

# Voucher schemes to promote increased participation in Sport and Active Recreation

## Rapid Evidence Review



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## Executive Summary

- Evidence for the effectiveness of creating or enhancing access to places for physical activity and providing informational outreach is strong. Creating or enhancing access to places for physical activity and providing informational outreach may achieve up to a 25% relative increase in the proportion of the population who are physically active at least three times per week. This evidence should be interpreted *not* as applying to voucher schemes in isolation, but rather to the multi-component programs such as those implemented in Queensland and Victoria.
- There is a wealth of good information to inform program design specifications. The evidence examined has allowed the identification of a set of recommended design principles (page 6).
- These design principles include the establishment of robust systems to monitor scheme implementation (Dashboard of Indicators) as well as to evaluate program reach and participation outcomes. Outcome assessment should include pre- and post- scheme physical activity levels as well as participation and wider outcomes (using a standard evaluation framework).
- Priority populations (those at greater risk of lower levels of physical activity and fitness) are:
  - (i) *children* from Urban, Middle-Eastern, Asian backgrounds, those in overweight or obese BMI categories and female gender;
  - (ii) *adolescents* from Low SES, Middle-Eastern, Asian cultural backgrounds, those in overweight or obese BMI categories and female gender; and
  - (iii) adults from Low SES, born in non-English speaking countries, female gender and in older age categories (55+ years).
- From a strategic investment/ policy options perspective the NSW Government and NSW Office of Sport may wish to consider:
  - the clear evidence on the importance of **multi-component** (rather than voucher-only) programs and examine the link with the relevant components of the NSW Office of Sport Participation Strategy as it is finalised
  - the possible opportunity to reinforce, through a NSW voucher scheme, the focus and impact of the ***“Girls make your move” campaign*** [designed to: (i) build and reinforce positive perceptions of physical activity and sport; and (ii) increase intentions to participate in physical activity among young women aged 12-19 years.<sup>1</sup> ]
  - the potential advantages of a phased approach to implementation, perhaps commencing in Western and South-Western Sydney given (a) the demographic profile and (b) the existing Regional Focus through COOPPS – the Childhood overweight and Obesity Premiers Priority Strategy.
  - that the **annual investment required** is **\$7.0M** for a single component scheme, up to **\$16M** for a multicomponent scheme (Queensland invested **\$47.8M over three years** for their multi-component program)<sup>2</sup>

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<sup>1</sup> <https://campaigns.health.gov.au/girlsmove/campaign-evaluation>

<sup>2</sup> Based on weighted analysis of scheme implementation in other jurisdictions in Australia

## Key Findings

### **RQ1 What evidence is available on the effectiveness of voucher programs to increase community participation in sport and active recreation?**

*Evidence for the effectiveness of creating or enhancing access to places for physical activity and providing informational outreach is strong.* Median effect size suggests that this intervention results in a 25% relative increase in the proportion of the population who are physically active at least three times per week. Most of the reviewed studies also reported weight loss or a decrease in body fat among participants (US Centers for Disease Control and Prevention (CDC) 2011). This evidence should not be seen as applying to voucher schemes in isolation, but rather to the multi-component programs such as those implemented in Queensland and Victoria.

### **RQ2 What evidence is available to indicate the optimal program design specifications?**

*There is a wealth of good information to inform program design specifications.*

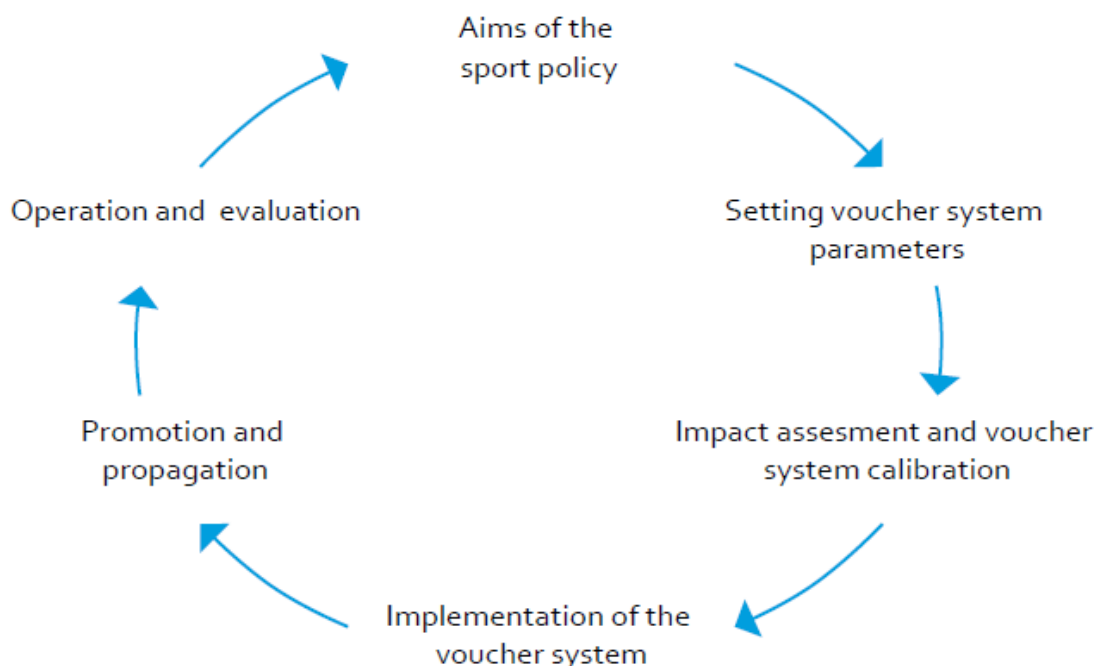
Evaluation of the Participation in Community Sport and Active Recreation program (PICSAR) demonstrated that there is no one single solution to overcoming barriers to sports participation. Rather, involving people in sports requires a combination of multi-pronged approaches underpinned by strong, collaborative partnerships (Victorian Health Promotion Foundation (VicHealth) 2013, Batras 2016).

Evidence also tells us that efforts to enhance access also should include informational outreach in the form of information, incentives, and programs designed to build awareness of the new opportunities (US Centers for Disease Control and Prevention (CDC) 2011).

From the “Varney Review” we can deduce that program design should:

- target and engage inactive people
- engage users in design of locally-embedded physical activity programmes (see Appendix 1)
- deliver services that support inclusive opportunities for physical activity (e.g., inclusion fitness initiative-accredited gyms, equity statements)
- implement active travel plans for all staff and customers
- identify and address barriers that prohibit vulnerable/at risk groups from accessing services (e.g., geographic, physical, cultural economic)
- establish robust systems to evaluate projects that assess pre- and post- project physical activity levels as well as participation and wider outcomes (using a standard evaluation framework)

The review by Pavlik and de Vries sets out specific recommendations for implementation of voucher schemes which are set out below and depicted in Figure 1 (Pavlik 2014).



**Figure 1** Design, Implementation and Evaluation System for Voucher Schemes (Pavlik and de Vries 2014)

**Keep the system simple and clear.** Use only one voucher value or set two separate budgets for two different voucher values (e.g., non-competitive and competitive). Do not maintain or implement time restrictions for spending the money gained from vouchers, thus eliminating the problem of ‘uncovered’ periods of the year;

**Set long-term support for sport clubs** through vouchers as an annual percentage of the municipal budget to valorise funding, make the system predictable for clubs and avoid the ‘lottery’ problem;

**Keep the system transparent.** Implement control mechanisms in relation to sport clubs and transfer the bulk of the administrative responsibility to the municipality. Publish the results of the system;

**Promote the idea of vouchers** among inhabitants, especially among the youth, and do this together with the clubs;

**Make vouchers redeemable in commercial or municipal sport facilities** as well as sport clubs. Thus vouchers would serve not only as an alternative to the grant system of funding sport clubs, but also as a tool for increasing participation in sport; and

**Support young people’s free choice.** We suggest setting up two different regimes for voucher holders according to age group. Children over 15 could be allowed to spend the voucher without parental supervision. If we want to support youth involvement in sport, we have to consider economic and social obstacles, including the fact that parents may ignore the voucher system even though the child is interested in sport. The voucher system can be promoted with the help of primary and secondary schools(Pavlik 2014).

**Just do it! Voucher scheme implementation can trigger organisational change** rather than depend on it as a pre-requisite. Applied policy research was undertaken(Batras 2016) to investigate the factors

contributing to organisational change in 10 Victorian SSAs funded by VicHealth to implement strategies to engage disadvantaged groups as part of the PICSAR program. This study provides empirical evidence about the determinants of organisational reorientation and engagement in actions to increase health equity through sport. Through the PICSAR program, VicHealth attempted to lead sport sector wide change towards an increased role in health promotion and a new role in promoting health equity. To become institutionalised within the Victorian sport sector, it might have been assumed that the culture of SSAs would need to change. The findings of this study suggest otherwise: organisational change can be achieved without an immediate congruence between the ideologies of the change initiative and the culture of the recipient organisations.

