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## Final Evaluation Report

Local Prevention Grants Program 2020

Prepared for the  
Office of Responsible Gambling, Department of Customer  
Service

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## Executive Summary

### Introduction

The Office of Responsible Gambling ('the Office') leads the development of strategies to prevent and minimise the risk and impacts of gambling related harm in NSW communities. The Local Prevention Grants Program 2020 ('the Program') is a \$1.5 million initiative that awarded small and large grants to 14 local organisations to reduce and prevent gambling relating harm. The Program broadly aims to:

- prevent and reduce gambling harm within local communities across NSW
- support community members to make informed decisions about gambling
- break down the stigma around gambling and encourage people to seek advice and support.

First Person Consulting (FPC) were engaged to evaluate the Program and to comment on the effectiveness and appropriateness of the application process, Program delivery, and Program outcomes. Data for this final report was gathered from various sources:

- A rapid literature review
- Document review of final and point-in-time reports completed by funded organisations (n=15<sup>1</sup> projects)
- Review of primary data collected by funded organisations (n=12 projects).

An interim report was completed in May 2021 and provided findings primarily relating to the application process, an update on delivery to date, and early insights relating to short-term outcomes. This final evaluation report focuses on the achievement of Program outcomes and insights for future gambling harm prevention and minimisation programming.

### Key findings

#### Program delivery

Gambling harm is a complex and dynamic issue. The ORG takes a public health approach to harm, and as such the LPG Program is a key investment in the prevention and reduction of gambling harm. The LPG Program has provided an opportunity for the ORG to fund a range of organisations across NSW to undertake prevention activities, with a particular focus on raising awareness of the issue and how to seek help should it be required.

Contextually it is important to acknowledge that the evidence base for the prevention of harm is in its infancy. Much of the peer-reviewed literature emphasizes that the evidence is limited, and as such the ORG needs to generate insights and future directions in an emergent way by learning from the experience of the Program and the projects it has funded.

The ORG funded 14 projects through the Program, all of which aligned to the Office's Gambling Harm Prevention Continuum – specifically the Prevention and Early Intervention elements. Largely this is because there is a strong element among projects of raising awareness of the impact of gambling harm, as well as pathways to seek help. There are examples of primary prevention activity

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<sup>1</sup> University of Sydney submitted two reports

in some projects – for instance, improving financial literacy or participant’s understanding of the link between video games and gambling.

**Community education, awareness campaigns and resource development were the most common intervention areas of funded projects, while lived experience and peer support were the least common.** Most projects largely completed their activities, which is a testament to their commitment given the impacts of the pandemic, bushfires and floods.

The Program funded eight projects in and around Sydney, while the remaining six were based in regions of NSW spanning the Northern Rivers to the Far West. Aboriginal and CALD communities, young people and men are among the most targeted populations for project activities. These groups were reached across different settings and mediums including community sites such as schools, sporting clubs, community halls, youth centres, pubs and clubs and council buildings. Documented reach of activities was significant, including:

- **Over 500,000 people and an estimated 1,174 organisations – including schools - have been reached through mass media, print and social media**
- **An estimated 3,360 people and 60 organisations have been reached through information sessions, workshops and meetings**
- **An estimated 628 people and 202 organisations have been reached through more in-depth training, and face-to-face repeat interactions.**

Partnerships also featured heavily, which are accepted as a tenet of effective public health practice. In total there were **174 organisations involved in the Program (including the 14 funded organisations and the Office) and 169 partnership arrangements.** Of those relationships, 72 were established as a direct result of the Program. This means that the Office has directly facilitated the growth in inter-organisational networks, while also increasing its own visibility among a range of new organisations. The core contributions of partners were facilitating access to target populations, service provision and sharing information and expertise.

**The estimated value of these contributions is just under \$125,000.** This suggests that funded projects have been able to leverage the Office’s investment by an additional 8% and add further value to their project through partnerships.

### Program outcomes

**There is evidence that the Program has been able to produce its core intended outcomes of raising awareness of harm, awareness of support services and reductions in stigma.** The level of evidence varies across projects – largely in line with their level of funding – though most projects were able to collect relevant primary data from their participants.

The main gap relates to participants implementing what they learned – though this is to be expected given the impacts of the pandemic requiring pivots in delivery and the time required for participants to have a chance to use what they learned. Regardless, as awareness raising was a primary focus for the Program, we can say that this aim has been met.

The projects, and thus the Program, have also generated a range of insights that can be used to inform subsequent prevention programming. These relate to the continued need for awareness raising, targeting communities and settings at the most risk of experiencing harm, the role of

professionals and associated structures to support them to identify harm and refer appropriately, and the need to address interfacing issues (e.g., gambling and cyber safety).

Importantly, specific projects have highlighted the impact that can be achieved through funding the ‘right’ organisations to achieve outcomes. This includes examples where large grants allocated to organisations with the internal capability and capacity to manage them led to strong outcomes, and where smaller grants can be leveraged by organisations with close community connections to provide much greater value.

### Sustainability

The main sustainability strategy for the resources and outputs produced relates to a commitment to their continued use post-funding. This included ensuring that the resources would be available for future use or would remain in circulation throughout the community. A small number of projects identified additional strategies such as maintaining a register of services that were engaged through the project so that they can be kept up to date, the development of TV and radio ads that can be reused in future, and the establishment of relationships between participants and other services.

Other sustained benefits that were identified include participants obtaining employment that was directly relevant to the training they received through their project, a merger between a Community of Practice that was established with another working group which will allow it to continue post-funding, and the alignment of project content with school curriculum so that schools can deliver content again in the future.

### Future programs

**There is a clear need for continued investments in prevention programming, and the Office has an important role in scoping and supporting projects to deliver their activities.** The evaluation of the LPG Program has found that any future program should have a clear focus and definitions related to the intent of the program, and that expectations of the outcomes that can be achieved will need to continue to be commensurate with the Program.

Beyond this, the experiences of the funded projects – and particularly those that were able to achieve significant outcomes or leverage their place in the community to maximise the value of the grant – has highlighted that there are particular organisational characteristics or traits that suggest an organisation is well suited to the design and delivery of prevention projects. This also speaks to the need for continued investments in projects that support staff to build their skills in prevention and gambling harm, as a means of further fostering a ‘gambling harm prevention sector’ in NSW.

