA Program.
- Disability support services and their relationship with AAA in supporting people to access sport and leisure opportunities.
- Facilities and services and the extent to which the AAA Program has had an impact on them.

AAA PROVIDER ACTIVITIES

COMMUNITY DEVELOPMENT AND DIRECT SERVICE DELIVERY

The strengths of the AAA Providers have been identified as their capacity to use local knowledge to develop collaborative, clearly defined relationships with State Sporting Associations, local sporting clubs, local government, leisure facilities and disability organisations. They are seen as an important resource for linking the sport and recreation sector with the disability sector and building the capacity of the sport and recreation sector to provide participation opportunities for people with disabilities.

The evaluation found some very good examples of initiatives that have used a community development approach to bring the key players together to develop sustainable sport and recreation opportunities for people with a disability. For example, Leisure Networks has worked with cricket, football and lawn bowling state associations, local sporting clubs and disability support services in the Barwon area to develop sustainable competitions and carnivals for people with a disability.

The positioning of the AAA Program within different provider organisations influences the way in which the AAA Program is delivered. In general, where AAA Providers are located within disability organisations their focus tends to be on addressing the needs of the person with a disability and developing a range of initiatives that cover active sport, passive recreation and arts. These organisations work closely with disability support providers and are more likely to deliver direct programs e.g. conduct Debutante balls, holding dances, providing transport to and from specific activities such as basketball matches or ten pin bowling.

AAA Providers located in sport and recreation auspices are more likely to work with local sporting groups and clubs e.g. athletics, football, tennis, lawn bowls etc and provide disability awareness training, access to coaching, development of policies and action plans. These AAA Providers also have established relationships with disability support providers but define their role as one of facilitation in bringing together the sport and recreation clubs and groups with disability service providers.

A similar trend is identified within local government in metropolitan Melbourne. AAA workers located within community development units indicated a greater emphasis on working with neighbourhood houses and community facilities to increase participation opportunities for people with a disability. Where AAA workers are located within the leisure departments there is often a greater focus on working with sport and recreation facilities and clubs.

The type of auspice also influences the way in which AAA Providers relate to each other. For example, a rural information and support network has been established but it is the five regional providers located with Regional Sports Assemblies (RSA) or that receive RSA funding (South West Sports Assembly, Leisure Networks, Sports Focus, Mallee Sports Assembly and The Centre) that participate in the network. Other rural providers (The East Gippsland Arts and Recreation Access Group which is co-located with a disability organisation, Leisure Link Up, PINARC and Wimmera Uniting Care) indicated they had stronger links with each other as they are located in similar organisations and have a similar approach to delivering the AAA Program.

AAA Providers in the southern and eastern regions have formed a reference group to promote opportunities for people with a disability to participate in sport and recreation. The South East Region Recreation Reference Group (SERRRG) is a forum for services which work to increase the opportunities for people with disabilities to participate in the community through involvement in recreation, sport and cultural activities. Key goals of SERRRG include "promoting the value of leisure, sport and recreation opportunities and promoting collaboration between services to achieve better outcomes for people with disabilities."¹⁷ The group also includes representatives from disability organisations and the southern and eastern metropolitan regions of DHS. SERRRG identifies as an advocacy organisation citing one of its successes as lobbying and advocating for recreation to be included in the State Disability Plan. SERRRG also produced a publication that highlights the range of initiatives that have been developed collaboratively across the southeast regions to provide sport, recreation and arts opportunities for people with a disability.

A network for AAA Providers has also been established in the western metropolitan region to share information on current initiatives and to identify common areas the group can work on collaboratively. Most AAA workers in this region are located in local government in single positions and the network was established to provide support and address isolation.

The issue of AAA Providers doing direct service delivery is a vexed one within the Program and one that causes tension between Providers. While all AAA Providers understand the Program to be about community development, most indicated that some direct service delivery is required in the early stages of developing initiatives in order to spark interest, promote the availability of sport and recreation options and to encourage people with disabilities to turn up. However, an issue arises when a AAA Provider continues direct service delivery at the expense of building sustainability that might enable the sport or recreation club or group to continue once AAA worker involvement is withdrawn.

¹⁷ SERRRG (2003)

A number of factors and circumstances may contribute to this situation: AAA workers may enjoy direct service delivery better; a lack of awareness/skills in building sustainability; fear that initiatives will cease if they withdraw due to the limited level of resourcing within the clubs; lack of will to change the work practices of AAA workers; and lack of clear processes within SRV for supporting and resourcing change.

Closely tied to the issue of direct service delivery is the issue of the types of activities sought by people with disabilities. Many comments were received that most people with a disability do not want to pursue active sport but prefer more passive recreation pursuits and inclusion in cultural events and activities. Activities frequently conducted out of neighbourhood houses such as yoga, Tai Chi, relaxation and dancing classes, gardening and attendance at cultural events were frequently cited as being more applicable to a greater number of people with a disability especially those with more severe disabilities.

Other respondents stated that parents, carers and disability services have expectations and a preference for disability specific sport and recreation opportunities and that mainstream initiatives are not well supported. Examples include:

- A netball association actively promoted the provision of netball for young people with a disability over several weeks with very few people attending. In the same area, a disability specific netball competition was established for people with an intellectual disability (with involvement by the same netball official) and approximately 60 people continue to play social netball each week.
- Disability support services regularly ring AAA Providers requesting disability specific sport clubs and groups.

The lack of clear direction and identity of the Program and the diverse types of auspice organisations and operating models has contributed to variations in the type of activities conducted. There is also significant tension around the definition of 'recreation' and the type of activities that should be the focus of effort for AAA Providers.

The SRV strategic plan provides definitions for some key terms:

- 'Organised sport and physical activities' those sport and physical activities that are organised by a business, club, association or school. The club or association need not be sporting, it may include a respondent's work social club, church group, old scholar's association, or aerobics at the local gymnasium. Activities such as running or jogging, walking and gardening are excluded unless these activities are organised by a club or association.
- 'Sport and recreation sector' the sport and recreation sector comprises both community (shared sense of belonging and trust between members) and industry (sport fitness, outdoor recreation and community recreation).

 'Structured sport and recreation' — an individual is not solely responsible for organising an activity.¹⁸

The activities of the AAA Program should be consistent with the definitions contained of the SRV five year strategic plan with the emphasis being as stated 'on building the capacity of the sport and recreation sector to provide participation opportunities for people with a disability'. In this way, the activities of AAA Providers will be directed to the sport and recreation sector and will no longer provide a mechanism for AAA Providers to deliver direct programs for people with a disability.

PROGRAM DEVELOPMENT FUNDING

All AAA Providers stated that their community development work would be enhanced if they had access to program development funds to 'kick start' initiatives. All Providers stated they needed to be able to offer incentives to clubs to encourage them to try initiatives and to ensure people with a disability attend. Those Providers that had access to program funding identified this as being a factor in generating interest and contributing to the sustainability of the initiative.

Program funds are used primarily to subsidise costs of the activities e.g. to fund coach training, paying instructors, covering facility entry fees and venue hire, limited provision of transport and additional support people.

The contribution of this initial funding is reported to increase the likelihood of clubs agreeing to participate and encourages attendance by people with a disability. AAA Providers have generally accessed funding for this purpose from sources external to the AAA Program e.g. from the auspice organisations or philanthropic organisations but workers state this is time consuming and difficult to secure. It is also an area where Rural and Metro Access Workers could contribute knowledge, expertise and potential resources.

