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COMMUNITY PARTICIPATION
AND EMPOWERMENT

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Chapter 1

THE OUT OF SCHOOL HOURS SPORTS PROGRAM: DEVELOPING A HEALTHY COMMUNITY THROUGH ACTIVE PARTICIPATION AND EMPOWERMENT?

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ABSTRACT

From 1985 to 1995 the level of combined overweight and obesity levels in Australian children has increased. This prompted the Australian government to develop strategies targeting individuals or groups within communities who need to improve this aspect of their health. The Out of School Hours Sports Program (OSHSP) represents one major community development strategy of the Australian Sports Commission (ASC) and the Victorian Health Promotion Foundation (VicHealth) that targeted the growing problem of declining physical activity levels of Australian children (Australian Sports Commission, 2008). This program was a state-wide initiative that involved 71 Out of School Hours Care (OSHC) Services and was developed and implemented by the Australian Sports Commission (ASC) and the Victorian Health Promotion Foundation (VicHealth) between 2003 and 2005. This program represented a Communitarian or Community - Based approach, whereby the implementation of the program was managed by the local people Three studies are presented within this chapter that:

1. examine the value orientations of deliverers within the OSHSP in order to examine if the OSHSP community represented a diverse group with differing values;
2. investigate the Level of Use of the different groups to explore if different deliverers participated in different type of activities while implementing the OSHSP; and
3. explore community development, community participation and empowerment activities during the implementation of the OSHSP to understand whether the implementation of state-wide OSHSP resulted in locally shaped practices; social network development; and community member mobilisation.

Data collection involved surveying OSHC Coordinators \( (n=9) \), OSHC Deliverer \( (n=16) \) SSA Deliverer \( (n=4) \) and interviewing OSHC Coordinators \( (n=3) \), OSHC Deliverer \( (n=3) \) SSA Deliverer \( (n=3) \). The data from these studies provided evidence of practices associated with community development and empowerment, however there were some concerns over community participation. The paper concludes by suggesting that claims of Community-Based Programs being popularist rhetoric (Gray and Crofts, 2008) are not entirely applicable to the OSHSP as it was able to contribute to community development through local actions in line with most of the ideals of theorists like Friere (1994). The authors anticipate that the presentation of these findings may prompt other government agencies to report the achievements of government-sponsored community development programs to help refute the type of critique currently being applied to this type of program.

INTRODUCTION

From 1985 to 1995 the level of combined overweight and obesity levels in Australian children more than doubled in all but the youngest age group of boys (aged 7), whilst the level of obesity tripled in all age groups (7-15) and for both sexes (Magarey, Daniels, & Boulton, 2001). Increasing levels of obesity and decreasing physical activity levels of young Australians has prompted the Australian government to develop strategies targeting individuals or groups within communities who need to improve this aspect of their health. The Out of School Hours Sports Program (OSHSP) represents one major community development strategy of the Australian Sports Commission (ASC) and the Victorian Health Promotion Foundation (VicHealth) that targeted the growing problem of declining physical activity levels of Australian children (Australian Sports Commission, 2008). The decision by these organisations to focus on community reflects a Communitarian or Community-Based approach, where the sponsoring organisation believes that the most effective and enduring development programmes are those that are created and managed by the local people (Midgley, 1995). While it is quite common to see evidence of communitarian approaches being used in health promotion initiatives (see Callahan, 2001) there are some (Ife, 2002) who are critical of health promotion initiatives based around the local empowerment principles of authors like Paolo Freire (1994). Freire (1994) promoted the ideals of empowering community members, which is often emphasised in community development in order to encourage community members to take part in collective action (Daly & Cobb, 1994) and influence decisions that affect them (Skelton, 1994). Gray and Crofts (2008) have suggested that the rhetoric used to support or validate some of the popular approaches to promoting major community changes through local activists (see for example Mustafa and Mishe, 1998),
fail to translate into the actions expected by theorists like Freire (1994). Throughout this chapter, such claims are examined using the community development concepts of empowerment and community participation. The community development program that serves as the focus for this chapter is the Out of School Hours Sports Program (OSHSP). This initiative aimed to provide a safe, inclusive and fun sporting experience for children in the OSHC setting and also aimed to create a pathway for transition to junior memberships in local sports clubs and associations (Australian Sports Commission, 2008). The authors have examined this program through a series of case studies that aimed to better understand how this community had developed as a result of participating in the OSHSP. The first case study reports on the Value Orientations (Ennis, 1992) of the deliverers to examine if the various groups of deliverers of the OSHSP represented a diverse group with differing value orientations during program implementation. The second case study uses the Levels of Use - LoU framework (Loucks, Newlove and Hall, 1998) to identify differences in implementation activities that occur between these groups as they deliver the OSHSP program. The final study investigated how the implementation activities of the various deliverers influenced community participation within the OSHSP community and empowered individuals and groups within this community. The discussion draws on the three case studies, to comment on how this community based intervention reflected the ideals of empowerment and community participation. The paper concludes by suggesting that claims of popularist rhetoric made by Gray and Crofts (2008) are not entirely applicable to the OSHSP as it was able to contribute to community development through local actions in line with most of the ideals of theorists like Friere (1994). To date, research in this area has tended to focus on the short and long term impacts of an intervention on communities. This study differs from these as it compares and contrasts differing actions of members within a locally constructed community. We expect that the presentation of our findings throughout this chapter may prompt other government agencies to report the achievements of government-sponsored community development programs to help refute the type of critique currently being applied to this type of program.

**VALUES ORIENTATION**

Values orientation is an important concept in understanding an individual’s thinking about program matters and implementation practices associated with health promotion activities, as the values of individuals will often guide their daily practices (Liu & Silverman, 2006). The value orientation of these individuals involved in health promotion activities represents a collective set of beliefs about program elements such as program intent (aims, goals and objectives), content and teaching strategies (Cheung & Wong, 2002). Those who make decisions about what to include or exclude in a program use their own values and value judgments to answer the basic question, 'What knowledge is of most worth?' (Eisner, 1990). In the discipline of physical education, five value orientations have been identified as the main value structure of teachers that are used by them to guide program decisions on valid content and appropriate activities (Ennis, 1992; Ennis & Chen, 1993; Jewett, Bain, & Ennis, 1995).
Ennis and Chen (1993,) have identified value orientations in physical education as: (a) disciplinary mastery, (b) learning process, (c) self-actualization, (d) social responsibility, and (e) ecological integration. These five orientations will be used from this point on to describe the orientations of deliverers involved with the OSHSP. Deliverers adopting a disciplinary mastery perspective believe in helping participants master the subject content (Jewett et al., 1995). This orientation is believed to represent the most traditional of the value orientations. Those deliverers that favour this perspective primarily emphasize the mastery of fundamental movement, sport, and physical activity skills as well as health-related exercise content (Jewett et al., 1995). Their delivery activities often employ a direct or didactic delivery style (Curtner-Smith & Meek, 2000).

Deliverers favouring the learning process value orientation place an equal emphasis on how and what participants learn (Jewett, Bain, & Ennis, 1995). Deliverers guided by this perspective often use indirect delivery styles and set problems for their participants in the context of sport, physical activity, and health-related exercise (Curtner-Smith & Meek, 2000).

Deliverers favouring the self-actualisation perspective stress the personal development of their participants (Jewett, Bain, & Ennis, 1995). Typical strategies or practices aligned with this approach include the emphasis of individual excellence, self-discovery, and encouragement for participants to develop their self-confidence (Curtner-Smith & Meek, 2000). During sport and physical activity sessions reflecting this orientation, you would expect to see activities encouraging participants to reflect on their own performances, set goals and formulate plans to realize their goals (Jewett, Bain, & Ennis, 1995).

Deliverers with a high orientation towards social responsibility rate the achievement of societal goal ahead of mastering subject matter and personal development. A key objective is to facilitate cultural change leading to the improvement of society (Cheung & Wong, 2002). Deliverers who place a high priority on this perspective may deviate from a planned curriculum to place greater emphasis on the participants developing cooperation skills and respect for others (Ennis & Chen, 1993). They may also encourage participants to make comparisons of their own behaviours with those expected by society and to formulate plans for improvement. Within sport, physical activity, or health-related sessions, Deliverers favouring a social responsibility perspective would typically place participants in situations in which they must take responsibility and cooperate with one another (Jewett, Bain, & Ennis, 1995).

The final orientation within this group of five is identified as Ecological Integration. Deliverers promoting this type of value orientation place value in participants participating in a personal search for meaning (Curtner-Smith & Meek, 2000). Deliverers with a strong preference for ecological integration give equal emphasis to subject matter mastery, personal development, and societal goals (Jewett, Bain, & Ennis, 1995). Within sport, physical activity, and health-related settings, this type of value orientation is usually reflected in activities and content that meets the needs and interests of participants in that particular context.

Ennis, Mueller, and Hooper (1990) developed and validated Value Orientation Inventory (VOI) that was subsequently modified and validated by Ennis and Chen, (1993). The scores from this inventory have been used by researchers to identify physical educators' values orientation on the basis of how they rank sets of five sentences representative of the five value orientations (Cheung & Wong, 2002; Lui & Silverman, 2006; Curtner-Smith & Meek, 2000; Solomon & Ashy, 1995). Data collected in the initial research conducted by Ennis & Chen,
(1993) showed that deliverers' priorities were spread fairly evenly amongst the five value orientations suggesting a discrepancy between traditional texts that promote a disciplinary mastery orientation and the values and beliefs of a considerable number of deliverers.

**Levels of Use**

Partnerships in health is an initiative of the Jakarta Declaration on Health Promotion into the 21st century (World Health Organisation, 1997) that aimed to bring individuals and groups together for the purpose of social change linked to health promotion. In forming these partnerships, community members will often be confronted with different interests and priorities that will be realised in the action of stakeholders (Erben, Franzkowiak & Wenzel, 2000).

The levels of use (LoU) framework (Loucks, Newlove & Hall, 1998) provides a framework for focussing on the general type of actions people complete as they prepare to implement a new program or curriculum. The LoU framework is a component of a three dimensional model for conceptualizing and measuring change during the implementation of an innovation (see Hall & Hord, 2001). The LoU framework represents a developmental progression; here, though, the focus is on behaviours associated with implementation practices of a sport program. These changes are linked to seven categories of use (Loucks, Newlove, & Hall, 1998): Knowledge (what you know about the innovation); Acquiring Information (getting more information about the innovation); Sharing (discussing the innovation with others); Assessing (examining how to use the innovation); Planning (designing a short/long implementation plan); Status Reporting (describing a personal stance on implementing the innovation); Performing (operationalising the innovation).