### Recommendations

Based on the results of this evaluation, we make the following recommendations:

Based on the results of this evaluation, we make the following recommendations:

1. **The ORG should continue to invest in prevention grants programs, however lessons from the Local Prevention Grants Program should be incorporated into future program design.** These lessons include making minor amendments to the application process and ensuring additional clarity or definitions are established around understandings of ‘prevention’ and ‘innovation’. Future grant programs should also consider the appropriate scope of the

project and the associated expectations of funded projects, for example, more explicitly consider the internal resourcing and capabilities available to applicants to support effective delivery, or the appropriateness of measuring outcomes with particular target audiences.

2. **The ORG should ensure that they maintain a registry of all relevant resources and materials prepared by the funded projects.** Maintaining and using the existing resources was identified as a key sustainability strategy by many of the projects, and this is a process that should be supported by the ORG. Given the centralised position of the ORG, it will be easier for the ORG to manage and disseminate these resources to future program applicants and other interested parties than relying on individual community organisations to fulfil this role. Many projects invested a substantial amount of funding to the development of resources, and there would therefore be longer-term efficiencies if these materials can be made accessible to others in the future.
3. **Undertake an organisational gambling harm mapping process to identify the range of organisations who are involved in addressing harm, and align their activities to the different levels of prevention.** Through the Program a number of benefits have manifested. To support future program design, there would be value in undertaking a mapping process to identify organisations that have a stake or role to play in addressing harm, and the activities they already undertake or offer. For example, GambleAware providers also undertake awareness raising activities. Identifying gaps or overlaps will help set priorities for activities or for target communities in the future.
4. Finally, **consider development of a strategy for a ‘harm prevention sector’.** Many of the staff funded through the Program did not come with a background in prevention and gambling harm, or in some cases had no background. Throughout the Program they have developed these capabilities that they will then take on to other roles. Given the emerging field of gambling harm prevention, there is an opportunity for the Office to identify a strategy for how to strengthen the gambling harm prevention workforce and sector. This also leverages off the above three recommendations, and would ultimately result in a highly capable workforce that can design and deliver effective and efficient prevention projects.

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## Acronyms and phrases

CALD	Culturally and Linguistically Diverse
FPC	First Person Consulting
KEQ	Key Evaluation Question
'the Office'	Office of Responsible Gambling
'the Program'	Local Prevention Grants Program



# 1 Introduction

## 1.1 Background

The Local Prevention Grants Program 2020 ('the Program') is a \$1.5 million initiative by the Office of Responsible Gambling ('the Office'). The objectives of the Program are to:

- prevent and reduce gambling harm within local communities across NSW
- support community members to make informed decisions about gambling
- break down the stigma around gambling and encourage people to seek advice and support.

Funding was made available for community, not-for-profit and local government organisations to implement projects in local communities to reduce and prevent gambling related harm. The Program was split across two grant categories; small (\$10,000 to \$100,000) and large (\$100,001 to \$200,000).

The Local Prevention Grants Program 2020 supports the Office's three-year Education and Awareness Strategy, which aims to:

- Work in partnership to develop health promotion initiatives
- Create resilient communities by empowering them to take ownership over their own health
- Develop the personal skills of individuals so they can avoid gambling harm

This strategic approach aims to support responsible gambling through adopting a health promotion approach towards community education. The Office implements this by investing in research, community education and awareness, intervention, support and treatment services, and public policy investigations and development.

The Program funded 14 organisations – spanning non-government organisations, faith-based organisations, and local government – through six large grants and eight small grants to design and deliver activities across Aboriginal communities, Culturally and Linguistically Diverse (CALD) communities, the general community, and across a range of settings.

Through funding these locally developed projects, the Program aimed to meet specific community needs, support community members to make informed decisions about gambling, break down gambling stigma, and encourage people to seek support.

## 1.2 Evaluation scope

First Person Consulting (FPC) was engaged by the Office to design and implement an evaluation of the Program. The evaluation is guided by an evaluation framework and an associated set of Key Evaluation Questions (KEQs). The evaluation is divided across two stages of reporting – a midpoint report (completed in May 2021<sup>2</sup>), and a final evaluation report (this document) capturing the outcomes of the Program until June 2022. It should be noted that these timeframes were extended due to the COVID-19 pandemic impacting funded project delivery.

The following section outlines our approach to delivering on this scope.

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<sup>2</sup> <https://www.gambleaware.nsw.gov.au/-/media/local-prevention-grants-midpoint-evaluation-report.ashx?rev=bf2defa2b8e1475aa51dd817094b8e44>

## 2 Methodology

### 2.1 Our approach

This final evaluation of the Program draws on a range of data that address specific information needs in line with the program logic and evaluation framework in Appendix 1. Our approach included:

- **Review of relevant literature.** A rapid scan of recent (within the last four years) of systematic and meta-reviews of prevention of gambling harm. This was done to supplement and underpin the data collected by projects, and to highlight the level of evidence that exists in the peer reviewed literature.
- **Document review of project plans (n=14).** Project plans were completed by successful applicants during the early stages of their projects, and outline the target communities, settings and approaches to design and delivery of activities.
- **Document review of final reports completed by funded organisations (n=10 projects) and point in time reports completed by funded organisations with extensions (n= 4 projects).** These reports provided final and point-in-time updates from funded organisations on the status of activity delivery, the number of people reached through those activities, the partnerships established, any changes to risks identified, and sustainability strategies for outputs and outcomes. Organisations were also encouraged to provide data collected throughout the delivery of their projects to date.
- **Review of data collected by funded organisations (n=12 projects).** The data collected was guided by a data collection plan that organisations developed with support from FPC and reflects the most appropriate ways to collect data given the project's budget, their target population and the stage of project delivery. This includes evaluation reports with analysed survey data from two organisations, further survey or questionnaire data from seven organisations, reflective pieces from two organisations, recorded verbal feedback from one organisation, and broadcast reports from one organisation.
- **Analysis of these sources involved content and thematic analysis of project plans, project reports and collected data.** The focus was on summarising the core features and aims of each funded project, activities completed to date, reach of activities, partnerships, sustainability strategies and any insights from outcome data that was collected. Information was collated and tabulated as required.

This report was prepared following completion of analysis and provided to the Office for review. Following this review, a finalised version was prepared in PDF and MS Word (.docx) formats.

### 2.2 Limitations

The following limitations should be noted when reviewing this evaluation report:

- The impact of COVID-19 on the design and delivery of projects was significant, with many having to delay or alter the design of activities. Where possible, organisations progressed

with other aspects of their activities, but ultimately COVID-19 will have had an impact on the progress of the Program.

