

Reducing Gambling Frequency with Culturally and Linguistically Diverse Communities

Evaluation Report

Produced by Dr. Louise Greenstock



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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 would 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 (EGMs) 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 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 August 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

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?
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 utilised 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

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. Collectively lobby for funding of longer duration by presenting the outcomes achieved, the opportunities compromised by short term funding, and the need to identify sources of funding for responding to increases in service needs resulting from the project.
7. Consider bringing together a multidisciplinary taskforce of primary prevention specialists including ethnospecific agencies and other organisations with a role in health promotion and community wellbeing. Draw on this taskforce to develop a collaborative action plan with clear roles and accountabilities at all levels.

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 November 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 (EGMs) 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
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	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 framework¹ 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

Left blank intentionally

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
<p>Project manager position</p> <p>Training facilitator</p> <p>External evaluator</p> <p>Other</p> <p>Ethnospecific agencies</p> <p>Bi-lingual workers from 5 CALD communities</p>	<p>Project Manager employed</p> <p>Small scale survey exploring the frequency of gaming venue access amongst CALD community and seniors groups</p> <p>Six community groups engaged - social groups from CALD communities participate in the project</p> <p>In-language social marketing and communication tools for ongoing use by identified groups</p> <p>Community-identified interventions aimed at reducing frequency of visits to gaming venues that are relevant to their group and community</p> <p>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</p>	<p>Increased knowledge and understanding (awareness), by the groups, of the harm caused by gambling to communities</p> <p>Increased motivation and skills among community leaders to focus on community strengths in order to raise awareness about gambling harm</p>	<p>Reductions in the number of visits that groups make to gambling venues</p> <p>Reductions in the amount of time group members spend gambling</p> <p>Increases in community-led alternative recreational outings</p>	<p>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.</p> <p>Increased understanding of issues that impact on health at a community level</p> <p>Increased sense of community empowerment</p>
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 and Maltese Council of Victoria
- ECCV
- Turkish, Greek, Italian, Macedonian, Arabic and Maltese 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 one². 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%20_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.

Expanding on the evaluation findings: follow up session with bilingual workers'

In June 2015 the first-phase evaluation report for the Reducing Gambling Frequency project was completed. At this time six bilingual workers from peak ethnic organisations were continuing to work on the project through ongoing engagement with the communities they represent. In order to capture the learnings and insights of these six bilingual workers, and their managers and colleagues, and to support and scaffold their ongoing work, the evaluator facilitated a three-hour session with the six bilingual workers and the project manager at HealthWest. The session took place on July 14 2015. The outcomes of this session begin on page 26.

Evaluation Findings

The themes and observations emerging from the rich data collected were synthesised 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
- Ostracised and isolated
- Imprisonment

Perceptions of what this project is attempting to do

- Address 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 a 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.

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	

Table 3 – Themes in the data

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 organization 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 utilise the monthly advisory group meetings to hear more from each organization/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 organization 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 were 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' groups' 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 organising 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 organising trips may not be the issue, in other words, recreational outings may still be organised 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 organise 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 were 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 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 conceptualised 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.

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.

Bilingual workers, community reps and senior managers	senior leaders of ethnic associations and /or groups	Number of ethnic associations and /or groups leaders	Total membership of senior groups and/or associations
Australian Greek Welfare Society	15	15	1,700
COASIT	60	60	8,000
MRC N&W	10	5	320
Maltese Council of Victoria	37	37	1,800
Arabic Welfare Inc.	6	5	107
Macedonian Welfare Association	36	37	1,480

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)

Utilising the evaluation findings: Evaluation and planning workshop with bilingual workers (July 2015)

In June 2015 the first-phase evaluation report for the Reducing Gambling Frequency project was completed. At this time six bilingual workers from peak ethnic organisations were continuing to work on the project through ongoing engagement with the communities they represent. The objective of this work was to raise awareness about recreational outings to electronic gaming machine (EGM) venues.

In order to capture the learnings and insights of these six bilingual workers, and their managers and colleagues, and to support and scaffold their ongoing work, the evaluator facilitated a three-hour session with the six bilingual workers and the project manager at HealthWest.

The session took place on July 14 2015. This session was facilitated by the evaluator and was designed to assist bilingual workers to:

- **Record** -
 - what they have learned
 - what they have done and the outcomes of this, in their own words
 - what you would do differently
 - stories, anecdotes and most memorable experiences
- **Identify** -
 - what is really involved in undertaking this work
 - who is involved, who can help and what ways
 - what needs to be done
 - what supports and resources are needed
 - the sphere of influence and role of the bilingual workers
 - the links between the short term work and the long term, big picture vision
- **Plan** -
 - next steps
 - the big picture vision and the short term action plans

During the session, bilingual workers made notes and completed a template provided in the Appendix, while the facilitator observed and also made notes. These notes were then collated and synthesised to produce this document.

