TRUE SPORT PRIORITISATION AND PLANNING

A Resource to Support SportWest's Prioritisation and Decision-making Processes for Prospective True Sport Initiatives

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ACKNOWLEDGING COUNTRY

This document was prepared by health promotion researchers based at The University of Western Australia (UWA) in consultation with colleagues at SportWest. We begin with an acknowledgement that we are extremely fortunate to live and do our work on Noongar Whadjuk boodjar—the land of the Whadjuk people of the proud Noongar nation. We are also mindful that UWA's campus is situated on sacred and beautiful land—between the Derbarl Yerrigan (Swan River), Boorloo (Perth), and Kaarta Gar-up (Kings Park). Whenever we walk our campus, and whenever we travel out across our breathtaking State, we are grateful for the reminder of the truly special Country upon which we live, play, and do our work.

We pay our deepest respects, and offer our thanks, to Noongar Elders past and present. We value their wisdom, generosity, and guidance in shaping the work that UWA and all health promoters do to connect and improve the lives of Western Australians. We extend that respect to all Aboriginal, Torres Strait Islander, and First Nations Peoples.

EXECUTIVE SUMMARY

This document provides a Prioritisation Framework and implementation guide to support decision-making on candidate True Sport initiatives. Given the enduring popularity of community sport in Western Australia (Australian Sports Commission, 2023), and the recognised role of sport organisations in promoting health and wellbeing (Donaldson & Finch, 2012) and providing broad community benefit (Grieve & Sherry, 2012), we anticipate that SportWest will, in the coming years, be presented with myriad candidate projects and initiatives that may fall within its True Sport portfolio.

At this foundational stage in the development of the True Sport strategy, it is important to establish processes and materials that aid transparent and well-informed decision-making regarding where best to focus time, investment, and effort within the True Sport portfolio. Informed by key literature sources, practical experience, relevant industry consultation, and SportWest's strategic planning, in this document we:

- Provide a background on the rationale and benefits of having a defined priority setting guide
- Overview the procedure we undertook to develop this guide
- Present key prioritisation criteria, a scoring matrix, and a workflow to guide decision-making and the selection of candidate initiatives to be delivered as part of the True Sport strategy
- Provide, in the form of a supplementary pack, a slide deck that is designed for use by SportWest when communicating this framework with relevant stakeholders

The framework and its implementation are designed to scaffold decision-making across the life of the True Sport program of work. Our aim is to aid clarity and consistency, reporting and record-keeping, and confidence in decision-making and investment. At the same time, we have focused our efforts on devising a practical framework that is easy to use and that does not over-burden decision-makers or the broader system.

BACKGROUND

Why develop a prioritisation framework and process?

In their review of healthcare investment, Robinson and colleagues (2011) described priority setting succinctly as "any explicit approach to the allocation of population resources in a context of scarcity" (p.10). When faced with finite time or capacity, priority setting processes can enable funders, policymakers, and program designers to determine where best to direct their resources (Clark & Weale, 2012). And, in complex organisations or systems, priority setting decisions are often guided by frameworks that are built on, among other things, strategic intent, organisational values, and environmental influences or needs.

Approaches to developing priority setting frameworks are typically focused on providing legitimacy, transparency, efficiency, and effectiveness around decision-making processes (Seixas et al., 2021). These frameworks can be used repeatedly—irrespective of changes to organisational personnel—to provide a coherent scaffold for decisions (e.g., regarding competing needs, approaches, or populations) where multiple viable options exist. These processes can also enhance organisational and stakeholder confidence surrounding decisions about where to invest human and material resources (e.g., Robinson et al., 2011).

"priority-setting approaches… have been shown to be useful and versatile in allocating scarce resources in a wide variety of levels of governance and administration (hospital, regional and national levels) as well as within diverse areas (like mental health… and community care)"

Seixas et al. (2021)

When implemented effectively, priority setting frameworks establish an agreed set of guidelines to support open decision-making (see Viergever et al., 2010). Among other things, these processes have been proposed to:

- Improve stakeholder understanding, acceptance, and satisfaction of selected initiatives
- Support change in resource allocation and strategic direction
- Improve decision-making quality (e.g., appropriate use of available evidence, consistency of reasoning, organisational goal alignment), and
- Promote positive external perceptions and relationships (e.g. sector recognition, driving best practice, supporting change in policy).