As part of this framework Loucks, Newlove, & Hall (1998) identify the following eight LoU's that represent a developmental sequence of use: Non-use (0), Orientation (I), Preparation (II), Mechanical Use (III), Routine (IVA), Refinement (IVB), Integration (V), and Renewal (VI) (Hall & Hord, 2001). Starting at the value orientation of non use (Level 0 – Non-use) there is generally a progressing towards a Deliverer orientating (Level 1 - Orientation) himself or herself with the innovation in order to decide whether to adopt it. In certain situations, this progress may be driven by an external motivation in the form of a mandate from a government or funding body (Loucks, Newlove & Hall, 1998).

At the next LoU the user prepares (Level II - Preparation) for adoption of the innovation through participating in training, developing or accessing resources or modifying existing procedures within the organisation (Hall and Hord, 2001). Once these preparations have been completed, the practices of those adopting the innovation often reflect poorly coordinated activities targeted at meeting the day-to-day needs, problems and events (Level III – Mechanical Use) (Loucks, Newlove and Hall, 1998). Progression to the next LoU involves shifting from established practices (Level VIA - Routine) to the refinement (Level IVB - Refinement) of usage of the innovation (Hall and Hord, 2001). Activities at this level include eliciting feedback from the intended beneficiaries of the implemented changes, (e.g. participants or students) in order to improve the outcomes for this group (Loucks, Newlove and Hall, 1998).
In the last two levels of innovation use, the user integrates usage with other practitioners (Level V - Integration) and looks for other innovations to supplement or perhaps even replace (Level VI - Renewal) the innovation (Hall and Hord, 2001). Typically, after one year of implementing an innovation, the majority of users are at Level III (Bellah & Dyer, 2007). Only a small percentage of users ever reach Levels V and VI (Johnson, Wistow, Schulz, & Hardy, 2003). Positive progression through to this level is usually achieved by those who have increased their confidence and skill level as they use or become involved with the innovation (Newhouse, 2001). People generally move sequentially through the levels, but there can be some backsliding (Bellä & Dyer, 2007). There will also be those who remain invariant through the entire implementation phase (Newhouse, 2001). McKinnon and Nolan (1989) suggest that in order for an innovation to be adopted, implemented and sustained 75% or more of those involved with the implementation must operate at Level IVA (Routine Use) or higher. This LoU is also important in terms of program evaluation as there is a danger that if a program is evaluated before a significant percent of users are at Level IVA (Routine Use) or above that it may be rejected as not effective, when in reality it was not implemented well enough to make any meaningful judgment about its worth (Hord, Rutherford, Huling-Austin, & Hall, 1987).

COMMUNITIES AND COMMUNITY DEVELOPMENT

While issues still remain over a commonly agreed definition of community (Gray & Crofts, 2008), Ifc (2002) argues that the concept of community provides multiple opportunities for discussing issues related to community, one of which being the interplay between local community culture and mainstream mass culture. As communities participate in a process of planned social change for their own well-being (Midgley, 1995), there is a danger that a health promotion activity designed to enable people to improve community health may result in a very different outcome. As physical activity programs increase in scale, some preference is given towards the standardisation of approaches, i.e. ‘one size fits all’ (Couch, 2007). This trend appears to be counter-productive to the goal of developing a community culture that is owned and shaped by the participants themselves (Midgley, 1995). In addition as the incidences of risk and litigation become more prevalent in physical activity settings (Swan & O’Meara, 2006) there is an increasing reliance on a body of technical knowledge that threatens to restrict the involvement of community members and transfer this responsibility into the hands of experts (Couch, 2007). While the opportunities for community development may vary greatly between settings, active participation should be promoted to enhance the likelihood of achieving a sustainable level of community development (World Health Organisation, 2002).

COMMUNITY PARTICIPATION

A generally recognised belief is that participation must be part of any community development process (Couch, 2007). Hart (1992) defines participation as a process of shared involvement in the decisions which affect the lives of individuals and groups within the
community where they live. At the community level, participation in community development activities has been associated with the strengthening of social networks and the enhancement of the community’s competence to solve health problems (Wallerstein, 1992). These networks represent a type of capital that exists as a form of connection between people within these networks (Butler, 2005). Putnam (2000) distinguishes between 'bridging social capital' in which bonds of connectedness are formed across diverse social groups, and 'bonding social capital' that cements only homogenous groups. The potential exists for bonding social capital to have both a negative effect for communities outside the group (eg. exclusion), while at the same time having a positive effect for the members belonging to this closed group or network (eg. connectedness) (Butler, 2005). Since bridging social capital usually involves the establishment of contacts and networks between different groups the impact of this activity is usually associated with positive outcomes (Putnam, 2000). In order for sponsoring groups to benefit from the positive outcomes of developing high stocks of social capital within communities there is a need to build both types of networks (bridging and bonding) within these communities (Butler, 2005). Community participation in these types of activities represents a process for developing the stocks of social capital within a community (Putnam, 2000) and implementing change through shared decision-making involving all key members of that community (Gray & Crofts, 2008). The goals of this type of process include goals that involve increasing local self-sufficiency, developing resources for solving community problems, and enhancing the quality of life within the community (Schwartz, 1981). The communities where such goals were achieved typically followed a process of identifying a community planning team, defining community needs and resources, defining the team's mission or vision, developing and implementing reasonable change strategies, and evaluating the implementation and outcomes related to change efforts (Beckhard, 1975; Everson & Moon, 1990).

As communities are often made up of various groups, community developmental programs need to be committed to the principles of collaborative working and facilitating meaningful participation (Barry, 2007). A significant number of researchers have contributed to identifying elements important to good collaboration (Hardy, Turrell, & Wistow, 1992; Hudson, Hardy, Menwood, & Wistow, 1999; Johnson, Wistow, Schulz, & Hardy, 2003). Collaborative community development involves setting goals and making plans for collaborative community planning in order to facilitate the tailoring of large- scale initiatives to the local setting (Barry, 2007). While it may be tempting to move quickly towards implementation without laying the foundation for collaboration (Harden, 1995), the extra time spent on the collaboration process should assist develop a community that has the capacity to create a flexible program that can be modified in response to local needs, interests and capacities (Barry, 2007).

EMPOWERMENT

Active participation in community development activities often leads to the empowerment of local community members (Buysse & Wesley, 1999). Increased levels of empowerment allow these members to have some influence over things that matter (Fawcett et al., 1995), and obtain more power over decisions (Skelton, 1994). In this way,
empowerment represents a constant process of enabling individuals and/or groups to take part in collective action (Daly & Cobb, 1994). At an individual level it represents a mechanism, which individuals can serve as ‘active’ agents who have the potential to change their own lives (Rappaport, Swift, & Hess, 1984). At the community level, empowerment also represent a means for contributing to groups or organisations within a community (Minkler, 1997). This type of collective empowerment is sometimes referred to as community empowerment (Rissel, 1994). Community empowerment can take on many forms including mobilizing people in response to an issue and providing opportunities for community input into institutions and decisions that affect their lives and communities (Drier, 1996).

BACKGROUND

The Out of School Hours Sports Program (OSHSP) was a joint initiative of the Australian Sports Commission (ASC) and the Victorian Health Promotion Foundation (VicHealth) that aimed to provide opportunities for children OSHC to participate in structured sporting experiences (VicHealth & ASC, 2005). The program was a state-wide initiative that involved working in collaborative partnerships with 17 SSAs and 71 OSHC Services over three years and aimed to provide community links to local clubs for continued involvement in sport (VicHealth & ASC, 2005). The OSHSP was implemented over three years and commenced at the start of the Victorian school Term 3 (July), 2003 to the end of Term 4 (December), 2005. Each OSHC Service had one sport per term delivered into their service. Sports were delivered using one of four Service Delivery Models as outlined in Figure 1 and involved one of the following providers – SSA Deliverer, sporting club or association, OSHC Service staff (Coordinators and Deliverers) or a combination of OSHC Service Deliverers and SSA Deliverers. In all four Service Delivery Models it was stipulated that local clubs needed to visit the OSHC Service four times during the term to provide participants with information on how to join their club and/or assist in program delivery (VicHealth & ASC, 2003). The expected outcomes of the OSHSP were to:

- create links between stakeholders such as parents, OSHC Services, sports clubs, and SSAs;
- providing a transition from participation in sports program during OSHC to junior membership within local sports clubs;
- provide a safe and fun sporting experience by using existing SSA and/or National Sporting Organisations (NSO) junior development programs; and
- identify and trial junior sport education programs (VicHealth & ASC, 2003).

RESEARCH METHODOLOGY AIM

The focus of this research was to investigate the implementation of the OSHSP in order to understand how community members with differing sets of beliefs participated in a community development program seeking to achieve health outcomes. Three studies are presented within this chapter that:
1. examine the value orientations of deliverers within the OSHSP in order to examine if the OSHSP community represented a diverse group with differing values;
2. investigate the Level of Use of the different groups to explore if different deliverers participated in different type of activities while implementing the OSHSP; and
3. explore community development, community participation and empowerment activities during the implementation of the OSHSP to understand whether the implementation of state-wide OSHSP resulted in locally shaped practices; social network development; and community member mobilisation.

Having an understanding of these results will assist determine whether community participation in a standardised (one size fits all) program, such as the OSHSP, can be used to contribute to the development of different members of a local community, whereby activities from a national junior development program are modified in response to local needs, interests and capacities.

Study 1: The OSHSP as a Diverse Community

This first case study reports on the results from the Values Orientation Inventory (VOI) completed by the various groups of deliverers involved in the OSHSP. These results have been included to illustrate how the OSHSP community represented a diverse group with differing values.
Table 1. The Five Value Orientations (Ennis & Chen, 1993)

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Discipline Mastery:</td>
<td>A deliverer who emphasizes the acquisition of sport specific knowledge and</td>
</tr>
<tr>
<td></td>
<td>skills.</td>
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<tr>
<td>Learning Process:</td>
<td>A deliverer who emphasises the development of skills for learning and</td>
</tr>
<tr>
<td></td>
<td>thinking that can be used in any sport.</td>
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<tr>
<td>Self Actualization:</td>
<td>A deliverer who emphasises the continual development of an</td>
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<tr>
<td></td>
<td>individual’s autonomy.</td>
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<tr>
<td>Social Responsibility</td>
<td>A deliverer who encourages participants to respect and cooperate with</td>
</tr>
<tr>
<td></td>
<td>others.</td>
</tr>
<tr>
<td>Ecological Integration:</td>
<td>A deliverer who promotes personal meaning for students via</td>
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<tr>
<td></td>
<td>collaboratively developed OSHSP experiences aimed at achieving</td>
</tr>
<tr>
<td></td>
<td>personal and social goals.</td>
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Theoretical Background

Values Orientation Inventory (VOI)

Ennis and Chen (1995) suggest that when dealing with issues of program implementation, factors beyond the physical resources and the actions of the deliverers can affect a deliverer’s decision to adopt or reject a new initiative. Supporting this point, curriculum theorists have long suggested that Deliverer behaviours and decisions are shaped by their personal beliefs (Eisner & Vallence, 1974; Kliebard, 1988). Within the physical education literature, Value Orientations (Ennis & Chen, 1995) have been regularly used as a theoretical framework for investigating how Deliverer belief systems influence the content of physical education lessons and how they will be taught (Chen & Ennis, 1996; Chen, Ennis, & Loftus, 1996; Ennis, 1992; Ennis & Chen, 1995; Ennis, Ross & Chen, 1992; Ennis & Zhu, 1991; Solomon & Ashy, 1995). Deliverers often unknowingly use personalised value orientations to determine the characteristics of a ‘physically educated’ person within their physical education setting (Ennis, Ross, & Chen, 1992). Ennis and Chen (1995) have identified five orientations to represent the alternative physical educator belief systems. These orientations have been adapted in Table 1 to describe the possible belief systems that could be influencing the session planning decisions of the OSHSP deliverers.