- The primary data collected by projects ranges in quantity and quality. The majority administered a survey at minimum however, response rates were very low for most. Evaluation capacity was also seen to vary greatly between the types of funded organisations where universities or larger charity organisations had greater capacity and resources to collect and analyse data, whereas smaller community-based organisations or sporting clubs were less skilled and resourced in this area. Language was an additional barrier for multicultural organisations. The extent to which funded organisations were willing to engage and make use of FPC to support them in data collection was also a factor.
- The prevention of gambling harm is complex, given the combination of environmental exposures, structural determinants and the specific approaches and styles of delivery organisations. Although the field is slowly developing, it is largely still in its infancy, with poor evidence for interventions, and most interventions related to pre-commitments or self-exclusion, and youth prevention programming.<sup>3</sup> As such, there is little to draw on to understand the longer-term public health outcomes that result from gambling-harm prevention activity.

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<sup>3</sup> McMahon, N., Thomson, K., Kaner, E., & Bamba, C. (2019). Effects of prevention and harm reduction interventions on gambling behaviours and gambling related harm: an umbrella review. *Addictive Behaviors*, 90, 380-388. <https://doi.org/10.1016/j.addbeh.2018.11.048>

## 3 Results in detail

### 3.1 Overview

The purpose of this section is to present the results against the KEQs. These include:

- Effectiveness of Program delivery (Section 3.2 – this KEQ includes engagement approaches as a sub-KEQ)
- Effectiveness of the Program outcomes (Section 3.3)
- Future and sustainability (Section 3.4)

Following this exploration of the results, the report will conclude with a summary of key findings and recommendations.

### 3.2 Effectiveness of the Program delivery

This section addresses the following sub-KEQs related to the effectiveness of Program delivery:

- a) Did the projects align to the Office’s Gambling Harm Prevention Continuum, if so, how?
- b) What risks or needs were projects seeking to address, and to what extent was it addressed?
- c) What communities did the projects target and how many people did they reach?
- d) What settings did the projects take place in?
- e) What geographic locations did the projects take place in?
- f) What were the key outputs and activities associated with each project type?
- g) What (aside from the obvious difference in funding) were the key differences, if any, between the small and the large funded projects?
- h) What partnerships were established or utilised during the delivery of each funded project?
- i) In what ways did established partnerships support reach into targeted communities?
- j) Have any unintended consequences (positive or negative) arisen from the introduction of this program?

#### 3.2.1 Alignment of projects to the prevention continuum

Table 1 below aligns each of the key intervention areas to funded projects. Community education, awareness campaigns and resource development were the most common intervention areas of funded projects, while lived experience and peer support were the least common.<sup>4</sup>

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<sup>4</sup> Further information about the projects funded by the Program can be found on the Office’s website: <https://www.gambleaware.nsw.gov.au/resources-and-education/funding-to-prevent-gambling-harm/local-prevention-grants-program>

Table 1: Summary of project interventions and focus areas (n=14)

Project	Education	Resource development	Local awareness campaigns	Improvements in referral pathways	Peer support	Lived experience speaking	Capacity-building	Building supportive networks and environments	Community-led responses	Stigma reduction
CatholicCare	✓							✓		
Fairfield City Council	✓	✓	✓				✓			
Granville Multicultural Community Centre	✓		✓	✓			✓			
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	✓	✓	✓				✓		✓	
Lifeline Broken Hill Country to Coast	✓	✓	✓	✓		✓				✓
Lifeline Harbour to Hawksbury	✓									
Lifeline North Coast			✓							✓
Macedonian Australian Welfare Association	✓	✓	✓							✓
Mudyala Aboriginal Corporation	✓	✓	✓					✓	✓	

<b>Northern United Rugby Club</b>	✓	✓		✓							
<b>Uniting (Victoria and Tasmania) Limited</b>	✓	✓					✓				
<b>University of Sydney</b>	✓			✓	✓					✓	
<b>Walgett Aboriginal Medical Service</b>	✓						✓	✓		✓	
<b>Wesley Mission</b>	✓			✓							
<b>Total</b>	13	7	7	5	1	1	5	3	4	3	

The Office’s Strategic Plan for 2018-2021 outlines the organisation’s vision to work towards zero gambling harm. The strategy takes a public health approach, with the Ottawa Charter for Health Promotion<sup>5</sup> a foundational component to the document. In line with the Charter, the strategy outlines a ‘prevention continuum’ (see Figure 1).



**Figure 1: Office of Responsible Gambling’s Gambling Harm Prevention Continuum**

Based on the types of interventions noted in the above figure, and drawing on the summary of intervention types provided in Table 1, it is clear that all funded projects primarily align with both the ‘prevention’ and ‘early intervention’ components of the continuum. Largely this is because there is a strong element among projects of raising awareness of the impact of gambling harm, as well as pathways to seek help. There are examples of primary prevention activity in some projects – for instance, improving financial literacy or participant’s understanding of the link between video games and gambling. Only one project (Wesley Mission) had elements that tie in to the ‘help seeking’ end of the continuum – which largely relates to references of training participants in features of Cognitive Behavioural Therapy as a way to reduce gambling activity.

Table 2 below documents the alignment between each funded project and the three categories of the continuum. Alignment has been determined through a review of project activities and intended outcomes via a rubric (see Appendix 1 for the rubric and further detail) to help ensure the categorisation is informed by public health and health promotion theory.

**Table 2: Alignment of funded projects to the Gambling Harm Prevention Continuum**

Project	Prevention	Early Intervention	Help Seeking
CatholicCare	✓		
Fairfield City Council	✓	✓	
Granville Multicultural Community Centre	✓	✓	

<sup>5</sup> World Health Organization. (1986). *The Ottawa Charter for Health Promotion*. First International Conference on Health Promotion Ottawa, 21 November 1986. Retrieved from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>

<b>Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney</b>	✓		
<b>Lifeline Broken Hill Country to Coast</b>	✓		✓
<b>Lifeline Harbour to Hawksbury</b>	✓		✓
<b>Lifeline North Coast</b>			✓
<b>Macedonian Australian Welfare Association</b>	✓		✓
<b>Mudyala Aboriginal Corporation</b>	✓		✓
<b>Northern United Rugby Club</b>	✓		✓
<b>Uniting (Victoria and Tasmania) Limited</b>	✓		
<b>University of Sydney</b>	✓		✓
<b>Walgett Aboriginal Medical Service</b>	✓		✓
<b>Wesley Mission</b>	✓	✓	✓

### 3.2.2 Types of funded projects

Projects aimed to address a range of risks and needs related to gambling harm in their respective communities. The evaluation team worked with each funded organisation to develop a logic model for their project to articulate the outcomes that would result from delivered activities. Review of these models identified seven core outcomes:

1. Awareness and knowledge of gambling harm (13 projects)
2. Reduction in stigma associated with problem gambling (3 projects)
3. Identifying risk factors, signs, and symptoms of problem gambling (6 projects)
4. Awareness and use of referral pathways, support services, and resources (12 projects)
5. Understanding of gambling convergences (e.g., video gaming) (3 projects)
6. Learning new skills and strategies (4 projects)
7. Services and community become more responsive and competent (4 projects).