- Summaries of most memorable experiences, learnings and stories, written by each of the bilingual workers and presented in their own words
- A summary of how the bilingual worker session expands upon the findings of the evaluation

Given that this was predominantly a process evaluation and that the project is still in the early stages of implementation, the evaluation findings can be most readily applied to examining and refining the processes of implementation and to learning more about the task at hand from the bilingual workers' experiences.

Outcomes of the bilingual worker facilitated session

During the session, the discussion was structured around the key topics listed as subheadings below. The bilingual workers discussed these topics as a group, made their own notes, and noted on post-it notes their reflections and ideas. These were then stuck up on butcher's paper representing each of the following topics. The notes arising from the discussion of each topic have been summarised below.

Why are we doing this project?

- To help the community and to educate and raise awareness about the harms of gambling and provide alternative gaming options
- To help the community overcome gambling issues, particularly within seniors groups
- To inform the communities of the effect of gambling and what we can do as a community together
- To support a culture of good, healthy, active ageing
- Because it is not OK to target those who are vulnerable for the sake of profit and we can collectively take a role in changing this

What is the challenge we are undertaking?

- How to raise awareness of the harms and identify ways to address the interest and popularity of outings to EGM venues

What needs to be done?

- Maintain and strengthen relationships with community leaders
- Link communities with local services and local government and work with local councils
- Continue to provide the environment for interactions and information sharing
- Continue to promote alternative outings and venues
- Influence community leaders, recruiting and developing champions
- Foster a collective approach
- Sustain a consistent message
- Explore the sustainability of seniors groups and consider ways to recruit people to organise alternatives, within and outside of existing groups
- Consider cross-border issues

- Consider collaborative grant applications involving the community and seniors groups who recreate at EGM venues
- Create dialogue with the VRGF and other government departments
- Reframe this work as ongoing, longitudinal work
- Consider bringing together 'issues-based' projects together and tackle as a multidisciplinary approach e.g. primary prevention community development, explore with ECCV
- Explore possible changes to policies in recreational groups and related agencies

Who needs to be involved?

- Ethnospecific organisations
- Seniors group leaders
- Seniors group members
- Media
- ECCV
- Agencies with a role in primary prevention and community development

What is the bilingual worker role in this work?

- 'Normalise' the conversation about recreational outings to EGM venues by talking about it openly and keeping it on the agenda
- Develop common media messages, available in all languages
- Ensure there is ongoing organisational and executive buy-in
- Linking key people/groups/agencies in the community
- Educate the community
- Liaise with group leaders to create opportunities to present and educate
- Ensure they are seen as sincere in their desire to help and support the community
- Navigate the complexity of diversity
- Research and present alternatives
- Build and maintain relationships of trust
- Collect and collate stories and case studies relating to harm and possible solutions
- Raise awareness of the cost of recreational gambling outings to the community
- Influence the mind set of community leaders and seniors group members
- Reduce outings to EGM venues

What is the ultimate vision or goal?

- Create a new narrative around the harms of recreational gambling outings
- Reach a broad section of the community with the message that change is possible and broaden the reach of this message over time
- Create a strong foundation upon which to develop a new culture which addresses ageing and social isolation in healthy ways

Facilitator's observations from the bilingual workers' session

This session gave six bilingual workers, who have been piloting methods of community engagement and awareness raising, to share their experiences and stories with each other and with the evaluator and project manager. The topics explored in the session created a structure for the bilingual workers to discuss what they had learned, what they would do differently if starting again and in the future, and to conceptualise and define the nature of the ongoing work to reduce the frequency of recreational outings to EGM venues among CALD seniors groups.

- The bilingual workers have a shared understanding of the harm of gambling to vulnerable communities
- Each bilingual worker has carefully identified the most appropriate methods of engaging with their community and has tested out a number of methods
- Each bilingual worker is clear on what has worked and what has not worked in the methods they have used and can describe their reasons for this
- The bilingual workers are now able to, individually and collectively, describe the social issues influencing recreational outings to EGM venues, noting that we are referring to multi-layered, entrenched and complex issues
- Bilingual workers recognise their own role in addressing these issues and shared some constructive ideas pointing to the role and tasks at other levels of the collaborative action model. For example, there was a sense that a multidisciplinary approach is needed and an auspicing body, such as ECCV, needs to take a coordinational role in this.
- During the session the goal of this project was articulated as ***a change in culture, which addresses social isolation and creates sustainable social opportunities for older CALD populations***. The bilingual workers recognised that this required planning for sustainable collaborative action at all levels, this being beyond the scope of the bilingual workers and this project alone.

Bilingual workers' reflections

Included here are key observations and notes which emerged from discussions surrounding: bilingual workers' key learnings so far; their most memorable experiences and stories; and themes emerging from these memorable experiences, which have been expanded upon further by the addition of the facilitator's observations.