**RQ3 Based on the evidence for effectiveness and optimal design, what (if any) policy guidance can be provided to the NSW Government Office of Sport to inform future strategic investment decisions regarding the potential of voucher programs to increase community participation in sport and active recreation?**

Evidence for the effectiveness of creating or enhancing access to places for physical activity and providing informational outreach is strong and suggests that this type of intervention may achieve up to a 25% relative increase in the proportion of the population who are physically active at least three times per week (US Centers for Disease Control and Prevention (CDC) 2011). *This encouraging evidence should be interpreted with caution: it should not be seen as applying to voucher schemes in isolation, but rather to the potential impact of multi-component programs such as those implemented in Queensland and Victoria.* For example Evaluation of the PICSAR program demonstrated that there is no one single solution to overcoming barriers to sports participation; involving people in sports requires a combination of multi-pronged approaches underpinned by strong, collaborative partnerships (Victorian Health Promotion Foundation (VicHealth) 2013, Batras 2016).

Sport voucher schemes have been used in Australia, the UK, Luxembourg, and the Czech Republic. While each municipality or jurisdiction has a different voucher system, the principle is consistently to support (especially youth) participation in sport and recreation. *The voucher monetary values have predominantly been determined by the economic limitations of the implementing jurisdictions and by the proportion of their budgets dedicated to sport and active recreation (that is, by its priority in relation to other policy areas)* (Pavlik 2014).

Using robust population survey data we can identify priority population sub-groups (those at greater risk of lower levels of physical activity and fitness).

**The priority population sub-groups are as follows:**

**Children**

**Urban, Middle-Eastern, Asian backgrounds those in overweight or obese BMI categories and female gender;**

**Adolescents**

**Low SES, Middle-Eastern Asian cultural backgrounds, those in overweight or obese BMI categories and female gender;**

**Adults**

**Low SES, age categories 55+ years, born in non-English speaking countries and female gender.**

There is a wealth of good information to inform program design specifications. The evidence allows the identification of the following design principles:

1. **Target and engage inactive people** (priority population sub-groups)
2. **Co-design with the users** - engage users in design of locally-embedded physical activity programmes
3. **Identify and address barriers that prohibit targeted priority populations from accessing services** (e.g., geographic, physical, economic)
4. **Keep the system simple and clear.** Use only one voucher value or set two separate budgets for two different voucher values (e.g., non-competitive and competitive). Do not impose time restrictions for spending the money gained from vouchers, thereby avoiding the creation of a barrier for users.
5. **Deliver services that support inclusive opportunities for physical activity** (e.g., inclusion fitness initiative-accredited gyms, equity statements)
6. **Implement active travel plans** for all involved organisations, staff and scheme users
7. **Use social marketing techniques to promote the idea of vouchers** among the priority population groups, and do this together with the clubs/SSAs;
8. **Make vouchers redeemable in commercial or municipal/local authority sport facilities as well as sport clubs.** Thus vouchers would serve not only as an alternative to the grant system of funding sport clubs, but also as a tool for increasing participation in sport
9. **Establish robust systems to evaluate the scheme implementation (Dashboard of Indicators) as well as reach and PA outcomes;** these should assess pre and post project physical activity levels as well as participation and wider outcomes (using a standard evaluation framework).
10. **Keep the system transparent.** Implement control mechanisms in relation to sport clubs and transfer the bulk of the administrative responsibility to the municipality. Publish the results.
11. **Set long-term support for sport clubs** through vouchers as an annual percentage of the municipal budget to valorise funding, make the system predictable for clubs and avoid the 'lottery' problem;
12. **Focus first on voucher scheme implementation because it can trigger organisational change rather than depend on it as a pre-requisite.** Organisational change can be achieved without an immediate congruence between the ideologies of the change initiative and the culture of the recipient organisations.
13. **Support the 'voice of the child' and young people's free choice.** Setting up two different regimes for voucher holders according to age group is advisable. Children over 15 could be allowed to spend the voucher without parental supervision. If we want to support youth involvement in sport, we have to consider economic and social obstacles, including the fact that parents may ignore the voucher system even though the child is interested in sport. The voucher system can be promoted with the help of primary and secondary schools.

From a strategic investment perspective the NSW Government Office of Sport may wish to consider the following options and issues

Consider whether to take advantage of and reinforce through a NSW scheme the focus of the [“Girls make your move” campaign](#) which is designed to: (i) build and reinforce positive perceptions of physical activity and sport; and (ii) increase intentions to participate in physical activity among young women aged 12-19 years.<sup>3</sup>

Consider the value a phased approach to implementation, commencing in Western and South-Western Sydney given (a) the demographic profile and (b) the existing Regional Focus through COOPPS – the Childhood overweight and Obesity Premiers Priority Strategy.

Consider the clear evidence on the importance of multi-component (rather than voucher-only) programs and link with the relevant components of the NSW Office of Sport Participation Strategy.

Based on analysis of other jurisdictions in Australia the **annual investment required** is **\$7.0M** (adjusted from SA scheme) for a single component scheme, up to **\$16M** for a multicomponent scheme (Queensland invested \$47.8M over three years for their multi-component program).

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<sup>3</sup> <https://campaigns.health.gov.au/girlsmove/campaign-evaluation>

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## Aim

This is a *rapid* evidence review. The aim in a rapid review is to provide a concise summary of evidence that answers one or more specific policy questions presented in a policy-friendly format. This methodology yields a rapid review of existing research and evidence tailored to an agency's individual needs. Every effort has been made to ensure that a thorough search was undertaken consistent with the agreed scope of work. However the review does not purport to be an exhaustive and comprehensive review of *all* published research. The policy related research questions in this review were as shown below.

## Research questions

- RQ1** What evidence is available on the effectiveness of voucher programs to increase community participation in sport and active recreation?
- RQ2** What evidence is available to indicate the optimal program design specifications?
- RQ3** Based on the evidence for effectiveness and optimal design, what (if any) policy guidance can be provided to the NSW Government Office of Sport to inform future strategic investment decisions regarding the potential of voucher programs to increase community participation in sport and active recreation?

## Methods

- Two Researchers for search strategy; studies retrieved by Researcher 1 verified by Researcher 2
- Search of electronic bases PubMed, Web of Science using Ovid and directly from [EndNote](#)
- Secondary searches and snowballing techniques on retrieved studies
- Grey literature searches using Google/Google Scholar and [Mendeley](#)
- Global search, main focus on past 10 years
- Particular interest in countries such as NZ, UK for 'generalisability'
- The voucher programs of most interest for the review were those designed to *increase community participation in sport and active recreation, especially amongst those groups with lower rates of participation*
- Voucher systems of distribution are defined as "regimes in which individuals receive (pay for or are allocated) entitlements to a good or service which they may "cash in" at some specified set of suppliers, which then redeem them for cash or the equivalent from a funding body." (Cave 2001)

## Results

The final database comprised 16 records shown in the References. Studies/reports dealing specifically with voucher schemes were tabulated (Appendix 2). Additional studies (e.g. SPANS) were referred to for the NSW strategic context and to identify priority populations.