How did we develop the True Sport Prioritisation Framework and process?

The development of the True Sport Prioritisation Framework was informed by a detailed literature search, practical experience, SportWest's strategic planning activity, and relevant industry consultation. Specifically, we consulted or drew from:

Published scientific literature regarding the development and implementation of related prioritisation frameworks.

We examined a wide range of contemporary research and reviews of literature with an emphasis on prioritisation frameworks (and associated process and workflow recommendations) in areas including corporate or government investment (e.g., Public Health England, 2019; Robinson et al., 2011), health promotion and health research prioritisation (e.g., Australian Clinical Trials Alliance, 2020; Viergever et al., 2010), as well as healthcare systems, public health, and health promotion investment (e.g., Centre for Epidemiology and Evidence, 2023; Mooney et al., 2012; Robinson, 2021; Seixas et al., 2021)

Broadly, this literature documents *key enablers* that should be in place for a prioritisation process to function well—including acceptance within an organisation of the need to prioritise and the presence of strong leadership (or champions) for the process (see, for example, Mooney et al., 2012; Public Health England, 2019; Sibbald et al., 2009). Other common enablers across priority setting processes include strong stakeholder engagement, an organisational culture supporting explicit priority setting, clear information management processes, local ownership (Sibbald et al., 2009), and clarity in process and decision-making stages (e.g., Australian Clinical Trials Alliance, 2020; Public Health England, 2019). We account for these factors in presenting our 'Implementation & Workflow' considerations later in this document.

The literature also documents *key elements* that are commonly used as decision criteria within multi-component prioritisation frameworks and settings. These elements include aspects such as:

- Expected impact, reach, and 'costs' (e.g., Khan et al., 2019; Public Health England, 2019; Tuffaha et al., 2019)
- Evidence of clear need or significance (e.g., Baltussen & Niessen, 2006; Robinson et al., 2011)
- Strong stakeholder input and partner relationships (e.g., Australian Clinical Trials Alliance, 2020; Centre for Epidemiology and Evidence, 2023; Robinson et al., 2011)
- Feasibility or deliverability and budgetary considerations (e.g., Mooney et al., 2012; Rudan et al., 2008; Viergever et al., 2010)
- Sustainability, capacity building potential, and alignment with organisational values, scope, and/or mission (e.g., Australian Clinical Trials Alliance, 2020; Centre for Epidemiology and Evidence, 2023; Khan et al., 2019; Viergever et al., 2010)

We have integrated these (and other) enablers and elements into the material we present below. In terms of the Prioritisation Framework itself, we present a model based on what Seixas and colleagues (in their large 2021 review of this literature) refer to as "multiple criteria for value assessment". This 'multiple criteria' method was the most commonly identified approach to prioritisation in the work included in their health investment review, and represents "a wide variety of practices that ultimately have one thing in common: the consideration of multiple criteria and participation of multiple stakeholders in the priority-setting decision-making process" (p.4). And, when reflecting on the value and implementation of these 'multiple criteria' approaches, Khan et al. (2019) concluded that "multiple criteria (three to five) should be adopted to rank options as one criterion is not sufficient". The framework on page 8 is grounded in these recommendations and the common elements identified within the related literature.

Relevant sector experience

The authors of this document have—either individually or collectively—been directly involved in the development and implementation of several related priority setting frameworks in adjacent sectors. This experience includes research prioritisation frameworks within the medical research institute sector, project priority setting within the WA university sector, and consultation support for priority setting processes with national not-for-profit organisations and peak bodies. We bring the lessons learned from these experiences to the development of the True Sport Prioritisation Framework—including:

- The optimal number of decision-making criteria
- Relevant evidence indicators to support decisions against each criteria
- Overarching categories of decision-making criteria (i.e., 'impact' vs 'feasibility' criteria)
- Implementation recommendations (e.g., scoring, stakeholder consultation, making decisions)

True Sport resource review

Our goal was to ensure alignment between this Prioritisation Framework, the True Sport program logic model, and the True Sport Strategic Plan. The True Sport program logic model (see True Sport Brand Evaluation Framework document) articulates how the activities delivered by True Sport will address current industry challenges. It describes the inputs required, activities being delivered, and short-, medium- and long-term outcomes that will drive the intended overall impact. While devising the key decision-making criteria in the Prioritisation Framework, we ensured that framework components were consistent with the problem statement, aims, and desired outcomes specified in the True Sport program logic model and identified in the True Sport Strategic Plan.