Bilingual workers' key learnings so far

- Achieving the objectives of this project requires a multi-layered, ethno-specific approach, which involves influencing and educating various levels of society, in order to reach everyone
- Education alone is not enough to create change
- There has been a history of plenty of talk but not enough action in this space
- Relationships of trust must be built as foundations upon which the conversation about community gambling harm can be based
- This project is about starting and maintaining a conversation in the community
- Community leaders are aware of the harms of recreational gambling outings but are under pressure to find appropriate venues for their outings
- Not all community leaders feel that they are doing something 'wrong' in arranging these outings
- There needs to be a shift to public health language and ways of perceiving the 'problem'
- The most successful approach appears to be working with community leaders and addressing issues such as their responsibility and stigma

Bilingual workers' memorable experiences and stories

The bilingual workers were invited to submit a two-page document containing a summary of their most memorable experiences and stories from during the period they had been involved with the project. These are presented after a summary of the themes emerging from their reflections.

A simple thematic analysis was conducted of these most memorable experiences pieces and the emerging themes are discussed below with additional comment derived from the facilitator's own observations³ during the session.

Themes from bilingual workers' stories

1. Multiple factors influence the reasons why seniors groups have been recreating at EGM venues

One of the significant benefits of engaging ethnospecific agencies and bilingual workers in this project is the depth of insight that the agencies and bilingual workers brought to the project and were able to capture and record. This was especially illuminating with regards to the complexities of how and why seniors groups offering recreational outings operate in the region. The central theme running through this

³ First person tense is used here where appropriate

aspect of the project is the need to address social isolation in the communities of interest. Social isolation is the thread running through all communities and the bilingual workers' accounts indicate that the seniors groups have become a reliable service to community members in the sense that they offer outings that are very popular with people who might otherwise be experiencing isolation. Many people enjoy and rely on these outings for recreation and social connection.

The discussion at the bilingual worker's session demonstrated to me that, while social isolation is a common thread, each community group does in fact have unique challenges to address. Some of the bilingual workers were representing communities that have much in common in terms of length of time in Australia, reasons for migrating, country of origin, and faith and religion. Other bilingual workers were representing communities that are incredibly diverse, such as the Arabic community/ies, for example.

Discussions at the bilingual workers' session touched upon bilingual workers' observations about seniors groups that had been running for decades, some that needed to increase membership from younger people, some that were struggling financially, while others had ongoing financial support from venues.

The multiplicities of influences, which increase in complexity over time for migrant and refugee communities, are a very real part of what the bilingual workers must face. This theme, therefore, reflects the complexity of their task.

2. Seniors group leaders' perceptions of outings to EGM venues vary from a cheap day out to a harmful and inappropriate way to recreate

The bilingual workers' memorable experiences pieces and their comments at the facilitated sessions further substantiate a theme that has gradually emerged throughout the project. The bilingual workers have all made an attempt to initiate conversations about recreational outings to EGM venues with community leaders, including seniors' group leaders. The bilingual workers' accounts have been an essential source of insight about the response from community leaders and seniors' groups' leader in particular. It has become apparent that the relationship between the bilingual workers and the seniors' group leaders is pivotal to this project.

At the bilingual workers' session, each bilingual worker shared their experiences of initiating these conversations. Some seniors group leaders were aware of the problem and asked for help in raising awareness and identifying alternatives, some said that unless the project/agency could offer financial help they were not interested in the project, while others said that there were aware of the problem but appeared to be secretive about whether they still go to the venues.

The discussions at the bilingual workers' sessions added to my understanding of the mechanisms by which the seniors groups operate and the pressures of sustainability that they face. Sensitivity to these pressures came through as an essential starting point from which to successfully engage.

The bilingual workers' experiences demonstrate clearly that groups are looking for cheap recreational opportunities but that, over time, some of their members have grown to enjoy the trips to the EGM venues. The bilingual workers' experiences of the responses from seniors group leaders may have been confronting but these experiences are highly valuable in understanding how best to approach the task from this point on.

3. The relationship between bilingual workers and seniors group leaders is influenced by group leaders' openness and mutual concern and/or reluctance, defensiveness and secrecy, as well as the methods used by bilingual workers to have the conversation

This theme is strongly related to the previous. The comments and stories shared by bilingual workers at the session in July indicated that, while they have all learned a great deal about what to expect and how to begin the process of engaging community leaders, extra support in dealing with resistant or defensive leaders would be of benefit. This may be as simple as furthering project team discussions about whether bilingual workers should continue persevering with community leaders who are more resistant or whether they should focus on those who are more open and responsive. These are the types of challenges that can be addressed effectively because of the multiagency approach used in this project and creating opportunities to 'workshop' these challenges is worthwhile.

4. The group are aware of growing evidence that the industry is harmful and targets seniors

The bilingual workers' memorable experiences added to a number of comments made at the bilingual workers' session about their awareness of why seniors groups recreate at EGM venues. Several bilingual workers gave examples of financial arrangements relationships between seniors groups and EGM venues. Some of the bilingual workers also reported things they had observed when participating in trips to the casino, such as: bilingual workers employed by the casino; financial incentives given to groups; bus drivers forbidding the bilingual worker to conduct a survey with people attending the casino.

