Reducing Gambling Frequency with Culturally and Linguistically Diverse Communities

Evaluation Report

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Executive Summary

The project

The Reducing Gambling Frequency Project is a prevention and intervention project funded by the Victorian Responsible Gambling Foundation (VRGF). Implementation of the project commenced in February 2015 and this report relates to the period February to May 2015. The announcement of further funding in June confirmed that funding will extend the project until October 2015. The intention of the project was to reduce gambling frequency of culturally and linguistically diverse (CALD) seniors groups that recreate at electronic gaming machine (EGM) venues. The HealthWest Partnership worked in partnership with the six key ethnic community organisations.

Organisation	Role in project
Macedonian Community Welfare	Advisory group participation and bilingual worker undertaking project tasks
Australian Greek Welfare Society	As above
CO.AS.IT Italians and Australians of Italian Descent	As above
Arabic Welfare Incorporated	As above
Migrant Resource Centre North West Region	As above
Maltese Council of Victoria	As above
Ethnic Communities Council of Victoria (ECCV)	Advisory group participation
Borderlands Cooperative	Development and delivery of training and manual
HealthWest Partnership	Auspicing and managing project
Louise Greenstock Consulting	Evaluation

Each of the CALD community organisations committed one senior staff member, one bilingual worker and one community member to participate in the advisory group which met monthly from February to July 2015.

A training manual was drafted by Borderlands Cooperative and three training sessions were delivered to bilingual workers from each of the agencies and a selection of community representatives (March, April). Bilingual workers were then supported to engage community leaders and raise the issue of recreating at EGM venues. Bilingual workers were encouraged to develop methods of presenting information and strategies for raising awareness in the community and encouraging alternative outings.

Project objectives

The project objectives are:

1. *Raise awareness* in six CALD communities and groups regarding the cost of gambling losses on EGM within their communities
2. *Work with key communities to survey social groups* attending gaming venues as a recreational activity
3. *Co-design with group leaders, develop responses* unique to their CALD communities in order to reduce gambling as a social and recreational activity
4. *Build expertise within leaders of CALD communities* to take sustainable actions around gambling within their community

Evaluation questions selected by the steering group

Process questions

1. In what ways did the project raise awareness about community-level gambling harm?
2. In what ways did the project work with key communities to co-design responses for each community?
3. What were the enablers and barriers of working with community leaders to raise awareness of community-level gambling harm and to promote alternative recreational opportunities?

Impact questions

4. To what extent has knowledge and understanding (awareness) of the risks associated with frequent EGM gambling increased among: community leaders; bilingual workers; community members?
5. To what extent has the motivation and skills of community leaders to focus on community strengths in order to raise awareness about gambling harm increased?

Evaluation methodology

A formative practical participatory approach was adopted in the evaluation. A mixed method approach was utilized in the collection of data. Data collection included a pre and post project survey, interviews with bilingual workers, advisory group members, community representatives, project manager, and the training facilitator, as well as reflective journals and notes made by the bilingual workers. This evaluation refers to the phase of the project running from February to May 2015.

Summary of Evaluation Findings

The following set of themes emerged from the evaluation data, representing ***key issues, challenges and areas worthy of further attention***.

Key findings and outcomes:

- Awareness of community-level gambling harm increased across the advisory group. Bilingual workers reported that they learned a great deal about gambling harm during the training sessions, particularly in relation to how this issue can be conceptualized as a public health issue.
- Due to the sensitivity of the topic, the bilingual workers needed to invest time and energy in building relationships with community leaders, or

formulating tactical strategies where relationships already exist. They were required to build on existing links and relationships in order to play a particular role in relation to a specific public health issue. For some, this was a new aspect of their current professional role and required adaptation and learning new skills. For all, it involved presenting the message sensitively and strategically and being responsive to the reactions and feedback in the community.

- Relationships developed/developing between HealthWest and peak ethnic organisations and between these organisations and social groups, clubs and associations in the communities
- Conversations about community harm from gambling have started and developed momentum within and between peak ethnic organisations and between these organisations and the communities they serve. In many cases this strengthens the work already being undertaken by these organisations to address community harm from gambling. These developments also create service needs for the peak ethnic organisations and their capacity to attend to this demand in the long term, which need to be planned for and appropriate sources of funding identified.
- There is now an opportunity to co-design next steps ***with*** these organisations, taking into consideration their capacity and the work they're already doing.

Recommendations

1. Prioritise fostering and maintaining the community of practice that has formed. Encourage this community of organisations and workers to continue collaborating by resourcing meetings and workshop sessions or by virtual contact if funding does not permit the former.
2. Clarify the role of the advisory group and consider *either* redefining to encompass opportunities for the bilingual workers to share stories, workshop ideas, and support each other, *or* consider creating a working group that serves this purpose.
3. Review the bilingual worker role with the bilingual workers and identify opportunities for providing additional support, particularly in the areas of communicating public health messages, fostering community action, and dealing with sensitive topics such as resistance and dishonesty.
4. Capture success stories and develop systems for storing and sharing tips, materials and examples of what worked well.
5. Co-design next steps with the organisations and bilingual workers and facilitate discussions with peak ethnic organisations about what work they are already doing and their capacity to participate. Consider various funding scenarios, including no ongoing funding.
6. Highlight the benefits funding for a longer duration by presenting the outcomes achieved, the missed opportunities from short term funding, and the need to identify sources of funding for responding to increases in service needs resulting from the project.

Deepest thanks to all those who participated in the evaluation and to the VRGF for funding this initiative.

Full Evaluation Report

Project description

The Reducing Gambling Frequency Project is a prevention project designed by the HealthWest Partnership and funded by the Victorian Responsible Gambling Foundation (VRGF). Implementation of the project commenced in February 2015 and this report relates to the period February to May 2015. The announcement of further funding in June confirmed that funding will extend the project until October 2015. The intention of the project was to reduce gambling frequency of culturally and linguistically diverse (CALD) seniors groups that recreate at electronic gaming machines (EGM) venues. The project is based on previous work undertaken by Banyule Community Health and Gamblers Health Northern that sought to reduce the frequency of attendance to Crown Casino by older CALD groups. The HealthWest project sought to use the model piloted by Banyule Community Health and Gamblers Health Northern and expand its impact across six older culturally and linguistically diverse groups from the following migrant communities: Macedonian, Greek, Italian, Maltese, Arabic and Turkish communities.