While direct service delivery should not be part of the AAA Providers' outputs there is a case for recognising the work involved to support and resource their community development work in particular encouraging involvement by sport and recreation organisations. Access to a small grant of discretionary program development funds would support this work.

Recommendation 11 - SRV budget allocations to AAA Providers to include a small component for program development activities.

PARTNERSHIPS

All AAA Providers demonstrated partnerships with a range of organisations including local government planners, sport and recreation groups and clubs, leisure facilities, neighbourhood houses, State Sporting Associations, special schools, day programs, education facilities and residential services.

The relationship with Rural and Metro Access workers received significant comment during the evaluation. The Rural Access Program has been operating since 2003 and the Metro Access Program is currently being established. These Programs have been driven since the release of the State Disability Plan.

¹⁸ SRV (2005)

The Rural and Metro Access programs aim to increase participation opportunities for people with a disability by making communities more inclusive. Workers address systemic issues such as access to transport, community facilities planning and inclusion in local events and festivals. The Rural Access and Metro Access workers have a broad mandate but are expected to work closely with people with a disability, disability advocacy organisations, local government and disability services to identify barriers to participation and develop collaborative strategies to address them.

The relationships that AAA workers have established with Rural and Metro Access workers varies considerably across the state. Interestingly, both programs have the same target group (people with a disability) and the same intent (increase participation) with AAA having a focus on active sport and recreation. This in theory provides an excellent opportunity to combine resources (especially in a resource limited sector) to work collaboratively on a range of sport and recreation opportunities.

This has not always been the case. In some areas the AAA workers have welcomed the Rural and Metro Access workers and are working collaboratively on joint projects. These workers identify Rural and Metro Access workers as having the capacity to engage more directly with people with disabilities and disability service providers, and have a better understanding of disability supports, respite funding and transport.

In other areas AAA workers and Rural and Metro Access workers have agreed on designated areas e.g. AAA workers to focus on working with sport and recreation clubs and facilities and Rural and Metro Access workers focusing on arts and tourism. In other areas there is suspicion and some hostility between the workers (usually attributed to personality differences) and there is little collaboration.

This is a waste of resources in a sector that states it is under resourced and where both programs have similar aims of building community capacity to increase opportunities for people with a disability. SRV needs to address this at a strategic level by working with DHS to actively promote collaborative relationships between the two programs at a statewide level.

Recommendation 12 - SRV to work with DHS at a statewide level to actively promote collaborative relationships between the AAA Program and the Rural Access and Metro Access Programs.

STAFFING

Staff issues were identified by AAA Providers and other sport and recreation stakeholders as a significant issue in maintaining the AAA Program. AAA workers are identified as needing community development skills, strategic planning skills and a good understanding of both the sport and recreation and disability sectors. Finding staff with these qualifications is reported to be difficult. Once AAA workers acquire these skills they frequently move to more senior positions. There has also been a drift of AAA workers to Rural and Metro Access positions as the work is similar but the remuneration better.

High staff turnover most frequently occurred where workers were part time. It was reported that people who have the necessary skills are often seeking full time work and move once a full time position becomes available.

Another trend identified is the way in which AAA worker's qualifications and experience can influence their work. Workers with sport and recreation qualifications have a greater focus on working with sport and recreation clubs and facilities and regard the role as linking groups and providing information. Workers with a disability background have a greater focus on working with disability support providers and running disability specific events - they have a more 'hands on' approach.

Providing mentoring and professional development opportunities to staff to address worker retention, skill development and isolation is further addressed in a later section of this report.

SPORT AND RECREATION ORGANISATIONS

All AAA Providers have made genuine and sustained attempts to work with local sporting clubs to generate opportunities for people with a disability to participate. However, the majority spoke of the difficulty of engaging sporting groups and clubs and provided a range of reasons for why initiatives are successful or not:

- The clubs operate almost entirely on volunteer labour and many face difficulties in recruiting volunteers to manage day-to-day operations and have few resources for additional activities. The lack of volunteers was stated as being more critical in rural and low socio-economic areas with high culturally and linguistically diverse populations.
- A lack of general interest within clubs where success occurs, it is frequently due to a personal interest of one or few officials who are then prepared to work on changing attitudes of other members.
- The competition structure of games does not provide a realistic alternative for people with a disability e.g. if a child is 16 s/he must play in an Under 17 competition, regardless of ability.
- Turnover of club officials with incoming officers choosing not to support the initiatives of a previous administration.
- Availability of program development funds.

AAA Providers use a range of strategies for engaging sport and recreation organisations including:

- Approaching clubs directly or via surveys to gauge interest in developing accessible programs.
- Providing training to committees to encourage their involvement.
- Bringing together State Sporting Associations, AAA workers, sport and recreation clubs and disability organisations to work together.
- Developing action plans with goals for clubs.

- Demonstrating to clubs that they already have members without disabilities who can be difficult or who have different needs and are managed successfully within the club. Members with disabilities can sometimes be less challenging than other members.
- Newsletters to disseminate information to disability service providers, sport and recreation clubs and people with disabilities.
- Developing programs in conjunction with special schools or adult day programs where activities at clubs are attended through the week e.g. tennis program. Coaches attend training on coaching athletes with disabilities. Programs are run during terms as part of the usual program for a period of six to eight weeks. Participants are then encouraged to attend the clubs and groups out of school/centre times.
- Supporting local clubs that have demonstrated willingness to promote accessibility in their applications for community grants.
- Using local media to promote positive sport and recreation opportunities.

The role of State Sporting Associations was also identified as having an important role in addressing inclusion and participation at a statewide level. Of the 11 State Sporting Associations contacted, eight indicated that they provided a range of one-off clinics and open days, and offer reduced fees or do not charge at all, to encourage people with disabilities and their carers to attend sessions. Most State Sporting Associations provide general advice and support to member clubs on how to be more inclusive. Others will put together programs if requested by their clubs.

For those State Sporting Associations that are involved with AAA Providers a number of observations can be made:

- The level of support they receive is appropriate and valued.
- State Sporting Associations are more likely to involve AAA where the feedback and contact from the AAA Provider is immediate.
- The involvement appears more successful where the AAA Provider has been proactive in contacting the State Sporting Association with an idea and then continued to be involved with provision of advice, feedback and linking to other organisations.
- Where AAA has been involved, relationships with stakeholders have been strengthened.
- Where time is made for each to share objectives and identify common outcomes, the programs and involvement appears more successful.

State Sporting Associations acknowledge that the opportunity to access the local knowledge that AAA Providers can provide is critical in helping them link with other organisations and the disability sector in particular.

The State Sporting Associations' requirement that clubs have a home ground makes it difficult for some clubs to provide additional games/competitions for people with disabilities.

There was comment that SRV funds State Sporting Associations but does not use this leverage as well as it could to promote the AAA Program. There is capacity for SRV to address this at a strategic level by requiring State Sporting Associations to work with local AAA Providers in developing local and regional competitions and events that are inclusive of people with a disability.

Recommendation 13 - SRV to seek and identify targeted opportunities for AAA Providers to work in supported partnerships with State Sporting Associations.

Recommendation 14 - SRV to work with selected State Sporting Associations to develop sustainable accessible participation opportunities that can be delivered locally, regionally and across the State.

DISABILITY SUPPORT SERVICES

The availability of disability supports was frequently stated as a barrier to people with a disability accessing sport and recreation. This issue has been ongoing since the establishment of the AAA Program and was highlighted in the review that occurred in 2000 and in strategic reports provided by VICNORD.