The bilingual workers interpreted these discoveries as strategies designed to give seniors group incentives to recreate at the venues. This was a realisation that further clarified that seniors groups are receiving incentives from venues, while simultaneously hearing about the possible harms from bilingual workers and other sources, hence the challenges of building relationships with senior group leaders who may feel compelled to maintain the financial incentives of recreating at these venues.

Bilingual workers' memorable experiences and stories in their own words

1. A bilingual worker's most memorable experiences reflections

Organisation: Migrant Resource Centre North West Region

Throughout my journey in this project my most memorable experience or story was, to see all of the 5 Cypriot Turkish Senior members and leaders to be reliant on gambling venues with crusty busses. I was disappointed and saddened to witness the leader's denial of their role and contribution to the effects of gambling on their members. However, in the focus group it was a bit clearer that group leaders were aware of the effects of Gambling and the impact it has on families and community. Some felt it was an individual problem and some felt it was a public problem but overall they were all aware of their restrictions, abilities and funding which they possessed to keep their group viable.

Through my engagements with the community, at the focus group and educational awareness forum, it was fantastic to see that many of the seniors' group leaders, which were planning to organise outings to venues with EGM's cancelled their group trips to these venues. Much to my surprise many of the community members were pleased to see MRC taking initiative in raising awareness of the effects of Gambling to the Cypriot Turkish community.

One of the memorable experiences throughout this project was, the one on one interview I had with a community member and her story. We will call her (Leyla), Leyla is 59 years old, lives alone and she has 2 children. Leyla has been divorced for over 11 years and lives in the local area of Brimbank. Leyla stated she does gamble but not very often, however she still counts her habit to be classified as gambling. Leyla said, the reason why she is gambling or visiting venues with EGM's is sheer loneliness.

Leyla said, in her culture single women are frowned upon or labelled as "**husband snatcher**". Leyla said she had to restrain herself from visiting old family friends after her divorce. Fearing the backlash or gossip it may cause her, loneliness was the sole reason for Leyla visiting these venues, especially at nights, alone at home with nothing to do, nowhere to go and no one to talk to. Leyla's story is not unusual amongst the Turkish community; it is part of single life for divorcees amongst the community. This story made me realize that even in 2015, Turkish women who happen to be single, divorced or widowed are still faced with stigma or emotional abuse from the community.

On the positive side of all the negatives, it was great to see the community members and leaders wanting to bring about change to their community. Many of the leaders were suggesting holding rallies at parliament house or at their local council to close all gaming venues in their areas. They even went so far as suggesting in the next local election raising this issue with their local MP. It was motivating to see many different initiatives being brought forward by the community leaders and wanting to stop visiting gambling venues as the only option for group outings.

Having witnessed this has made me feel that all my efforts did not go to waste, I had achieved a small change in the mindset of the community through my advocacy and raising awareness. There still is a lot of work to be done and more training needs to be provided to group leaders surrounding the importance of their role and how they can make an impact on their members' life. I am hopeful with constant campaigning and community engagement we can make a difference in our own communities.

2. A bilingual worker's most memorable experiences reflections

Organisation: Australian Greek Welfare Society (AGWS)

Gambling is considered another resource that gives the consumer another "merchandise" that, in the form of entertainment and psychological distress, offers the chance to win money. The more products and outlets and greater marketability efforts for products, the more people are likely to get involved. The rule that applies is very well known: the demand for products is closely linked to their placing / availability on the market.

Now if you put together the plethora of products, their great availability on the market along with the 'consumers' expectation of profit and particularly the expectation of great profit, the so-called thrill of the game, the element of competition and its association with emotional arousal and confirmation of the "I", especially after any failures / misfortunes on a personal level and that the Casino gambling winnings are paid directly and without any mediation, then you realise how dangerous that "merchandise" is.

While I was interviewing the committee members of several Senior Citizens Greek clubs, I heard several stories about loan sharks, humiliation and economic collapse, one of those I will share with you. The 85 year old committee member of a particular club in the western suburbs still remembers this incident, which happened about seventeen years ago. The protagonist of our story is Greek, about 55, married, and had 3 children. He was a man in despair who was at the pokies for 63 hours straight; he lost 18 million dollars!!!

Gambling is a diverse and not a single phenomenon; hence many factors may play more than one role at different levels of analysis (e.g. biological, social or psychological). So here we take into our consideration that only one level of analysis is not able to explain the reasons or the persistence of the player's behaviour. In conclusion: the great availability of EGMs on the market; makes them a highly dangerous product and we should treat it as such.

Despite the fact that we had dealt / had previous experience in working with the issue of gambling harm, as part of the vicious circle: drugs, alcohol, domestic violence; the perception of gambling as a public health issue deepened my understanding and has helped me to see another dimension of the issue so as to develop appropriate strategies.