Project Objectives

The project objectives are:

1. *Raise awareness* in six CALD communities and groups regarding the cost of gambling losses on EGM within their communities
2. *Work with key communities to survey social groups* attending gaming venues as a recreational activity
3. *Co-design with group leaders, develop responses* unique to their CALD communities in order to reduce gambling as a social and recreational activity
4. *Build expertise within leaders of CALD communities* to take sustainable actions around gambling within their community

The overarching aim of the project is to achieve measurable reductions in the number of visits that groups make to gaming venues and the time that group members spend gambling.

Key messages

The project aims to communicate four ***key messages*** to communities:

1. Gambling regularly can be harmful to your friends and family
2. Visiting a gaming venue for social activities is not always as cheap as it seems
3. Groups can take control of the activities they undertake and don't have to rely on gambling as the only form of entertainment
4. Gambling might be okay for some but not safe for others, and your group needs to be safe for all.

Implementation of the project

The project commenced late in 2014 at which point the project manager began approaching peak ethnic agencies and inviting them to be involved in the project. This report refers to the evaluation of the phase of the project running from February to May 2015.

The following table presents the partnering agencies and their roles.

Organisation	Role in project
Macedonian Community Welfare	Advisory group participation and bilingual worker undertaking project tasks
Australian Greek Welfare Society	As above
CO.AS.IT Italians and Australians of Italian Descent	As above
Arabic Welfare Incorporated	As above
Migrant Resource Centre North West Region	As above
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Ethnic Communities Council of Victoria (ECCV)	Advisory group participation
Borderlands Cooperative	Development and delivery of training and manual
HealthWest Partnership	Auspicing and managing project
Louise Greenstock	Evaluation

Table 1 - Organisations involved in the project

HealthWest worked in partnership with the six key ethnic community organisations. Each of these organisations committed one senior staff member, one bilingual worker and one community member to participate in the advisory group which met monthly from February to July 2015. The Project Advisory Group was intended to provide professional and community advice and opinion. The original purpose of the Advisory Group was to utilise members' expertise and experience to contribute knowledge and guidance to the development of the project.

A training manual was drafted by Borderlands Cooperative and three training sessions were delivered to bilingual workers from each of the agencies and a selection of community representatives (March, April). Bilingual workers were then encouraged and supported to engage community leaders and develop methods of presenting information and strategies for encouraging alternatives to recreating at EGM venues. The monthly advisory group meetings provided an opportunity for representatives from all agencies, as well as Borderlands and the evaluator, to come together and discuss progress and hear from expert speakers.

The training manual was revised with the support of the peak ethnic organisations during the course of the project. The training manual also contained a revised version of a questionnaire, which was developed in the Casino Bus Trip project. In the Casino Bus Trip project, bilingual workers

administered the questionnaire to people who had been to the Casino on the bus, asking them to record how much they had spent on the trip. The findings of the questionnaire were then used to present information about group spending and group losses back to the group. ***The questionnaire was included in the training manual as one possible tool bilingual workers in this project could use to raise awareness about the possible harms from gambling with the intention of reducing gambling frequency among seniors groups that recreate at EGM venues.***

Program logic model

As part of the development of a concise evaluation plan, the original program logic model was revised and simplified (the original program logic can be found in the Appendix). The revised program logic model is presented overleaf. This program logic model is intended for use as a clear articulation of the rationale guiding the project.

Please note, the limitations of a linear program logic in articulating a complex social and public health issue. This project was informed by a collective impact framework[1] approach.

Work undertaken by the peak ethnic organisations (to date)

Bilingual workers reported planning and undertaking a range of activities as part of their strategy to implement the project. These included:

- Presentations to seniors groups/leaders
- Focus groups with seniors groups/leaders/community members
- Participating in bus trip surveys with seniors groups recreating at EGM venues
- Ethnic media: radio, newspapers, post cards and social media
- Public forums with seniors groups
- One to one conversations with a wide range of community members and leaders
- Going along to community social functions and recreational outings
- Telephoning and initiating relationships with seniors groups
- Offering to support with development of recreational outing calendars

[1] Kania and Kramer (2011) Accessed online at http://www.ssireview.org/articles/entry/collective_impact (05/06/2015)

Revised program logic model

Inputs	Outputs	Outcomes		
		Short	**Medium**	**Long**
Project manager position Training facilitator External evaluator Other Ethnospecific agencies Bi-lingual workers from 6 CALD communities	Project Manager employed Small scale survey exploring the frequency of gaming venue access amongst CALD community and seniors groups Six community groups engaged - social groups from CALD communities participate in the project In-language social marketing and communication tools for ongoing use by identified groups ***Community-identified interventions*** aimed at reducing frequency of visits to gaming venues that are relevant to their group and community Training and support for community and organisational leaders regarding the cost of gambling within their communities; other recreational opportunities for social groups to reduce gambling within their community and discussion about long term sustainable change	Increased knowledge and understanding (awareness), by the groups, of the harm caused by gambling to communities Increased motivation and skills among community leaders to focus on community strengths in order to raise awareness about gambling harm	Reductions in the number of visits that groups make to gambling venues Reductions in the amount of time group members spend gambling Increases in community-led alternative recreational outings	Reduced harm from gambling across the community and decreased risk of gambling-related poverty, homelessness, mental health issues, family violence, drug and alcohol abuse and bankruptcy. Increased understanding of issues that impact on health at a community level Increased sense of community empowerment
Evaluation	**Process questions**	**Outcome questions**		

The Evaluation

Purpose

The purpose of the evaluation was to:

- Explore the role of community engagement and empowerment in improving the health of a community, with a particular focus on reducing gambling related harm
- Explore the impact of using a community-led model within a health promotion project

Audience and key stakeholders

- North West Migrant Resource Centre, COASIT, Arabic, Greek and Macedonian Welfare
- ECCV
- Turkish, Greek, Italian, Macedonian and Arabic CALD communities
- HealthWest members
- Victorian Responsible Gambling Foundation
- Prevention and public health agencies

Evaluation objectives and evaluation question

The following is taken from the brief for the evaluator provided by HealthWest.