In most instances, projects were aiming to address several of these outcomes. The breakdown across funded projects is summarised in Table 3 below. The evidence collected by projects against these outcomes is discussed in Section 3.3.



Table 3: End of project outcomes summary

Funded organisation	Awareness and knowledge of gambling harm	Reduction in stigma associated with problem gambling	Identifying risk factors, signs, and symptoms of problem gambling	Awareness and use of referral pathways, support services, and resources	Understanding of gambling convergences	Learning new skills and strategies	Services and community become more responsive and competent
CatholicCare				✓	✓		
Fairfield City Council	✓		✓	✓			✓
Granville Multicultural Community Centre	✓		✓	✓			✓
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	✓	✓				✓	
Lifeline Broken Hill Country to Coast	✓	✓					
Lifeline Harbour to Hawkesbury	✓		✓	✓		✓	
Lifeline North Coast	✓			✓			
Macedonian Australian Welfare Association	✓	✓	✓	✓	✓		
Mudyala Aboriginal Corporation	✓		✓	✓		✓	✓
Northern United Rugby Club	✓			✓			
Uniting (Victoria and Tasmania) Limited	✓			✓	✓		
University of Sydney	✓		✓	✓			✓

<b>Walgett Aboriginal Medical Service</b>	✓				✓			
<b>Wesley Mission</b>	✓				✓		✓	
<b>Total</b>	14	3	6	12	3	3	4	

### 3.2.3 Reach of project activities

Reach is a key component of evaluating prevention programs. It is important to not only understand how many people and organisations have been reached, but also the intensity of that interaction. Understanding how ‘far’ the projects funded through the Program have reached across individuals, communities, settings, platforms, and media provides a relatively simple means to understand the effectiveness of the Program – particularly when it complements other data.

As an example, broadscale awareness-raising reaches more people but is less intense (e.g., mass or social media), whereas workshops and other face-to-face (and even repeat) interactions reach fewer people but are more likely to produce greater change or sustained outcomes. For the purposes of the project’s reporting, and this evaluation, we have used this idea to guide projects to categorise their reach into one of three clusters:

- low-level, broadscale (lower intensity – higher reach), such as social media, print media, or other forms that reach a large number of people from a distance.
- medium-level, one-off interactions, usually face-to-face (medium intensity – medium reach), such as information sessions / presentations or meetings. Usually to people or groups you would not expect to reach again.
- high-level, repeated interactions (higher intensity-lower reach), such as training delivered over multiple sessions, meetings with the same people over a long period of time.

While higher intensity interactions would be more likely to produce greater outcomes, public health research emphasises that long-term and sustained change comes from sustained action, preferably through interlinked and complementary actions.<sup>6</sup> Moreover, research has been shown that reach in population-level interventions needs to be tailored so that scale and intensity is proportionate to the level of need in sub-populations.<sup>7</sup> As such, it is important that population level programs do not rely on one type of action or intervention only. It is therefore important to examine the reach of the Program in terms of activities used across all three levels.

Table 4 summarises the self-reported reach of projects described in their midpoint reports. As can be seen:

- **Over 500,000 people and an estimated 1,174 organisations – including schools - have been reached through mass media, print and social media**
- **An estimated 3,360 people and 60 organisations have been reached through information sessions, workshops and meetings**
- **An estimated 628 people and 202 organisations have been reached through more in-depth training, and face-to-face repeat interactions.**

<sup>6</sup> Gittelsohn, J., Novotny, R., Trude, A., Butel, J., & Mikkelsen, B. E. (2018). Challenges and Lessons Learned from Multi-Level Multi-Component Interventions to Prevent and Reduce Childhood Obesity. *International Journal of Environmental Research and Public Health*, 16(1), 30. <https://doi.org/10.3390/ijerph16010030>

<sup>7</sup> Marmot, M., Allen, K and Goldblatt, P. (2010). *Fair Society, Healthy Lives: Prepared by Strategic Review of Health Inequalities in England Post-2010*. Department of Health. Retrieved from <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

Table 4: Self-reported reach of project activities (n=13)

Organisation	Low-level, broad-scale	Medium-level, one-off seminar/ meeting etc.	High-level, repeated interaction
<b>CatholicCare</b>	<ul style="list-style-type: none"> <li>50 community organisations/local schools reached through networking, liaising and flyer distribution</li> <li>500 community members reached through interagency promotion, emails, social media</li> </ul>	<ul style="list-style-type: none"> <li>27 community organisations reached through interagency and school-based meetings</li> <li>129 community members reached through ongoing discussions</li> </ul>	<ul style="list-style-type: none"> <li>4 community organisations reached through ongoing working group meetings</li> </ul>
<b>Fairfield City Council</b>	<ul style="list-style-type: none"> <li>92 organisations/schools reached digital flyer promotion</li> <li>6,217 people reached through digital promotion and workshop</li> </ul>	<ul style="list-style-type: none"> <li>57 people reached through workshops</li> </ul>	<ul style="list-style-type: none"> <li>32 organisations reached through workshop collaboration and networking</li> <li>24 people reached through partnership and as expert reviewers</li> </ul>
<b>Granville Multicultural Community Centre</b>	<ul style="list-style-type: none"> <li>5,043 people reached through social media campaign</li> </ul>	<ul style="list-style-type: none"> <li>5 organisations reached through presentations</li> <li>116 people reached through presentations</li> </ul>	
<b>Lifeline Broken Hill Country to Coast</b>	<ul style="list-style-type: none"> <li>139,130 people reached through radio, television and social media</li> </ul>	<ul style="list-style-type: none"> <li>650 people reached across five events</li> </ul>	<ul style="list-style-type: none"> <li>6 people reached through support group seminars</li> </ul>
<b>Lifeline Harbour to Hawksbury</b>	<ul style="list-style-type: none"> <li>51 organisations reached through promotion and advertising</li> <li>27,517 reached through social media/website</li> </ul>		<ul style="list-style-type: none"> <li>150 organisations reached through interagency meetings</li> </ul>
<b>Lifeline North Coast</b>	<ul style="list-style-type: none"> <li>54,000 people reached through commercial radio</li> </ul>	<ul style="list-style-type: none"> <li>3 community organisations reached through request for feedback on radio broadcasts</li> </ul>	