## The NSW Strategic Context

	2015				
	Year K	Year 2	Year 4	Year 6	All years
<b>All</b>					
<b>Locality</b>					
Urban (ref)	28.0 (2.3)	21.7 (1.6)	20.2 (1.7)	15.1 (1.5)	21.6 (1.3)
Rural	33.7 (2.6)	<b>31.0 (1.6) a</b>	<b>28.3 (3.2) a</b>	<b>18.8 (1.5) a</b>	<b>28.0 (1.1) a</b>
<b>SES</b>					
Low	21.3 (3.7)	21.7 (2.5)	21.7 (4.7)	11.0 (2.1)	19.1 (2.6)
Middle	35.2 (3.3)	26.6 (2.4)	21.9 (2.5)	19.3 (1.9)	25.8 (1.3)
High (ref)	28.4 (2.5)	22.1 (2.1)	22.5 (2.1)	15.3 (1.7)	22.7 (1.6)
<b>Cultural background</b>					
English-speaking (ref)	31.1 (1.9)	25.3 (1.6)	23.5 (1.6)	16.6 (1.3)	24.4 (1.0)
European	26.3 (10.7)	24.5 (7.9)	35.2 (12.4)	12.3 (7.4)	23.8 (4.7)
Middle Eastern	<b>20.5 (4.8) a</b>	<b>9.3 (4.0) a</b>	<b>10.6 (1.7) a</b>	15.5 (5.8)	<b>13.8 (1.9) a</b>
Asian	<b>15.7 (4.1) a</b>	<b>7.8 (2.7) a</b>	<b>10.5 (2.9) a</b>	<b>8.2 (3.4) a</b>	<b>11.4 (2.0) a</b>
<b>BMI category</b>					
Thin	28.2 (5.7)	27.5 (4.9)	26.7 (6.4)	12.2 (4.2)	23.7 (2.9)
Healthy weight (ref)	30.0 (2.0)	25.1 (1.9)	24.7 (1.9)	17.5 (1.7)	24.7 (1.3)
Overweight	24.6 (4.1)	19.8 (3.1)	<b>13.6 (2.1) a</b>	14.1 (2.0)	<b>17.3 (1.4) a</b>
Obese	24.2 (6.5)	<b>14.8 (3.8) a</b>	<b>14.4 (3.4) a</b>	8.9 (3.7)	<b>15.6 (2.6) a</b>
<b>Girls</b>					
<b>Locality</b>					
Urban (ref)	22.4 (2.5)	17.9 (1.9)	14.3 (2.1)	12.0 (2.1)	17.0 (1.3)
Rural	27.2 (3.4)	<b>26.8 (3.0) a</b>	20.1 (2.9)	14.2 (3.5)	<b>22.1 (1.3) a</b>
<b>SES</b>					
Low	16.4 (4.4)	<b>26.0 (4.6) a</b>	16.7 (3.8)	6.8 (2.4)	16.6 (2.1)
Middle	<b>30.1 (2.9) a</b>	<b>22.1 (3.2) a</b>	13.2 (2.4)	16.2 (3.2)	20.4 (1.2)
High (ref)	21.8 (2.7)	15.2 (1.9)	17.2 (2.8)	12.0 (2.7)	16.8 (1.7)
<b>Cultural background</b>					
English-speaking (ref)	24.8 (2.0)	20.8 (1.8)	17.1 (1.9)	13.0 (1.9)	19.1 (1.1)
European	32.4 (15.6)	43.2 (16.2)	20.8 (10.4)	13.0 (10.0)	27.8 (6.9)
Middle Eastern	19.0 (7.9)	<b>6.1 (3.8) a</b>	8.9 (4.3)	11.0 (5.4)	<b>11.2 (3.1) a</b>
Asian	15.1 (5.5)	<b>6.9 (3.3) a</b>	<b>2.1 (2.0) a</b>	5.6 (4.1)	<b>8.9 (2.7) a</b>
<b>BMI category</b>					
Thin	25.6 (6.8)	21.0 (8.3)	18.4 (6.3)	8.6 (3.9)	17.8 (3.1)
Healthy weight (ref)	24.7 (2.3)	21.0 (2.3)	17.0 (2.0)	12.6 (2.4)	19.2 (1.4)

**Table 1** Prevalence of meeting the physical activity recommendation among children in NSW primary school by sex, year group, socio-demographic characteristics (% Standard Error) 2015

<b>Boys</b>							
<b>Locality</b>							
Urban (ref)	33.6 (3.2)	26.1 (2.6)	26.4 (2.5)	18.3 (2.3)	26.5 (1.8)		
Rural	40.2 (4.5)	<b>34.8 (3.6) a</b>	36.3 (5.2)	22.9 (2.6)	<b>33.6 (1.6) a</b>		
<b>SES</b>							
Low	26.6 (5.8)	<b>17.9 (3.3) a</b>	26.3 (6.1)	15.0 (3.7)	21.5 (3.7)		
Middle	40.5 (5.6)	31.5 (2.7)	31.8 (4.6)	22.1 (3.0)	31.3 (1.9)		
High (ref)	34.7 (3.6)	30.5 (3.5)	27.9 (3.1)	19.1 (2.7)	28.9 (2.2)		
<b>Cultural background</b>							
English-speaking (ref)	37.1 (2.8)	30.1 (2.3)	30.0 (2.5)	20.3 (1.9)	29.8 (1.4)		
European	15.9 (15.5)	<b>10.8 (6.5) a</b>	49.7 (20.5)	11.2 (10.1)	19.2 (6.3)		
Middle Eastern	22.2 (9.1)	<b>12.8 (5.4) a</b>	<b>12.6 (5.4) a</b>	19.7 (9.7)	<b>16.7 (2.9) a</b>		
Asian	<b>16.8 (7.5) a</b>	<b>9.1 (5.8) a</b>	22.2 (5.6)	10.8 (4.4)	<b>15.0 (3.2) a</b>		
<b>BMI category</b>							
Thin	30.9 (8.3)	35.4 (8.2)	35.2 (8.7)	20.4 (10.4)	31.4 (3.7)		
Healthy weight (ref)	35.0 (3.2)	29.5 (2.8)	32.5 (2.9)	22.5 (2.4)	30.3 (1.8)		
Overweight	30.3 (5.7)	24.6 (5.3)	<b>15.9 (3.9) a</b>	<b>11.8 (2.2) a</b>	<b>18.7 (2.0) a</b>		
Obese	33.9 (8.4)	17.9 (6.5)	<b>15.8 (5.2) a</b>	13.6 (5.9)	<b>19.6 (3.4) a</b>		

**a** Indicates statistically significant difference at  $P < 0.05$ . Comparisons are within each sex and year group and are between rural compared with urban; low and middle SES compared with high SES; European, Middle Eastern and Asian cultural backgrounds compared with English-speaking cultural background; and thin, overweight and obese compared with healthy weight BMI category.

**na** Indicates statistical significance could not be calculated due to low numbers.

No letter means there was no statistical difference.

**Table 2** [cont.] Prevalence of meeting the physical activity recommendation among children in NSW primary school by sex, year group, socio-demographic characteristics (%), Standard Error) 2015

**Source:** Hardy LL, Mhrshahi S, Drayton BA, Bauman, A. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2015: Full Report. 2016 Sydney: NSW Department of Health. © NSW Ministry of Health 2016

Prevention of childhood overweight and obesity is a priority for the NSW government. The NSW Office of Sport commissioned The SPRINTER Group at the University of Sydney to undertake a rapid evidence review with a focus on voucher programs to increase community participation in sport and active recreation. The latest (objectively measured) data for NSW children and teenagers are shown in Table 1 (primary school) and Table 2 (primary school). Priority population sub-groups (those at greater risk of lower levels of physical activity and fitness) are: *children* from Urban, Middle-Eastern, Asian backgrounds those in overweight or obese BMI categories and female gender; and *adolescents* from Low SES, Middle-Eastern Asian cultural backgrounds, those in overweight or obese BMI categories and female gender. An overall summary of physical activity and fitness levels among NSW children and teenagers is featured as Appendix 1.

	Year 8		2015 Year 10		All years	
	<b>All</b>					
<b>Locality</b>						
Urban (ref)	12.8	(1.3)	8.9	(1.7)	10.8	(1.2)
Rural	12.8	(2.4)	13.9	(3.1)	13.3	(2.3)
<b>SES</b>						
Low	13.2	(2.4)	10.8	(2.7)	12.0	(2.2)
Middle	13.6	(2.2)	8.2	(1.6)	10.9	(1.4)
High (ref)	11.7	(1.6)	11.5	(3.2)	11.6	(2.1)
<b>Cultural background</b>						
English-speaking (ref)	12.9	(1.4)	10.6	(1.5)	11.8	(1.2)
European	3.7	(3.8)	30.1	(19.0)	17.7	(10.7)
Middle Eastern	19.2	(5.4)	4.7	(3.3)	11.8	(2.7)
Asian	8.6	(2.8)	4.2	(2.4)	<b>6.0</b>	<b>(2.0) a</b>
<b>Girls</b>						
<b>Locality</b>						
Urban (ref)	8.1	(1.4)	6.5	(2.1)	7.3	(1.3)
Rural	10.4	(2.4)	9.0	(3.8)	9.7	(2.2)
<b>SES</b>						
Low	8.4	(2.1)	8.3	(3.0)	8.4	(2.0)
Middle	9.0	(2.9)	4.0	(1.2)	6.4	(1.7)
High (ref)	8.9	(1.3)	8.5	(3.8)	8.7	(2.1)
<b>Cultural background</b>						
English-speaking (ref)	9.5	(1.4)	8.1	(2.0)	8.8	(1.3)
European	na		na		na	
Middle Eastern	10.0	(5.4)	na		5.3	(2.7)
Asian	4.4	(2.9)	2.7	(2.8)	<b>3.4</b>	<b>(1.9) a</b>
<b>BMI category</b>						
Thin	16.4	(5.6)	13.5	(8.3)	<b>15.1</b>	<b>(5.2) a</b>
Healthy weight (ref)	7.3	(1.4)	6.3	(1.6)	6.8	(1.1)
Overweight	7.2	(2.1)	7.1	(3.8)	7.2	(2.4)
Obese	17.9	(9.3)	11.4	(6.0)	<b>14.9</b>	<b>(5.9) a</b>
<b>Boys</b>						
<b>Locality</b>						
Urban (ref)	17.3	(1.9)	11.5	(2.2)	14.4	(1.6)
Rural	14.8	(3.6)	18.2	(4.3)	16.5	(3.1)
<b>SES</b>						
Low	18.2	(3.4)	13.2	(4.3)	15.5	(3.2)
Middle	17.4	(2.7)	12.1	(2.8)	14.8	(1.8)
High (ref)	14.3	(2.6)	15.1	(3.8)	14.7	(2.8)
<b>Cultural background</b>						
English-speaking (ref)	16.0	(1.8)	13.0	(2.1)	14.5	(1.6)
European	14.5	(14.5)	<b>49.1</b>	<b>(24.8) a</b>	<b>39.8</b>	<b>(17.0) a</b>
Middle Eastern	28.2	(7.6)	8.2	(5.7)	17.4	(4.7)
Asian	13.9	(5.7)	6.5	(4.1)	9.7	(3.7)
<b>BMI category</b>						
Thin	12.9	(5.6)	5.8	(3.5)	9.7	(3.8)
Healthy weight (ref)	18.9	(2.2)	15.1	(2.7)	17.0	(2.0)
Overweight	12.8	(3.6)	11.0	(3.5)	11.9	(2.5)
Obese	11.4	(5.4)	12.8	(7.6)	12.1	(5.2)

**a** Indicates statistically significant difference at  $P < 0.05$ . Comparisons are within each sex and year group and are between rural compared with urban; low and middle SES compared with high SES; European, Middle Eastern and Asian cultural backgrounds compared with English-speaking cultural background; and thin, overweight and obese compared with healthy weight BMI category.

na Indicates statistical significance could not be calculated due to low numbers.