> *The evaluation will specifically look to explore changes in:*
>
> - *attitudes towards gambling and drivers of gambling participation*
> - *frequency of visits to gaming venues amongst the target group*
> - *length of time gambling*
> - *attitudes towards gambling amongst community and organisational leaders*

Evaluation questions

Process questions

1. In what ways did the project raise awareness about community-level gambling harm?
2. In what ways did the project work with key communities to co-design responses for each community?
3. What were the enablers and barriers of working with community leaders to raise awareness of community-level gambling harm and to promote alternative recreational opportunities?

Impact questions

4. To what extent has knowledge and understanding (awareness) of the risks associated with frequent EGM gambling increased among: community leaders; bilingual workers; community members?
5. To what extent has the motivation and skills of community leaders to focus on community strengths in order to raise awareness about gambling harm increased?

Evaluation design

Given that this is a prevention project and a community capacity building exercise, a formative evaluation approach was adopted. Formative evaluation enables an action-research cycle of continual reflection and improvement. VicHealth recommends a practical participatory approach for evaluation of prevention projects such as this one[2]. This is particularly relevant because of the project objective to draw on community-strengths and steer towards community empowerment. Participatory approaches focus on community participation, empowerment and critical reflection.

Process/impact

Both process and impact evaluation questions have been nominated by the project team.

Implementing a practical participatory approach

A practical participatory approach ensures:

- Flexibility for community participation as this takes shape
- The evaluation findings are owned by all those involved with a focus on the communities themselves
- Critical reflection about the objectives and outcomes of the project is a regular undertaking
- The project team and advisory group, including community representatives are key participants in an evaluation capacity building exercise

Data collection strategy

A mixed method approach was adopted. This section outlines the types of data collected and methods used.

Data sources

- Existing data concerning group outings to gaming venues
- Peak ethnic agencies
- Community leaders on the advisory group
- Bilingual workers
- Training facilitator
- Project team

[2] VicHealth (2013) http://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/PVAW/Stage%202_WLK_PVAW%20evaluation.ashx

Data collection

Data collection activity	n
Pre-project survey	15
Interviews with the project manager	2
Interviews with advisory group members	10
Interviews with bilingual workers	5
Interviews with community members	3
Bilingual worker journals/notes	4
End of project survey	1
Member checking session	16

Table 2 – Number of participants

Data analysis and synthesis

All data was analysed using a process of thematic analysis.

Evaluation Findings

The themes and observations emerging from the rich data collected were synthesized to formulate a response to the evaluation questions.

Pre-project survey

The pre-project survey data highlighted similarities and differences between the cultural groups represented on the project, with regards to: characteristics of those most affected by harm from gambling; the specific types of harm observed in the community; perceptions about what this project is attempting to do and why; and the desired change and/or outcome.

Characteristics of those most affected by harm from gambling

- Women
- Newly arrived
- Widows, widowers
- Unemployed
- Low English
- Elderly
- Young people

The commonality between these groups is the perception of ***loneliness and social isolation***, which was common across almost all of those surveyed and interviewed.

Harms arising from gambling observed by project participants

- Family breakdown
- Loss of homes and property
- Aggression and violence
- Mental health and addiction
- Ostracized and isolated
- Imprisonment

Perceptions of what this project is attempting to do

- Addressing an entrenched, deep issue with significant harms and damaging quality of life
- This entrenched issue is influenced/caused by a perceived lack of things to do/services for people at risk of social isolation with previous experiences of being more connected socially, as well as the psychological atmosphere and experience that the venues seem to provide
- Therefore, we are attempting to reach community leaders, seniors group presidents as a way of reaching entire communities
- Strengthening social fabric

Rationale for the project

- Loss of quality of life, possession, relationships, suffering, shame
- Pokies are everywhere, dependent relationships with some of the services and venues for these communities

Desired change/outcome

- Awareness and education
- Relationships, partnerships
- Message spread, change of mindset
- Empowerment

Themes from interviews and bilingual workers' journals

The following is a summary of the themes emerging from the analysis of the interview data and the journal notes made and submitted by bilingual workers.

These themes were presented at a member checking/verification session with participants on May 27. Candidate themes were presented and participants provided feedback and comments. The themes were then refined and consolidated to reflect the most prevalent findings.

Table 3 – Themes in the data

	Themes	Subthemes
1	Cross-cultural community engagement: organisational roles and relationships	
2	The bilingual worker role	a) Raising awareness by having the conversation: trust and relationships b) Articulating and communicating gambling as a public health issue
3	Sustainability of recreational opportunities for communities: Learning about the reasons why groups go to EGM venues	

1. *Cross-cultural community engagement: organisational roles and relationships*

One of the central themes across the interviews, surveys and journals was the uniqueness, strengths and weaknesses of the way this project attempted to address community harm from gambling using a public health approach and a partnership between HealthWest and six peak ethnic organisations. The multitude of comments about this approach, captured in the data, offer insight about this particular style of cross-cultural community engagement and the roles and relationships in a partnered approach.

The data contained a range of comments and reflections about the structure of having an advisory group with representatives from each of the organisations, including senior staff, bilingual workers, and consultants (the trainers and the evaluator), as well as community member representatives from each of the communities. Most participants were very positive about the value of coming together as a multidisciplinary group and meeting monthly. This was highlighted by several participants as the best thing about the project.

Regular meetings enabled people to learn more about the problem and task, which raised awareness, fostered enthusiasm, and demonstrated to those representing specific cultural community groups that their community is not alone in being affected. The data indicated that these meetings enabled the sharing of ideas, strategies, resources and emotional support, which was seen as essential, particularly because of the size of the task taken on by each organisation and bilingual worker.