<b>Macedonian Australian Welfare Association</b>	<ul style="list-style-type: none"> <li>10,030 people reached through radio, in-language newspapers and print media</li> </ul>	<ul style="list-style-type: none"> <li>1,582 people reached through forums and information sessions</li> </ul>	<ul style="list-style-type: none"> <li>103 people reached through phone consultations</li> </ul>
<b>Mudyala Aboriginal Corporation</b>	<ul style="list-style-type: none"> <li>19,750 people reached through social media and expressions of interest</li> </ul>		<ul style="list-style-type: none"> <li>250 people reached through events and workshops (10 teams, 25 players each)</li> </ul>
<b>Northern United Rugby Club</b>	<ul style="list-style-type: none"> <li>64,000 people reached through advertising and promotion</li> </ul>		<ul style="list-style-type: none"> <li>130 people reached through education sessions</li> </ul>
<b>Uniting (Victoria and Tasmania) Limited</b>	<ul style="list-style-type: none"> <li>400 people reached through train the trainer resources</li> </ul>	<ul style="list-style-type: none"> <li>436 people reached (300 young people/students, 100 parents, 36 professionals) through training and information sessions</li> </ul>	<ul style="list-style-type: none"> <li>100 people reached through train the trainer</li> </ul>
<b>University of Sydney (West and South West)</b>		<ul style="list-style-type: none"> <li>100 people reached through SWS Harmony Day event</li> <li>100 people reached through WS NAIDOC Week event</li> <li>40 people reached through WS Men's Business - Meeting of the Bothers</li> </ul>	<ul style="list-style-type: none"> <li>6 healthcare workers reached through SWS workshop</li> <li>1 person reached through WS peer support mentoring</li> </ul>
<b>Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney</b>	<ul style="list-style-type: none"> <li>58 organisations/sites reached through merchandising and promotion</li> <li>239,366 people reached through social media and television advertising</li> </ul>	<ul style="list-style-type: none"> <li>30 people reached through launch event</li> </ul>	<ul style="list-style-type: none"> <li>8 people reached through training program</li> </ul>
<b>Walgett Aboriginal Medical Service</b>	<ul style="list-style-type: none"> <li>350 people reached through social media advertising and email promotion</li> <li>23 service providers and organisations reached through social media advertising and email promotion</li> </ul>	<ul style="list-style-type: none"> <li>20 people reached through community workshops</li> </ul>	<ul style="list-style-type: none"> <li>4 community organisations reached through ongoing meetings</li> </ul>

<b>Wesley Mission</b>	<ul style="list-style-type: none"> <li>• 900 organisations reached through Wesley Mission social media and Wrap Article</li> <li>• 6,000 people reached through Wesley Mission internal intranet</li> </ul>	<ul style="list-style-type: none"> <li>• 25 community organisations reached through bi-monthly meetings</li> </ul>	<ul style="list-style-type: none"> <li>• 12 community organisations/councils reached through meetings and coordinated project delivery</li> </ul>
<b>Total</b>	<b>1,174 organisations/schools and 572,303 people reached through mass media, social media and flyer distribution</b>	<b>60 organisations and 3,360 people attending information sessions, workshops and meetings</b>	<b>202 organisations/schools and 628 people through in-depth training, face-to-face and repeat interactions</b>

### 3.2.4 Approach to engaging target populations

As noted in Table 1, the Projects used a variety of methods to engage their target populations and reach into key settings. This is reflective of both the scale of their funding, but also the variability in terms of location, setting and target communities. Some of these engagement methods changed over time for funded projects that were impacted by COVID-19 or floods, or in response to lessons learned throughout the delivery process. This included some training and information sessions being delivered online and adapting projects to suit the needs and context of communities. For example, one project that experienced a lack of interest in monthly seminars changed the focus to become a support group for people experiencing or impacted by gambling harm.

### 3.2.5 Target audience, settings and location of projects

As can be seen in Table 5, eight projects are located in and around Sydney, NSW while six projects are based in regions of NSW spanning the Northern Rivers to Far West.

Aboriginal and CALD communities, young people and men are among the most targeted populations of project activities. These groups are being reached across different settings and mediums including community sites such as schools, sporting clubs, community halls, youth centres, pubs and clubs and council buildings. Radio, print and social media are common platforms used for promotion and broadscale awareness raising activities, including in-language.

Table 5: Target communities, settings and location of funded projects (n=14)

Organisation	Target communities	Setting	Location
<b>CatholicCare</b>	Parents and school-aged children in the local community	CatholicCare offices	Western Sydney and the Blue Mountains
<b>Fairfield City Council</b>	Residents of Fairfield LGA (Community groups more likely to be at risk - males, unemployed, young people, CALD communities, refugees, Aboriginal communities)	Community settings	Fairfield LGA
<b>Granville Multicultural Community Centre</b>	Young people 15 – 17 and 18 – 24 years living in and around Cumberland Local Government Area	Community settings	Cumberland LGA and identified surrounding disadvantaged suburbs in Western Sydney
<b>Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney</b>	Aboriginal youth, families and elders	Online and print media / Indigenous media outlets	Sydney
<b>Lifeline Broken Hill Country to Coast</b>	Broken Hill people aged in the 18–44-year age bracket, with a particular focus on men	Gaming venues, pubs, clubs, community settings	Broken Hill
<b>Lifeline Harbour to Hawksbury</b>	TAFE students and youth aged 16-24 from diverse backgrounds living, working or studying in the Northern Sydney region	Community settings	Northern Sydney
<b>Lifeline North Coast</b>	Young men specifically but also Aboriginal and CALD communities and the general community throughout the Coffs Harbour, Bellingen and Nambucca LGA's	Radio	Coffs Harbour, Bellingen and Nambucca LGA's
<b>Macedonian Australian Welfare Association</b>	Macedonian, Serbian, Bosnian and Croatian Communities	Community settings	Sydney
<b>Mudyala Aboriginal Corporation</b>	Northern NSW women / Aboriginal Communities	Sporting club	Clarence Valley
<b>Northern United Rugby Club</b>	NSW North Coast Aboriginal Community	Sporting club	Lismore LGA
<b>Uniting (Victoria and Tasmania) Limited</b>	Children, young people and support networks	Primary schools, high schools and sporting clubs	Greater Hume, Snowy Valley Council, Federation Council Berrigan, Edwards River Council, and Murray River Council



<b>University of Sydney</b>	Indigenous communities in western and southwestern Sydney and health workers	Community settings, radio, social media, print	Campbelltown, Western and Southwest Sydney
<b>Walgett Aboriginal Medical Service</b>	Indigenous communities of Walgett and Walgett and Brewarrina including surrounding communities	Community settings	Walgett and Brewarrina
<b>Wesley Mission</b>	Communities in Western Sydney, Sydney CBD and Inner-west areas	Community settings and services	Western Sydney, Sydney CBD and Inner-west areas

### 3.2.6 Project outputs and activities

A range of outputs and activities were delivered associated with different project types. Examples of outputs and activities delivered are provided in Table 6 below and a summary of all outputs, activities and delivery status is provided in Table 14 in Appendix 3.