The role a lot of times seemed as Gordian knot with its multilayered demands, the work load and required qualifications / skills. At AGWS we had to go above and beyond and allocate a lot of extra time to be able to keep up with the volume of information, the requested feedback, the thorough evaluation of data, the constant up-to-date of key findings and outcomes; let alone to design our individual and collaborative steps, review our role (s) and work towards desired outcomes.

Although the allocated time was very limited (one day per week) the training manual, the training sessions and the mixed method in the collection of data supported us to work in a creative, reflective, effective and inclusive environment .

Overall the project itself represented:

- The great need that exists in CALD communities for ongoing information / education, empowerment and capacity to build relationships; in order to conceptualise harm from gambling as a public health issue.
- The importance of (re) considering the allocated time to the project and the bilingual workers in order to enable us collaboratively and ethno-specifically to deliver meaningful and targeted education / information to the community.

3. A bilingual worker's most memorable experiences reflections

Organisation: CO.AS.IT.

Since I started on this project through CO.AS.IT. I have tried not to miss any of the meetings in North Melbourne. I have learned a lot more about problems associated with gambling in the community in general and I have become more aware of the problems experienced by an ever-increasing number of people in the Italian community. I have had the opportunity to know and enjoy the friendship of all representatives of other ethnic communities involved in the project.

In these past months I have been guest of about 20 (of the 81 senior Italian citizens clubs affiliate with CO.AS.IT.'s state-wide Association of Senior Italian Citizens clubs of Victoria) and have had the opportunity to visit their clubrooms in the North-Western region of Melbourne. On each occasion, invited by clubs' presidents in my address to club members whilst praising the organisers work and efforts for the organising their luncheons with dancing music often in a lavish way, subtly I have mentioned what a beautiful alternative such an event is to stay in front of a poker machine monitor losing a lot of money.

I have organised and addressed two successful information seminars on problem gambling's health-related issues and alternative measures and activities beneficial to mature-age people. These two well-attended sessions were held in Reservoir, for a number of suburban-based senior Italian Citizens clubs in the northern region, on 16 June 2015, and in Moonee Ponds for the western region on 1 July 2015. In total over 60 community leaders of 32 senior clubs attended. These clubs have a total membership of 7,600. Many examples of people they knew experiencing physical

and mental health problems associated with the addiction to gambling were mentioned.

Several presidents stated that in most recent times their clubs' committees had opted to organise day-trips for their members to sea-side locations, such as Portarlington, Queenscliff, Sorrento, Rye, and Geelong. Others said that their members had visited Lakes Entrance and gone on an hour cruise, visited Bairnsdale's St. Mary church, others had gone to Healesville Sanctuary, Marysville's majestic Steavenson Falls and fishing trout and salmons at the Buxton Trout Farm. Presidents were informed of Italian opera productions available to senior clubs members, visit to Carlton's Museo Italiano and of the forthcoming Masterpieces from St. Petersburg Hermitage Museum.

I have written and published three articles in the Italian-language national newspaper Il Globo and also I have written and provided an Italian version to be used in the postcards. I have written captions for photographs I have taken when I have joined Italian pensioners visiting venues other than clubs with pokies.

4. A bilingual worker's most memorable experiences reflections

Organisation: Macedonian Community Welfare

Back in March 2015 when I started working on this project, I initially contacted 37 Macedonian senior groups from the northern and western metropolitan regions. My first impressions were that most of the senior leaders would jump at the opportunity to take part in this project but unfortunately this was not the case, a very small percentage were not keen to discuss their social outings in venues where EGM's were present.

Frist memorable experience

As a part of this project, I asked a senior leader if a can go on a ride along on their next Casino visit and to conduct a questionnaire at the end of the day. This bus trip was organised by a group form the Western Suburbs who regularly visited on a monthly basis. This trip was my first time to visit the casino with a senior group and I must say that the bus was full with seniors not only with the members of this group but there were seniors from other groups who have heard of this trip.

When we got there, two casino staff welcomed all the seniors on the bus and asked them to swipe their VIP cards. I have noticed that one of the staff members came from a Macedonian background. As soon we walked inside the venue all members dispersed to their favourite machines throughout the complex. To my biggest surprise, there was another Macedonian senior group all inside the Casino. Two weeks prior I approached the leader of this group and asked whether they frequented any gambling venues and the group leader with a raised voice advised me that they have not been to Casino for the last two years and had no inclination of going again, now seeing her sitting in front of EGM surrounded with few group members.

This situation led me to believe that what some leaders may say is not entirely the truth, even though we had established a good rapport over the last few years, working on different projects. Around lunchtime the entire EGM area was full with people and most of them were seniors.

On the way back home, I got in the bus a little earlier than the other members and got ready for the questionnaire but I faced a barrage of abuse. The bus driver led the charge and told me that I wasn't allowed to conduct any questionnaire because it is forbidden by a casino staff, ignoring him I continued. I learnt that there is a planned strategy implemented by the Casino and Bus Companies beginning from employing Macedonian-speaking staff so group members can feel more comfortable, offering cheap food and giving some financial benefits for the bus driver and senior groups visiting their venue.