The data indicated that the advisory group meetings were appreciated because they gave those representing the peak ethnic organisations the opportunity to come together ***with each other***. This resulted in the formation of an engaged and committed group of practitioners and community members, articulated by one interviewee as 'journeying together'. The advisory group meetings and training sessions were the only mandatory opportunities for those implementing the project in their communities to come together with the project manager ***and*** their counterparts in the other communities.

A number of participants expressed that they would have preferred to be able to utilize the monthly advisory group meetings to hear more from each organisation/bilingual worker and to share experiences, lessons learned, strategies tested, and to be able to 'workshop' their challenges. This was seen by some as an opportunity missed.

There may have been some confusion concerning the function and purpose of the advisory group meetings. For example, if the advisory group meetings were not intended for discussion about what the bilingual workers had been doing, an alternative opportunity would have been appreciated. There appeared to be an expectation that HealthWest would enable this. Alternatively, the advisory group could be reconceived as more of a working group, to enable this kind of workshopping and peer support. One bilingual worker commented that the sense of collaborative effort was very high during and immediately after the trainings but this tapered off because they were working in relative isolation.

This suggests that there may be a need to clarify the extent of HealthWest's role in the project, including the role and purpose of the advisory group, as well as the role of the peak ethnic organisations and the bilingual workers. A number of interviewees commented on the challenges faced by the peak ethnic organisations that are expected to respond to short term project funding, rather than co-design projects and provide input into appropriate resourcing.

The expectations placed on the peak ethnic organisations were a key concern for some of those interviewed. For example, it was noted that projects such as this one often commence with a partnership between auspicing organisations and peak ethnic organisations, which involve the direction of funds and resources to the peak ethnic organisation for a specific, short-term period. However, the volume of the work implied in the implementation of the project is high and typically generates more service needs for these organisations to respond to, which continues after project funding has run out. As pointed out by several of the peak ethnic organisation representatives, these organisations are expected to have the capacity to respond to ***increasing*** demand and need for their services, before, during and after the period for which their involvement is funded. Given that funding service provision was beyond the scope of this project, and the role of HealthWest, sources of funding support for service provision need to be identified.

There was a shared sense that involvement of ethno-specific organisations is effective but the long-term implications of resourcing the project work and usual services must be acknowledged and planned for, including the significant value of in-kind contributions.

Aspects of this theme are explored in more depth in the next Theme, which focuses on the bilingual worker role.

2. The bilingual worker role

The role of the bilingual worker was pivotal in this project. Those involved in the project shared a range of reflections on this role, encompassing how it was defined and how those given the role could be enabled to undertake the task most effectively. Despite a very high level of passion and commitment among the bilingual workers, and positive feedback about the quality of information provided, comments about the bilingual worker role reflected a number of complexities and pressures.

The bilingual workers reported appreciating the support available from the project manager and of gaining knowledge and awareness from the training sessions. Several bilingual workers commented that they would have appreciated more examples of concrete strategies they could use and felt that the questionnaire for the bus trips was not their preferred tool. Some were concerned that using the questionnaire would be detrimental to building trust.

In most, but not all, cases bilingual workers reported that they were able to build on existing links and relationships with the community and some were able to integrate this project into work they were already funded to do. Others, however, felt that their time on this project was fragmented and this was a cause of frustration because their commitment to take action was so high.

The following two subthemes illustrate aspects of the bilingual worker role worthy of more attention.

a. Raising awareness by having the conversation: Trust and relationships

Despite the short timeframe and minimal fraction of their time available, the bilingual workers reported undertaking a range of activities, constituting a considerable number of interactions with seniors groups and/or presidents of community associations. Again, given the timeframe, the core of the work they undertook was to create opportunities to have conversations about the issue, with the intention of being able to share information, raise awareness and propose alternatives to EGM outings. However, the bilingual workers' accounts demonstrate that they discovered/rediscovered the importance of trust and relationship building when approaching this topic, as evidenced by some of the challenges they reported having to navigate.

The bilingual workers' accounts demonstrate a great deal of prior knowledge and/or new learning about the perspective of those organizing trips to EGM venues e.g. leaders of social groups. One bilingual worker was faced with the complex task of being well known in the community and having to deal with the challenge of introducing a message that would be unpopular with those organisations benefiting financially from EGMs. Another bilingual worker suspected a level of secrecy and dishonesty among the seniors' group leaders, having noticed one of the group leaders who stated that they had no trips planned, on an outing at the casino.

These accounts reflect that the bilingual workers were not only required to present a message in their communities but to also introduce a sensitive topic onto the agenda for seniors group organisers. One bilingual worker handled this by stating that he/she was simply there to raise awareness. The bilingual workers were faced with varied responses to this ranging from those who said they could not see a problem with recreating at EGM venues, to group leaders who didn't feel they had the authority to communicate this message to others but were very keen for the bilingual worker to come and do so.

Several bilingual workers also commented on their fear of starting the conversation and not being able to keep to their promise of supporting the groups to raise awareness and promote alternatives, because of the threat of funding withdrawal after a short time.

Several of the bilingual workers commented on the shift in mindset required to conceptualise harm from gambling as a public health issue, which presented another dimension to their role, as discussed under the next subtheme.

b. Articulating and communicating gambling as a public health issue

A number of participants commented that understanding community harm from gambling as a public health issue involved a shift in mindset. There was a sense that gambling was not commonly viewed as a public health issue in the community so introducing this concept into the community was part of the bilingual worker's task. There was a general sense that the information circulated by the project manager and the content of the training sessions was useful in illuminating how community harm from gambling can be seen and approached as a public health issue. However several interviewees remarked that they felt overwhelmed by the amount of information they received and could not read/make use of it all. A number of participants commented that they didn't feel fully equipped with tools for presenting this message to community leaders. As previously stated, although used by some, the bus trip questionnaire was not considered the most effective or sensitive tool. Bilingual workers may or may not have felt they had sufficient time to digest the public health perspective and plan their strategies and develop materials accordingly.

A number of participants commented that, despite the timeframe and complexity, this project was a good example of emerging collaborative practice and new networks and partnerships, which were seen as essential in addressing a public health issue. These outcomes could be seen as indicators of the first stages of addressing a public health issue with community. For example, a number of the bilingual workers expressed their commitment to voicing their concerns about EGM venues and there is evidence that this passion for taking action has influenced some of the seniors group leaders they have contacted.