Ten of fourteen projects are complete, with three receiving extensions and one not completing. Of the ten projects that are complete, six completed all of their activities. Largely this is due to the impacts of the pandemic, and subsequent natural disasters.

**Table 6: Project type and example outputs and activities**

Project type	Types of outputs and activities
<b>Education</b>	Workshops and training delivered to young people, community members, families and professionals
<b>Resource development</b>	Training materials, brochures, posters, banners and merchandise
<b>Local awareness campaigns</b>	Print, radio, social media and large-scale events
<b>Improvements in referral pathways</b>	Partnerships, networking committees, referral pathway training
<b>Peer support programs</b>	Peer support project manual, hosting spaces for regular meetups
<b>Lived experience speaking programs</b>	Guest speakers at events
<b>Capacity-building programs</b>	Financial literacy programs, cyber safety
<b>Building supportive networks and environments</b>	Community garden, sporting club programs and events
<b>Community-led responses</b>	Community of practice, community consultations and co-design, development of culturally specific gambling content
<b>Stigma reduction programs</b>	Community discussion forums

### 3.2.7 Differences between funded projects

**In total, there were eight small grants and six large grants distributed between 14 successful applicants.** Charity organisations were the most represented (three small grants and three large grants), there were two Aboriginal community organisations, two CALD community organisations, two Universities and one local council and one sporting club. Table 7 below summarises successful applicants by organisation, grant type and grant amount.

Table 7: Summary of funded organisations (n=14)

Funded organisation	Type of organisation	Grant size	Grant amount
CatholicCare	Charity	Small	\$20,376
Fairfield City Council	Local Council	Large	\$191,000
Granville Multicultural Community Centre	CALD community organisation	Small	\$98,952
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	University	Large	\$117,800
Lifeline Broken Hill Country to Coast	Charity	Large	\$194,000
Lifeline Harbour to Hawksbury	Charity	Small	\$10,575
Lifeline North Coast	Charity	Small	\$25,000
Macedonian Australian Welfare Association	CALD community organisation	Small	\$58,125
Mudyala Aboriginal Corporation	Aboriginal community organisation	Small	\$100,000
Northern United Rugby Club	Sporting club	Small	\$30,000
Uniting (Victoria and Tasmania) Limited	Charity	Large	\$200,000
University of Sydney	University	Large	\$198,978
Walgett Aboriginal Medical Service	Aboriginal community organisation	Small	\$94,000
Wesley Mission	Charity	Large	\$194,000

Projects were asked to estimate the value of the in-kind contributions provided to their project. As can be seen in, **the total estimated value of in-kind contributions is almost \$125,000**. This helps to provide a sense of the ‘real cost’ associated with delivering these sorts of projects, and the level of resourcing needed to deliver such activities in future. That said, key outputs developed such as resources or videos could be collated and stored to contribute to greater efficiencies in future grant programs by avoiding the need to ‘reinvent the wheel’.

**Table 8: Estimated in-kind contributions from project partners (n=14)**

Type of contribution	Estimated sub-totals
<b>Labour and administrative support</b>	\$58,925
<b>Expertise and advice</b>	\$52,020
<b>Infrastructure support</b>	\$14,001
<b>Total</b>	<b>\$124,946</b>

### 3.2.8 Program partnerships

Partnerships are a key element of public health interventions. Understanding who partners are and their role in projects provides a picture of the importance of partnerships in achieving Program outcomes. This is understood by outlining:

- The number of established, developing and new partnerships within each project
- The type and role of partners within each project
- The value and in-kind contributions of partners to each project

In total, there were 174 organisations involved in the Program (including the 14 funded organisations and the Office) and 169 partnership arrangements (see Figure 2).<sup>8</sup> Of the 169 partnership arrangements, 97 were existing and 72 were new for the purposes of the Program. Of the new partnerships, 45 are established and 27 are still in the process of becoming established.

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<sup>8</sup> An interactive version of the project partnerships can be accessed at: [LPG Program Partnerships](#)