Second memorable experience

Since I started on this project, I have experienced favourable and non-favourable attitudes not only from senior leaders but also from members. One senior leader refused to talk to me if we from MCWA cannot assist them financially and to never bother to contact him and his group again. A number of senior leaders asked me to deliver informative sessions about Reducing Gambling Frequency as they were concerned seeing some member's gambling more and more frequently. The leaders believed that they did not have the authority or it would take from their credibility if they mentioned the group should stop social outings to gambling venues. Some leaders felt pressured from their members to organise these outings fearing if they didn't they will lose members.

I have delivered five informative sessions covering more than 300 senior members. Here are some of the reactions of the group members when discussing visiting gambling venues.

In one of those groups, a senior member was verbally abusive towards me saying:
"Who you are to tell us what we supposed to do?"
"Go and mind your own business."

One member used vulgar words trying to offend me and leave them alone. The members of the other four groups were civilised but did not see that gambling could result in public health issues. Other members believed that going to pokies was some kind of hobby distracting them from their other personal issues. Most of them go to these venues because of the cheap food offered to them, believing they aren't do anything wrong. For them it was a cheap day out not realising that they spend more money than going to an expensive restaurant.

There were a lot of discrepancies between what one member said when compared to another. This was depending on whether they were in a group situation of individually. Few members led me to believe that they do not get benefits from the Casino but others said that if the bus is full they get \$200 kickback from the Casino. All of them said that they have reduced their traveling to twice a year, but most of

them are accusing other senior leaders of going more times a year than they have admitted.

In one of my sessions the group members were divided about visiting venues with EGMs. The leader was planning to take the group to pick chestnuts but to have lunch at a venue with EGM's but denying that members would not visit any machines during their stay. Other vocal members refused to attend if lunch was at a pokies venue.

Finally the most memorable situation was when a member stood up and was very emotional and vocal about pokies outings because she has a family member battling gambling addiction, which started the same way as what she can see within her group. She explained how she witnessed a complete family breakdown.

5. A bilingual worker's most memorable experiences reflections

Organisation: Arabic Welfare

To understand gambling in the diverse Arabic Speaking communities, one has to acknowledge the issue of immigration and life in transition. A number of studies have shown that immigrant groups experience stress as a result of adjusting to different cultures, and that their alcohol and drug use increases as a form of coping with stress (Zangeneh, Sadeghi and Sharp 2002). The normal demands of life are compounded by problems such as language barriers, the loss of status, diminished community support and financial problems. Further stress can originate from migrants' lesser ability to relate to predominant cultural institutions such as churches and social clubs. The effects of migration to Australia, and the loneliness and boredom that can occur, can lead to a range of negative outcomes such as depression, anxiety, ill-health and gambling.

According to the Centre for Addiction and Mental Health (CAMH) in Niagara, Canada: People from different cultural backgrounds may use gambling to regain lost status, to feel part of the new community, part of the crowd, to feel that one 'belongs'. However, the social stigma that is attached to gambling among the Arabic speaking communities may prevent gamblers who may develop a problem to either admit that there is a problem or to seek the necessary professional help. Therefore, few will acknowledge that one may have a gambling problem and that external help to address the problem is needed.

Throughout the planning of our project, I came across many barriers and obstacles that caused difficulties with our aim to work with community leaders to promote the reduction of harm for the Arabic speaking seniors (50+) that are recreating at pokies venues. I initially began by approaching many community and religious leaders in our community to inform them of our 'project' and what we aim to do. This became difficult as many of them stated 'we do not have these problems in our community/religion'. After months of trying to work with Christian and Muslim leaders, it became evident that I will not get their support or cooperation meeting our goal.

Apart from the religious leaders, I also approached community leaders that are members of the 'Lebanese Social Club in the Northern Suburbs' to gain their support to assist us with our campaign to provide Arabic speaking seniors with alternative gaming options, instead of recreating at pokies venues. After communicating with them for month the comments I continuously received was 'we need to have a meeting about it with the board of directors'. That also was another door closing in our face.