No letter m means there was no statistical difference.

**Table 3** Prevalence of meeting the physical activity recommendation among adolescents in NSW secondary school by sex, year group, socio-demographic characteristics and BMI category (% SE) 2015

**Source:** Hardy LL, Mihshahi S, Drayton BA, Bauman, A. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2015: Full Report. 2016 Sydney: NSW Department of Health. © NSW Ministry of Health 2016

Among adults, the priority sub-groups are those from Low SES (Figure 2), age categories 55+ years (Figure 3) born in non-English speaking countries (Figure 4) and female gender (Figures 2-4).<sup>4</sup>

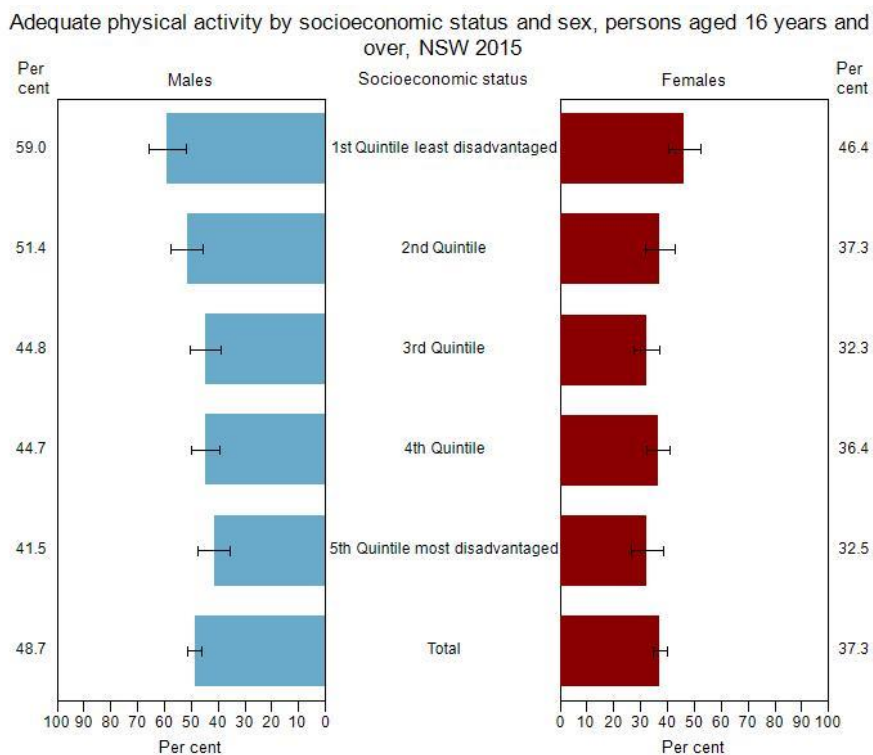


Figure 2 Prevalence of adequate physical activity by socioeconomic status and sex, persons aged 16 years and over, NSW 2015

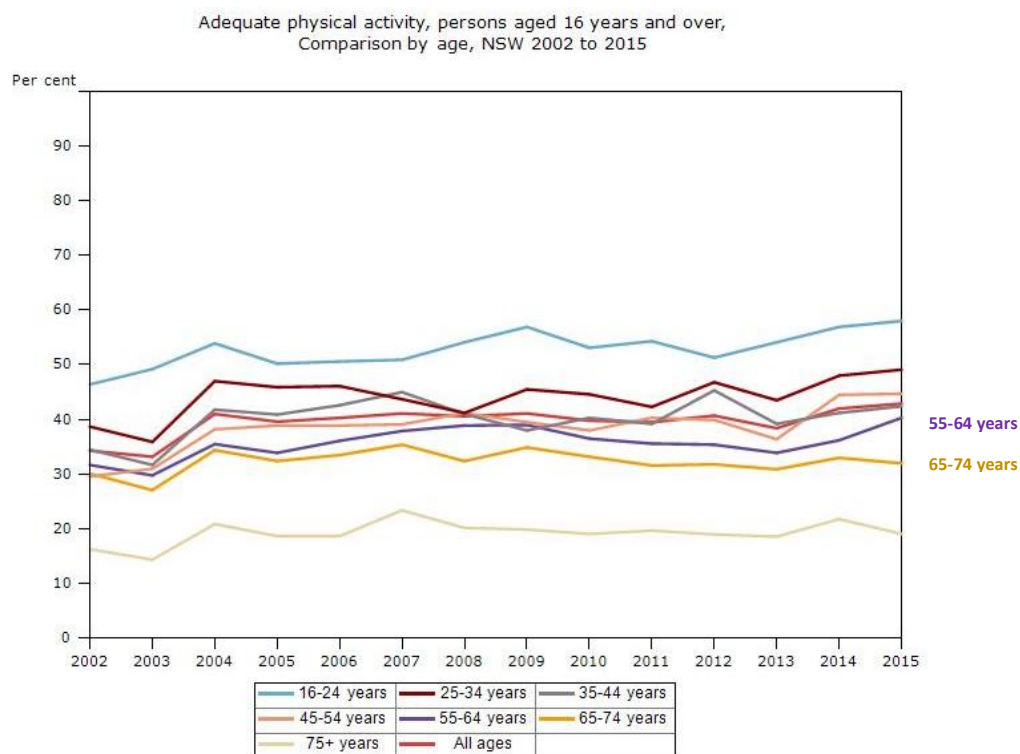
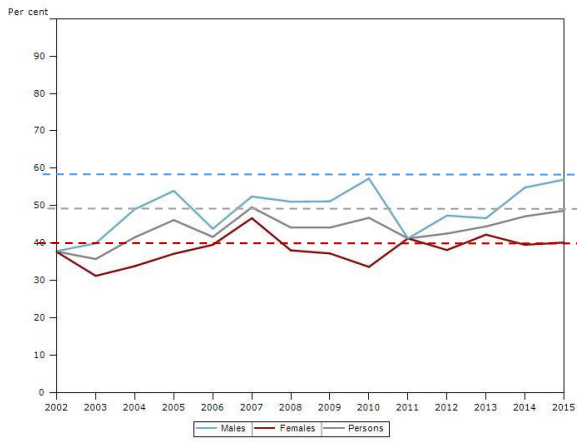


Figure 3 Prevalence of adequate physical activity by age category, persons aged 16 years and over, NSW 2015

<sup>4</sup> Data source: **HealthStats NSW** (Population Health Survey) <http://www.healthstats.nsw.gov.au/>

Adequate physical activity, persons aged 16 years and over, born in English speaking countries, NSW 2002 to 2015



Adequate physical activity, persons aged 16 years and over, born in Non-English speaking countries, NSW 2002 to 2015

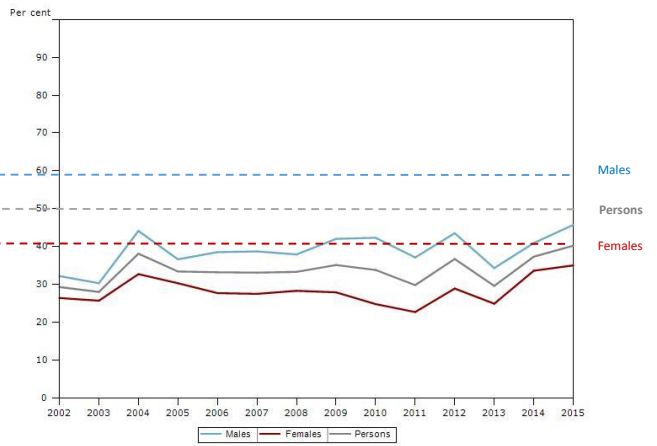


Figure 4 Comparison of the prevalence of adequate physical activity by country of birth (English/Non-English speaking), persons aged 16 years and over, NSW 2015

## Situational analysis

### Global context

The US CDC Community Guide rates the evidence for creating or enhancing access to places for physical activity and providing informational outreach as **strong**. The recommendation for creating or enhancing access to places for physical activity is based on review of 10 studies in which the median effect size suggests that this intervention results in a 25% increase in the proportion of the population who are physically active at least three times per week. Most of the studies also reported weight loss or a decrease in body fat among participants (US Centers for Disease Control and Prevention (CDC) 2011). Efforts to enhance access also should include informational outreach in the form of information, incentives, and programs designed to build awareness of the new opportunities.