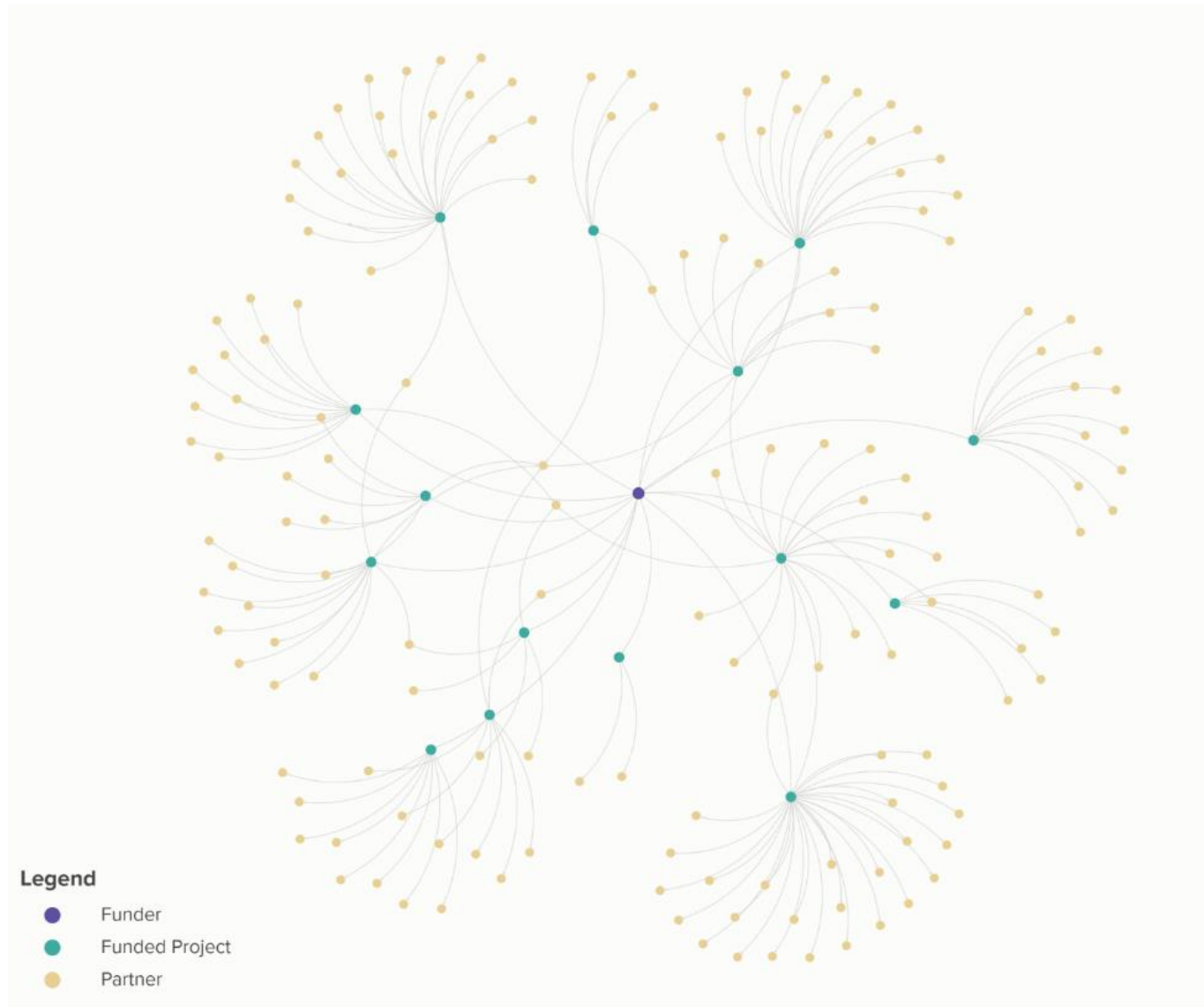


Figure 2: Funded project partnerships (n=14 projects)

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To understand the nature of partnerships, funded organisations were asked to note the type of partnership arrangement using the definitions provided in Table 9.

**Table 9: Partnership classification**

Type of partnership	Description
<b>Networking</b>	Involves the exchange of information for mutual benefit. This requires little time and trust between partners. For example, youth services within a local government area may meet monthly to provide an update on their work and discuss issues that affect young people.
<b>Cooperation</b>	Involves exchanging information and altering activities for a common purpose. For example, the youth services may meet and plan a coordinated campaign to lobby the council for more youth-specific services.
<b>Coordination</b>	Involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, a high level of trust between partners, and an ability for agencies to share turf. For example, a group of secondary schools may pool some resources with a youth welfare agency to run a ‘Diversity Week’ as a way of combating violence and discrimination.
<b>Collaboration</b>	Includes enhancing the health promotion capacity of the other partner for mutual benefit and a common purpose. Collaborating requires the partner to give up a part of their turf to another agency to create a better or more seamless service system. For example, a group of schools may fund a youth agency to establish a full-time position to coordinate a Diversity Week, provide professional development for teachers, and train student peer mediators in conflict resolution.

Networking was the most common partnership arrangement (37%), followed by collaboration (27%), cooperation (24%), and lastly, coordination accounting for 12% of partnership arrangements, noting that some partnerships had multiple arrangements (see Table 10).

**Table 10: Type of partnership (n=214)**

	Collaboration	Networking	Cooperation	Coordination
<b>Total (#)</b>	58	79	52	25
<b>Total (%)</b>	27%	37%	24%	12%

The last element to explore in relation to partnerships are the contributions that partner organisations made to the project. These are grouped across, but not limited to, four main areas:

- partners sharing information / expertise
- sharing of resources (i.e., in-kind contributions)
- facilitating access to target populations or groups
- provision of services (e.g., consultancy)

Similar to partnership arrangements, some partners provided more than one type of contribution – though the most important aspect is that the contribution provided is adding value or filling a gap for the project. As can be seen in Figure 3, facilitating access to target populations or groups, service provision and sharing information or expertise were the most frequently provided contribution. In some cases, projects noted a specific aspect to the contribution – for example, providing referrals of clients to their activity.

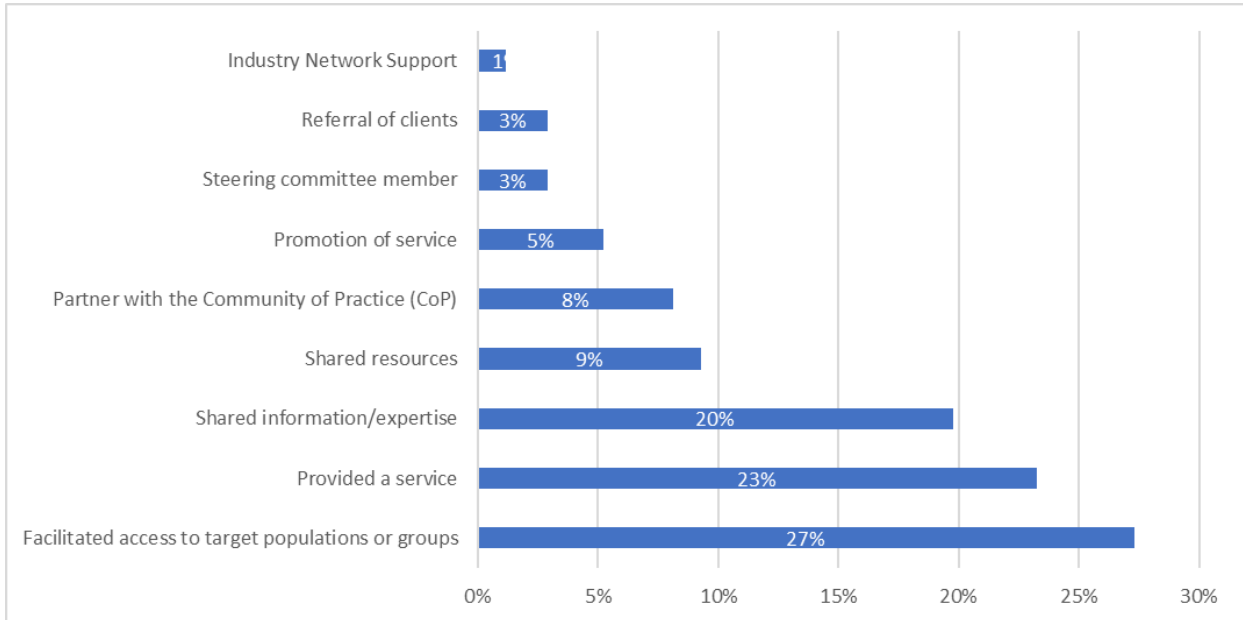


Figure 3: Partner contributions (n=172)

### 3.3 Effectiveness of the Program outcomes

This section addresses the following sub-KEQs that relate to the effectiveness of the Program in achieving its intended outcomes:

- a) How, and to what extent, did the Program contribute to the prevention or reduction in gambling harm across NSW?
- b) How, and to what extent did the Program increase awareness of gambling harm?
- c) How, and to what extent, did the Program support community members to make informed decisions about gambling?
- d) How, and to what extent, did the Program contribute to a reduction in stigma associated with problem gambling?
- e) How, and to what extent, did the Program encourage people to seek advice and support for the harm they have experienced from gambling?
- f) In what ways did the Program contribute to increased capacity of funded organisations to reduce or prevent gambling harm?