Part of our action plan for the HealthWest project was to conduct a focus group and an outing to Geelong. I began to conduct several focus group discussions with community groups that recreate at pokies venues. These focus groups enabled me to create a different approach to actually work with community members and to get them to be leaders within their social groups and to promote alternative gaming options. The first and second group, were heavily recreating at pokies venues in the Northern Suburbs of Melbourne, for social reason. The third group, were a part of the N&W MRC and they were also taken to pokies venues for social reasons. And, the fourth and fifth group, were also recreating at pokies venues for social reasons due to the minimum amount of activities available to them. The outcomes of the focus groups were:

- There are not enough alternative activities in the Northern Suburbs of Melbourne
- Pokies venues, seem to be accessible and available for all
- Pokies venues are a safe place for all genders to visit
- They enjoy the social engagement at the pokies venues, as they classify this as an alternative social outing with friends
- They are not aware of the harms that pokies machines
- There is nothing to do for people in that age group

This gave me an idea to work closely with venue support from Gamblers Help and venue managers and see what alternative options can be provided for the community that still prefer to recreate and socialise at pokies venues. This relationship was established through the support of venue support from Gamblers Help in the North and the City to establish the working relationship between Arabic Welfare and Roxburgh Park Hotel. The idea of the lunch was created to provide our community members the option to alternative gaming at a pokies venue. We have a total of 40 participants that are attending the lunch and the aim is to get them aware of the harms and dangers of electronic gaming machines and provide them with alternative recreational options that do not cause them any harm or financial hardship. This group is also going to be a part of the outing to Geelong, which will be facilitated and run by the new bi-lingual worker over the next few months.

6. A bilingual worker's most memorable experiences reflections

Organisation: Maltese Council of Victoria

Reflection of the past few months

When I was asked to participate on behalf of the MCCV in representing the Maltese community with Reducing Gambling Frequency with Culturally and Linguistically Diverse (CALD) Communities, I accepted. Being a non-gambler I must admit I was a bit naïve regarding the extent of damage that gambling was having with individuals and ultimately families.

Receiving all the statistical data and eager to go I started approaching leaders within our community but after a few discussions I quickly came to the realisation that this was not going to be as easy as I thought.

The way I was approaching this issue was not the right way and I realised that I need to firstly understand the problem and then to find out why some of the elderly are being taken on bus trips in the name of social outings and spending anything up 11 hours in Pokies (EGM) facilities over the weekend.

I have since done a couple of these trips and I must admit I was totally bored watching people play but also had the opportunity to speak to a lot of the people on the buses over these weekend trips and was amazed at some of the responses.

"I know it is expensive but I get to meet up with my friends" or

"If I don't do this I don't go out anywhere"

"We have a lot of fun on the bus"

These are some of the answers I get from them.

I also tried to get surveys done but no one was putting down the true losses but they are very quick to tell every one of any winnings they had.

A side effect to me was the amount of conversations I had with a lot of the elderly and once they get comfortable talking they open up with all the other issues in their lives and then you realise that this problem goes deeper than just the gambling and how much more we have to do to help the vulnerable.

One of the options I have taken is to use the media to publish information and I believe we are starting to see some results and hopefully can achieve a better outcome for my community and ultimately all others if we are able to consistently spread the message.

During this process I have been very lucky to meet up with some very nice people from other communities and as much as I thought this was just the our problem it is obvious that all communities are in the same situation and we as bi-lingual workers having access to our community leaders must do more to protect the vulnerable.

Our job is to promote healthy living for our elderly by providing alternate social activities and building stronger relationships with the leaders within our

communities. I believe we can achieve this if we are able to present a united front with all the other CALD groups.

During the past few months I have learnt a lot and I intend to use the knowledge I have gained in any way possible to create a better outcome for our elderly and ensure that all leaders are updated with any information that will help them in providing other social activities other than EGMs.

Expanding upon the evaluation findings

Undertaking this session with the bilingual workers created the opportunity to apply the findings of the first phase evaluation and to add depth to the findings relating to what worked and what could be improved in the implementation of the project.

The session with bilingual workers confirmed that the ethnospecific agencies are engaged and committed but that the task at hand requires a multi-layered collaborative approach. This is where higher level planning is essential.

The bilingual workers' session was an opportunity to respond to several of the areas of improvement identified in the evaluation, namely: clarification of the role of the bilingual worker and a need to increase opportunities for them to share their experiences and discuss those that were challenging. Hearing more from bilingual workers also increased a shared understanding of the challenges of undertaking this task within the time fraction available to them. The session was also an opportunity to reflect more on ways in which bilingual workers could be better supported e.g. aspects of their task for which they might value further training, for example having difficult conversations and dealing with resistance and secrecy or building relationships gradually over time.

The observations and findings from the bilingual workers' session represent a synthesis of accounts given by those who played a key role in implementing the project so far. On the whole, these accounts indicate that the short term outcomes identified in the evaluation continue to develop. This section of the report also provides a foundation for ongoing discussion about how to tackle recreational outings to EGM venues. Further clarity about the scope of the bilingual worker role can assist in the identification of next steps for all stakeholders. In this vein, the Recommendations have been amended to reflect ongoing clarity of the direction of this work.

It should be noted that the outputs of the session with bilingual workers are a **starting point for further discussion** because the aim of the session with the bilingual workers was to identify their learnings, stories and insights, as well as the scope of their role and of this project. This naturally led to the identification of a far bigger and more complex task, involving many other stakeholders. Therefore the insights gained from recording the bilingual workers' reflections and stories can greatly contribute to the **development of collaborative action frameworks and the**

design of ongoing work to address recreational outings to EGM venues, as well as the complex social factors underlying this issue.