There was a sense among the group as a whole that the topic of harm from industry was a core aspect of the public health issue. A number of participants commented that the lack of any evidence of government accountability in the project meant there was a real risk of this work being seen as tokenistic. This was particularly relevant to the challenges of communicating the sensitive topic of duty of care and responsibility to those organizing recreational trips. One interviewee commented that ideally these messages about duty of care will be communicated 'up the chain' from seniors group leaders to funding bodies, Councils and to government. This project was seen as just the beginning of a long process of affecting change.

3. Sustainability of recreational opportunities for communities: Learning about why groups go to EGM venues

Themes in the data contribute to our understanding of the realities of the task of engaging community leaders to reduce recreational outings to EGM venues. The reflections and observations shared by participants generate deeper insight into the reasons why seniors groups recreate at EGM venues and the reasons why their members might want these trips to continue.

For example, the community member representatives involved in this project provided in-depth accounts of the social factors influencing the demand for these outings. A number of people referred to the issue of loneliness and social

isolation across the communities. This was often attributed to a lack of opportunities and facilities for older people to socialize, besides those that currently or historically offer trips to EGM venues. A number of the bilingual workers identified that the seniors groups and associations respond to demand for these trips because of the perception that EGM venues constitute a cheap day/evening out. Several bilingual workers identified a real concern among the leaders of social groups that if they do not respond to what members ask for, they will lose those members and the group may no longer be sustainable. This highlights further complexity to addressing the issue of social isolation among older people in these communities.

There was a sense that being involved in this project had led to increased awareness of the function that social groups and associations provide in communities. Several bilingual workers proposed that in light of these realisations they had encouraged the group leaders to come together and form united responses, such as boycotting trips to EGM venues. The bilingual worker hoped that this may mitigate the risk that seniors groups boycotting EGM venues may lose members and risk sustainability.

This project has clearly been a catalyst for initiating a community engagement process in which a two-way exchange of information can begin to develop. By finding out why groups go to EGM venues and identifying the role of these groups and outings in these communities, future projects and strategies can be informed by a deeper understanding of the concerns and needs of the communities most affected.

Data Synthesis: Drawing evidence together

Evaluation questions

In what ways did the project raise awareness about community-level gambling harm?

Awareness of community-level gambling harm increased across the advisory group. Although some members of the advisory group had previous experience of working with the issue of gambling harm in communities, some were new to the topic and reported that their awareness of the problem increased significantly. The advisory group meetings provided an opportunity for everyone in the group to learn more about the extent of gambling losses in Victoria and who was most affected. It also provided an opportunity for members to hear from speakers, receive hard copies of written information about the issue, and to share their own lived experiences of the extent of the harm they had witnessed first-hand.

Bilingual workers reported that they learned a great deal about gambling harm during the training days, particularly in relation to how this issue can be conceptualized as a public health issue. This was a fresh perspective for some of the bilingual workers and some reported that they needed more clarification of

this, supported by examples. A number of those interviewed also reported that they felt overwhelmed by information throughout the project.

The activities that the bilingual workers have undertaken to date indicate that awareness about community harm from gambling has increased among those involved in those activities, even if this is a simple introductory telephone call to raise the subject of recreational gambling trips.

Feedback from the bilingual workers and other advisory group members indicates that it may be challenging to determine for sure what level of awareness currently exists. This is complicated by factors such as secrecy and dishonesty among those responsible for social groups. Accounts given by bilingual workers and other advisory group members indicate that a lack of awareness among those organizing trips may not be the issue, in other words, recreational outings may still be organized despite a high level of awareness about the harms, due to other pressures on the leaders of seniors groups and trip organisers.

Bilingual workers reported varying responses from those they made contact with, from those who did not want to engage with the conversation at all, to those who were eager for the bilingual worker to collaborate on raising awareness and proposing alternatives.

A number of bilingual workers expressed an interest in identifying methods and channels for lobbying for political support to address the issue, indicating that as their awareness increased they also became passionate and motivated to take action. As one interviewee put it, this project "opened (our) eyes to gambling". For the majority of participants in this project, being involved in the project led to an identification of the harms from recreating at EGM venues, those most affected, and reasons why the seniors groups organize these trips. The ripple effects of these short-term outcomes are worthy of close attention to inform future work in addressing community harm from gambling.

In what ways did the project work with key communities to co-design responses for each community?

It was evident across the dataset that strong relationships were developed between the project manager and bilingual workers. The majority of participants commented that the project manager had been proactively contacting the bilingual workers to offer support, provide assistance, and assist with creating and sharing resources for raising awareness in the communities.

Several bilingual workers commented that it was important to them that they knew exactly what message they were expected to convey so that they could be sure that they communicated this accurately. When the advisory group was asked to comment on whether they felt they had creative freedom and autonomy to design a culturally appropriate response, they all responded that they had. They had also been asked to ensure that their materials met VRGF guidelines.

Although there are similarities in the methods the bilingual workers used to communicate the message within their communities, each bilingual worker clearly approached the task in their own way. The bilingual worker journals demonstrate that each had designed a strategy that was appropriate to their community and built upon existing relationships, where these existed.

There were however challenges and frustrations for the peak ethnic organisations in working in this way. For example, the organisations were recruited to the project after its objectives, key messages and general approach had been devised. This meant that the organisations were required to be involved in specific ways not determined by them. Several advisory group members commented that this presented challenges to resourcing a staff member to undertake the task of the bilingual worker and did not provide much opportunity or flexibility for building upon work they were already doing. Given that these organisations have long histories of supporting their communities with issues such as harm from gambling, this may be have been a missed opportunity to design a strategy, which built upon other complementary work.