A recent systematic review of effectiveness of financial incentives used for promoting physical activity in the healthcare setting found very limited evidence and was inconclusive regarding their effectiveness on physical activity in this setting (Molema, Wendel-Vos et al. 2016). Lack of effectiveness was also the theme in Spence and colleagues research into the uptake and effectiveness of the Children's Fitness Tax Credit in Canada (CFTC); the authors found that parents in the lowest income quartile were significantly less aware and less likely to claim the CFTC than other income groups. Among parents who had claimed the CFTC, few (15.6%) believed it had increased their child's participation in PA programs. It was concluded that whilst more than half of Canadian parents with children had claimed the CFTC, the tax credit scheme appeared to benefit wealthier families (Spence, Holt et al. 2010).

The major evidence review produced by Public Health England (Varney 2014) includes specific *recommendations for the sport and active recreation sector* which are of direct relevance. Program design should: (i) target and engage inactive people (ii) engage users in design of locally-embedded physical activity programmes (iii) deliver services that support inclusive opportunities for physical activity (e.g., inclusion fitness initiative-accredited gyms, equity statements) (iv) implement active travel plans for all staff and customers (v) identify and address barriers that prohibit equality groups from accessing services (e.g., geographic, physical, economic) (vi) establish robust systems to evaluate projects that assess pre and post project physical activity levels as well as participation and wider outcomes (using a standard evaluation framework).

Pavlik and de Vries have published a detailed review which examined the advantages of vouchers as an alternative method of sport funding at municipal level, also formulating recommendations for implementing a voucher system (Pavlik 2014). The researchers report that Sport vouchers are still quite rare, but have been used in Australia, the UK, Luxembourg, and the Czech Republic. While each municipality or jurisdiction has a different voucher system, the principle is consistently to support (especially youth) participation in sport and recreation. The different voucher values are predominantly determined by the economic limitations of the cities and by the total portion of their budgets dedicated to sport and active recreation (that is, by its priority in relation to other policy areas) – see Table 3. Advantages of vouchers categorized from stakeholders' point of view are summarised in Table 4 (Pavlik 2014).



City/region	Determination of voucher value	Expenditure per beneficiary in EUR	Target group	Number of voucher parts*	Number of beneficiaries
Hodonín	Floating (ex post)	85 (year 2012)	Age 6–18	2	875 (year 2009)
Opava	Floating (ex post)	40 (year 2012)	Age 6–19	2	966 (year 2012)
Poděbrady	Floating (ex post)	youth 36; seniors 12 (year 2012)	No age limit	3	N/A
Prostějov (proposal)	Fixed (ex ante)	–	Age 6–19	2	–
Queensland	Floating with fixed maximum	Max 120 (year 2013)	5–18 (only vulnerable groups)	1	12,000 (first round in 2012)
Northern Territory	Fixed (ex ante)	60 (year 2013)	5–12	1	45,000 (year 2012)
East Renfrewshire	Fixed	N/A	5–18	1	N/A
Luxembourg	N/A	N/A	0–19 (vulnerable groups get more)	1	N/A

\*) The voucher has 2 or 3 parts. Each part can be redeemed at a different sport club or all parts must be redeemed at one sport club.

Sources: Pavlík & de Vries 2013 for Czech cities; UK and Australia added by the author according to Evening Times 2001, EU (2013); Northern Territory (2013b); Queensland (2013b).

**Table 4** Main differences between sport voucher systems in analysed municipalities

Group	Advantages (benefits)	Disadvantages (costs)
Eligible individuals (voucher holders)	Motivation to continue or take up sport Freedom of consumer choice –to support preferred sport clubs Indirect involvement in public affairs	Time (and cost) for collecting voucher from local government
Sport clubs/ organizations (voucher recipients)	Increased interest in services granted by voucher Guaranteed support independent from political decision-making (i.e. a more transparent environment)	Administrative burden (unclear if higher, lower, or the same as with a standard grant system) Risk of no public funding if no vouchers gathered (similar risk in case grant application is rejected) Same voucher value for all; cost differences not taken into consideration Number of collected vouchers fluctuates; total funding unpredictable
Municipality (voucher distributor and system administrator)	Transparent system based on inhabitants' revealed preferences instead of political favour No need to manage grant policy – consumer choice determines allocation	Costs of voucher distribution Increased administrative burden, especially if vouchers are used in combination with the previous system

Source: Pavlik and de Vries 2013 – modified

**Table 5** Advantages of sport vouchers according to stakeholders with actual systems experience

## Australian context

A detailed analysis of voucher schemes in Australia is tabulated at Appendix 3 covering schemes from the Northern Territory(Northern Territory Government 2017), Queensland(Queensland Government 2017), South Australia(Committee of Australian Sport and Recreation Officials (CASRO) Cost of Participation Working Group 2014, Government of South Australia 2017), Western Australia(Committee of Australian Sport and Recreation Officials (CASRO) Cost of Participation Working Group 2014, Government of Western Australia 2017) and Victoria(Victorian Health Promotion Foundation (VicHealth) 2013, Victorian Health Promotion Foundation (VicHealth) 2015, Batras 2016, Victorian Health Promotion Foundation (VicHealth) 2016).

Key characteristics of these Australian Voucher Schemes include the following:

- The **target populations** explicitly specified are:
  - Primary school-age children (4 jurisdictions)
  - Secondary school-age young people (3 jurisdictions)
  - Women and Girls (1)
  - Disadvantaged communities (1)
  - Children under 5 years (1)
  - Remote communities (tailored scheme) (1)
- **Annual Investment** varies from **\$1.9M** (SA – single component) up to **\$15.9M** (QLD multicomponent); the largest longer-term investment identified was \$47.8M over three years for a multi-component program (QLD).
- **Process and impact evaluation data** were provided in most cases indicating that the schemes were generally implemented as intended and with promise to achieve positive outcomes in the longer term; changes in population rates of participation (through surveillance using representative samples) were not evaluated. The PICSAR program in Victoria was well reported(Victorian Health Promotion Foundation (VicHealth) 2013, Batras 2016), whilst the South Australian Sports Voucher Program featured an impressive web-based ***Dashboard of Performance Indicators*** (see Figure 4). This represents one important component of a best practice approach to monitoring implementation, ideally supplemented by surveillance to confirm the impact on physical activity levels of the population served. Despite the paucity of population change data for Australian schemes, the evaluation of a scheme in Swansea, Wales with similar design characteristics to the Australian schemes did report positive outcomes(Christian 2016), as shown below.

*Qualitative research* showed that vouchers

- encouraged friends to socialise through activity,
- provided opportunities to access local activities that pupils normally could not afford, and
- engaged both those interested and disinterested in physical education.

*Quantitative research data* showed

- Improvements in weekend moderate-to-vigorous physical activity
- Reductions in sedentary behaviour in both sexes
- Boys' fitness significantly improved during the voucher scheme
- Non-active' pupils (those not meeting recommended guidelines of 60 mins day<sup>-1</sup>) and those with higher motivation to exercise had higher voucher use(Christian 2016).