The VOI was developed by Ennis and Hopper (1988) as a means of examining deliverers’ belief structures. The original VOI contained 75-items consisting of 15-items representing each of the five value orientation. These items reflected learning goals, strategies, activities, and evaluation procedures that relate to each of the five values (Ennis et al. 1992). To add to the ease of completing the VOI, a short form was developed by Chen, Ennis, and Loftus (1997). They aimed to refine the existing 75-item inventory into a short form to make it faster to complete. This resulted in a 50-item inventory known as the VOI-SF. Concordance coefficient (gamma) was used to determine the concordance between the VOI-SF and the original VOI. Criteria of .90 for Gamma and .60 for Kappa were predetermined as acceptable. The gamma and kappa coefficients for the 10-set format met the .90 and .60 criteria. Alpha coefficients for the subscales range from .65 to .82, indicating adequate internal consistency.
Participants
A total of 25 OSHC Service staff and 4 SSA Deliverers completed the VOI survey. The OSHC Service staff were further categorised as Coordinators (n=16) and deliverers (n=9). Coordinators were identified as the individual who had the responsibility for managing the OSHC Service, whereas, deliverers assumed only responsibility for delivering the OSHSP but not for managing the OSHC Service.

Measure

VOI Survey
The VOI-SF was a 50-item survey designed to examine the value orientations of the OSHSP deliverers. This aimed to measure the personal values of the OSHSP deliverers that might influence the selection of activities or the approach in delivery of the OSHSP. Each item was a description of a goal of the OSHSP within one of the five value orientations. An example of a Discipline Mastery question is “I require children to spend time practising games, skill, and fitness activities emphasised in daily objectives”. An example of a Learning Process question is “I teach children to apply skills in appropriate game and exercise situations”. An example of a Self Actualisation question is “I teach children to take responsibility for their own actions”. An example of an Ecological Integration question is “I teach children to try new activities to find ones they enjoy”. An example of a Social Responsibility question “I teach children to work together to solve group problems”.

Items were arranged into 10 sets with each item in a set representing one of the five value orientations. This means there are 10 items in each value orientation subscale. Items are randomly ordered within each set and are not labelled. Subscale alpha coefficients range from .82 to .65 (Ennis & Chen, 1995). As reported in Ennis & Chen, 1995) reliability coefficient of .70 is acceptable for the affective domain.

An OSHSP deliverer completing the VOI-SF was required to rank order each of the five items within each of the 10 sets based on his/her priorities (5 = most important; 1 = least important). An example is shown in Figure 2. The score for each value orientation was computed by summing the rankings for the items in each orientation across the 10 sets. Therefore, a score was produced for each value orientation ranging between 10 and 50. The forced-choice format utilised by the VOI means once an item has been assigned a rank that rank cannot be assigned again. Therefore, the numbers of high and low priority orientations possible for each participant are restricted (Curtner-Smith & Meek 2000). The OSHSP deliverers must rank items that represent a particular value orientation consistently across the 10 sets to obtain a low or high priority score.

1. _____ I teach children to use the skills they have learned in the session to help their team.
2. _____ I tell children about the positive effects of exercise on their bodies.
3. _____ I urge children to be patient with others who are learning new skills or tactics
4. _____ I expect children to use many forms of feedback to improve their movement, skill, and fitness performance.
5. _____ I reward children who try to perform even when they are not successful.

Figure 2. Example item from the modified VOI- SF2.
### Table 2. Cut-off scores for classifying each type of Value Orientation

<table>
<thead>
<tr>
<th></th>
<th>Discipline Mastery</th>
<th>Learning Process</th>
<th>Self Actualization</th>
<th>Ecological Integration</th>
<th>Social Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>1-48.92</td>
<td>1-46.62</td>
<td>1-46.45</td>
<td>1-44.51</td>
<td>1-51.08</td>
</tr>
<tr>
<td>Neutral</td>
<td>48.93-64.05</td>
<td>46.63-59.37</td>
<td>46.46-58.14</td>
<td>44.52-55.44</td>
<td>51.09-65.93</td>
</tr>
<tr>
<td>Low</td>
<td>64.06-100</td>
<td>59.38-100</td>
<td>58.15-100</td>
<td>55.45-100</td>
<td>65.94-100</td>
</tr>
</tbody>
</table>

**Procedure**

The survey was mailed to all OSHSP deliverers involved with implementing the OSHSP between April and July, 2005. The survey took approximately 25 minutes to complete. Each OSHSP deliverer received a plain language statement, consent form and a reply paid envelope to return with the survey. Ethics approval was sought and obtained for this study.

**Data Analysis**

For each OSHSP deliverer, VOI priority rankings for each value orientation were computed by summing the rankings for the items in each orientation across the 18 sets to create a composite score for each of the five orientations. Each of the composite scores were then compared against a series of cut-off scores (Ennis & Chen, 1995) to determine whether the deliverers had a high, neutral or low priority level for each of the five orientations (see Table 2). Descriptive statistics (means and standard deviations) were then computed across the whole sample of OSHSP deliverers.

**Value Orientation Inventory Results**

Table 3 identifies the means and standard deviations of the value orientations for each of the three types of OSHSP deliverers. The results were spread fairly evenly across, the value orientations, although there were at least two of the orientations (Discipline Mastery and Learning Process) that were not high priorities for any of the deliverers. The OSCHC Coordinator, OSHC Deliverers and SSA Deliverers all reported similar levels of orientations for Social Responsibility; Ecological Integration and Social Responsibilities. The differing values among the groups were represented in the different intensities reported for Discipline Mastery and Learning Process. All three types of deliverers reported low and neutral value orientations for discipline mastery.

### Table 3. Mean, standard deviation and classification of Value Orientations for each type of OSHSP deliverer

<table>
<thead>
<tr>
<th></th>
<th>Discipline Mastery</th>
<th>Learning Process</th>
<th>Self Actualization</th>
<th>Ecological Integration</th>
<th>Social Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M (classification)</td>
<td>SD M (classification)</td>
<td>SD M (classification)</td>
<td>SD M (classification)</td>
<td>SD M (classification)</td>
</tr>
<tr>
<td>OSHC Coordinator (n=9)</td>
<td>57.6 (Neutral)</td>
<td>8.4</td>
<td>46.3 (Low)</td>
<td>11.6</td>
<td>61.6 (High)</td>
</tr>
<tr>
<td>OSHC Deliverer (n=16)</td>
<td>52.2 (Neutral)</td>
<td>8.7</td>
<td>54.2 (Neutral)</td>
<td>14.3</td>
<td>60.4 (High)</td>
</tr>
<tr>
<td>SSA Deliverer (n=4)</td>
<td>47 (Low)</td>
<td>6.0</td>
<td>58.5 (Neutral)</td>
<td>10.6</td>
<td>58.5 (High)</td>
</tr>
</tbody>
</table>
Table 4. A Set of Definitions for the Various Categories of Use Contextualised for use of the OSHSP

<table>
<thead>
<tr>
<th>Level of Use</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>what the deliverers know about the OSHSP</td>
</tr>
<tr>
<td>Acquiring Information</td>
<td>actions of deliverers to learn more about the OSHSP</td>
</tr>
<tr>
<td>Sharing</td>
<td>deliverer discussions about the use of the OSHSP with other staff and people outside the school</td>
</tr>
<tr>
<td>Assessing</td>
<td>the deliverer analyses the OSHSP or collects evidence of its use to inform adjustments they make with their practices.</td>
</tr>
<tr>
<td>Planning</td>
<td>the deliverer makes short and long-term plans to use the OSHSP.</td>
</tr>
<tr>
<td>Status</td>
<td>the deliverer describes a personal position on using the OSHSP which reflects consideration of the views of other staff members.</td>
</tr>
<tr>
<td>Reporting</td>
<td>the deliverer carries out actions related to operationalizing usage of the OSHSP</td>
</tr>
</tbody>
</table>

Discussion and Conclusion

The aim of Case Study 1 was to identify the value orientations of the OSHSP deliverers in order to examine if the OSHSP community represented a diverse group with differing values. Ennis & Chen, (1993) suggested that deliverers' or in this case deliverers', priorities should be spread fairly evenly amongst the five value orientations. After two years of program implementation, it appears that the different community members shared a common set of high value orientations for self actualisation, ecological integration and social responsibility. The main differences between the different groups appeared to be linked to the differing strengths of value orientations reported for discipline mastery and learning process (neutral and low). Given this information, it is possible to conclude that the VOI data indicated a mainly homogenous OSHSP community whose main points of difference occurred in their value orientations towards the discipline mastery and learning process orientations. While these differences may be limited to two of the five orientations, Ennis & Chen, (1993) would expect some differences in their actions as they implemented the OSHSP. This assumption is examined in the next case study, which examines the LoU data provided by the different groups involved in the delivery of the OSHSP.