Several of those interviewed commented on the overall lack of best practice guidelines on how to address gambling as a public health issue with CALD community groups. There was a sense that without any such guidelines or framework, the bilingual workers had no choice but to try things out and use a trial and error approach. This was not ideal because the engagement process was so sensitive and relationships of trust and credibility were seen as essential. However, the challenges of having little in the way of existing best practice guidelines were not a surprise to most of those participating in the project. The project was conceptualized as an exploratory attempt at co-designing strategies ***with*** peak ethnic organisations. Therefore the first 'cohort' of bilingual workers has been developing and testing strategies which could become guidelines for future work.

The constraints of the duration of funding meant that there was not much time to develop channels for community participation. This was proposed as a next step in empowering the community to voice their concerns and protests about the influx of EGMs and the vulnerability of older people and those who are socially isolated.

What were the enablers and barriers of working with community leaders to raise awareness of community-level gambling harm and to promote alternative recreational opportunities?

The project rested upon the partnerships developed between HealthWest and the peak ethnic organisations. The advisory group members were viewed as community leaders within the project team who then went on to draw on new and/or existing relationships with other leaders in their community, such as seniors' group leaders, presidents of associations and councils, and religious leaders.

Enablers:

- Relationship between HealthWest and the peak ethnic organisations
- Regular advisory group meetings
- Supportive relationship between project manager and bilingual workers
- Credibility of peak ethnic organisations in communities
- Existing relationships between peak ethnic organisations and bilingual workers and communities
- Peak ethnic organisation awareness of cultural norms
- Accessibility of statistics about harm from gambling
- Bilingual worker passion and commitment to taking action in their community
- Accessibility of translation services

Barriers:
- Capacity of peak ethnic organisations and compatibility of this work with what they're already doing
- Bilingual workers having limited time allocation on the project
- The complexity of the bilingual worker role and the timeframe with which to undertake this task
- The sensitivity and complexity of the issue from the seniors group leaders' perspective e.g. the feasibility and sustainability of the groups
- The need for recreational outings to address social isolation
- Perceptions about trips to EGM venues e.g. that they are cheap days out
- Resistance from the those organizing trips for older people

These enablers and barriers deepen our understanding of the process of engaging with community leaders in order to approach the issue of community-level gambling harm.

The strategy of involving peak ethnic organisations in the project, funded to undertake the bulk of the implementation of project activities, was, however, effective in enabling the first step in engaging with the communities concerned. The implementation phase of this project was very brief and the experiences reported by bilingual workers reveal a lot about what their role entailed in practice. In particular, it became clear that, because of the sensitivity of the topic, the bilingual workers needed to invest time and energy in building relationships with community leaders, or formulating tactical strategies. They were required to build on existing links and relationships in order to play a particular role in relation to specific public health issue. For some, this was a new aspect of their current professional role and required adaptation and learning new skills. For all, it required careful consideration and responsiveness to the reaction from the leaders in their communities.

The evidence collected in this evaluation indicates that the success of working with community leaders to raise awareness and influence the choice to recreate at EGM venues depends on awareness and sensitivity to the reasons why these groups recreate at EGM venues and resistance, among some, to changing this.

To what extent has knowledge and understanding (awareness) of the risks associated with frequent EGM gambling increased among: community leaders; bilingual workers; community members?

The majority of those interviewed and surveyed during the project commented that their awareness of the risks associated with frequent EGM gambling had increased, to the point of eliciting shock and concern. This increase in awareness, made possible by the information provided at advisory group meetings and in the trainings, was a key influence in how the bilingual workers approached the task of raising awareness in their communities.

The process of developing relationships, through having conversations, participating in trips and outings, and presenting information, has, in and of itself led to increased awareness of gambling as a public health issue in the communities of interest.

The bilingual workers' reflections and observations, captured in the interviews, surveys and journals, is the best method available at this point of beginning to discern the level of knowledge and awareness of the risks of visits to EGM venues among the wider communities. The feedback on this was that the level of knowledge and awareness among other community leaders and community members was varied.

All of the bilingual workers developed a culturally appropriate strategy for initiating conversations with leaders in their communities. Having identified the key community leaders in their communities, each bilingual worker undertook a combination of activities such as those listed on page 8. The intention of these activities was to raise awareness and start the conversation with these leaders about the issue.

It is not possible to identify exactly how many group leaders and community members have been reached by these activities but the bilingual workers' accounts indicate that the topic of trips to EGM venues had been brought to many people's attention. Bringing up the topic constitutes raising awareness and the bilingual workers reported that a proportion of the seniors group leaders were open to having the conversation, asked for more information and support, and were willing to participate in forums. It is difficult to determine how widely these conversations will spread within the community and/or the extent to which this will lead to decisions about whether to recreate at EGM venues.

This project has deepened our understanding about the reasons why seniors groups recreate at EGM venues and provided some pointers about why there may be resistance among these groups to reducing trips and choosing alternative outings. We now have more insight about and evidence of the proportion of seniors groups which have a) boycotted EGM venues completely, b) no longer go to the casino but still recreate at venues where there are EGMs, and c) feel they cannot make any changes to where they recreate, and the reasons why.

To what extent has the motivation and skills of community leaders to focus on community strengths in order to raise awareness about gambling harm increased?

A key objective behind the decision to partner with peak ethnic organisations and provide training for bilingual workers was to encourage the development of strategies for addressing gambling as a public health issue that centre upon community strengths. The project aimed to support bilingual workers to develop these strategies by introducing gambling as a public health issue and emphasise the importance of involving communities in strategies to raise awareness and foster empowerment. The training manual and content delivered at the training sessions emphasized that strategies for addressing gambling as a public health issue must incorporate community participation so that cultural nuances are included and built upon.

Given that all of the bilingual workers were employed by peak ethnic organisations, the project rationale was that they would be uniquely positioned to draw on existing knowledge of the strengths of their communities and build upon these strengths in addressing community harm from gambling.