The availability of transport and the provision of carers are the two most frequently cited supports required to enable people with a disability to participate in the community. Many comments were received that parents and carers will not support inclusion initiatives unless transport is provided. This is the reason given for why many AAA activities are conducted in conjunction with special schools and day programs as transport and carers are provided by these services. Getting people with a disability to come along to weekend and evening events, when many other members of the community attend is reported as very difficult.

The problem was identified as being more difficult where people with a disability live in community residential units and staff will not provide transport for residents to activities that occur on weekends and in the evenings. For example, two lawn bowl clubs that have included people with a disability wanted to establish a competition on a Sunday. However, the competition could not go ahead because some of the participants who were residents at a community residential unit could not get transport.

As this is a long-term issue and one that has been identified across the state, SRV needs to address it at a statewide level with DHS. There is potential for the Rural and Metro Access workers to assist in addressing some of these issues as well as DHS providing direction to funded residential services to support the inclusion of residents in local sport and recreation activities. This is in line with the State Disability Plan and the Disability Service Standards, compliance with which forms the basis of DHS funding agreements.

Recommendation 15 - Where relevant, SRV and DHS jointly explore opportunities to influence generic issues (e.g. transport) to improve the capacity for people with a disability to participate in sport and recreation.

AAA Providers also stated there is an expectation by the disability service sector and some carers that sport and recreation activities will be provided free. Activities that are fully priced are considered unlikely to succeed as people with a disability have limited discretionary spending.

This is an issue for all members of the community who are on limited incomes and must make decisions as to how they will spend their sport and recreation dollars. However, there were examples of innovative ways to address these issues at a systemic level that can be shared across the sector e.g. a local council provides group membership to community residential units to access leisure facilities, enabling all residents to use the facility at different times.

FACILITIES AND SERVICES

Several AAA Providers indicated that they had increased success in working with leisure facilities and services, especially where the Providers are located in local government. This influence extended from the design and development of facilities, through training staff and developing programs such as the group membership described above.

Several comments were made by other stakeholders that the capacity to influence facilities and services is due to factors such as local government disability action plans and the expertise of local government management and planners. A further comment was received that it is easier for AAA Providers to influence facilities and services as they have a paid workforce and established infrastructure that is easier to target than the voluntary structures within sport and recreation clubs.

Several respondents highlighted the capacity for SRV to exert more pressure on local government to address access issues where it is contributing capital funding e.g. facilities and pool upgrades. Consultation within SRV personnel responsible for these functions also indicated capacity to change funding guidelines that recommend grant recipients include consultation with AAA Providers at the concept and feasibility stage. The capacity to influence services and facilities is further evidence for AAA Providers to have good, collaborative relationships with local government.

Recommendation 16 - Where relevant, redevelop guidelines for the Community Facilities Funding program with the Community Facilities Unit within SRV, to encourage grant applicants to liaise with AAA Providers at the concept and feasibility stage and to influence program delivery to be inclusive of people with disabilities.

PROGRAM MANAGEMENT

Program management refers to:

- The internal processes utilised by SRV to manage the AAA Program, including contract management.
- Methods used to collect and analyse data.
- Program budget and DHS reporting.

INTERNAL MANAGEMENT PROCESSES

The internal management of the AAA Program received significant comment from the sector. The current organisational structure for managing the AAA Program consists of Head Office staff and DVC Local Presence Officers in rural regions. The Head Office staff employed to manage and administer the AAA Program comprise:

- A full time Program Manager providing 0.5 EFT to the AAA Program.
- Two Project Officers employed full time to contract manage metropolitan AAA Providers, AAA Initiative Fund recipients, DORPs and some one-off projects. These staff are employed at a VPS 4 level.
- One full time Senior Project Officer who provides secretariat support to the Round Table and contract management of one-off projects. This staff member is employed at a VPS 5 level.
- One full time Senior Project Officer who manages the contract with the AAA Strategic Partner, AAA Initiative Fund grants and some one-off projects. This staff member is employed at a VPS 5 level.
- One full time administrative assistant.

The program manager and administrative assistant positions are funded from SRV recurrent funding that is contributed to the AAA Program. The VPS 4 and VPS 5 positions are funded from AAA Program funding received from DHS under the MOU.

Metropolitan AAA Providers and metropolitan AAA Initiative Fund grants are contract managed by AAA Program Head Office staff. Regional AAA Providers and regional AAA Initiative Fund recipients are managed through DVC Regional Offices by Local Presence Officers. The salaries of regional DVC staff to contract manage the regional AAA Providers and AAA Initiative Fund grants are met from recurrent DVC funding, not the AAA Program budget.

The process for managing the AAA Provider contracts differs between metropolitan and regional areas. In the metropolitan regions, the contract managers review the annual plans, mid year reports and end of year reports, negotiate changes with the Providers, give approval and arrange payments. In the rural regions, Local Presence Officers review annual plans and negotiate changes and then submit the plans to Head Office staff for approval. The plans go through a second review and changes are communicated back to the Local Presence Officers who then renegotiate the plans with the AAA Providers. Head Office staff have the final say on content of the annual plans and reports, and once approval is given the payments are arranged. Local Presence Officers are generally employed at VPS 5 level, the same level as the Head Office staff who are reviewing the annual plans and reports. Feedback on this process included:

- The relative roles of the Local Presence Officers and Head Office staff are sometimes confusing for regional AAA Providers.
- The processes are repetitive and can waste valuable resources.
- The process results in Head Office sometimes making relatively minor changes to documents, such as editing and formatting, that do not add real value to the Program.
- In some areas, regional Local Presence Officers sit down with AAA Providers and write the annual plans together to minimise the number of revisions to the plans likely to be made by Head Office.

Local Presence Officers were asked to quantify the amount of time spent in contract managing AAA Providers and AAA Initiative Fund grants. Few responses were received however while all relationships vary it is not thought that AAA-related activities consume significant proportions of time other than at key points within the funding cycle i.e. contract renewal time. In any case, there is considered to be some duplication of process and function that is unlikely to be delivering efficiencies or adding value to the Program. A number of AAA Providers described their contract managers as supportive and helpful in providing information and resources; others however said that relationships were formal with infrequent contact and communication is restricted to operational and accountability issues.

All AAA Providers indicated they are seeking additional supports from SRV such as linkages to other Providers working on similar projects, distribution of information collected from reports and assistance for AAA workers who are new to the positions. Several AAA Providers referred to the model DHS has employed to manage the Rural Access and Metro Access Programs that is based on partnership but still ensures accountability. While there is identified capacity within the roles of staff at Head Office, regional Local Presence Officers indicated there is little capacity within their current roles to take on additional functions (other than contract management of AAA Providers.)

The most frequent comment from the sector was the wish that SRV should reduce the time spent on contract management at very detailed, operational levels and instead invest more time in strategic development and championing the AAA Program. There is a strong call from the sector for SRV to take a lead role in charting direction for AAA, address systemic issues at a statewide level and actively promote and market AAA within the Division and externally to key stakeholders. While the SRV-auspiced AAA Forums were identified as a good mechanism for sharing and exchanging information, more could be done to address issues of AAA worker professional development and retention.