Study 2: The OSHSP as an Example of Diverse Implementation Practices

This second case study documents the LoU (Loucks, Newlove & Hall, 1998) of the different groups involved in the delivery of the OSHSP. It was included to explore if different deliverers participated in different type of activities while implementing the OSHSP. Given the differences in values orientations identified from the first case study, there could be an expectation that there would also be differences in the level of participation in practices common to deliverers of innovations such as the OSHSP program.
Table 5. A Summary of the Decision Points Representing the Markers Between Different Levels of Use

<table>
<thead>
<tr>
<th>Level</th>
<th>Decision Point</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>A</td>
<td>Non use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actively involved in Learning about the innovation</td>
</tr>
<tr>
<td>I</td>
<td>B</td>
<td>Orientation</td>
</tr>
<tr>
<td>II</td>
<td>C</td>
<td>Preparation</td>
</tr>
<tr>
<td>III</td>
<td>D1</td>
<td>Mechanical Use</td>
</tr>
<tr>
<td></td>
<td>D2</td>
<td>A routine pattern of use is established</td>
</tr>
<tr>
<td>IVA</td>
<td>D2</td>
<td>Routine Use</td>
</tr>
<tr>
<td>IVB</td>
<td>E</td>
<td>Changes are based on evaluations seeking to improve student outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>within the department</td>
</tr>
<tr>
<td>VI</td>
<td>F</td>
<td>Staff begin exploring alternatives or making major changes to innovation</td>
</tr>
</tbody>
</table>

*Theoretical Background*

**Level of Use (LoU)**

The Concerns Based Adoption Model—Levels of Use (CBAM-LoU) interview (Hall, Loucks, Rutherford and Newlove, 1975) is targeted toward describing the behaviours of program implementers. The CBAM-LoU is organised into seven categories, which are classified in a series of behaviours across seven different domains to assist with describing the behaviours or actions of the user (Anderson, 1997). Table 4 provides a set of definitions for the various categories of use.

Since each individual may vary their behaviours across the different categories of use, Hall, Loucks, Rutherford, and Newlove (1975) developed a scale of Overall Level of Use, which is an independent measure of LoU that is more stable than the individual categories. The stages on this scale, range from orientating, to managing, and finally to integrating the use of a program. Table 5 describes the seven categories of the LoU. The validity of these seven domains has been established by others (James & Hall, 1981; Loucks & Melle, 1980). Within the Overall LoU framework, progression is marked by decision points, which are used to assign an overall LoU of the innovation. Decision points represent the 'boundaries' between different LoU. In order for an individual or group to progress to a higher LoU there needs to be evidence of them exhibiting the appropriate behaviour represented as a decision point between two LoU. For example, a deliverer operating at Level II (Preparation) will have already set a time to begin using the innovation (Decision Point B). The instrument is used to provide measures of the eight levels of use defined in the Levels of Use Chart (Loucks, Newlove, & Hall, 1975). The levels of use are: (0) Non-Use, (I) Orientation, (II) Preparation, (III) Mechanical Use, (IVA) Routine, (IVB) Refinement, (V) Integration, and (VI) Renewal.
Table 6. A Set of Definitions for the Various Level of Use of the OSHSP

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Use</td>
<td>0</td>
<td>Non use</td>
</tr>
<tr>
<td>I</td>
<td>Orientation</td>
<td>State in which the deliverer has recently acquired or is acquiring information about the OSHSP and/or has recently explored or is exploring its value orientation and its demands upon the user.</td>
</tr>
<tr>
<td>II</td>
<td>Preparation</td>
<td>State in which the deliverer is preparing for their first use of the OSHSP</td>
</tr>
<tr>
<td>Use</td>
<td>III</td>
<td>Mechanical Use</td>
</tr>
<tr>
<td>IVA</td>
<td>Routine Use</td>
<td>Use of the OSHSP is stabilized. Few if any changes are being made in ongoing use. Little preparation or thought is being given to improving OSHSP use or its consequences.</td>
</tr>
<tr>
<td>IVB</td>
<td>Refinement</td>
<td>State in which the deliverer varies the use of the OSHSP to increase the impact on students. Variations are based on knowledge of both short- and long-term consequences for students.</td>
</tr>
<tr>
<td>V</td>
<td>Integration</td>
<td>State in which the deliverer is combining their own efforts to use the OSHSP with related activities of colleagues to achieve a collective impact on students.</td>
</tr>
<tr>
<td>VI</td>
<td>Renewal</td>
<td>State in which the deliverer re-evaluates their quality of use of the OSHSP, seeks major modifications of or alternatives to the OSHSP to achieve increased impact on students, examines new developments in physical education pedagogy, and explores new goals for themselves and their teaching</td>
</tr>
</tbody>
</table>

As with the decision points, each LoU includes a distinct range of behaviours. Loucks et al., (1998) suggest that these behaviours provide an indication of the development of the user in terms of their acquisition of new skills and their ability to vary the use of the innovation. Table 6 provides a summary of the various LoU associated with using the OSHSP.

**Participants**

A total of 6 OSHC Service staff, 1 State OSHSP Coordinator and 3 SSA Deliverers participated in the LoU semi-structured interview, which provided a comprehensive record of what they were actually doing to assist the OSHC service with the implementation of the OSHSP. The OSHC Service staff were further grouped as Coordinators (n=2) and Deliverers (n=4). Coordinators were identified as the individual who had the responsibility for managing the OSHC Service, whereas, Deliverers assumed only responsibility for delivering the OSHSP but not for managing the OSHC Service. Collective the deliverers are referred as OSHSP deliverers.
Measure

LoU Semi-structured Interview

A semi-structured interview was used to assess how the OSHSP deliverers were actually implementing the OSHSP within OSHC Services. This provided insight into the depth and extent to which the OSHSP was implemented and this approach has been suggested to lead to more true-life responses, while at the same time providing sufficient structure to ensure that the incidence of misrepresentation in interviews is low (Loucks & Melle, 1980).

Procedure

A total of ten OSHSP deliverers were invited to participate in a 60 minute semi-structured interview. Each OSHSP deliverer received a plain language statement and consent form. All interviews were tape recorded and later transcribed. Ethics approval was sought and obtained for this study.

The interview format was structured to question the OSHSP deliverers about their behaviours across the seven categories of the LoU – knowledge, acquiring information, sharing, assessing, planning, status reporting, and performing. During the interview an additional coding sheet was used to guide the amount of probing questions that were asked of the deliverer. This ensured that it was possible to assign a LoU in each category.

Data Analysis

A coding sheet based on the semi-structured interview questions was developed to code and analyse the transcripts. The analysis of this data involved selecting relevant comments from the transcripts of the interview participants. In this instance, ‘relevance’ was determined by the match between the participant comment and the exemplar comments of each category of use from the LoU manual (Loucks et al, 1998). Individual relevant comments were coded using the exemplar statements to assign a category of use. The assignment of overall LoU of the OSHSP adhered to the procedure described in Loucks et al (1998). As with the categories of use, ‘relevant’ comments relating to specific behaviours were identified from the transcripts. These comments were used to inform the coding process, which involved assigning an Overall LoU for deliverers involved with the OSHSP. Once an overall LoU had been decided upon, so too was the ‘Decision Point’ (see Table 8) as this point is the point immediately below the identified LoU. The determination of the Overall LoU and subsequent Decision Point is important as this provides some insight into the progress the OSHSP deliverers have made with the implementation of the OSHSP. Loucks et al., (1998) suggest that since all of the Categories of Use are independent and are likely to vary within individuals, the overall LoU provides a more stable picture of the progress individuals and groups are making with regard to implementing an innovation.

Results

Categories of Use of the OSHSP

Table 7 identifies the LoU amongst the different types of deliverers each across the seven categories of LoU. The overall LoU of the OSHSP by SSA Deliverers was non-use; whilst Coordinators and deliverers were mechanical or routine users. A typical SSA Deliverer
suggested that after obtaining some information for initial use they did little to develop their LoU of the OSHSP such as acquiring or learning more information about the OSHSP. Similarly, the typical coordinator and deliverer had only a general knowledge of the OSHSP and were not seeking additional information about it. The main efforts of a typical OSHC coordinator involved managing the delivery of the OSHSP; whilst the typical OSHC deliverers were making short-term plans for the delivery of the OSHSP. In general, very few deliverers were sharing their experiences with others outside of the VicHealth network sessions.

Selected excerpts from the interviews have been included below to highlight aspects relating LoU of the OSHSP identified in Table 5 amongst SSA and OSHC Deliverers. Each quotation has been coded to avoid the misrepresentation of a particular group.

**Knowledge**

Knowledge refers to knowing how to use the program, as well as, the expected consequences of its use (Loucks, Newlove & Hall, 1998). Table 7 shows that most deliverers were at Knowledge 1. A deliverer at this level is generally characterised by knowing “general information about the innovation such as origin, characteristics and implementation requirements” (Loucks, Newlove & Hall, 1998 p.204).

In some cases the Coordinators of the OSHC Service had very limited knowledge about the OSHSP.

**Interviewer:** Just looking at your knowledge of the Out of School Hours Sports Program (OSHSP), what is your understanding of the program?

**OSHC Coordinator**

No idea, basically. I know that the money is there to provide the sport for OSHSP and in schools for children basically because there is a big concern about the lack of exercise children are getting in general in this country and obesity and so forth ... very general.

Others, provided limited details, however, it appeared a lag of approximately one year between the interviews and the commencement of the program had affected their ability to recall all the details.

**Interviewer:** Just looking at your knowledge of the Out of School Hours Sports Program (OSHSP), what is your understanding of the program?

**OSHC Coordinator**

The aims of the program from what I remember from the initial, because the program is broken into Term 1 and Term 4 it is hard to keep your mind about all the information and because it started so long ago. Initially it was promoting that physical activity in outside of school hours settings and introducing sort of services and link in with the local Club, from my understand it. Just introducing and exposing children to different sports and then linking in with what clubs were in the area. In general that sort of outside school hours setting.
Table 7. Summary of the Levels of use of the OSHSP among the different deliverers at the OSHC Service

<table>
<thead>
<tr>
<th>Deliverers</th>
<th>Knowledge</th>
<th>Acquiring Info</th>
<th>Sharing</th>
<th>Assessing</th>
<th>Planning</th>
<th>Status</th>
<th>Performing</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA</td>
<td>II</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SSA</td>
<td>II</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SSA</td>
<td>I</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>III</td>
<td>III</td>
<td>II</td>
</tr>
<tr>
<td>OSHC Coordinator</td>
<td>II</td>
<td>III</td>
<td>I</td>
<td>I</td>
<td>III</td>
<td>III</td>
<td>III</td>
</tr>
<tr>
<td>OSHC Coordinator</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>0</td>
<td>0</td>
<td>III</td>
<td>I</td>
</tr>
<tr>
<td>OSHC Coordinator</td>
<td>I</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>III</td>
<td>III</td>
<td>III</td>
</tr>
<tr>
<td>OSHC Deliverer</td>
<td>I</td>
<td>II</td>
<td>0</td>
<td>IVB</td>
<td>IV</td>
<td>IVB</td>
<td>IV</td>
</tr>
<tr>
<td>OSHC Deliverer</td>
<td>I</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>III</td>
<td>III</td>
<td>0</td>
</tr>
<tr>
<td>OSHC Deliverer</td>
<td>I</td>
<td>III</td>
<td>0</td>
<td>I</td>
<td>III</td>
<td>IV</td>
<td>II</td>
</tr>
<tr>
<td>OSHC Deliverer</td>
<td>I</td>
<td>0</td>
<td>III</td>
<td>II</td>
<td>III</td>
<td>III</td>
<td>III</td>
</tr>
</tbody>
</table>

Similar levels of familiarity were reflected in the comments of OSHC Deliverer, who were only able to provide a limited description of the OSHSP when questioned.