We also drew from our ongoing consultation work for specific True Sport initiatives (i.e., Mental Health and Wellbeing, Child Safeguarding). By helping to devise evaluation plans and short-, medium-, long-term objectives for these discrete projects, we developed a strong working knowledge of existing projects within the True Sport portfolio—including their reach, goals, delivery strategies, resource requirements, and governance.

Stakeholder consultation

We consulted at various stages through this process with SportWest (True Sport) staff members, True Sport Advisory Group members, professional (academic and research) colleagues, and WA health promotion experts. This consultation provided detailed insight into organisational goals for this process and for the development of the True Sport initiative more broadly, and important considerations for prioritisation criteria, scoring, and implementation.

TRUE SPORT PRIORITISATION FRAMEWORK

We present six decision-making criteria within the True Sport Prioritisation Framework (see below). The criteria, and the framework within which they sit, are designed to support decision-making for SportWest regarding whether or not to pursue a candidate True Sport project, and to determine the priority level associated with the project (e.g., to aid in cases where multiple candidate projects are being considered or pursued at the same time). Consistent with the evidence presented in the previous section, we group these six criteria into two key overarching categories (three criteria per category). **Impact Assessment criteria** are designed to help SportWest appraise the potential outcomes of an initiative. **Feasibility Assessment criteria** are designed to help SportWest appraise the extent to which an initiative can be delivered as proposed.

IMPACT ASSESSMENT	FEASIBILITY ASSESSMENT
1. Important Industry & Community Need	1. Developed for Industry, By Industry
2. Transformational Purpose & Outcomes	2. Appropriate & Deliverable
3. "All-Sport" Approach & Reach	3. Sustainability Pathway

In their recent report on this topic, the Centre for Epidemiology and Evidence (2023) concluded that clear and specific indicators associated with each criterion are necessary to support transparency and objectivity. With that goal in mind, we outline each of these criteria in more detail below, and provide examples of evidence indicators that may help guide discussion and decisions around whether a given criterion is met. A supplementary PowerPoint file has also been provided to support internal and industry engagement regarding these criteria and the Framework.

IMPACT ASSESSMENT

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1. Industry & Community Need

Initiatives that meet this criterion will be addressing a significant challenge or opportunity for WA sport and the WA sporting community. The issue will be one that should be addressed now and should be addressed by SportWest. Decision-making indicators include:

- ***Need:*** The project addresses a current, significant unmet need or unrealised opportunity for the WA sporting sector (e.g., government, SSAs, clubs, coaches, volunteers, participants).
- ***Gap:*** There is not an existing solution (e.g., service, resource, entity) that could be leveraged or used to address the issue effectively.
- ***Alignment:*** The issue and proposed project align with the True Sport Mission and are deemed to fall within SportWest's scope of responsibilities and priorities.

2. Transformational Purpose & Outcomes

Initiatives that meet this criterion will be expected to have a significant impact on the WA sporting sector. The intended beneficiaries of the initiative will be clear, the objectives will include community-, sector-, system-, and/or policy-level outcomes, and the impact will be measurable and evaluated. Decision-making indicators include:

- *Objectives:* Realistic short-, medium- and longer-term objectives have been considered, and project strategies / activities align with these objectives. Objectives may include, but are not limited to: attitude, knowledge, and behaviour change; social connection; access to services and resources; increased organisational capacity; policy and structural reforms; strategic partnership creation.
- *Beneficiaries:* There is a clear understanding of the intended community (e.g., players, volunteers, club), sector (e.g., SSA), and higher-level (e.g., policy reform, government advocacy) beneficiaries.
- *Evaluation:* There is a commitment to (and working plan for) evaluation so that objectives and impact can be measured.