Key functions identified for SRV Head Office include:

- Undertaking strategic planning within SRV to link initiatives that support the AAA Program (e.g. strengthening the Facilities Guidelines to require applicants to consult with AAA Providers at concept or feasibility stages, requiring State Sporting Associations to liaise with AAA Providers as a condition of funding agreements, encouraging AAA Providers to participate in Go for Your Life initiatives).
- Identifying initiatives across DVC that support the AAA Program (e.g. grants to neighbourhood houses).
- Working with State Sporting Associations to develop pathways for people of all abilities to participate in sport at local, regional and state levels (e.g. developing competitions that are ability-based rather than age-based and have a pathway from social to elite competition).
- Liaising with DHS to clearly articulate the complementary roles of the AAA Program and the Rural Access and Metro Access Programs.
- Liaising with DHS to help address systemic issues associated with the provision of transport and carers to enable people with a disability to participate in sport and recreation.
- Working with the Municipal Association of Victoria to enhance AAA Providers' relationships with local government.
- Establishing mechanisms at a regional level with DVC staff, DHS regional offices and AAA Providers that support community development sport and recreation initiatives.
- Developing training and mentoring opportunities for AAA Workers.
- Developing a system that enables good practice examples from AAA Providers and AAA Initiative Fund grants to be collated and shared across the sector.
- Providing information via a quarterly electronic newsletter to ensure all AAA Providers are kept up to date with activities of the sector.

Recommendation 17 - Revise the functions of program management staff to:

- Reduce the duplication of process between Head Office staff and Local Presence Officers.
- Increase emphasis on developing collaborative relationships to better support and build the capacity of AAA Providers.
- Support the development and communication of the strategic direction of the AAA Program.
- Provide internal strategic advice to maximise the outcomes of SRV initiatives to complement the AAA Program.

INFORMATION COLLECTED

The nature of AAA Program reporting requirements received substantial comment throughout the evaluation. The current reporting process for AAA Providers comprises:

- The development of an annual plan that sets out the strategies, performance measures, targets and weightings for the achievement of AAA Program objectives and a budget. The annual plan is negotiated prior to the beginning of each financial year.
- A mid year report due on 31 January of each year that provides an update on progress in meeting the identified strategies.
- A Data Collection report is also due the same time as the mid year report, which reports on the period 1 July to 31 December, the range of sport and recreation settings AAA Providers have been actively influencing and the extent of the geographic coverage of these activities. The purpose of this information is to assist with mapping the common sport and recreation settings that AAA Providers are actively influencing and assist in identifying trends.
- A full year report due on 31 July that reports on the outcomes of the strategies and achievement of the performance measures as either 'complete', 'in progress' or 'incomplete'. Explanations are to be provided for partial achievement of targets. The annual report contains a financial report of budget compared to actuals.
- A full annual report for the organisation with an audited financial statement of actual income and expenditure and statement of financial position, due on 30 September or within one month of the organisation's annual general meeting.

The reporting requirements of the AAA Strategic Partner are similar although the AAA Strategic Partner reports against functions other than the AAA Program objectives.

SRV has developed supporting documentation and templates for mid year and annual reports to assist AAA Providers to comply with reporting requirements. However, most AAA Providers believed the amount of time needed to develop the annual plan and complete the mid and full year reports and the volume of information required is excessive. All AAA Providers recognised the importance of providing reports to ensure accountability for funding and to ensure that objectives are being achieved, but this process should not unreasonably distract them from delivering the program.

The main criticisms of the current reporting process were:

The lack of statewide analysis of the information provided and lack of feedback from SRV about the information provided. There is a sense that AAA Providers are providing information for 'information's sake'; many do not believe SRV is using the information to address systemic issues or to identify strategic issues for the AAA Program.

- Long delays in refining annual plans, often with few material changes.
- Excessive amount of time to compile mid year and annual reports. This comment was made more frequently by AAA Providers that are fund holders for other AAA Providers as they needed to collate the information and then reproduce the reports.
- Difficulty in assigning strategies against a single objective where they meet more than one objective.
- The weightings assigned to each of the objectives having little relevance to the overall outcomes.
- Conflict between weightings for Objective 3 ('increase the number and range of sport and recreation environments that are inclusive of people with disabilities') and Objective 2 ('influence local level planning so that it delivers sport and recreation environments that are inclusive of people with disabilities'). The former is seen to channel AAA Providers towards direct program delivery, while the latter has a greater community development focus.
- The duplication of information provided in the reports.
- Lack of recognition by SRV that community development work takes time to establish and the results are difficult to measure -SRV does not want to see the same strategies undertaken each year, yet the reality is that sustainability for sport and recreation clubs and groups is a slow process and ongoing work with different periods of intensity are required over more than one year.
- Non-acceptance of budgets generated from organisations' accounting software and the need to duplicate the information in the SRV budget template.
- The requirement for all organisations to provide an independently audited statement and the cost of obtaining the statement.

SRV acknowledges the need to review current data collection as it also spends considerable time on planning and reporting processes that could be better spent leading and developing the AAA Program. However, it also has a responsibility to ensure that funding is used for the purpose allocated.

There are also issues in the financial reporting requirements. Under funding agreements, AAA Providers are to supply annual audited statements. This provision has been enforced in the past year resulting in two main outcomes:

• Incorporated associations have provided audited statements, some at additional cost to the organisations. However, auditing should be a relatively straightforward process if the AAA Provider has good record keeping mechanisms in place to account for program expenditure. As the majority of funds are expended on staff costs, the amount of work in recording overhead and program costs should be relatively low. Local government auspices have not provided audited statements, instead providing a signed declaration from the chief financial officer that the accounts are a true record that the funds have been expensed in accordance with the purpose they were given. The issue of ensuring AAA Program funds have been expended appropriately by the subcontracted councils creates potential for each of the subcontracted councils to have the AAA Program funds separately audited.

SRV can address this situation in two ways:

- Remove subcontracting arrangements within local government and have agreements with one AAA Provider to cover a number of local government areas. SRV should develop the terms and conditions of agreements where services are to be provided across a number of local governments or a region. This model has been discussed in a previous section of this report.
- Identify the Victorian government standard for funding local government and incorporated associations and apply equitably to all AAA Providers.

DHS is currently developing an on-line reporting database for the Rural Access and Metro Access Programs that may also have the potential to streamline reporting for AAA Providers and increase the capacity for SRV and DHS to provide aggregated reports for the AAA Program.

Recommendation 18 - SRV to rationalise the reporting process and requirements, focusing on outcome reporting in annual plans (against strategies and actions consistent with the SRV strategic plan and that can be consolidated to report outcomes consistent with the *DVC Outcomes Framework*).

Implementing this recommendation will give AAA Providers flexibility to develop local initiatives and enable SRV to collect data consistent with the DVC outcomes framework¹⁹.

Recommendation 19 - SRV to investigate on-line reporting mechanisms (including that being developed by DHS) that enable AAA Providers to enter data in real time. The reporting process should also enable 'good practice' examples to be easily identified and lifted from the reports for general promotional purposes and to support learning and development amongst other AAA Providers.

Recommendation 20 - SRV to identify the government accounting standard for financial reporting applicable to local government and incorporated associations and apply equitably to all AAA Providers.

¹⁹ Refer to appendix 5 for an example of how the reporting framework can be conceptualised.

PROGRAM BUDGET AND DHS REPORTING

Under the current MOU 'both DHS and DVC agree to provide information on the achievement of performance measures and targets of their funded recreation services on an annual basis'20.

Discussion with SRV and DHS indicates there is no formal mechanism for reporting on the AAA Program or for fulfilling other provisions of the MOU such as 'jointly plan, develop and monitor the sport and recreation opportunities in Victoria for people with a disability'. The reasons for this appear to be historical and compounded by staff changes within the respective departments.

Both SRV and DHS have acknowledged the need to develop closer relationships to report on the progress of the Program and to address systemic issues.