**Interviewer:**  *Just looking at your knowledge of the Out of School Hours Sports Program (OSHSP), what is your understanding of the program?*

**OSHC Deliverer:**  *Basically it is a pilot program and the idea is to find out how possible this is and what sort of impact it is having and so forth. This is a test run to see how effective it would be if it was to be introduced, that’s pretty much my understanding of what the goals are.*

Most of the SSA Deliverers provided responses suggesting a level of use linked to Knowledge II. The following detailed explanation of the logistics of the OSHSP highlights the level of awareness about the OSHSP among the SSA Deliverers.

**Interviewer:**  *We are really looking today at your understanding of the Out of School Hours Sports Program and seeing how it works and just seeing what people’s knowledge is at with it? What knowledge do you have about the Out of School Hours Sports Program?*

**SSA Deliverer:**  *My understanding is that the program is there to create a link for the kids that it may not be easy for them to get to organised sport to be involved in these program as a necessity depending on parental situations. So it is my understanding is that for kids in that situation we try and draw a link between the program and the After Hours Programs and organised sport, by creating that link and getting, in our situation, getting a local club involved and informing people of the opportunities to play sport on a more regular basis and I suppose also for those clubs to realise there are opportunities.*
Some may argue that this level of knowledge reflects a higher level of use than preparation, however, since the next level in this category expects deliverers to describe the short and long term impacts of aspects the OSHSP, comments like this suggest that this level has yet to be reached.

Interviewer:  
SSA Deliverer:  

Do you understand why the different models were set up?  
It was explained to me, but to be frank I can’t recall why it was set up, I suppose you tend to concentrate on what your own involvement is.

Acquiring Information

(Loucks, Newlove & Hall, 1998), describe ‘Acquiring Information’ in terms of “questioning resource people, contacting resource agencies [such as VicHealth and the ASC], reviewing printed material and visiting sites where the innovation is being used” (Loucks, Newlove & Hall, 1998 p.8). Most of the deliverers were categorised as being at Acquiring Information 0 in Table 7, which suggests that most deliverers did not actively seek new information about the OSHSP. The following comment from an OSHC Coordinator indicated that acquiring information about the OSHSP had involved a process of having the information distributed to them by State OSHSP Coordinator. The most active of all of the Coordinators in this category appears to be the State OSHSP coordinator, who provided the other Coordinators with information about the program and the sports associated with the activity sessions.

Interviewer:  
OSHC Coordinator:  

Where have you acquired most of that information from?  
All the information that comes through from the OSHSP coordinator

Interviewer:  
OSHC Coordinator:  

Is that a continual process?  
Yes, that is continual; she has been great in feeding through as much information as possible.

The main action that appeared to take place in the Acquiring Information category was to review descriptive material except when it happened to come to their personal attention (Loucks, Newlove & Hall, 1998). In the case of this OSHC deliverer, this seemed to be acceptable even when their knowledge of the OSHSP program and a particular sport was quite limited.

Interviewer:  
OSHC Deliverer:  

What have you done to find out about the actual model that was required?  
Not a lot.

Interviewer:  
OSHC Deliverer:  

Did you get information from somewhere about it?  
We got booklets and pamphlets and things like that, so I had a basic idea ... I know nothing about this sport, I don’t have a background in this sport, I know nothing about it.
In the case of one SSA Deliverer who was very comfortable with delivering their sports, they too were quite comfortable receiving rather than sourcing additional information from the SSA as they did not see their role in the OSHSP as part of their main duties.

Interviewer: Have you done anything to find out more about the requirements of the delivery?
SSA Deliverer: I had just contacted our State coordinator and as it is isn’t that is directly related to my business or why I am employed I felt that I couldn’t really put much into it.

Sharing
Sharing involves discussing the OSHSP with others and sharing plans, ideas, outcomes and problems related to implementing the OSHSP (Loucks, Newlove & Hall, 1998). A LoU of Sharing III usually involved discussions around management and logistical issues rather than discussion related to improving the outcomes for participants (Loucks, Newlove & Hall, 1998 p.8). One of the OSHC Coordinators indicated they were sharing at this level.

Interviewer: OK. Are you sharing any of the knowledge that you have or you have acquired through running the OSHSP with anyone else?
OSHC Coordinator: With my staff obviously, and some of them have done the Level 1 Coach/Training as well and also in my role as a sports teacher at another school I talk about it a lot and utilise a lot of what I am learning here as well.

From their comments, the level of sharing at this level appears to extend beyond this OSHC Service as tips and activities are collected during network meetings.

Interviewer: Have you been sharing your experiences about the Out of School Hours Sports Program with anyone else, whether it be resources that you have developed or problems you have found with the program?
OSHC Coordinator: I have discussed it at network meetings in the area ...We are getting all these good things, we are getting coaching and we are getting added activities for the program and a little bit of funding, it is really good.

This same level of sharing about OSHSP also extended to meetings arranged by the State OSHP Coordinated and hosted at VicHealth.

Interviewer: Are you sharing any of the knowledge that you have or you have acquired through running the OSHSP with anyone else?
OSHC Coordinator: Yes, we have our meetings which are very good, usually once or twice a term we’ll go into VicHealth and all of the OSHC Services will have their 10 or 15 minute spiel on the program and how it is performing and little hints and what has worked and what hasn’t worked ...
Within Table 7, all but one OSHC deliverer was operating at Sharing 0. Non-use in this category is described as “not communicating with others about the innovation beyond possibly acknowledging that the innovation exists” (Loucks, Newlove & Hall, 1998 p.8). This level of sharing is highlighted in the following comment from two different OSHC deliverers.

Interviewer: Are you sharing the knowledge and ideas with other people that might be associated with your out of school hours care or people outside the Centre?

OSHC Deliverers: Not really so much outside the Centre

Interviewer: Are you sharing your information or your experiences with anyone else outside the Centre

OSHC Deliverers: Not currently, no.

In the case of the OSHC deliverer who did report Sharing III behaviours, this appeared to be restricted to sharing thoughts and ideas about logistical issues with people visiting the OSHP

Interviewer: And those things that you were discussing, those problems, were they more management issues, or more the content of what was being done?

OSHC Coordinator: They were management issues, basically things like not having the equipment we needed, not having the instructor we needed.

Sharing information specifically linked to the OSHSP did not appear to be a high priority for SSA Deliverers. In the case of this SSA Deliverer sharing appears to have involved information about their sport program.

Interviewer: Are you currently sharing your knowledge and ideas with other about the Out of School Hours sports.

SSA Deliverer: A lot of the other sports know our program very well, our program has pretty much been the benchmark of all junior programs in Victoria

As can be seen in the response to the next question in this interview, there was a perception that knowing about the contents of the junior development program meant that you knew how to deliver it at an OSHC service.

Interviewer: And is that also the case with the Out of School Hours Sport Program?

SSA Deliverer: No we haven’t really shared that around too much with other sports, they know what the program is about anyway,
Assessing

Assessing involves examining the potential or actual implementation of the OSHSP. This assessment could involve “reflection or physically collecting and analysing data” (Loucks, Newlove & Hall, 1998 p.8). The OSHC Coordinators appeared to be mostly operating at Assessing I, with their actions limited to the contractual requirements of delivering the OSHSP, as opposed to assessing what it would take to deliver a sports program at the OSHSP.

Interviewer: The information you got from VicHealth, what have you done with it, have you read it, have you passed on that information to other people?

SSA Deliverer: No it is something that we read and we have our own file for VicHealth, because it is all sort of funding agreements that we need to follow on evaluations and things

In contrast to these examples there was an OSHC deliverer who was operating at Assessing IVB, by regularly observing sessions to assess the impact the sessions were having with the children.

Interviewer: How are you assessing how the program is actually going?

OSHC Deliverer: Observation, just watching how its successful or not successful … watching the children each week to see if they are really excited to do it or not …

Elsewhere, other OSHC Service staff reported efforts of a lower level (LoU II) involving preparations for creating more enjoyable sessions that may attract participant numbers in the OSHSP.

Interviewer: Are you analysing the requirements of the OSHSP, are you looking at what’s needed and making any assessments on what is actually needed to run the program?

OSHC Deliverer: Yes I have just started planning some stuff out for the OSHSP and also for the sports involved so it can be more fun and enjoyable for the other kids to join in …

In the case of this OSHC deliverer, his comments suggested that his experience as a sport deliverer meant that there was no need to assess the requirements of the OSHSP.

Interviewer: We are looking at to what degree do you assess the program, not assessing how it is going, but actually assessing what needs to be done to be able to deliver the program? Have you to some degree examined the program.

OSHC Deliverer: No, I am a sports deliverer in another place anyway, so I am well aware of the structure and getting the skills from A to B and changing them to adapt the varying ages, so I don’t have a problem
with that at all.

Table 7 shows that the comments of the SSA Deliver placed them at a similar LoU for this category, i.e. Assessment 0. This LoU is defined as no action to analyse the innovation, its characteristics, possible use, or consequences of use (Loucks et al., 1998). The following comment from an SSA Deliverer would suggest that there had been little attempt made on their behalf to examine the requirements of the OSHSP since experience had taught them that being too conscious of a model was not a good strategy.

Interviewer: What efforts have you made to examine the requirements of the Out of School Hours Sports Program?
SSA Deliverer: It is difficult to plan and it is difficult to perhaps shape the model or be too conscious of what it is exactly that is required because things tend to be different when you get out there.

In the case of this SSA Deliverer, there appears to be a preference to deliver their own program in preference to assessing and collecting information about what needs to change to deliver the program in a specific context.

Interviewer: Did you have a look at the model in terms of what was required to deliver it and make any decisions about the best way to go about doing it?
SSA Deliverer: Not really in that I knew that I was involved in it for term, so we delivered our own program pretty much in that something that I knew that my own staff member was confident in and happy with

Planning

The concept of planning involves deliverers setting time aside to design short and long-term plans for implementing the OSHSP. These plans should include details about “resource usage, activity schedules and meetings to facilitate a coordinated approach” (Loucks, Newlove & Hall, 1998 p.8). The comments of the majority of OSHC Coordinators were categorised as being at LoU Planning III. This LoU within this category typically reflects a deliverer that focuses mostly on day-to-day use of the OSHSP with little reflection and tends to make changes to meet their needs rather than their participants. The OSHC Coordinator’s planning efforts mainly involved short term logistical planning.

Interviewer: With your planning, do you have to do any planning towards the program?
SSA Deliverer: There is a bit of planning involved in terms of trying to work out appropriate days to deliver the service.