Update Charts

**YEAR: 2016**

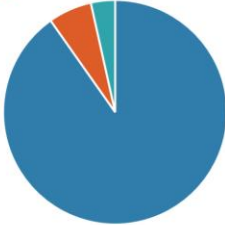
**TOTAL NUMBER OF CLAIMED VOUCHERS**  
**51,943**

**TOTAL VALUE OF CLAIMED VOUCHERS**  
**\$2,581,813**

**TOTAL NUMBER OF LOCATIONS**  
**1,110**

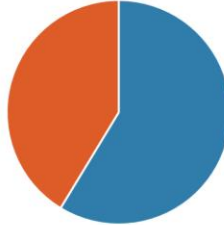
**DIVERSITY**

Legend:  
 ■ Total Other: 46864 (90.22%)  
 ■ Total CALD: 3263 (6.28%)  
 ■ Total ATSI: 1816 (3.50%)



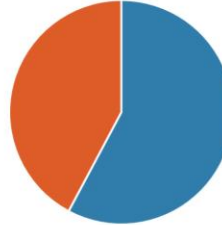
**CLUB REGISTRATION**

Legend:  
 ■ Registered Prior: 30486 (58.69%)  
 ■ Not Registered Prior: 21457 (41.31%)

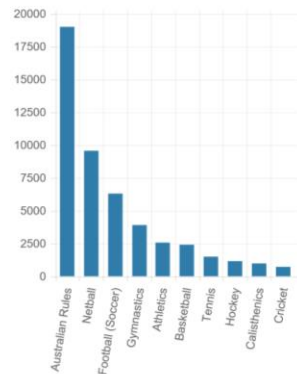


**BOYS/GIRLS**

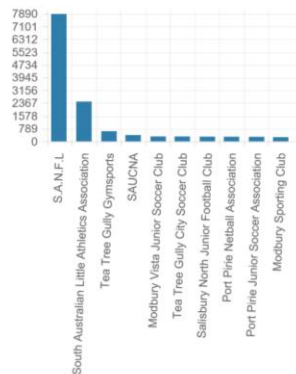
Legend:  
 ■ Boys: 30025 (57.80%)  
 ■ Girls: 21918 (42.20%)



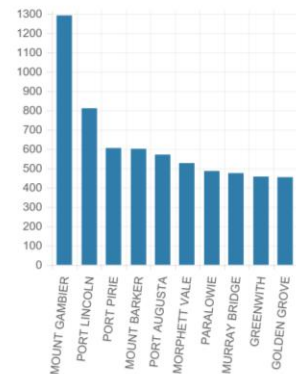
**TOP 10 SPORTS (BY TOTAL CLAIMED)**



**TOP 10 PROVIDERS (BY CLAIMED VOUCHER)**



**TOP 10 SUBURBS (BY PARTICIPANT SUBURB)**



**DISCLAIMERS**

The default for this dashboard is for the **whole State of South Australia** for the **current calendar year to date**.  
 The 2015 calendar year is from March 2015 to December 2015. As claims can still be processed up to end of February each year totals are subject to change during December to March of each year. The number of claimed vouchers may change daily in the current year due to the daily processing of payments.

Figure 5 Example of a Dashboard of Indicators for the South Australian Sports Voucher Program

## Appendices

## Appendix 1 Summary of physical activity and fitness levels among NSW children and teenagers – 2015

### SUMMARY OF THE PHYSICAL ACTIVITY & FITNESS LEVELS OF CHILDREN IN PRIMARY SCHOOL

The table below summarises the prevalence of indicators of physical activity and fitness (cardiorespiratory and muscular) in children in primary school.

Physical activity indicator	Australian guidelines	SPANS benchmark	Prevalence (%)		Significant subgroup findings for 2015* & change between 2010-2015
			2010	2015	
Physical activity participation	Children age 5-12 years should participate in <i>at least 60 minutes every day of moderate to vigorous physical activity</i>	≥60mins spent in moderate to vigorous physical activity every day <sup>10</sup>	n/a	23.0%	2015: Overall, the proportion of children meeting the physical activity recommendation was significantly lower among children in urban areas, from Middle Eastern and Asian cultural backgrounds, and in the overweight and the obese BMI categories
Know the physical activity recommendation for children age 5-12 years		60 minutes a day	17.3%	26.6% <sup>*,19</sup>	2015: Overall, the proportion of parents of children in Years K, 2 and 4 and children in Year 6 who know the physical activity recommendation was significantly lower among girls. Further subgroup differences were not assessed  Change 2010-15: Overall, the proportion of parents of children in Years K, 2 and 4 and children in Year 6 who know the physical activity recommendation significantly increased between 2010 and 2015. Within subgroup differences were not assessed
Cardiorespiratory fitness (20MSRT)	There are no specific guidelines	Children categorise as achieving HFZ <sup>†</sup> according to the age- and sex- adjusted criterion-referenced standards for cardiorespiratory fitness <sup>19</sup>	65.0%	62.6%	2015: Overall, the proportion of children achieving the HFZ in cardiorespiratory fitness was significantly higher among girls and significantly lower among children from low SES backgrounds, from Middle Eastern and Asian cultural backgrounds, and in the overweight and the obese BMI categories  Change 2010-15: Overall, there were no significant changes in achieving the HFZ in cardiorespiratory fitness between 2010 and 2015. Within subgroups, achieving the HFZ in cardiorespiratory fitness significantly decreased in girls
Muscular fitness (Standing broad jump)	There are no specific guidelines	Children categorise as achieving HFZ according to the age- and sex- adjusted 40 <sup>th</sup> centile for muscular fitness <sup>31, 32</sup>	n/a	36.7%	2015: Overall, the proportion of children achieving the HFZ for muscular fitness was significantly lower among children from low SES backgrounds, from Middle Eastern and Asian cultural backgrounds, and in the overweight and the obese BMI categories

<sup>†</sup> HFZ = healthy fitness zone; <sup>\*,19</sup> - Indicates statistically significant difference at P < 0.05; \* Comparisons are between rural compared with urban; low and middle SES compared with high SES; European, Middle Eastern and Asian cultural backgrounds compared with English-speaking cultural background; and thin, overweight and obese compared with healthy weight BMI category; n/a = not assessed in 2010

Source: Hardy LL, Mhrshahi S, Drayton BA, Bauman, A. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2015: Full Report. Sydney: NSW Department of Health. © NSW Ministry of Health 2017

## SUMMARY OF THE PHYSICAL ACTIVITY & FITNESS LEVELS OF ADOLESCENTS IN SECONDARY SCHOOL

The table below summarises the prevalence of indicators of physical activity and fitness (cardiorespiratory and muscular) in adolescents in secondary school.

Physical activity indicator	Australian guidelines	SPANS benchmark	Prevalence (% , 95%CI)		Significant subgroup findings for 2015* & change between 2010-2015
			2010	2015	
Physical activity participation	Adolescents age 13 to 18 years should participate in <i>at least 60 minutes every day of moderate to vigorous physical activity</i>	≥60mins spent in moderate to vigorous physical activity every day <sup>10</sup>	n/a	11.5%	2015: Overall, the proportion of adolescents meeting the physical activity recommendation was significantly lower among adolescents from Asian cultural backgrounds
Know the physical activity recommendation for adolescents age 13-18 years		60 minutes a day	22.0%	28.3% <sup>sig</sup>	2015: Subgroup differences were not assessed  Change 2010-15: Overall, the proportion of adolescents who knew the physical activity recommendation significantly increased between 2010 and 2015
Cardiorespiratory fitness (20MSRT)	There are no specific guidelines	Adolescents categorised as achieving HFZ <sup>†</sup> according to the age- and sex- adjusted criterion-referenced standards for cardiorespiratory fitness <sup>19</sup>	65.3%	58.5%	2015: Overall, the proportion of adolescents achieving the HFZ in cardiorespiratory fitness was significantly lower among adolescents from low SES backgrounds, from Middle Eastern and Asian cultural backgrounds, and in the overweight and the obese BMI categories  Change 2010-15: Overall, there were no significant differences in achieving the HFZ in cardiorespiratory fitness between 2010 and 2015. Within subgroups, achieving the HFZ in cardiorespiratory fitness significantly decreased among adolescents from urban areas, from high SES backgrounds, from Asian cultural backgrounds, and in the overweight and obese BMI categories
Muscular fitness (Standing broad jump)	There are no specific guidelines	Adolescents categorised as achieving HFZ according to the age- and sex- adjusted 40 <sup>th</sup> centile for muscular fitness <sup>31, 32</sup>	n/a	35.1%	2015: Overall, the proportion of adolescents achieving the HFZ for muscular fitness was significantly lower among adolescents from low SES and middle SES backgrounds, from European cultural backgrounds, and in the overweight and the obese BMI categories

<sup>†</sup>HFZ = Healthy fitness zone; <sup>sig</sup>= Indicates statistically significant difference at P < 0.05; \*Comparisons are between rural compared with urban; low and middle SES compared with high SES; European, Middle Eastern and Asian cultural backgrounds compared with English-speaking cultural background; and thin, overweight and obese compared with healthy weight BMI category; n/a = not assessed in 2010

Source: Hardy LL, Mhrshahi S, Drayton BA, Bauman, A. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2015: Full Report. Sydney: NSW Department of Health. © NSW Ministry of Health 2017

### **Provision of an electronic card**

“...Yeah the paper falls apart when its wet...”(boy)

“...because then sometimes they say it’s like only £3 and you’ve got a fiver then you’ve lost £2. So if you go twice you’ve, say you’ve spent £6 and then you’ve lost £4 what you could have spent on another one, on another sports...” (boy)

“...Reckon you should like make a little card or something, we don’t have to carry paper around with us everywhere...and say how much we’ve got left on our cards and then use it...” (girl)

### **Vouchers redeemable for public transport**

“...I think if we could improve the vouchers they should have like bus passing and that...I think it might get more people active because it’s easier to get places if it’s free to get there, it’s free to do it...”(boy)

### **Increased range of opportunities**

“If they had treadmills in school, I’d be happy...Actually treadmills at school, that would keep everyone active...I don’t know if you look like(name of sports centre)...all the equipment they’ve got, just bring some things into school like that and like they could impel the people like to be more active...”(boy)