3. 'All-Sport' Approach & Reach

Initiatives that meet this criterion will be addressing an issue that is pervasive across sports in WA, and the proposed initiative will be one that promises broad benefit to the WA sport community—including, where relevant, meaningful reach into relevant priority populations. Decision-making indicators include:

- *Value:* The project can be expected to provide benefits for the whole WA sporting community.
- *Recipients:* There is high confidence that the project will reach and be adopted by intended groups / populations.
- *Priority populations:* The project will reach (and is designed appropriately for) relevant priority populations (e.g., Indigenous, CaLD, regional / remote recipients).

FEASIBILITY ASSESSMENT

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1. Developed for Industry, by Industry

Initiatives that meet this criterion will have been scoped and developed with meaningful engagement with all relevant stakeholder groups, and will include ongoing stakeholder engagement throughout the life of the initiative. Decision-making indicators include:

- ***How and when:*** Stakeholder input has confirmed the need for the initiative, and there is a well-developed plan for stakeholder engagement with bottom-up input into project activities, focus, delivery strategies, and evaluation.
- ***With whom****: All necessary stakeholders have been represented in discussions and in project implementation plans. Stakeholders may include, but are not limited to: SportWest Advisory Group, State Sporting Associations, club representatives (participants, coaches, volunteers), WA and interstate peak bodies, prospective funders, delivery and evaluation partners, scientific community, relevant population-specific bodies (e.g., Aboriginal Health Council of WA), local council and government.

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2. Appropriate & Deliverable

Initiatives that meet this criterion will be considered appropriate for the problem being addressed and the population/s being targeted. Based on available information, there is high confidence that the project is fully deliverable and will be adopted and implemented as intended. Decision-making indicators include:

- ***Funding:*** A sufficient budget is in place (or incoming funding is a high likelihood) to support full delivery and evaluation of the project.
- ***Time and resources:*** The project timeline, delivery requirements, resources (human, material), and other needs are well understood, and necessary partners and providers are committed to project delivery.
- ***Implementation planning:*** There is high confidence that the project is deliverable as planned, appropriate for the target issue and population/s, and barriers / facilitators to adoption and implementation are well understood.

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3.   Sustainability Pathway

Initiatives that meet this criterion will have demonstrated a clear ambition (and ideally a working plan) to ensure the project and activities are sustainable and scalable—as well as providing an opportunity to build meaningful partnerships and lasting change in organisational and community capacity. Decision-making indicators include:

- *Maintenance:* Strategies to support the project and associated resources in the medium- to long-term been identified and/or implemented.
- *Capacity building:* The project builds capacity within SportWest, State Sporting Associations, and/or the WA sporting community. Capacity may take the form of, but is not limited to, personnel, resources, improvement or development of facilities, training and professional development, links to or creation of new services, creation of partnerships with industry, not-for-profit, government, research organisations, or advocacy and policy-related organisations.
- *Scalability:* The project presents a viable opportunity to be scaled to other contexts, places, or settings (e.g., within WA, interstate, other sectors).

EXAMPLES OF EVIDENCE INDICATORS

To aid the assessment of impact and feasibility, it is valuable for decision-makers to have clear (and, where possible, objective) evidence regarding the extent to which each criterion is met. In their national survey of priority setting processes among health service providers in England, Robinson and colleagues (2011) noted that the majority of their respondents "considered evidence to play an important role within decision-making processes" (p.25).

Recommendations for evidence indicators show that several perspectives and types of data are preferable to support confident conclusions (Seixas et al., 2021)—these sources of evidence may include, for example, consultation with the research literature, the use of epidemiological (e.g., prevalence) and government data, documented gaps and needs, and community and industry testimonials.

Example evidence indicators for the True Sport Prioritisation Framework are presented in Table 1. We recognise that these examples are not exhaustive, and that it is unlikely that all evidence types will be present (or needed) for all criteria when making decisions. However, we offer these examples to illustrate the consultation and information that may be valuable for informing decisions around whether a criterion is met. Given the consistency in evidence indicators by broad category, we present examples for categories (i.e., impact and feasibility indicators) rather than separately for each criterion.

We recognise that it may be unrealistic or unnecessary to seek all evidence indicators for all assessment decisions—we encourage an efficient and pragmatic approach to the testing of candidate initiatives through these evidence indicators. However, we also expect that more (and higher-quality) evidence indicators will be more readily available for stronger candidate initiatives.