In the case of the OSHC Coordinator categorised as Planning 0, time appeared to be the key issue.

Interviewer: In your planning for the Out of School Hours Sports Program, do
you put any time aside to do any planning for it?

SSA Deliverer: No, not really, because I only get not many hours to plan it all at the moment ... there are other things like staff meetings etc

The OSHC Deliverers, reported much higher levels of use, mainly Planning III. This deliverer indicated a preference for not getting too far ahead of themselves with respect to OSHSP planning.

Interviewer: So most of your planning would be at each session, is that correct, before the session? No other planning?
OSHC Deliverer: No we try not to go too far ahead we just take it week by week.

In the situation where delivery responsibilities for the OSHSP was shared with a visiting SSA Deliverers, the OSHC Deliverer indicated that planning activities could take on a time-frame as short as on-the-spot modifications by the SSA Deliverer.

Interviewer: Are you doing any of that planning with Paul
OSHC Deliverer: well sometimes I ask him if he can do some other things and he says 'yes, go for it'

A number of the SSA Deliverers were categorised at Planning 0, which typically represents individuals that scheduled no time and specify no steps for the use of the innovation (Loucks, Newlove & Hall, 1998). The following comment from the SSA Deliverer, who had other responsibilities in addition to the OSHSP, indicates that in some instances little or no planning had gone into planning for the OSHSP as the participant numbers did not warrant the effort.

Interviewer: Would you say that you are looking at your own use in the program in the terms of managerial type, trying to manage it as best you can with what resources you have got?
SSA Deliverer: In a situation where I feel that the Out of School Program is limited and the numbers aren't great, it questions how much time one should dedicate to it to be frank.

Later in the same interview that SSA Deliverer also hinted that the lack of skill and knowledge of key concepts amongst the participants made planning for this group difficult.

Interviewer: So have you been able to set aside time for planning delivery of the program?
SSA Deliverer: Did initially, and then realised that at this centre the kids are pretty limited with their sports specific and probably even their general sporting ability... in a situation of limited ability and limited knowledge about the concept of team and things like that and again allowing for the small numbers and the variance of ages, it is very difficult to plan effectively.
One of the SSA Deliverers did report behaviours indicative of a Planning III (Mechanical Use) LoU, as they were focused on the short-term and day-to-day use of the OSHSP, particularly in terms of equipment requirements for delivery of the sport.

Interviewer: *Did you set any time aside to plan what you were actually delivering?*

SSA Deliverer: *Yes a little bit meeting with the instructor, the first week I went out there the first ... to see what equipment they had and what was required for planning*

Interviewer: *So would you say the planning was more short term rather than looking at what they could do in the future?*

SSA Deliverer: *Definitely just what we were doing each weeks*

*Status Reporting*

Status reporting relates to the deliverers ‘personal stance’ (Loucks, Newlove & Hall, 1998 p.9) on delivering the OSHSP. All of OSHC Coordinators were categorised as LoU Status Reporting III. Deliverer comments linked to this level usually are associated with a level of comfort about the innovation.

Interviewer: *How would you describe your personal involvement in the program, like how comfortable do you feel with the program?*

OSHC Coordinator: *Oh, very comfortable, yes I love it. I really enjoy doing anyway... My involvement basically has made me see that you can structure it a little more for it to be more productive.*

The comments from the OSHC Coordinators usually represented a focus on logistical issues.

Interviewer: *How would you describe your personal involvement in the Out of School Hours Sports Program? How do you feel personally about it, comfortable?*

OSHC Coordinator: *I am very happy with it, mainly because it adds another focus to the After School Care Program, its increased enrolments on a Wednesday night.*

Interviewer: *Are you considering modifying it or changing your involvement in the program?*

OSHC Coordinator: *No I think for us it is working well the way we are doing it now. I don’t know next year we might not have the same staff and the dynamics might change and we might have to look at it then.*

Among the OSHC Deliverers the LoU has varied from Status Reporting IVB to Status Reporting III. Routine-use typically describes a deliverer who indicates that implementation is going smoothly and makes few, if any changes to the ongoing use of the OSHSP. In both cases, the deliverer reporting routine use was involved in a delivery model where another person was responsible for delivering the weekly sessions. The OSHC Deliverer with the
highest LoU reported changes that appear to indicate a concern for the outcomes of the participants.

Interviewer: How would you describe your personal involvement in the program, do you feel comfortable with it?

OSHC Coordinator: Yes I feel quite comfortable. I think the guy who is taking it is very skilful and he is very considerate of the children's needs and stuff like, I think its fine.

Interviewer: Do you think the program is working well, are you happy with how it is going at the moment?

OSHC Coordinator: Yes, definitely. I think the guy who has been taking it has embedded a lot of fun in the activities, which is really important and that's way the kids like it and they have a good time.

As with the OSHC Coordinators, most of the OSHC deliverers tended to discuss logistical issues when they were asked about the OSHSP, which is more in line with and LoU of Status Reporting III.

Interviewer: How would you describe your personal involvement in the Out of School Hours Sports Program?

OSHC Deliverer: They were management issues, basically things like not having the equipment we needed, not having the instructor we needed

Interviewer: Do you feel comfortable with the whole program?

OSHC Deliverer: I guess I feel comfortable as in when I know what I am talking about.

Two of the SSA Deliverers interviewed were classified as being at Status Reporting 0 (non-use). In order to be classified above this level the deliverers would need to be familiarising themselves with the OSHSP in terms of "what it is and what it is not" (Loucks, Newlove & Hall, 1998, p.9). The comments highlighted by the personal stance of this SSA Deliverer suggested that their overall opinion of the OSHSP was that the program represented nothing new.

Interviewer: Well people deal with this model in different ways, so it is just interesting to see which works and why. How would you describe your personal involvement in the program, how comfortable you feel with it?

SSA Deliverer: Well I have 5 years experience in this role, so there is nothing really new. At the end of the day the kids are getting a positive experience. What the model is, is it better? And what the objectives are may vary, but still the fundamentals are relatively the same.

The other SSA Deliverer indicated that the OSHSP was simply like another clinic, which he was very comfortable delivering.

Interviewer: How would you comment on your own personal involvement in the Out of School Hours Program, do you feel comfortable with your
position in it.

SSA Deliverer: Because my role with the SSA is as a Field Officer, to me its like going and doing another clinic, you are just seeing the same kids once a week. So yes, I am very comfortable with it.

The remaining SSA Deliverer achieved a higher classification of Status Reporting III (Mechanical Use), mainly because they made reference to the day-to-day use of the OSHSP in terms of considering safety issues.

Interviewer: How would you describe your involvement in the OSHSP, do you feel comfortable with your involvement with it?

SSA Deliverer: Yes, I am quite happy about my involvement. I am very much aware of safety issues in regards to the children participating, so whatever the activities are that we know that it is within the guidelines of safety and so forth....I am very aware of safety guidelines, and that would be our primary main concern that it is safe for the children?

Performing

The final classification of performing describes the actions or activities the deliverer is currently doing to “operationailse” the implementation of the OSHSP in the OSHC (Loucks et.al., 1998). The deliverers mostly ranged from a LoU of Perfoming 0 (Non-use) to an LoU of Performing III (Mechanical use). The following comment from an OSHC Coordinator highlights the week by week, or short-term planning strategy used for their OSHSP, which is a typical action of Perfoming III.

Interviewer: Any additional actions you have taken throughout the term to lift the profile of the Out of School Hours Program?

OSHC Coordinator: [the time table from the State OSHSP coordinator lets] you know what you have to do when you have to do it, Just being able to communicate with the person whose is taking the program, so the delivery is organised for that week each week.

The comments of the OSHC deliverers suggest that they also have been operating to a level of Performing III (Mechanical use) through regular but sometimes disjointed planning efforts.

Interviewer: Have you taken any additional action throughout the term to lift the profile of the Out of School Hours Sport Program?

OSHC Deliverer: We have done that [played a sport] a few weeks, not as sort of set thing, but we have done sport and various other activities.

In the case of this deliverer, he was classified at Performing III as it appeared from his comments that he had made weekly efforts to smooth out his delivery of the OSHSP.

Interviewer: You said before you have made some changes to the actual program
you have been given, do you envisage making any more changes to the program?

OSHC Deliverer: Well like I said we go week by week so its like we have a read over what they have got for us, their games, and we have a look and think maybe we can change it, so it is more a week by week decision that we make.

The highest rated OSHC deliverer (IVB Refinement) appeared to be using a combination of strategies including working with the parents and children to raise the profile of the OSHSP in order to increase the impact of the program on the children.

Interviewer: Any additional actions you have taken throughout the term to lift the profile of the OSHSP?

OSHC Deliverer: I talk about it with the kids ... like every afternoon when we have afternoon tea, we then sit down and talk about what we are going to do that day and also throughout the week, sort of let them know. I bring it up every day, and say 'remember this is the day we are going to do'... If we talk about doing the sport clinic on a Thursday, those friends then go home and tell their parents and then those parents contact me to book their children in.

In stark contrast the comments of two of the SSA Deliverer suggested a LoU of Performing 0 (Non-use) as their comments indicated that there had been little effort on their behalf to raise the profile of the OSHSP at the OSHC Service or in the community. This first example highlights a barrier to the operationalisation of the OSHSP in that there were limited local resources, particularly in terms of linking local clubs with the OSHC Service.

Interviewer: Any additional actions you have taken throughout the term to lift the profile of the Out of School Hours Program?

SSA Deliverer: Apart from endeavouring to get the club involved, probably not, this area is awkward in that there is not a lot of clubs there relative to the centre.

In the second example of Performing 0 (Non-use), it appears that the SSA Deliverer was happy to continue using the same material and activities that were used to deliver skills clinics in the 1980’s.

Interviewer: Have you recently made any changes to how your sporting association is implementing the Out of School Hours Program, or are you considering any changes?

SSA Deliverer: No, with our delivery of the program, we do it as well as any other sport and most of the major sports have actually modelled their junior programs on how we deliver it... we are the forerunner with our junior sports program back in the 80’s and our model that we deliver into the OSHSP is based on that.
Overall Level of Use

After reviewing the transcripts of the participants it is possible to assign an overall LoU to each of the groups within the OSHC Community. OSHC Service staff including both Coordinators and Deliverers had moved beyond establishing a time to begin (Decision Point B) and were mainly making changes to meet their needs during delivery. In the case of this OSHC Coordinator, changes in the delivery approach occurred after the SSA Deliverer stopped attending the OSHC Service.