“...I was going to buy some weights but I don’t know where I could buy them...”(boy)

“...I’d like to see like, I’ve been like looking online for like female boxing and stuff like that, they don’t really do that...” (girl)

“...It’s only like one thing in (name of area) and that’s the(name of activity centre) (laughs) isn’t it basically...”(girl)

“...Getting all of us just on a trip....Yeah, and go up to (next town) for the day, like spend your vouchers...”(girl)

“...Everyone’s going to go paintballing, you’d have loads going for paintballing...” (boy)

### **Use during school holidays**

“...I would like one of them vouchers just for the summer holidays because you know like when parents are buying the new like school bags and everything and it’s going to be expensive to get everything...and then you’ve got the vouchers you don’t have to ask for money...” (girl)

“...When you get home you just want to relax, it’s like I’d use them more weekends probably...I’d use them more in the holidays probably...” (girl)



## Appendix 3 Detailed Tabulation of Voucher schemes designed to promote increased participation in Sport and Active Recreation

Country	Subnational or National	Strategic/ programmatic context	Name	Year launched	Population	Description of program	Link to program	Strategies and Objective	Key Features	Impact	Link to Evidence
Australia, NT	Subnational	Northern Territory Sport & Active Recreation Master Plan	Sports Voucher	2012	Primary and secondary school aged children (a) <b>Urban Schools Model</b> (b) <b>Remote Schools Model</b>	<p><b>2013/14 \$4.0 million</b> <b>2014/15 \$7.2 million (Sport + Swim Vouchers)</b></p> <p><b>URBAN SCHOOLS</b> All children enrolled in an urban school automatically receive a \$100 sport voucher at the start of each semester in January and July issued via their school. From 2016, every school age child in a remote area had access to \$200 worth of sport voucher funding annually to participate in a sport, recreation or cultural activities determined by the community.</p> <p><b>REMOTE SCHOOLS</b> In remote areas where sufficient range of providers are not available, Scheme is coordinated and administered through the local school.</p> <ul style="list-style-type: none"> <li>• Funding of \$200 per enrolled student per financial year is available for remote schools to apply</li> <li>• Remote schools have the option of applying online for \$200 funding per enrolled student in one annual application covering the 12 month period or as two six-monthly applications per year.</li> </ul>	<a href="https://nt.gov.au/learning/student-financial-help-and-scholarships/sport-and-scholarships/sport-vouchers-for-your-child">https://nt.gov.au/learning/student-financial-help-and-scholarships/sport-and-scholarships/sport-vouchers-for-your-child</a>	<p><b>Urban Model</b></p> <ul style="list-style-type: none"> <li>• Distributed via schools as \$100 Sport Voucher in July and January.</li> <li>• Vouchers can be redeemed at registered organisations.</li> <li>• Organisations must be registered with the NT Department of Sport, Recreation and Racing (DSRR) prior to accepting vouchers.</li> <li>• Redeemed vouchers are then submitted online to DSSR by the organisation and payment is made within 7 days.</li> <li>• List of registered organisations displayed on the website.</li> </ul> <p><b>Remote model</b> Scheme coordinated and administered through the local school.</p> <ul style="list-style-type: none"> <li>• Option of applying online for \$200 funding per enrolled student in one annual application covering the 12 month period .</li> <li>• Redeemed vouchers submitted online to NT Government by the organisation; payment</li> </ul>	<ul style="list-style-type: none"> <li>• First implemented 2012/13 as a \$75 Sport Voucher.</li> <li>• Scheme increased on 1 July 2014 to \$200 and expanded to include sport, recreation and cultural activities.</li> <li>• Available to every school-aged child enrolled in a Northern Territory school.</li> <li>• \$200 per financial year for Sport Vouchers.</li> <li>• Sport vouchers can be used for sport, recreation or cultural activities.</li> <li>• \$75 Scheme ceased in November 2014</li> </ul> <p><b>Exclusions</b> XX Activities or programs that are part of the school curriculum or during school hours XX After-school care services and tutors XX School-run activities XX Travel to and from competitions XX To buy equipment or uniforms from a retailer XX Multiple activity providers XX Payments to activity providers who are not registered. XX Can't get cash refunds for all or part of the value of the sport voucher XX Can't transfer your voucher to another child</p>	<ul style="list-style-type: none"> <li>• 39,775 Sport Scheme Vouchers used in the K320-month period January 2013 - 22 August 2014</li> <li>• Over 82% of parents with dependent children reported that their children were involved in organised sport.</li> <li>• Nearly 80% of respondents used the Sports Vouchers in previous 12-month period.</li> <li>• In 2015-2016 354 Organisations registered for Sport Vouchers</li> </ul>	<p><b>From Master Plan Report:</b> <a href="https://dtr.nt.gov.au/__data/assets/pdf_file/0016/380023/dsr-annual-report-2015-16.pdf">https://dtr.nt.gov.au/__data/assets/pdf_file/0016/380023/dsr-annual-report-2015-16.pdf</a> AND <a href="https://dtr.nt.gov.au/__data/assets/pdf_file/0010/373258/Sport-and-Active-Recreation-Master-Plan-High-Res.pdf">https://dtr.nt.gov.au/__data/assets/pdf_file/0010/373258/Sport-and-Active-Recreation-Master-Plan-High-Res.pdf</a></p>
Australia, NT	Subnational	Northern Territory Sport & Active Recreation Master Plan	Learn to Swim Voucher	2014	Children aged up to 5 years	<p><b>2014/15 \$7.2 million (Sport + Swim Vouchers)</b></p> <p>\$200 worth of learn to swim vouchers per child per calendar year</p>	<a href="https://nt.gov.au/leisure/sport/learn-to-swim-vouchers-for-your-child">https://nt.gov.au/leisure/sport/learn-to-swim-vouchers-for-your-child</a>	<p>To encourage swimming skills and water safety awareness for children aged up to 5 years (and parent(s)/carer(s))</p>	<ul style="list-style-type: none"> <li>• Implemented 1 July 2014.</li> <li>• Available for toddlers aged up to five years who are not enrolled in pre-school or school..</li> <li>• Parents apply for Learn to Swim Vouchers online from July and January each year</li> <li>• Issued as two \$100 Learn to Swim Vouchers.</li> <li>• To be eligible, the parent and child must complete or have completed the free Water Safety Awareness Program with Royal Life Saving Australia NT.</li> </ul>	<ul style="list-style-type: none"> <li>• Significant increase in Water Safety Awareness Program (WSAP) registrations with the introduction of Learn to Swim Vouchers.</li> <li>• 524 WSAP registrations (pre-requisite course) in 2-month period 01 July to 22 August 2014.</li> </ul>	

Country	Subnational or National	Strategic/ programmatic context	Name	Year launched	Population	Description of program	Link to program	Strategies and Objective	Key Features	Impact	Link to Evidence
Australia, QLD	Subnational	N/A	Get Started (Sport Voucher Program)		Primary and secondary school aged children	<p><b>\$47.8 million scheme over three years (4 components)</b></p> <p><b>Get Started sports vouchers</b> (1 of 4 components - see key features) provide up to \$150 to help pay the cost of club membership or participation fees. Refer to the terms and conditions for voucher use.</p>	<p><a href="https://www.qld.gov.au/recreation/sports/funding/getinthegame/getstarted/">https://www.qld.gov.au/recreation/sports/funding/getinthegame/getstarted/</a></p>	<p>(1) Get Started Vouchers - "funding to help young people participate"</p> <p>Multicomponent:</p> <p>implemented alongside</p> <p>(2) Get Going Clubs - funding to help clubs grow</p> <p><a href="https://www.qld.gov.au/recreation/sports/funding/getinthegame/getgoing/">https://www.qld.gov.au/recreation/sports/funding/getinthegame/getgoing/</a></p> <p>(3) Get Playing Places and Spaces - funding to improve facilities</p> <p><a href="https://www.qld.gov.au/recreation/sports/funding/getinthegame/getplaying/">https://www.qld.gov.au/recreation/sports/funding/getinthegame/getplaying/</a></p> <p>(4) Get Playing Plus - funding to help improve infrastructure</p> <p><a href="https://www.qld.gov.au/recreation/sports/funding/getinthegame/getplayingplus/apply/">https://www.qld.gov.au/recreation/sports/funding/getinthegame/getplayingplus/apply/</a></p>	<p>Multi-component</p> <p><b>Get Started – Sports Vouchers</b> to help kids participate; (2) Get Going – Funding to help clubs grow; and (3) Get Playing – Funding to improve facilities</p> <ul style="list-style-type: none"> <li>• Maximum of \$150 per voucher available to help pay the cost of sport and recreation membership or participation fees</li> <li>• Applicant must be 5-18 years</li> <li>• Applicant or parent/carer must hold a Centrelink Health Care Card or Pensioner Concession Card or have been identified by two referral agents</li> <li>• Limit of one voucher per child per calendar year</li> <li>• First implemented in 2012/13.</li> </ul>	<p>(1)</p> <ul style="list-style-type: none"> <li>• Approximately 26% of voucher recipients in the first three rounds of funding were new participants to sport</li> <li>• 80% of vouchers issued went to Health Care or Pensioner Concession Card holders</li> <li>• Over 46,000 vouchers have been redeemed since 2012.</li> <li>• More than 3,500 sport and recreation clubs registered with Get Started</li> <li>• Round 3 (2014) vouchers redeemed mostly used at rugby league, football (soccer) and netball clubs.</li> <li>• No rigorous evaluation available</li> </ul>	From a CASRO internal discussion paper