Table 1: Examples of evidence to support decisions around impact and feasibility assessment

Example Impact Evidence

- Documented requests or testimonials from SSAs (or member clubs / coaches / volunteers) regarding need, reach, or impact
- Documented requests or stakeholder testimonials from outside of SSAs and clubs regarding need, reach, or impact (e.g., SportWest, government, other peak bodies or advocacy groups, local authorities, councils, public health, health promotion, or academic experts, funders)
- Any other documented need, gap, or opportunity informed through top-down (e.g., SportWest, state government, state and national sporting associations / organisations) or bottom-up (e.g., participants, volunteers, coaches, clubs) approaches, or through clearly stated gaps in scientific evidence or literature, or through a clearly stated lack of current support or resources for a significant issue or population
- Findings or recommendations from previous evaluations conducted by SportWest, SSA members, and/or the broader sector
- Other published (e.g., scientific or industry report) evidence regarding the scope and implications of the problem and/or the likely effectiveness of proposed strategies
- Any other available (e.g., survey, census) data related to the prevalence or scope of the problem to be addressed (e.g., the burden or implications of current state / not acting), the expected reach of an initiative, anticipated program participation (or lack of), involvement and impact on volunteers and coaches

Example Feasibility Evidence

- Findings or recommendations from previous projects or evaluations delivered by SportWest, SSA members, and/or the broader sector
- Consultation with and testimonials from stakeholders (e.g., regarding appropriateness, delivery plans, likely barriers) including SportWest, government, councils, other peak bodies or advocacy groups, other local authorities, SSA employees, public health, health promotion, or academic experts, funders, representatives from communities and clubs
- Proof of planning to scope full project and evaluation costs, timeline, reach, delivery methods, barriers, and stakeholder engagement (including cultural perspective of priority populations)
- Documented support, in-kind commitment, and/or funding contributions from internal groups, external partners, and/or budget holders
- Proof of sustainability and scalability planning—for example, scoping the sustainability of any new capacity following initial implementation period, external funding sources, project expansion, changes to internal budget lines to accommodate ongoing delivery, partner contributions, licensing to other host organisations, fee-for-service models
- Consultation with other states/territories (or other sectors)
- A defined and appropriate advisory board (and, where relevant, consumer reference group)
- Clear understanding of desired partners and service providers (and their roles in the project), including letters of commitment and estimated costs for externally-sourced work packages

IMPLEMENTATION & WORKFLOW

The priority setting literature stresses the importance of using a clear scoring tool or decision aid to provide transparency and consistency in assessment decisions (Australian Clinical Trials Alliance, 2020; Robinson et al., 2011; Rudan et al., 2008). It is also essential, however, that the processes surrounding these prioritisation decisions do not become impractical or overly complex. For those reasons, we offer a simple scoring and implementation process below.

1. Panel review of the criteria and evidence indicators for a proposed initiative
2. Independently score each criterion as "not met" or "met" (scored 0 or 1; see Table 2)
3. Determine the total scores for Impact Assessment (ranging 0 to 3) and Feasibility Assessment (ranging 0 to 3), and the combined total (ranging 0 to 6)—note, an average rating or a discussion-and-consensus rating can be used in the case of multiple raters
4. Use the decision tool below to guide final decision and associated actions (see Figure 1, next page)

Table 2. Scoring template

Criteria		Score
Impact Assessment		
1. Important Industry & Community Need		*Not met (0) / met (1)*
2. Transformational Purpose & Outcomes		*Not met (0) / met (1)*
3. "All-Sport" Approach & Reach		*Not met (0) / met (1)*
	Total	**/ 3**
Feasibility Assessment		
1. Developed for Industry, by Industry		*Not met (0) / met (1)*
2. Appropriate & Deliverable		*Not met (0) / met (1)*
3. Sustainability Pathway		*Not met (0) / met (1)*
	Total	**/ 3**
	Combined total	**/ 6**