A total of 15 members of the advisory group, including peak ethnic organisation representatives, bilingual workers and community representatives completed the pre-project survey and described their communities and its strengths in the following ways at the start of the project:

- A proud and culturally vibrant community
- Complex, diverse (various countries, political contexts, faiths and cultures), well established as well as newly arrived
- Large and established
- Low level English, big and concentrated in certain areas
- Big community, people from all around Asia, lot of diversity
- Loyal, loving, passionate, suffered years of trauma
- Ageing and have gambling problems
- Multicultural background
- Family friendly, loving and loyal, passionate about food and culture, people in the community have lost passion for life and food
- Value the opinion of others, live behind closed doors to avoid stigma
- Dramatic increase since 70/80s, children have moved on leaving them lonely
- Hardworking people, family oriented
- Educated and settled
- Resilience, sense of togetherness (across multiple smaller groups)
- Integrated
- Cultural values, united families
- Able to share information
- Collectivist approach to life, all work to assist each other
- Mostly highly educated professionals with much needed skills for Australia
- Working collaboratively, food
- Hardworking people, multicultural, protective, community-friendly
- Strong bonds with family, ability to show empathy and listen

- Self-control
- Having strong community leaders fighting against gambling in the community
- The values they have grown up with
- Persistent, traditional, polite, religious
- Well-connected to each other, respectful and helpful

In interviews and journals, bilingual workers provided in-depth descriptions of the reasons for the strategies they developed. A number of the bilingual workers clearly explained the ways in which these strategies were based on what they already knew about their community culture and/or what they discovered through interactions during the project. One bilingual worker commented that knowing the strengths of the community as he/she saw them helped him/her to approach community leaders and discuss the issue.

Given that the purpose of peak ethnic organisations is to respond to the needs of specific community groups, rather than specifically *increasing* the focus on community strengths, this project *built upon* the culturally specific responses enabled by partnering with peak ethnic organisations. It also enabled the entire project team (all those on the advisory group) to learn more about the needs and strengths of the communities, which can inform future strategies. This is however something that would be strengthened by identifying ways to foster ongoing collaboration among the organisations and by planning ***with*** the partner organisations and identifying constraints on their capacity in the short and long term.

Progress towards outcomes: What worked well and key areas in need of strengthening

What worked well

- Relationship building process between the project manager and the partnering peak ethnic organisations
- Participatory approach, community involvement and representation on the advisory group
- Involvement of peak ethnic agencies with knowledge and prior experience of similar work and a role for promoting health in communities
- The training sessions and information provided about harm from gambling
- Support, advice, input, visits from project manager

Areas for potential improvement

- The partnering agencies were not involved in the design of the project
- The outcomes expected of bilingual workers within their allocated time fraction were high (‘big ask in a short time frame’)
- Clarity needed around the complexity of the role given to bilingual workers and support they might need e.g. community development skills, relationship building, rapport, sensitivity, communicating a public health message
- Challenge of addressing government responsibility, the ‘elephant in the room’
- Identifying the necessary and valuable information for bilingual workers and manageable quantities

Key short term outcomes

The project objectives revisited:

1. *Raise awareness* in six CALD communities and groups regarding the cost of gambling losses on EGM within their communities
2. *Work with key communities to survey social groups* attending gaming venues as a recreational activity
3. *Co-design with group leaders, develop responses* unique to their CALD communities in order to reduce gambling as a social and recreational activity
4. *Build expertise within leaders of CALD communities* to take sustainable actions around gambling within their community

The most pronounced short-term outcomes of the project are:

- Relationships developed/developing between HealthWest and peak ethnic organisations and between these organisations and social groups, clubs and associations in the communities (Objective 1, 3, 4)
- Conversations about community harm from gambling have started and developed momentum within and between peak ethnic organisations and between these organisations and the communities they serve. In many cases this strengthens the work already being undertaken to address community harm from gambling within these organisations. (Objective 1)
- Increased awareness about the harm from gambling and about those most affected (Objective 1)
- Conversations about alternative outings have started and groups are thinking about or have started organizing these alternatives. Some groups have already removed trips to EGM venues completely and taken their members on alternative days out. (Objective 2, 3)

Recommendations

1. Prioritise fostering and maintaining the community of practice that has formed. Encourage this community of organisations and workers to continue collaborating by resourcing meetings and workshop sessions or by virtual contact if funding does not permit the former.
2. Clarify the role of the advisory group and consider *either* redefining to encompass opportunities for the bilingual workers to share stories, workshop ideas, and support each other, *or* consider creating a working group that serves this purpose.
3. Review the bilingual worker role with the bilingual workers and identify opportunities for providing additional support, particularly in the areas of communicating public health messages, fostering community action, and dealing with sensitive topics such as resistance and dishonesty.
4. Capture success stories and develop systems for storing and sharing tips, materials and examples of what worked well.
5. Co-design next steps with the organisations and bilingual workers and facilitate discussions with peak ethnic organisations about what work they are already doing and their capacity to participate. Consider various funding scenarios, including no ongoing funding.
6. Highlight the benefits funding for a longer duration by presenting the outcomes achieved, the missed opportunities from short term funding, and the need to identify sources of funding for responding to increases in service needs resulting from the project.

Limitations of the evaluation

The limitations of the evaluation stem from the need to balance creating opportunities for those involved with the project to share their reflections and observations with being mindful of demands on their time.

Another limitation is the discrepancy between the optimal level of community involvement in the design of the evaluation and the readiness, capacity and willingness to be involved of those undertaking the project.

Some of those keeping journals recorded notes in their own language meaning that they had to invest extra time to translate their notes into English.

The final limitation is the attempt to address a complex, multi-layered and entrenched social challenge with a linear evaluation method and program logic. Although a participatory approach was adopted and the evaluator expressed a commitment to capturing stories and honest reflections, the true complexity of the social challenges cannot be conveyed in this format.

Conclusion

This project attempted to take steps towards addressing the unique and complex public health issue of community-level harm from EGM gambling, which is a pronounced problem in Victoria because of widespread recreational trips to venues where there are EGMs. The project adopted a partnership approach in which HealthWest played a coordinational and auspicing role and created a collective of organisations with a role in community health promotion.

The positive outcomes of bringing this group of organisations and individuals together are evident in the evaluation data and have been presented in this report. The outcomes that stand out the most are the increase in awareness about the extent of community harm from EGM gambling, which can be seen as a catalyst for long-term change. The project represents a group of individuals who are well positioned to communicate a public health message within their communities, ***assuming they are resourced to do so***. Conversations have started with ambitious and admirable work already undertaken by the bilingual workers, with support from the project manager.