Country	Subnational or National	Strategic/ programmatic context	Name	Year launched	Population	Description of program	Link to program	Strategies and Objective	Key Features	Impact	Link to Evidence
Australia, SA	Subnational	N/A	Sports Voucher	2014	Primary school aged children	<p><b>\$7.74 million over four years</b></p> <p>2014-15 \$1.086 million 2015-16 \$2.19 million 2016-17 \$2.21 million 2017-18 \$2.25 million</p> <p>The Sports Vouchers program is a Government of South Australia initiative administered by the Office for Recreation and Sport. The program provides an opportunity for primary school aged children from Reception to Year 7 to receive up to a \$50 discount on sports membership/registration fees. The purpose is to increase the number of children playing organised sport by reducing cost as a barrier to participate in sport.</p>	<a href="http://www.sportsvouchers.sa.gov.au/">http://www.sportsvouchers.sa.gov.au/</a>	To encourage participation in sport and active recreation amongst 5-13- year-olds	<ul style="list-style-type: none"> <li>Provides opportunity for primary school aged children from Reception to Year 7 to receive up to a \$50 discount on sports membership/registration fees.</li> </ul>	Interactive Dashboard of Indicators Provided [See Figure 00]	<a href="http://sportsvouchers.sa.gov.au/dashboard">http://sportsvouchers.sa.gov.au/dashboard</a>
Australia, WA	Subnational	N/A	Kid Sport (Sport Voucher Program)		Primary and secondary school aged children	<p><b>\$10 million over four years</b></p> <p>The <i>Kid Sport</i> program enables eligible Western Australian children aged 5–18 years to participate in community sport and recreation by offering them financial assistance towards club fees. A maximum of \$200 is paid directly from the local government to the registered Kid Sport clubs participating in the project.</p>	<a href="http://www.dsr.wa.gov.au/funding/individuals/kid-sport/information-for-parents">http://www.dsr.wa.gov.au/funding/individuals/kid-sport/information-for-parents</a>	To encourage participation in sport and active recreation amongst 5-18- year-olds	<ul style="list-style-type: none"> <li>First implemented in 2011/12</li> <li>Up to \$200 available per year per child towards club registration fees</li> <li>Applicant must be 5-18 years</li> <li>Applicant must have a Health Care Card or Pension Concession Card or be referred by a recognised Referral Agent (eg. School teachers, social workers, police etc)</li> <li>Partnership between State Government and Local Government</li> </ul>	<ul style="list-style-type: none"> <li>600 / week are processed by 129 local governments in more than 80 sport and recreational activities</li> <li>49,700 vouchers (30,447 boys compared with 19,251 girls) to a value of \$7,618,226 issued to n= 34,747 children (2011-14)</li> <li>22,869 of vouchers (46%) were used for children who had not previously been registered with the selected club</li> <li>Vouchers were highly accessed by under-represented populations groups <ul style="list-style-type: none"> <li>- 9,000+ Aboriginal children</li> <li>- 4,486+ CALD children</li> <li>- 3,054 children with disability</li> </ul> </li> </ul>	From a CASRO internal discussion paper

Country	Subnational or National	Strategic/ programmatic context	Name	Year launched	Population	Description of program	Link to program	Strategies and Objective	Key Features	Impact	Link to Evidence
Australia, VIC	Subnational	Strategy, supported by VicHealth	Participation in Community Sport and Active Recreation (PICSAR) State and Regional Grants	2007-11	Disadvantaged communities with low participation rates	<p><b>\$20.4 million (2007 – 2011), PICSAR funding</b></p> <ul style="list-style-type: none"> <li>43 State Sporting Associations (SSAs)</li> <li>9 Regional Sports Assemblies (RSAs)</li> <li>9 peak agencies representing community organisations across Victoria</li> </ul>	<a href="https://www.vichealth.vic.gov.au/media-and-resources/publications/more-than-just-sport---picsar-evaluation">https://www.vichealth.vic.gov.au/media-and-resources/publications/more-than-just-sport---picsar-evaluation</a>	<ul style="list-style-type: none"> <li>Increase participation of Victorians across all levels of community sport and active recreation.</li> <li>Focus on increasing participation of communities experiencing disadvantage (also known to experience the worst health and have low levels of participation in sporting activities).</li> </ul>	<p>PICSAR State and Regional Grants focused on</p> <ul style="list-style-type: none"> <li>(i) increasing physical activity;</li> <li>(ii) increasing social connection; and</li> <li>(iii) reducing health inequalities to improve community health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>PICSAR focused on building the capacity of sports organisations and clubs to engage with priority communities.</li> <li>This was achieved through effective partnerships, inclusive policies, modified facilities and programs, and training of staff and volunteers.</li> <li>PICSAR demonstrated that there is no one single solution to overcoming barriers to sports participation. Rather, <b>involving people in sports requires a combination of multi-pronged approaches underpinned by strong, collaborative partnerships.</b></li> </ul>	<p>Batras, D. 2016 Thesis, Monash University</p> <p>PHD</p>
Australia, VIC	Subnational	Girls and Women	Changing the Game	2015	Female	<p><b>\$1.8 million over 2 years</b></p> <p>VicHealth is funding six sporting codes to work with women and girls who don't normally participate in traditional sports programs that are provided through clubs and competition.</p>	<a href="https://www.vichealth.vic.gov.au/programs-and-projects/increasing-female-participation-in-sport-initiative">https://www.vichealth.vic.gov.au/programs-and-projects/increasing-female-participation-in-sport-initiative</a>	<ul style="list-style-type: none"> <li>Increase Female Participation in Sport</li> <li>Get 25,000 women and girls across Victoria physically active over the next two years</li> <li>Raise the profile and coverage of women's sport in the media.</li> </ul>	<p>The six successful organisations are:</p> <p>AFL Victoria (together with AFL), Cycling Victoria, Gymnastics Victoria, Netball Victoria, Surfing Victoria and Tennis Victoria in partnership with Tennis Australia - each of whom will be running activities which are specifically designed to be attractive to women</p>	<p>Ongoing</p>	<p>Not as yet available</p>
Wales, UK	Subnational	13-14-year-old secondary school students in Swansea	ACTIVE: Active children through incentives vouchers	2016	Secondary School (Swansea)	<p><b>Pilot Scheme 3450 vouchers ~ AUD\$28,500 (of which AUD\$12,120 used)</b></p> <ul style="list-style-type: none"> <li>Activity-promoting voucher scheme aiming to improve physical activity levels amongst teenagers in Swansea #ACTIVE</li> <li>Provision of £25 of vouchers (five vouchers in increments of £5) per month for six months.</li> <li>Vouchers could be used to: <ul style="list-style-type: none"> <li>i) enroll in existing activities;</li> <li>ii) fund coaches or new activities directly in communities or at their school, such as Zumba and Boxercise; and</li> <li>iii) purchase new sporting equipment for themselves or their school</li> </ul> </li> </ul> <p>Research study participants were n= 115 13-14-year-olds, from a secondary school in a deprived area of Swansea.</p>	<a href="https://twitter.com/ActiveProject">https://twitter.com/ActiveProject</a>	<ul style="list-style-type: none"> <li>The aim is to increase physical activity in teenagers and hence improve health through the provision of activity vouchers.</li> </ul>	<ul style="list-style-type: none"> <li>Adolescents, teachers and activity providers supported the voucher scheme</li> <li>Stakeholders reported that the vouchers enabled deprived adolescents to access more physical activity opportunities.</li> <li>Voucher usage was associated with improved attitudes to physical activity, increased socialisation with friends and improved fitness and physical activity</li> <li>Scheme was implemented as intended</li> <li>Positive feedback from teachers that the scheme was feasible to run through school and not too intrusive on school time</li> </ul>	<p>Pre-Post Evaluation, Quantitative and Qualitative Evidence: During ACTIVE, 1464/3450 (42.6%) of vouchers were used. Boys used more vouchers than girls (807 boys: 657 girls). Vouchers enabled participation by providing everyone the same opportunities regardless of economic background. It was felt that this sense of inclusiveness reduced the stigma linked to deprivation experienced by those unable to participate due to lack of financial resources. The scheme enabled staff to build relationships with pupils who were usually disengaged with school-based PA. Improvements in weekend moderate-to-vigorous physical activity and reductions in sedentary behaviour were observed in both sexes.</p>	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5002124/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5002124/</a></p>

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