Figure 1. Decision matrix of assessment outcomes (below)—accompanying descriptions are provided below to support interpretation of outcomes
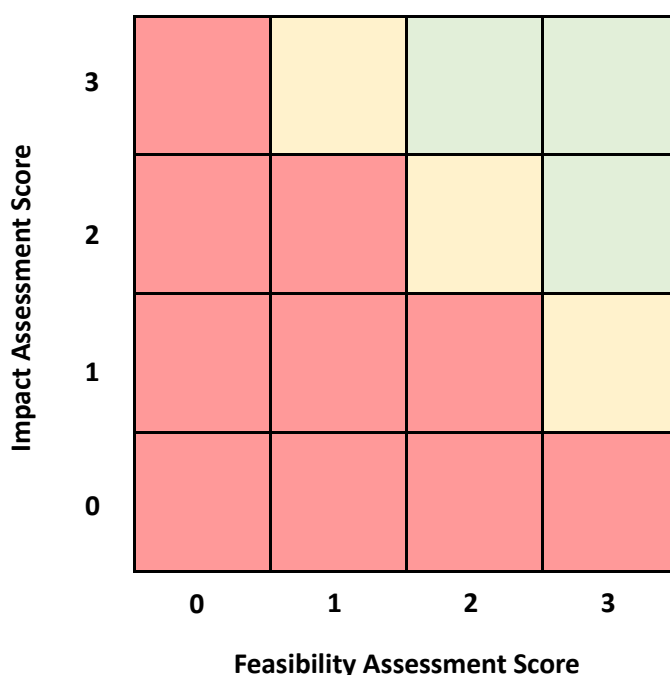
"Prioritise" (green; total score of 5 or 6)

Initiatives scoring a 5 or 6 are considered moderate or high impact and moderately or highly feasible. These projects or initiatives are SportWest's 'best bets' and should be pursued as a high priority. Clarity around any unresolved feasibility or impact elements should be prioritised, and efforts should be made to ensure that these initiatives are implemented successfully.

"Review" (orange; total score of 4)

These initiatives are likely to require additional review:

- *High impact (3) / low feasibility (1)* assessments should be reviewed—given their potential for significant impact—with the goal of obtaining insight into challenges and strategies associated with delivery, implementation, and sustainability. May be re-scored if information comes to light that materially changes (improves) a project's feasibility score.
- *High feasibility (3) / low impact (1)* assessments may be considered 'easy wins' in instances where resources are plentiful—these initiatives may be valuable in laying foundations for related, higher-impact initiatives. However, in instances where resources are constrained or other initiatives are being considered, these high feasibility / low impact assessments are likely best postponed or rejected in favour of higher-impact initiatives.
- *Moderate impact (2) / moderate feasibility (2)* assessments represent viable projects with a reasonably strong likelihood of delivery and success, and with meaningful impact—these

projects are likely to be worthwhile investments, but may be lower-priority than those considered high impact and highly feasible.

"Abstain" (red; total score of 0 to 3)

SportWest should refrain from directly allocating resources to or prioritising these initiatives. There is little value in pursuing a *high feasibility (3) / negligible impact (0)* initiative given the expectation of insignificant project outcomes. In instances where an assessment outcome indicates *high impact (3) / no feasibility (0)*, these initiatives may be suitable for being delegated to a more external appropriate provider or partner. Note that further discussion may be warranted in the case of *low impact (1) / moderate feasibility (2)* assessments with the goal of finding strategies to enhance project impact (which would necessitate re-scoring). And, in the case of *moderate impact (2) / low feasibility (1)* assessments, the potential for meaningful impact may encourage SportWest to re-examine potential challenges and strategies associated with delivery, implementation, and sustainability (with a view to re-scoring feasibility if new information comes to light).

PROPOSED WORKFLOW

The implementation and workflow around priority setting frameworks can be challenging (Ahumada-Canale et al., 2023; Hunter et al., 2016)—the established benefits of this type of process can be lost (or not fully realised) when not managed effectively or when burdensome processes or an overly restrictive structure are imposed. For that reason, we recommend only broad principles in terms of a proposed workflow—we encourage SportWest to tailor these suggestions to suit their own environment and structures. Our suggestions for workflow stages are closer in nature to a guide or checklist than to a prescriptive set of sequential activities that must be followed.