The lack of reporting has also contributed to a lack of review of the AAA Program budget allocation since the establishment of the Program. The budget allocation has remained unchanged since 1997 with the exception of CPI increases. The review has indicated that DVC is contributing additional funding to the AAA Program budget but this is not quantified or reported back to DHS. There may also be capacity for SRV to secure additional funds for the Program for identified initiatives.

There is a need for SRV and DHS to reach agreement on reporting mechanisms for the AAA Program that enables:

- Successes to be actively promoted to the sector.
- Annual accounting of funds allocated to the Program.
- Review of the Program budget utilising evidenced based data.

Recommendation 21 – SRV and DHS to establish joint monitoring, reporting and review mechanisms for the AAA Program, to be included in the next Memorandum of Understanding commencing July 2006.

²⁰ MOU – DHS and DVC (2003)

REFERENCES

Department of Human Services (2002) *Victorian State Disability Plan 2002–2012*, Melbourne

Department of Sustainability and Environment (2003) *Melbourne in Fact 2001*, Melbourne

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Department for Victorian Communities (2005) Sport and Recreation 2005–2010: A Five Year Strategic Plan for Sport and Recreation Victoria, Sport and Recreation Victoria, Melbourne

Joint Councils Access for All Abilities (2004) Councils' Agreement

South East Regions Recreation Reference Group (2003) *Partnerships and Possibilities*, Melbourne

Sport and Recreation Victoria (2005) *Evaluation of the Access for All Abilities Program: Request for Quote*

Sport and Recreation Victoria (undated) A *Guide to Developing an AAA Annual Plan*

VICNORD (2005) Submission to the evaluation

VICNORD website:

http://www.advocacyhouse.org/library/vicnord/items/2004/2/00011upload-00001.doc viewed 21 October 2005

APPENDIX 1: METHODOLOGY

The methodology for the evaluation of the AAA Program was directed by the requirements specified in the DVC *Request for Quotation* and developed in conjunction with SRV Community Programs to ensure that all relevant information was obtained and that all key stakeholders were provided with an opportunity to participate. The evaluation comprised a number of tasks designed to elicit both qualitative and quantitative data to meet the objectives of the project. The evaluation was conducted over seven months from July 2005 to January 2006.

PROJECT MANAGEMENT

A number of reporting and accountability tasks were undertaken to ensure the project remained 'on track'. These included:

- Workplan development of a detailed workplan identifying the key tasks, assignment of personnel, reporting and accountability mechanisms and timelines.
- Reference Group established by SRV to oversee the evaluation, discuss progress, identify additional resources and key issues.
 Members of the Reference Group were:
 - Jenny Vizec, Manager Community Programs, SRV
 - Sue McGill, AAA Program Manager, SRV
 - Brent Phillips, AAA Program Officer, SRV
 - Mick Meyer, DVC Local Presence Officer, Gippsland Region
 - Penny Drysdale, DVC Senior Project Officer, Disability Action Plan
 - Mirella Danelutti, DHS Disability Services
 - Shona Eland, YMCA
- SRV AAA Program staff regular formal and informal meetings and contacts took place to review progress and obtain additional information.

DOCUMENT REVIEW

Documents were sourced from SRV staff, AAA Providers, the AAA Strategic Partner, AAA Initiative Fund recipients, organisations interviewed and internet searches. Documents reviewed included:

- AAA policy documents, practice guidelines, budgets, AAA Provider and AAA Strategic Partner annual plans, mid year and final reports.
- Samples of AAA Provider initiatives.
- Samples of the AAA Strategic Partner initiatives.

- Samples of AAA Initiative Fund projects.
- DVC and SRV policy documents.
- Statewide demographic data.

CONSULTATIONS

Over 140 people and organisations were consulted during the evaluation (refer to Appendix 2 for a full list). Consultations were conducted using various methods:

- Site visits: interviews with AAA Providers, AAA Workers and line managers. AAA Strategic Partner, DVC Local Presence Officers in rural regions, sporting clubs and groups, people with a disability, parents and carers, Rural Access and Metro Access workers.
- Telephone consultations: AAA Workers, AAA Initiative Fund recipients, State Sporting Associations, sport and recreation clubs and groups, disability service providers, leisure facilities.
- Questionnaires: on-line electronic questionnaires for different target groups, available in accessible formats.
- Written submissions: from AAA Providers and the AAA Strategic
 Partner, and emailed comments from a wide range of stakeholders.
- Attendance at meetings: consultation with the Municipal Association of Victoria, the Round Table on Disability and Inclusive Arts, Tourism, Sport and Recreation, and the South East Region Recreation Reference Group.
- Workshop: conducted in December 2005 to provide feedback to stakeholders, validate preliminary findings from the evaluation and identify any additional issues (refer to Appendix 3 for a list of workshop participants).

DATA ANALYSIS

Qualitative and quantitative data was analysed and categorised thematically.

REPORT

A preliminary draft report was developed using the evaluation framework specified by SRV. A meeting was held with SRV Community Program management to discuss and confirm the content and proposed recommendations. A draft report was provided to the Reference Group for further consultation, discussion and endorsement of recommendations.

APPENDIX 2: CONSULTATIONS

AAA PROVIDERS	NAME	POSITION
Maribyrnong City Council	Cath Black	AAA worker
City of Casey	Jasmine Pickford	AAA worker
City of Casey	Robyn Bowen	Manager, Leisure Services
City of Casey	James Roux	Team Leader Leisure Services
JCAA Management Committee	Alan Bull	Leisure Development Officer, Bayside
JCAA Management Committee	Nanetta Innoca	Stonnington Council
JCAA Management Committee	Fiona Blair	Port Phillip Council
JCAA Management Committee	Byron Douglan, Tracey Cassidy	Glen Eira Council
Wyndham City Council	Ben Bunting	Recreation Planning Coordinator
Hobsons Bay Council	Dianne Knight	AAA worker
Hobsons Bay Council	Leane Butson	Coordinator, Community Facilities
Darebin Council	Geoff Rietschel	AAA worker
YMCA	Geoff Rietschel	AAA worker
ICAAA	Laura Cattapan	AAA Coordinator
ICAAA	Jake Carroll, Sophie Boort	AAA workers
ICAAA	Mandy Ireland	Enhancing Vacation Care Officer
Leisure Link Up	Stephen Sparrow	AAA Coordinator
Brimbank Council	Dulce Antonio	AAA worker
Brimbank Council	Naomi Paton	A/Manager Leisure Services
City of Yarra	Chrissie Billings	AAA worker
Moonee Valley City Council	Sonya Maunders	AAA Project Officer
Moonee Valley City Council	Gerard Feain	Coordinator, Recreation Services
City of Whittlesea	Trent Prince	Team leader, Leisure Programs
Ranges Community Health Service	Donna Stewart	Manager Family Services
Ranges Community Health Service	Sarah Forbes	AAA Project Coordinator
Ranges Community Health Service	Linda West	Chief Executive Officer
Moreland City Council	Joe Luppino	AAA Project Officer
Eastern Recreation & Leisure Services	Kym O'Donoghue	Executive Officer
Banyule City Council	Michelle McAuley	Leisure Services Officer
Banyule City Council	Allison Beckwith	Leisure Services Coordinator
Nillumbik Shire Council	Jenny Gregory	Community Development Officer
Nillumbik Shire Council	Amanda Allen	Leisure Services Coordinator
Mallee Sports Assembly	Carmel Mckay	Manager
Mallee Sports Assembly	Rhonda Allen, Delia Baber	AAA workers
Quantum	Andrew Redston	AAA worker
EGARAG	Ann Guy	AAA worker
EGARAG	Gail Perry	Program Coordinator
The Centre	Judy Jeffrey	Manager
The Centre	Sandy Stafford, Rob Newman	AAA workers
Sports Focus	Shelley Mulqueen	Programs Manager
Sports Focus	Karen Larkins, Lauren Riley	AAA workers
South West Sports Assembly	Michael Neoh	Executive Officer
South West Sports Assembly	Lyn Donaldson	AAA Worker
Leisure Networks	Jill Evans	Executive Officer
	Simon Baker, Caroline Jordan,	
Leisure Networks	Colin Robson	AAA workers
Wimmera Uniting Care	Eddie Hadzig	AAA Program Coordinator
Wimmera Uniting Care	Allison Wolf, Geoff Wimitz	AAA workers
Wimmera Uniting Care	Ross Bullock	Manager, Disability Services
Cardinia Shire Council	Michael Haley	AAA Project Officer
Pinarc Support Services Inc	Sara Cavanagh	