Interviewer: What kinds of changes have you made in the delivery of that model?
OSHC Coordinator: I assisted and have picked up from what they were doing and then that fellow was gone and I basically just ran it based on that ... I have modified some of the rules and some of the games as such

Similarly, this OSHC Service Deliverer, once shown what to do was comfortable organising the day-to-day delivery of the OSHSP

Interviewer: So you were involved in the planning of the session or the program.
OSHC Coordinator: after the first week when we knew where the equipment was kept, where we were doing the activities, how long would it run for, so to that sort of degree I was involved,

Loucks, Newlove and Hall, (1998) suggest that deliverers with an overall LoU of Mechanical use are mainly focussing on short term efforts that often lead to disjointed or superficial use.

In relation to the SSA Deliverers, there appeared to be two distinct levels Of Overall Use. Two of them appeared to be operating at a Routine level (IVA), involving a set pattern of established use of the sports programs.

Interviewer: Are you considering making any more modifications to the program you are delivering?
OSHC Coordinator: Not unless something else arises, we are quite happy with the way it runs. All the feedback has been very good, so if it is not broken we will not change it.

In the case of this elite coach, there were suggestions that his knowledge of the overall picture of the program enabled him to enhance the impact for the participating children (Routine Level IVB).

Interviewer: So would you say your planning is fairly short-term, like from week to week, seeing how something works and then following on from there or have you got an overall picture of where you want to do with it?
OSHC Coordinator: I have an overall picture of where I want to go with it and that comes from the program that we put together. Obviously, I am a high level coaching, coaching elite juniors and State teams and things like that
in the past, so I guess if you find the kids are really struggling with them, then I will do it again with them. Even if though I have the program there ultimately if I don't get to the very end as per the program I would rather they have completed skills so that they understand it and they have got a better feel for it and rather than leave them half-baked.

The identification of an Overall LoU highlighted an interesting anomaly between the results and the actions reported by the deliverers in the categories of use. The SSA Deliverers scored a higher rating on the overall LoU when delivering their existing sporting programs. Alternatively, the OSHC Coordinators and OSHC Deliverers appeared to be working at an equal or higher LoU in all seven categories of use even though they had a slightly lower Overall LoU.

**Discussion**

The aim of this second case study was to document the LoU of the different groups to explore if different deliverers participated in different type of activities while implementing the OSHSP. Results across the various categories of LoU highlight some similarities and differences across the groups. While there were similarities in reported LoU’s in the categories of knowledge, acquiring information, status and performing, OSHC Coordinators and Deliverers reported different LoU’s in the categories of sharing, assessing and planning. The results suggested that only in the category of sharing did OSHC deliverers and SSA Deliverers report a similar LoU. In all other categories, there the differences in the LoU ratings suggesting that the activities of the SSA Deliverers were different to both the OSHC Coordinators and Deliverers. From these combined results it would appear that while some similarities were reported by two of the groups in a few categories, there were no examples where all three groups participated to the same level in the same category. As the LoU ratings were linked to the reported behaviours of the deliverers, this finding would support the position that different deliverers participated in different type of activities while implementing the OSHSP. The Overall LoU indicated similar levels of activity occurring between the OSHC Coordinators and OSHC Deliverers, while the SSA Deliverers were operating at a higher level. Returning briefly to the results of the first case study, the trend of differences among the groups with respect to values orientations appears to have continued with the reported differences in the level of participation across the categories of LoU and Overall LoU.

Differences in LoU values creates the potential for some community members not to experience the different aspects of community development that is expected (Friere, 1989) to result from active participation in a community based initiatives as a result of low levels of participation in OSHSP implementation activities. In the final case study, data from a semi-structured interview structured around the LoU framework is presented to investigate if differences in participation influenced processes such as: community development; community participation; and the empowerment of individuals and communities.
Study 3: The OSHSP as an Example of Community Development

This final case study was an extension of study 2 to understand community development, community participation, and empowerment activities within the OSHSP. The community development section examines whether or not, the implementation of state-wide OSHSP resulted in locally shaped practices. The community participation section highlights deliverer comments that indicate strengthened social networks between the different groups associated with delivering the OSHSP. The empowerment section describes examples of the different community members exerting some influence on the delivery of the OSHSP as well as, illustrates how the OSHSP has mobilized community members in response to concerns of the physical activity levels of children attending the OSHSP.

Participants

The participants from study 2 were invited to answer additional questions, in addition to the LoU semi-structured interviews. A total of 7 OSHC Service staff and 3 SSA Deliverers participated in a semi-structured interview around community development, community participation and empowerment.

Procedure

The interview format adopted a similar structured to the LoU interviews. During the interview an additional sheet containing working definitions of the three concepts (Community Development, Community Participation and Empowerment) was used to was used to guide the amount of probing questions that were asked of the deliverer.

Data Analysis

The coding sheet used during the semi-structured interview was used to code and analyse the transcripts in relation to the concepts of Community Development, Community Participation and Empowerment. The analysis of this data involved selecting relevant comments from the transcripts of the interview participants. In this instance, ‘relevance’ was determined by the match between the participant comment and the types of behaviours suggested in the working definitions of the three concepts. Individual relevant comments were coded using the same set of definitions.

Results

Community Development

The state-wide OSHSP initiative used a standard implementation approach involving four Service Delivery Models and existing SSA and/or National Sporting Organisations (NSO) junior development programs. As suggested (Midgey, 1995) there were examples of this approach being counter-productive to the goal of developing a community development that reflects a culture that is owned and shaped by the participants themselves. The comments of this OSHC Coordinator suggest that she was quite happy using the material provided by the State OSHSP Coordinator

Interviewer: You said before you have been reading all the information that you
have got from VicHealth, does that help you to decide how to go about delivering each model? You have delivered a couple of different models here, is that enough information or have you had to go out and get more information?

OSHC Coordinator: No, I think the manual that has been distributed from the Sporting Association has been enough as this is the first time we have actually done it [Deliver a sport at our OSHC Service] on our own.

In the case of this OSHC Deliverer, using a service delivery model that involved input from the SSA Deliverer, it appears that there was limited opportunity for them to shape the program at the local level.

Interviewer: So your planning with the program, how much does that involve?
OSHC Deliverer: Quite limited in the fact that the guy from the sporting association dictates what he wants me to do next session.

There was even a suggestion from this SSA Deliverer, that rather than shape his program to fit the OSHSP, he was stuck in delivery approach that reflected what he had been taught to do

Interviewer: So did you base it [the OSHSP] on the existing junior sports program SSA Deliverers I have done mainly just very basic skill development and then moving into extended drills ... drawing on my own background I get stuck in that mentality of what I have been taught to do

These comments suggest that the potential existed for the OSHSP to be a generic sports program rolled out across OSHC Services across the State. Despite its reliance on the technical knowledge within the manuals and examples of experts from the SSA dictating the content of the sessions there were examples of community members sharing the responsibility of delivery with the experts. While not all OSHC Coordinators took an active role in delivering sports, this Coordinator appeared quite comfortable with selecting material from the manuals and running the OSHSP sessions on his own.

Interviewer: And the models themselves, the different models how do you go about assessing what is needed with different models?
OSHC Deliverer: Before now I worked [with the SSA Deliverers] as crowd control and assisting with it as well so that I could carry it on afterwards. Now I am running it on my own, ...I was basically given a bag and the manuals. [Because of my experience] I can continue to deliver it [the OSHSP] at a different level on my own.

In the case of this OSHC Deliverer, although the technical knowledge of the sport and the associated risks with delivering that sport was initially a concern for them, they still managed to assume responsibility for delivering the program after a few sessions.

Interviewer: And the models themselves, the different models how do you go about
assessing what is needed with different models?

OSHC Deliverer:  I was quite uncomfortable the first day with the program as in knowing there can be problems with safety and things like that, but once I saw what they were doing I was comfortable.

SSA Deliverers also reported deviating from the existing junior development program when confronted with delivery scenarios that were outside the scope of the manual’s activities.

Interviewer:  It sounds like it was a very interesting experience delivering [the OSHSP Sessions]?

OSHC Deliverer:  there was Prepies right through to Grade 6 and there is always activities that you can do for all of those age groups and within the activities you can modify them to suit all levels. I didn’t have to set up a whole lot of stations; I could just set up those activities and modify them for a different age group.

Community Participation

Throughout the transcripts there were examples of community participation that contribute to the building of both bridging capital. This OSHC Coordinator was a regular attendee of meetings at VicHealth, which appears to be her main opportunity to gain experiences from other members of the OSHSP community.

Interviewer:  You’re sharing your experiences with other people, are you gaining any experiences from anybody else?

OSHC Coordinator:  Only when I go to the meetings, they are only twice a year at VicHealth, and there is one next week. We sit around the table there to share different experiences and we have found out which are the popular sports and the ones not so popular.

From her comments, the opportunity to network with other OSHC Coordinators and SSA Deliverers has had a positive influence on both her and the staff back the OSHC Service.

Interviewer:  That information that you have gained there, has that changed your approach to the program at all?

OSHC Coordinator:  I think what it has done has made me stress to the staff the importance of it and that they need to put a lot of effort into it to make it worthwhile for the children.

There was evidence of the OSHSP facilitating links between local clubs and OSHC Services, although the comments from this Coordinator would suggest that these links were not sustained beyond the school term that the sport was delivered.

Interviewer:  Have you developed any new links, contacts or links involving the Outs of School Sports Program with regard to either Out of School
Care or Sport Clubs?

OSHC Coordinator: Well we did for awhile, we linked up with the local club, but we found that once the term was finished we didn’t hear any more about them and we had asked them for more brochures but they didn’t come.

This failure to establish links with local clubs was not an isolated incident; this OSHC Coordinator reported that they were never contacted by local clubs even though this was a planned outcome of the OSHSP.

Interviewer: Anything else you would like to add, any other information?

OSHC Coordinator: I know we are meant to have people ring from the local Sporting Club and try and make those links, but on each occasion it hasn’t really happened. This sort of defeats the purpose a little bit because we are trying to get these children involved in sporting programs.

The comments made by two different SSA Deliverers indicates a common theme of the limited amount of bridging capital that was developed by the SSA Deliverers with the local clubs OSHC Service staff. In the case of this representative, it appears that the bridges between the SSA and the local clubs had already been established before the OSHSP commenced.

Interviewer: Since you have been involved have you developed any new links, it could be other Out of School Sports Programs or other clubs?

SSA Deliverer: As a major SSA, we have got links with all the clubs anyway, particularly in the game development area we are involved with every club within the State ... we are a community department ... so gaining extra links ‘no’ we certainly haven’t.

Another representative provided similar comments about the limited bridging that had been developed between SSA and the OSHC Service.

Interviewer: You haven’t made any other contacts with any other Centres, have you had much contact with the OSHC Coordinator here.

SSA Deliverer: Not really, just sort of general ... she’s very good, she comes and helps out with the program.