To enable a decision-maker or decision-making panel to be able to assess confidently against all impact and feasibility criteria, we encourage the following activities:

- Has sufficient consultation taken place with relevant internal and external stakeholders?
  - This may include internal consultation regarding budgets, funding streams, human and other resource requirements, needs analysis (e.g., issue importance), likely impact, and more.
  - In addition, external consultation with prospective partners, delivery agents, funders, and community (e.g., SSAs, sport clubs) will also be useful in informing impact and feasibility evidence and assessment.
  - In cases where candidate initiatives are directly targeting (or are likely to reach) specific priority populations, have representatives from those populations been consulted (and peak bodies advocating for those populations)?
- Have efforts been made (within pragmatic / time / resource constraints) to gather evidence indicators for all relevant aspects of the framework?
- Has a decision-making panel been established and been provided with information relating to the framework and its implementation? Has the decision-making panel been provided with all necessary information (in the form of a short paper or briefing note) regarding the specific candidate project/s to be considered?

- Has a sponsor or champion for the candidate initiative been identified (i.e., to guide the submission through the decision-making process and to address questions from a decision-making panel)?
- Has a clear decision-making process been established (including who, when, how)?
- Has a process been discussed for closing out the decision and/or actioning following consideration against the framework?

CONCLUSIONS

This Prioritisation Framework will support clear, consistent, and confident decision-making in the selection of initiatives to be delivered as part of the True Sport strategy. Using published scientific literature, relevant industry experience, True Sport resources, and stakeholder consultation, we have provided:

- A summary of the rationale and benefits of having a defined priority setting process,
- Key prioritisation criteria, a scoring matrix, and implementation workflow to guide the selection of candidate initiatives, and
- A supplementary slide deck to support communication of the framework with relevant stakeholders.

We intend the framework and supplementary resources to be practical and supportive for decision-makers, the priority setting process, and broader initiative development and review.

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UWA TEAM

Professor Michael Rosenberg
BAppSc (Nutrition and Human Biology), PGradDip (Secondary), PGradDip (Human Biology), MPH, PhD

Michael is the Head of School of the School of Human Sciences and former Director of the Health Promotion Evaluation Unit. Michael has over 20 years' experience in the area of health program evaluation and brings a blend of research and practical evaluation skills across a broad range of health areas. From 2002-2018, Michael was responsible for the management of the evaluation of Healthway services. During this period, he oversaw the delivery of all evaluation services and co-authored over 50 technical reports, including sponsorship monitors, special field studies, priorities reviews, and reviews of the Healthway evaluation framework.

Professor Ben Jackson
BSc Hons (Sport Science and Physiology), PhD

At UWA, Ben is a research and teaching academic in the School of Human Sciences, and at Telethon Kids Institute he is the Head of the 'Brain & Behaviour' Theme and member of the Institute's Science Leadership Committee. He created and leads the cross-institutional Psychology of Active, Healthy Living Group, has designed and provided quantitative and qualitative evaluation support for several local and national health promotion organisations, and has provided advisory or reference committee input for organisations including Football West, Healthway, Mental Health Commission, Exercise and Sport Science Australia, the Australian Research Council, National Health and Medical Research Council, UWA Sport, and International Olympic Committee. Ben is a Deputy Editor for the highly-ranked international journal, *Stress & Health*, and serves on the editorial board for 4 other prestigious journals. He has produced more than 180 peer-reviewed publications and has extensive experience in the development and evaluation of various health promotion activities.

Dr Claire Willis
BSc Hons (Sport Science, Exercise and Health), PhD

Claire is a Senior Research Fellow in the School of Human Sciences at UWA. Claire's research and community engagement is focused on developing and evaluating health promotion initiatives for diverse populations across the lifespan. This is supported by her international experience as an accredited exercise physiologist, and undertaken in partnership with young people, families, and the community. Claire led the implementation and evaluation of a National Health and Medical Research Council Partnership Project, and has directed and evaluated several health promotion initiatives for children and young people with chronic and complex conditions in tertiary healthcare and community settings. She has consulted for the United Nations Children's Fund (UNICEF), and has been a member of multiple advisory committees for Exercise and Sport Science Australia. The impact and outcomes of her work have been recognised by the Australasian Academy of Cerebral Palsy and Development Medicine, the State Government of Victoria, VicHealth, and Awards Australia.