STRATEGIC PARTNER	NAME	POSITION
	Jane Trengrove, Judith Geraghty,	
VICNORD	Ingrid Hindell	Committee of Management

DORPs	NAME	POSITION
ARBIAS	Chris Beayni	Manager
People Outdoors	Jenny Cater	CEO
Riding for Disabled Victoria	Petra Pike	CEO
Riding for Disabled Victoria	Sue Harris	Coaching Coordinator
Deafblind Association	Julie Botton	Manager

SPORT & RECREATION VIC	NAME	POSITION
Community Access Unit	Sue McGill	Manager
Community Access Unit	Brent Phillips	Project Officer
Community Access Unit	Melanie Chatfield	Senior Project Officer
Community Access Unit	Simon Kinniburgh	Project Officer
Community Access Unit	Sam Leeke	Senior Project Officer
Community Networks Unit	Valerie Benson	Manager
Community Facilities Unit	Kevin Pound	Manager
Gippsland Region	Mick Meyer	Manager, Sport & Recreation
Loddon Mallee Region	Jenny Dyer	Manager, Sport & Recreation
Hume Region	Stephen Henderson	Manager, Sport & Recreation
Barwon South West Region	Paul Jane	Manager, Sport & Recreation
Barwon South West Region	lan Suren	Sport & Recreation Liaison Officer
Grampians Region	Phil Butcher	Manager, Sport & Recreation
Grampians Region	Sharon Ruyg	Sport & Recreation Liaison Officer

SPORTS CLUBS & GROUPS	NAME	POSITION
Victoria University Netball	Merrilyn Gamble	Coordinator
Rosamond Bowling Club	Pat Clark	Secretary
Midland Valley Vikings Rugby	Graham Watson	President
Sailability Victoria	Rossco Winter	Coordinator, Horsham Branch
Taylors Lakes Football & Netball Club	Peter Kafegellis	President
Horsham Lanes 'n' Games	Wayne Watkins	Manager
Awakenings Festival	Denise Leembrugen	Coordinator
Scope Leisure Action	Kaylene	Executive Officer
Glenhuntly Athletics Club	Trevor Vincent	Secretary
West Gipplsand Latrobe Football	Chris Somoulis	
Orbost Bowling Club	Bert Williamson	Retired Secretary
Wodonga Sports and Leisure Centre	Colin McNeill	Disability worker
Wangaratta Netball Association	Sarah Walder	President
Swifts Creek Community Centre	Bruce Smith	Manager
West Air Calisthenics	Sue Smith	
Airport West Tennis Club	Lorraine Stainer	
Essendon Anglers Club	Paul Jacklyn	
Moonee Valley Cricket Club	Graeme Walker	
Sailability Wellington	Neil Ross	
Buloke Learning Towns	Ellen White	Co-ordinator
East Wimmera Health Service	RebeccaTivendale	
Black Rock Bowls Club	Harold Warren	
Prahran Cricket Club	John Malligan	
Powerhouse Rowing Club	Greer Lamaro	
Gippsland Athletics	Rober Brand	
YMCA (East Gippsland - Bairnsdale)	Jackie England	Manager

DEPT HUMAN SERVICES	NAME	POSITION
Disability Services Division	Mirella Danelutti	Manager, Community Building & Innovation
Disability Services Division	Paul Dunne	Senior Project Officer, Rural Access
Disability Services Division	Angela Healy	Senior Project Officer, Metro Access
Mental Health Branch	Bernadette Pound	Senior Project Officer
Southern Metropolitan Region	Wendy Rae	Partnerships & Services Advisor
Southern Metropolitan Region	Chris Allen	Manager, Capacity Development

AAA INITIATIVE FUND	NAME	POSITION
Warrnambool Aquatic Leisure Centre	Rob Sanderson	Programs Coordinator
Athletics Victoria	Angela Hamilton	
Upper Hume Community Health	Loretta Foster	Project Manager
City of Greater Dandenong	Chris Stuart	Project Coordinator
Indigo Shire Council	Loretta/Sally McCarron	
Moreland City Council	Joe Lupino	AAA Coordinator
Sporting Shooters Assoc of Vic	Julie Allan	Project Manager
Borough of Queenscliffe	Trudi Toyne	Project Manager
Yachting Victoria	David Staley	Project Manager
Maroondah City Council	Katie Goodrope	AAA Coordinator
Inner East Community Houses	Anne Gedye	Project Manager

STATE SPORTING ASSOCS	NAME	POSITION
Cricket Victoria	Brendan Murphy	
Yachting Victoria	David Staley	
Netball Victoria	Lyndal Bruce	
Basketball Victoria	Ben Turner	
Victoria Softball Assoc	Andy Bailey	
Archery Victoria	Doug Devlin	President

MUNICIPAL ASSOCIATION	NAME	POSITION
City of Greater Dandenong	Chris Stewart	Disability Planner
Hume City Council	Bruce Fordham	Manager Leisure Services
Cardinia Shire	Fiona Hodges	
City of Boroondara	Di Papas	
City of Monash	David Bruce	
Moreland City Council	Nicholas Burt	Manager Youth and Leisure
Frankston City Council	Lynda Cansell	Recreation Services
Wyndham City Council	Ben Bunting	Recreation Planning Coordinator
Brimbank Council	Naomi Paton	A/Manager Leisure Services
Knox City Council	Mark Stockton	Facilities and Recreation Coordinator
Knox City Council	Mary Ryan	Access and Inclusion Officer
City of Yarra	Geoff Ovens	
City of Yarra	Struart Grant	Team Leader Recreation
City of Casey	Jasmine Pickford	AAA Worker

WRITTEN SUBMISSION	NAME	POSITION
Latrobe City	Bill Lawler	Rural Access Worker
Arts Access Victoria	Nerida Weller	Communications Coordinator
Boccia Victoria Inc	Ray Brearley	President
DHS, Loddon Mallee Region	Jude Downey	Team Leader Support Coordination
Milparinka Disability Services	Frank Crupi	C.E.O
MS Society of Victoria	Dawn Prasad	Physiotherapist
Carer of Person with a Disability		
Carer of Person with a Disability		
Person with a disability		
Parent of a child with a disability		
Parent of a child with a disability		
Interchange Inner East	Karla Gunby	Recreation Program Coordinator
Department of Human Services	William McKinnon	
South Gipplsand Shire Council	Lew Wilson	Recreation Development Officer
Noweyung Centre Ltd	Glenda McPhee	Acting Program Manager
Joint Rural AAA Submission	5 Rural AAA Providers	