This OSHC Service Deliverer indicated that part of the issue surrounding the lack of bridging occurring between OSHC Services may be the competition that exists between them. In this instance knowledge is restricted within the OSHC Service and this represents a good example of bonding capital and the potential negative effects it can have on community development when OSHC Service develops strong ties with it staff and avoids mixinb with other OSHC Services.

Interviewer: Is there a possibility to run a program like this where one takes their kids up to the other centre?
OSHC Deliverer: Well traditionally there is always competition between centres, it is very rare that centres do much together.

In contrast to the examples above, this SSA Deliverer appears to have used their participation in the OSHP to develop the sorts of networks Putnam (2000) refers to as bridging capital. In addition to discussing working relationships, this SSA Deliverer speaks of how his networking with the OSHC Service has lead to the positive outcome of the invitation to establish a new sports program in the OSHC Service.

Interviewer: Have you developed any new contacts or links with your involvement with the After School Hours Sports Program?

SSA Deliverer: Yes the links have probably been in a more of a working link with some of the other sports that has been involved through this program ... obviously meetings with other development people in State sport bodies have been good ... I think opening up and being involved with VicHealth has been good, it has opened up areas there. More importantly, having the opportunities to speak to Out of School Hours people has been fantastic as well and obviously they have lead on to the starting up one of our sports programs in those Out of School Hours programs as being something different they can involve with.

Gray and Crofts, (2008) spoke of the need for change through community participation in shared decision-making that involves all key members of that community. While the process may not have been as detailed as the one described by (Schwartz, 1981), there were examples of collaborative planning occurring at the OSHC Service. At this OSHC Service the Coordinator reported that her staff had received coaching from SSA Deliverers to help them with planning the delivery of the OSHSP.

Interviewer: You said before you have been reading all the information that you have got from VicHealth, does that help you to decide how to go about delivering each model?

OSHC Coordinator: Until now we have local State representatives, so the staff are coping quite well with the information they have got. This terms people from the State Sporting Association came out and gave our staff a little bit of a coaching session for a couple of hours, so that was really good for our planning.

This OSHC Service Deliverer also indicated the positive benefits associated with working with a SSA Deliverer, especially in terms of maintaining the interest of the children.

Interviewer: Have you looked at the model at that you have just been working with in terms of what is required for the delivery, what you personally needed to deliver it?

OSHC Deliverer: What I did was I helped ... the girl [from the SSA] that they had coming up each week, she was brilliant, the kids loved her, she did
something new each time, she kept their interest and it was very enjoyable ... she threw music in, the whole works, and basically she was running the program ... sometimes just a matter of having the children standing on one leg ...

While this SSA Deliverer, did not specifically speak of collaboration in planning, his comments indicate that there had been a change in the level of participation among the community members from the OSHC Service.

Interviewer:  
Looking at the program, what would you say is the strength of that program?

SSA Deliverer:  
the OSHSP staff have been fantastic, “Joady” has been the outstanding one with her staff. At least ‘John’ knows that if he’s got Preps and Grade 1’s and 2’s and 3’s and 4’s, 5’s and 6’s, they can put them into three groups and he can confidently say [to the OSHSP staff] ‘you go and to this and you go and do this and you go and do this’ and just oversee the program and the OSHP staff run it. A few weeks ago he said the staff do nothing they just sit and read a book and I said ‘well the OSHSP staff are totally different now’, they jump in and give you a hand.

Empowerment

The active participation of some members involved in the OSHSP was witnessed in comments that can be linked to concepts of the empowerment of local community members. Community members at all levels were reported to have some influence over the delivery of the OSHSP. This OSHC Coordinator has reported that he feels his delivery of the OSHSP is improving as a result of both his actions and the influence of the SSA Deliverers and the junior sports development manuals.

Interviewer:  
So would you say that your varying the use of the OSHSP, is that you are trying different ideas?

OSHC Coordinator:  
I am getting something every time these guys come in or just me running it in general ... I read a manual for ½ hour or whatever and say ‘OK ....’ So I feel like I am just getting better at it by the very involvement and the fact that I am going to be around doing this for awhile, so I am doing it better.

On an individual level of empowerment, the comments of this OSHC Service Deliverer indicated that her participation in the OSHSP has given her the skills and confidence to initiate sports sessions with the children when they are at a loss for things to do.

Interviewer:  
How do you feel about your involvement, how would you describe your involvement with the OSHSP?

OSHC Deliverer:  
Yes good ... it is teaching me some new skills and getting to know the children more ... its fun, when somebody is not doing anything or
they don't want to play, sometimes I just get a football and play with them and give them free play with them and make them feel that it is fun.

Elsewhere, another OSHC Deliverer reported personally being responsible for organising a celebration at the end of the Term. Included in her actions was the delegation of the certificate writing to the SSA Deliverer, even though he was not directly involved in delivering the OSHP that term.

Interviewer: How would you describe your personal involvement in the Out of School Hours Sports Program, do you feel comfortable that you know where you are at with it?

OSHC Deliverer: Next week we will play games and have a BBQ and do it that way. He [the SSA Deliverer] is organising certificates and I have given him a list [of the names of the children who have participated this Term].

In the case of this OSHC deliverer, she chose to initiate a sports session prior to the commencement of the new term, so the children could do activities related to the new sport.

Interviewer: Are there any additional actions you have taken throughout the term to lift the profile of the OSHP?

OSHC Deliverer: For example I set up some games just before the new sport program and tried to do related things that maybe the children didn't know were a skill linked to that sport, but they were.

This same deliverer went onto report that she had also initiated sports sessions on nights when the OSHP was not delivered:

Interviewer: Have you organised sport on other nights on other nights

OSHC Deliverer: We did it [run sports sessions at the OSHP] on other nights as well. There were a couple of boys that were interested in the idea of having a game coming into that season, so I organised as many as I could to come

Discussion

The aim of this third case study was to examine community development, community participation and empowerment activities during the implementation of the OSHP. Firstly, community development activities were explored to understand whether the implementation of state-wide OSHP resulted in locally shaped practices. The reports of community development activities included examples of all three types of community members delivering the OSHP using a standard one-size-fits all implementation approach across the State. There were also examples of locally shaped practices including OSHC Coordinators selecting material and running sessions, OSHC Deliverers sharing the responsibility of delivery with the experts and SSA Deliverers deviating from the program. These three
examples provide support for a conclusion that there were examples of local adaptation occurring within this state-wide initiative.

Secondly, the investigation of community participation activities sought to determine whether social networks between different groups associated with delivering the OSHSP were strengthened. The comments provided by all three groups of deliverers provide examples of strengthened social networks within the OSHSP community. The most stable bridge was the one established through the regular VicHealth meetings. Less stable bridges were developed between the OSHC and the SSA’s, while few if any appeared to have been established between OSHC Services. Despite the limited stability of the bridge between the OSHC and SSA there were reports of both parties benefiting from time spent collaborating. While such benefits were reported, the comments suggest that in most cases the bridges formed were at best temporary, and therefore did not support the position that community participation strengthened social networks between the different groups associated with delivering the OSHSP.

Finally, the investigation of empowerment activities sought to identify whether community members were mobilised in response to concerns of the physical activity levels of children attending the OSHSP. The OSCH Coordinators and SSA Deliverers agreed that mobilising members from different sections on the OSHSP community has lead to improved delivery and participant management practices. On an individual level the OSHC Deliverers have suggested increased confidence and skills linked to their participation in the OSHSP has lead to self initiated sports sessions being delivered prior to and during the term of a sport being delivered at the OSHC Service. Evidence of this kind, on both an individual and community level would suggest that empowerment had occurred at some OSHC Services during the delivery of the OSHSP.

**SUMMARY DISCUSSION**

In the previous sections three studies have been presented as a means of investigating whether there were differences in the implementation practices of the different community members and understanding their influence on processes such as: community development; community participation; and the empowerment of individuals and communities. From the results it appears there was evidence of practices associated with community development, individual empowerment and community development. In contrast the evidence provided about community participation did not suggest a sustained increase in stocks of bridging capital. Therefore it appears that the different practices of the OSHSP community members may have contributed to expected Freirian (1989) outcomes such as community development and empowerment while at the same time failing to have a sustained influence on the social networks expected from this type of community development.

**CONCLUSION**

Throughout this chapter, three studies about the implementation of the OSHSP were presented to develop a position whether Gray and Crofts (2008) have comments of Freireian
rhetoric applied to the community development initiative known as the OSHSP. The first case study of the VOI provided evidence that the OSHSP represented a diverse group with differing strengths of values. The second case study of the LoU provided support for the idea of different activities that occurred between different groups of deliverers involved with the OSHSP. The final study of a semi structured interview found that the different practices of the OSHSP deliverers may have contributed to expected Freirian (1989) outcomes such as community development and empowerment while at the same time failing to have a sustained influence on the social networks expected from this type of community development. If we can accept that the OSHSP community did represent a diverse group of deliverers with respect to their values, and that this community did provide examples of community development and empowerment when describing their delivery behaviours across the various categories of LoU, then it is possible to suggest that examples of community development in line with the ideals of Friere did occur during the implementation of the OSHSP. The area where the argument fails, is linked to the concept of active participation, in particular bridging capital. Viewing this failure, in conjunction with the successes of the OSHSP in the areas of community development and empowerment, we feel that describing the examples of the deliverers’ actions presented in this paper as rhetoric would not be entirely accurate.

The identification of limitations of within an argument would not be balanced without a discussion of the limitations of the studies that were used to support comments concerning limitations. Firstly, variations in the level of program implementation across the various OSHC Services suggest that designers need to purposefully promote the need for active participation in community development activities across all levels of stakeholders from local OSHC deliverers through to the State Coordinator before the program is introduced. Program designers may need to consider strategies that aim to enrich the bridging social capital (between groups) between the various groups of community members and avoid an imbalance of bonding social capital (within groups). Unless this issue is addressed, the sharing of a common purpose may not be sufficient to facilitate the desired levels of interaction and participation between community members who reflect a diverse range of experiences, skills and values. Finally, our examination of the OSHSP failed to address the issue of sustainability. As with many funded evaluations, longitudinal studies are rare and the time frame represented is often quite short. While the authors understand the funding implications involved, the danger of a premature evaluation, contributing to the termination of a insufficiently implemented initiative may result in the loss of a local initiative that was implied to not have been given enough time to evolve. In concluding this chapter we would suggest that with any innovation that is handed over to local deliverers there is the potential for the ideals of theorist to be realised or ignored, that is a risk associated with local ownership. Local ownership has the potential to result in both positive and negative influences of community development. Empowering community members may not always result in the promotion of all of Freire’s ideals ideas, however, the resulting community developments and actions will more often reflect local community values and decisions rather than the intentions of the designers. Isn’t that an outcome Friere would support?
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