A set of recommendations, based on the evaluation and ongoing observations relating to the project, are provided below.

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. Collectively advocate for funding of longer duration by presenting the outcomes achieved, the opportunities compromised by short term funding, and the need to identify sources of funding for responding to increases in service needs resulting from the project.
7. Consider bringing together a multidisciplinary taskforce of primary prevention specialists including ethnospecific agencies and other organisations with a role in health promotion and community wellbeing. Draw on this taskforce to develop a collaborative action plan with clear roles and accountabilities at all levels.

Limitations of the evaluation

The limitations of the evaluation stem from the need to balance of 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 conversation between these organisations has moved into such topics as collaborative action and models of healthy ageing with a place-based lens. While these conversations highlight a need for a great deal more work in this space, the consensus among these parties about the direction of further work is encouraging.

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. Representatives from some of the ethnospecific organisations have clearly expressed that the short-term funding model and periodic engagement with projects on key public health issues is not the best method for building capacity and maximising sustainable outcomes.

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.

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 Resources	Outputs		Outcomes			Impact
	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 with 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?

What do you think are the strengths of your community?

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

Are there any groups who are particularly at risk?

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.

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?

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

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?

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?

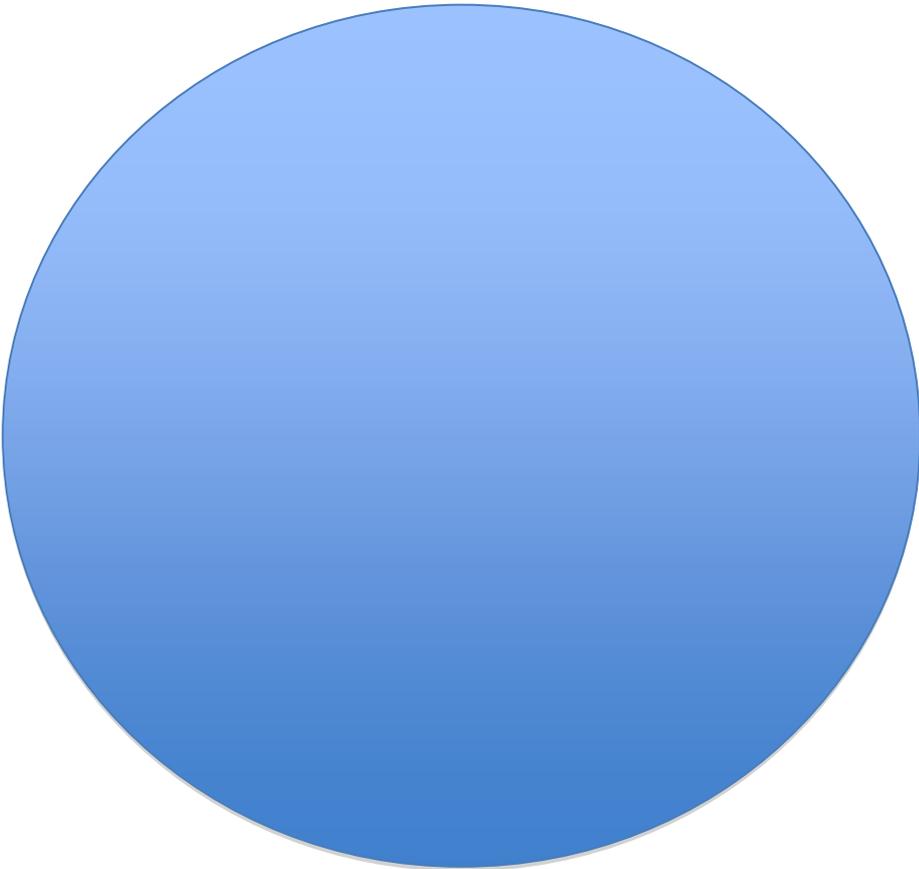
Were some groups more open to the message about gambling harm than others? If so, which groups were most responsive and which were the least, and why do you think this might be?

Template used for the reflection and planning session for bilingual workers- July 14

Template for completion during the session
1. What are your top five learnings so far?
2. What would you do differently if you were able to start again?
3. What have been your most memorable experiences and success stories? How will you record, report and share these stories?
4. Have you seen any outcomes of your work that you think might be 'measurable'? If yes, in what ways do you think these could be measured/quantified?
5. How would you define the bilingual worker's role? In what ways do you think bilingual workers can be influential?
6. What do you think needs to be done next? What will your next steps be?
7. What supports will you need?
8. Who will you need to talk to or ask for support from?

Bilingual worker sphere of influence

Record things you had influence or control over inside the circle and record things you had no influence or control over outside the circle.



The challenge/'problem'	What needs to be done	Who is involved	Bilingual worker role	Vision or goal
Actions: 	Actions: 	Actions: 	Actions: 	Actions:

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.

me@louisegreenstock.com | louisegreenstock.com