The areas in need of further attention and strengthening have already been acknowledged by the majority of those involved in the project. The opportunity to develop this project beyond an exploratory, relationship building exercise is ripe and is at risk of being lost if emerging relationships are not built upon. Co-designing next steps for work in this space is highly recommended with all partners at the table, developing realistic project plans and work plans based on various funding scenarios. It is important that these include the possibility that funding may not continue.

There is also a unique opportunity to build upon what has been learned about community strengths by hearing more from community leaders about issues of social isolation and the demand for seniors groups and outings to EGM venues in particular. Conversations and stories emerging from communities will create a compelling picture of the complexities of social isolation among vulnerable members of the community and the dangers of a dependent relationship between community members, EGM venues, and the government that profits. This project demonstrates that this work can only progress so far without open discussion of duty of care and responsibility and the 'elephant in the room' of government responsibility. Although there was some despondency among the advisory group about the lack of government accountability, there may still be opportunities to affect change in this area if the work started is allowed to continue longer term.

Deepest thanks to all those who participated in the evaluation and to the VRGF for funding this initiative.

Appendix

The Appendix contains selected excerpts of supporting documents, which were prepared earlier in the year. So as to avoid unnecessary replication, sections that appear in the main body of this report have been removed from the Appendix.

All Appendices were created by Louise Greenstock.

Original program logic

Inputs	Outputs		Outcomes			Impact
Resources	*Activities*	*Participation*	*Short*	*Medium*	*Long*	
quantitative data	stakeholder identification	engagement of cald leaders in project	partnerships with 3 CALD groups; undertake surveys of gambling expenditure	establish partnerships with 6 CALD groups	promotion of alternative recreational activities	social connectedness
SEIFA, VLGA, VCGLR, FCRC	EOI community advisory group -	develop a cald community advisory group 2 people x 6 cald communities, over 55	launch project	feedback results at local forums within key communities	breakdown stigma & silence re harm of gambling	social inclusion
	consultations ECC, VMC, local councils, MRC, HACC and PAG ethno specific groups.	raise awareness of gambling losses with cald social groups	feedback results to cald groups	promote learnings - wider ethnic /social groups	develop cald leadership expertise re gambling	reduction in gambling
qualitative data	recruit groups - elected to stop in the past	case studies/ strengths based approach	groups increase knowledge re gambling expenditure	improvement in financial and health literacy	re allocation of community resources	active citizenship
community actions/models in Aust	recruit groups - need to make alternative plans	invite presidents of association to information sessions within key LGAs	groups develop skills plan non gambling activities	creation of new partnerships	behaviour change	growth in social capital

explore other foundation funded projects in Victoria	confirm 6 target groups/ communities/ localities	identify bi-lingual workers nominated by ethno specific groups	develop harm minimisations strategies	prevention and early intervention to reduce serious gambling problem	systemic collaborative action - EGM, local govt, club activities, transport	local council and state legislative
scan service gaps/avoid duplication	collate data to support evidence	train bi-lingual workers in health, gambling literacy	administer questionnaire in groups	co-design with cald communities responses unique to their communities		
review policy - Health, ACOSS, VCOSS, Brotherhood, Healthy Together Vic	literature review -peer & grey lit					
scan - best practice models and social impact internationally	produce info graphics, update education materials					

Pre-project survey

Dear advisory group member

The following is a brief questionnaire designed to ask you a few questions about your interest in this project and prior experience and knowledge about gambling as a public health concern e.g. a concern that is relevant to and impacts upon the entire community. Completing this questionnaire is completely voluntary and you will not be asked to share your name, unless you want to. There will be an opportunity to complete a similar questionnaire towards the end of the project, so that we can have a look at what may have changed. Your responses to these questions will be included as evaluation data, which means that what you write here will inform the process of determining whether this project achieved its aims. **You are not being evaluated or tested.** If you have any questions, you are welcome to ask me anything about this questionnaire or the evaluation – Louise me@louisegreenstock.com

How would you describe your community

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What do you think are the strengths of your community

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How aware are members of your community about the harm associated with gambling? Does it vary?

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Are there any groups who are particularly at risk?

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Is recreational gambling popular in your community? If so, why do you think this is?

Have you noticed any harm or detrimental effects of gambling as recreation in your community? If yes, can you tell us more about this.

What do you think would support your community and those among it to raise awareness about the harms associated with gambling?

Optional information

Name:

Contact details:

I would be willing to be interviewed as part of the evaluation of this project

Please tick one: Yes ☐ No ☐

Post-project survey

Dear advisory group member

The following is a brief questionnaire designed to capture your experiences and reflections after a brief period of engagement with community. Completing this questionnaire is completely voluntary and you will not be asked to share your name, unless you want to.

Your responses to these questions will be included as evaluation data, which means that what you write here will inform the process of evaluating the process so far and any indicators of short term outcomes. **You are not being evaluated or tested.** If you have any questions, you are welcome to ask me anything about this questionnaire or the evaluation – Louise me@louisegreenstock.com

Have you learned anything new about harm or detrimental effects of recreational outings to EGM venues (including the casino) in your community? If yes, can you tell us more about this.

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How have the strengths of your community played a part in beginning to address harm from gambling e.g. how have you drawn on these strengths in your approach?

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How have community leaders responded to conversations about community harm from gambling?

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Have you seen any changes to the ***frequency*** of recreational outings to EGM venues (including the casino) in your community? If so, why do you think this is?

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Have you seen any changes to the choice to recreate at EGM venues (including the casino) in your community? If so, why do you think this is?

Have you seen an increase in alternative outings for groups in your community?

Do you feel that ***awareness*** of the harms from gambling has increased in your community? What evidence have you seen of this?

Were some groups more open to the message about gambling harm than others? If so, which groups were most responsive and which were the least, and why do you think this might be?

Dr. Louise Greenstock is a health program evaluator and project team coach with 8 years of academic experience and a growing portfolio of health program evaluations. She is a qualified and experienced coach and facilitator and a trainer in cultural competency and health literacy.

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