OTHER MEETINGS	NAME	POSITION
DACV	Val Johnson	
Parent of child with a disability		
Parent of child with a disability		
Parents of child with a disability		
Rural Access Worker, Wimmera	Dorothy McLaren	
Mansfield Shire	Michael Walker	Manager Community Services
VICNORD Committee Member	Viv Taylor	
ACL Committee Member	Deborah Humphris	
South East Region Recreation Reference Group		
Northern & Western Recreation & Disability Network		
Round Table on Leisure and Disability		

PSYCHIATRIC DISABILITY	NAME	POSITION
VICSERV	Mark Jackson	Policy Officer
GARSS	Janet Towel	
Eastern Access Community Health	Sharon O'Boyle	
NEAMI	Alix Hunter	

APPENDIX 3: WORKSHOP PARTICIPANTS

NAME	TITLE	ORGANISATION
Chrissy Billings	AAA and Program Development Officer,	City of Yarra
, ,	Open Space & Recreation	
Stuart Grant		City of Yarra
Steven Hurd	AAA Program Officer	City of Boroondara
Sara Cavanagh	AAA Team Leader	PINARC
Jake Carroll	Sport & Recreation Development Officer	JCAAA
Jane Trengove	Coordinator	VICNORD
Angela Healy	Community Building and Innovation	Department of Human Services
Mirella Danelutti	Manager, Community Building and Innovation	Department of Human Services
Bernadette Pound	Mental Health Branch	Department of Human Services
Ian Seuren	Sport and Recreation Liaison Officer	Department for Victorian Communities –
		Barwon South West
Paul Jane	Manager Sport and Recreation	Department for Victorian Communities -
,		Barwon South West
Philip Carlton		Department for Victorian Communities
Gill Pisani	Disability Access and Inclusion Adviser	Municipal Association of Victoria
Mandy Ireland	Project Officer	Joint Councils Access For All Abilities
Laura Cattapan	Coordinator	Joint Councils Access for All Abilities
Caroline Jordan	AAA Team Leader	Leisure Networks
Jill Evans	Executive Officer	Leisure Networks
Sandy Stafford	CARN AAA Program Manager	The Centre for Continuing Education
Jesse Sherwood	Acting Manager, Sport and Recreation	Department for Victorian Communities
Carmel Mackay	Manager	Mallee Sports Assembly
James Roux	Team Leader	City of Casey
Phillip Butcher	Manager Sport and Recreation	Department for Victorian Communities -
- · · · · · · · · · · · · · · · · · · ·	The same of the sa	Grampians
Valerie Benson	Manager, Community Networks	Department for Victorian Communities
Eddie Hadzig	AAA Wimmera/Central Grampians	Wimmera Uniting Care
Marie Hapke	Participation and Inclusion Policy Officer	City of Port Phillip
Shelley Mulqueen	General Manager	Loddon Campaspe Sports Assembly
Karen Larkins	Project Co-ordinator	Loddon Campaspe Sports Assembly
Ingrid Hindell	Management Committee	VICNORD
Michael Haley	AAA/Community Recreation Officer	Cardinia Shire Council
Jenny Cater	Program Manager	People Outdoors
Maurice Gleeson	Policy & Advocacy Officer	Vision Australia
Kaye Speed	Treasurer	Blind Sports Victoria
Robert Brand	Vice President/Coach	Gippsland Athletics
Jenny Gregory	Community Development Officer	Nillumbik Shire Council
Michelle McAuley	AAA Coordinator	Banyule City Council
Kym O'Donoghue	Manager	Eastern Recreation Leisure Services
Lyn Donaldson	AAA Coordinator	South West Sports Assembly
Sonya Maunders	AAA Coordinator	Moonee Valley City Council
Jane Kerr	Recreation Access Officer	City of Casey
David Craig	The same of the sa	Action for Community Living
Wendy Rae	Program & Service Adviser, Disability	Department of Human Services
Brent Phillips	Project Officer – Community Access	Department for Victorian Communities
Samantha Leeke	Senior Project Officer – Community Access	Department for Victorian Communities Department for Victorian Communities
Melanie Chatfield	Senior Project Officer – Community Access	Department for Victorian Communities
Sue McGill	Manager, Community Access	Department for Victorian Communities Department for Victorian Communities
Simon Kinniburgh	Project Officer – Community Access	Department for Victorian Communities Department for Victorian Communities
Simon Kininburgh	1 Toject Officer – Community Access	Department for victorian Communities

APPENDIX 4: AAA PROVIDER FUNDING

AAA PROVIDER	LGAs	AREA SQ KM	TOTAL POPN	05/06 AAA FUNDING (ex GST)	FUNDING x POPN
	Port Phillip	21	78,227		
	Stonnington	26	86,090		
JCAAA	Bayside	27	83,504		
	Glen Eira	39	117,199		
		113	365,020	\$ 175,605	\$ 0.48
	Greater	129	122.045		
	Dandenong Dandenong	129	123,965		
	Frankston	130	109,808		
OPTIONS VICTORIA LEISURE	Kingston	91	127,540		
LINKUP	Mornington	723	124,891		
	Peninsula	5	,•		
		1,073	486,204	\$ 175,605	\$ 0.36
	Manningham	113	107,079		
EASTERN	Whitehorse	64	139,549		
RECREATION AND	Monash	81	155,061		
LEISURE SERVICES	Knox	114	141,408		
	Boroondara	60	148,532		
		432	691,629	\$ 294,988	\$ 0.43
MARIBYRNONG	Maribyrnong	31	59,406	\$ 46,264	\$ 0.78
TIAMBTMONG	1 10/110116	3.	37,100	10,201	Φ 0.76
HOBSONS BAY	Hobson's Bay	64	80,120	\$ 42,060	\$ 0.52
				•	
CASEY COUNCIL	Casey	410	175,505	\$ 63,277	\$ 0.36
SHIRE OF CARDINIA	Cardinia Shire	1,280	45,305	\$ 35,167	\$ 0.78
	<u> </u>	Т			
EASTERN RANGES	Yarra Ranges	2,470	137,113	\$ 64,655	\$ 0.47
	Hume	504	131,182		
JOINT COUNCIL	Moreland	51	130,531		
HUME & MORELAND	riorciand	555	261,713	\$ 126,440	\$ 0.48
				•	
JOINT COUNCIL	Banyule	62	113,696		
BANYULE NILLUMBIK	Nillumbik Whittlesea	433 490	57,931 113,784		
WHITTLESEA	TTHECIESEA	985	285,411		\$ 0.48
JOINT COUNCIL	Darebin	53	122,821	•	
DAREBIN &	Yarra	20	67,052		
YARRA		73	189,873		\$ 0.67
	- 1				
BRIMBANK	Brimbank	123	162,933	\$ 58,998	\$ 0.36

AAA PROVIDER		REA KM	TOTAL POPN	05/06 AAA FUNDING		NDING POPN
MOONEE VALLEY	Moonee Valley	44	105,615	\$ 58,998	\$	0.56
	1	1				
YMCA	Melbourne Wyndham	36 542	67,784 84,864		\$ \$	0.85
	vvyndnam	578	152,648		\$	0.60
		1 5.5	102,010	70,011	Ŧ	0.00
	Greater Geelong	1,247	183,530			
	Surf					
1 =101 ID= 1 == 11.40 D1/0	Coast	1,553	19,460			
LEISURE NETWORKS	Colac Otway	3,433	19,997			
	Queenscliffe	9	3,068		_	2.22
		6,242	226,055	\$ 210,772	\$	0.93
	Ballarat	740	79,794			
	Hepburn	1,470	13,835			
PINARC	Moorabool	2,110	23,831			
	Golden Plains	2,704	14,279			
		7,024	131,739	\$ 126,440	\$	0.96
	West Wimmera	9,107	4,547			
	Hindmarsh	7,550	6,254			
	Yarriambiack	7,310	7,741			
WIMMERA UNITING	North Grampians	5,728	12,617			
CARE	Ararat	4,210	11,076			
	Pyrenees	3,433	6,352			
	Horsham	4,249	17,748			
		41,587	66,335	\$ 150,038	\$	2.26
	Loddon	6,694	8,177			
	City of Greater Bendig		85,779			
	Mt. Alexander	1,529	16,142			
SPORTS FOCUS	Central Goldfields	1,534	12,247			
	Macedon Ranges	1,747	35,551			
	Campaspe	4,519	34,550			
		19,022	192,446	\$ 184,050	\$	0.96
	1					
	Bass Coast	864	23,972			
	Baw Baw	4,032	34,632			
QUANTUM	Latrobe	1,426	66,818			
	South Gipps	3,295	24,524			
		9,617	149,946	\$ 91,388	\$	0.61
	Swan Hill	6,116	20,637			
	Gannawarra	3,732	11,378			
MALLEE SPORTS	Buloke	8,004	6,962			
ASSEMBLY	Mildura	22,082	48,201			
		39,934	87,178	\$ 98,329	\$	1.13
	1	37,737	57,170	T /0,32/	Ψ	5

AAA PROVIDER	LGAs	AREA SQ KN		TOTAL POPN	05/06 AAA FUNDING	FUNDING x POPN
	Alpine		4,832	17,581		
	Indigo		2,044	13,889		
	Towong		6,673	5,944		
	Wangaratta		3,639	25,609		
	Wodonga		433	30,921		
THE CENTRE FOR	Benalla		2,354	13,279		
CONTINUEING	Greater Sheppar	ton	2,422	55,082		
EDUCATION	Mansfield		3,891	8,273		
	Mitchell		2,862	27,392		
	Murrindindi		3,877	13,060		
	Moira		4,045	25,401		
	Strathbogie		3,302	9,121		
			40,374	245,552	\$ 210,772	\$ 0.86
			<u>. </u>			
MELTON	Melton		527	51,686	\$ 49,165	\$ 0.95
EASTERN	East Gipps		20,931	37,792		
GIPPSLAND ARTS & RECREATION	Wellington		10,989	39,157		
LEISURE GROUP			31,920	76,949	\$ 126,440	\$ 1.64
	•		,			
	Corangamite		4,404	16,552		
	Moyne		5,478	14,986		
SOUTH WEST	Sth Gramps		6,652	16,484		
SPORTS ASSEMBLY	Glenelg		6,210	19,250		
	Warnambool		121	28,573		
			22,865	95,845	\$ 133,496	\$ 1.39

APPENDIX 5: ANNUAL PLAN EXAMPLE

AAA PROGRAM AIM

To build the capacity of the sport and recreation sector to provide participation opportunities for people with a disability

PURPOSE

The purpose of the AAA Annual Plan is to demonstrate how the activities of AAA Providers at a local level link with the strategic directions of SRV to build the capacity of the sport and recreation sector to provide participation opportunities for people with a disability. The outcomes of the AAA Provider activities should align with the SRV Indicators of Success. This will enable SRV to utilise the AAA Program data to demonstrate how it has achieved the outcomes of the Five Year Strategic Plan.

DEVELOPMENT OF THE AAA ANNUAL PLAN

In developing the AAA Annual Plan, AAA Providers must identify activities that align with the strategies and actions articulated under each of the five strategic directions. There must be at least one activity for each strategic direction. In identifying activities for each of the strategic directions, AAA Providers must demonstrate:

- A diversity of activities with a range of local sport and recreation organizations.
- Activities that are resourced by, or conducted in partnership with State Sporting Associations.
- Collaboration with local government.
- Collaborative relationships/projects with Rural Access and/or Metro Access workers.
- Shared initiatives with other AAA Providers to promote sustainability.
- Evidenced based practice that is informed by the learnings of the sector.
- How the activities meet the SRV 'indicators of success' identified for each strategic direction.

MONITORING OF THE PLAN

The progress of implementing the Annual Plans will be monitored at half year and end of year...

Strategic Direction 1: Active People, Active Communities

Goal: Encouraging people and communities to be active. Aiming to maximize the benefits of participation and the development of cohesive communities through sport and recreation.

Strategies	Action	Activity	Performance Measure	SRV Indicator of Success
I.I Promote positive community culture and values through sport and recreation	Establish policy frameworks to assist organizations to provide fair, enjoyable and welcoming participation	Example: Utilises the policy frameworks developed by State Sporting Associations to assist local clubs in Western and Southern regions to develop inclusion policies Tigers basketball club Eagles softball club Swifts tennis club Example: Provide training to above clubs on how the implementation of policies	Three clubs have policy manuals updated Executive officers of three clubs attended joint training session	Increased rates of participation in five disadvantaged LGAs

Strategic Direction 2: Building Capacity for Tomorrow

Goal: Ensuring that all Victorians have access to sustainable, quality sport and recreation activities and facilities

Strategies	Action	Activity	Performance Measure	SRV Indicator of Success
2.1 Improve open space planning and facility usage	Ensure community involvement in open space and facility planning	Example: Work in conjunction with SRV Facilities Unit, local government planner, Metro Access worker, local government Disability Advisory Committee and the Aquatic Industry Council to ensure the planned aquatic center addresses all issues Utilise best practice examples identified from other AAA Providers to demonstrate community benefit of good planning Utilise the findings of the SRV Playgrounds Safety Standards to lobby for disability access at Wild Beach Reserve	Example: Participate in bimonthly council planning meetings and schedule a presentation for the October meeting to present case studies of good practice examples Participate in bimonthly council Playground Review Committee meetings Arrange for representative from SRV Head Office to deliver a joint presentation to the August meeting	Evidence that community sport and recreation needs are better recognized in state and municipal planning

Strategic Direction 3: Collaboration for Development

Goal: Developing a cohesive sector based on skills development, enhanced collaboration and partnerships

Strategies	Action	Activity	Performance Measure	SRV Indicator of Success
3.1 Establish mechanisms in local communities that make it easier for diverse communities to work together	Promote links between local sport and recreation organizations, Volunteer Resource Centers, DVC local presence staff and local government to make it easier for volunteers to gain support	Example: Work with the Go Volunteer Centre, Southern and Eastern mental health services and DVC local presence staff to recruit and train volunteers for the five day, regional sports carnival in March	Example: Two volunteer training programs conducted Six volunteers with mental illness participating in the planning and running of the carnival	More forums facilitated that encourage participation and greater collaboration within the sector and between the sector and relevant organisations

Strategic Direction 4: A State of Achievement

Goal: Supporting organised sport and recreation and providing the opportunity for all Victorians to achieve their goals

Strategies	Action	Activity	Performance Measure	SRV Indicator of Success
4.1 Develop pathways for healthy participation	Enable a range of mechanisms and entry points for participation that extends diverse access to organised sport	Example: Work with VLBA, Southern AAA Provider, the A,B,C, D and E lawn bowling clubs and Metro Access workers to develop a regional lawn bowling competition for people with disabilities Utilise the learnings of the Western AAA Provider to inform the establishment of the competition	Example: Monthly regional competition established by June with at least three of the five clubs participating	Evidence of increased diversity in the number of people who accessed organised sport