Gambling harm is a complex problem underpinned by unique social, economic, regulatory contexts that vary across settings, communities and jurisdictions.<sup>9</sup> This complexity is compounded due to harm stemming from diverse social and economic factors<sup>10</sup>, complicated by potential high rates of comorbid health conditions (e.g., mental ill health) or co-occurrences with Domestic and Family Violence (DFV). Given this complexity, it is generally accepted that a public health approach to preventing and reducing harm is appropriate.

The LPG Program has focused on funding projects in specific communities using strategies to support people to make informed decisions about gambling, break down the stigma around gambling, and encourage people to seek advice and support. These aims are reflected in the logic model for the Program.

Multiple studies have highlighted the lack of or poor quality of evidence related to prevention and harm reduction interventions<sup>11,12,13</sup> meaning that evaluations of Programs such as this rely on primary data rather than an existing evidence base.

Table 11 summarises key insights that emerge from the collected data. The strategies used by projects to produce these outcomes are described in Section 3.4.

**In general, the range of evidence collected during project delivery suggests key outcomes were achieved.** In particular, **outcomes relevant to the program around awareness of harm, awareness of support services and reductions in stigma also demonstrated.** What is also apparent is that **awareness raising was the primary focus for projects**, which is likely reflective of the way the Program guidelines were framed, and the capability of the organisations to deliver more sophisticated prevention activities.

While the level and quality of evidence varies, it is important to contextualise the data collected within the scale of funding that was received as well as the impacts of COVID and lockdowns on delivery. Other intended outcomes related to financial literacy, skill development and general improvements to capabilities of the sector to address harm were also demonstrated by projects that had provided their final reports.

**The primary gaps in evidence relate to project participants taking action on what they learned - for example behaviour change** – though this is to be expected given the impacts on delivery from the pandemic, the time required between participating in an activity and having the opportunity to implement what was learned and other contextual factors in people’s lives that can inhibit

<sup>9</sup> Price, A., Hilbrecht, M., & Billi, R. (2021). Charting a path towards a public health approach for gambling harm prevention. *Journal of Public Health*, 29, 37-53.

<sup>10</sup> Abbott M, Binde P, Clark L et al (2018) *Conceptual framework of harmful gambling: an international collaboration*, third edition. Gambling Research Exchange Ontario (GREO), Guelph

<sup>11</sup> McMahan, N., Thomson, K., Kaner, E., & Bamba, C. (2019). Effects of prevention and harm reduction interventions on gambling behaviours and gambling related harm: An umbrella review. *Addictive Behaviors*, 90, 380-388.

<sup>12</sup> Velasco, V., Scattola, P., Gavazzeni, L., Marchesi, L., Nita, I. E., & Giudici, G. (2021). Prevention and harm reduction interventions for adult gambling at the local level: An umbrella review of empirical evidence. *International Journal of Environmental Research and Public Health*, 18(18), 9484.

<sup>13</sup> Forsström, D., Spångberg, J., Petterson, A., Brolund, A., & Odeberg, J. (2021). A systematic review of educational programs and consumer protection measures for gambling: An extension of previous reviews. *Addiction Research & Theory*, 29(5), 398-412.

behaviour change. This challenge is not limited to this program, but is regularly represented in the literature particularly as the focus on prevention of gambling harm is relatively new as compared to the focus on problem gamblers and treatment.<sup>14</sup>

Given that, the focus needs to be on generating insights and identifying future directions in an emergent way through the lessons of this Program similar to other jurisdictions.<sup>15</sup> This is continuously emphasised in the literature where studies point to gaps in evidence, and the need for projects to draw on the limited evidence there is, as well as their own understanding of their community context.<sup>16</sup> **The projects funded through the Program have identified a range of specific outcomes and insights (see Table 11) which provide some indication of future priorities and opportunities.** These include:

- The continuing importance and need for awareness raising of harm as a public health issue, as well as the range of support options available
- Targeting and engaging with communities that are more at risk of harm in culturally relevant and appropriate ways
- The role of professionals in prevention, and the presence of structures that support increases in their understanding of how to identify harm and refer people on before it becomes worse
- The convergence between gambling and other issue areas (e.g., cyber safety), and the need to address these interfaces.

The final element is the importance of supporting organisations in their design and delivery of prevention projects. Gambling harm is a dynamic and complex issue, and its prevention is very much a long-term aim that requires multi-level and multi-sectoral responses.<sup>17</sup> This necessitates continued investment in prevention, and the ORG has a crucial role to play in setting the scope and focus for prevention grant programming, providing guidance to projects and responding to emerging challenges.

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<sup>14</sup> Blank, L., Baxter, S., Woods, H. B., & Goyder, E. (2021). Interventions to reduce the public health burden of gambling-related harms: a mapping review. *The Lancet Public Health*, 6(1), e50-e63.

<sup>15</sup> Victorian Responsible Gambling Foundation 2018, [Local Prevention Program evaluation summary 2014 – 2017](#), Melbourne.

<sup>16</sup> Grande-Gosende, A., Lopez-Nunez, C., Garcia-Fernandez, G., Derevensky, J., & Fernandez-Hermida, J. R. (2020). Systematic review of preventive programs for reducing problem gambling behaviors among young adults. *Journal of Gambling Studies*, 36(1), 1-22.

<sup>17</sup> Johnstone, P., & Regan, M. (2020). Gambling harm is everybody's business: a public health approach and call to action. *Public Health*, 184, 63-66.

Table 11: Data collection summary

Organisation	Evidence	Summary
<b>CatholicCare</b>	<ul style="list-style-type: none"> <li>Workshop feedback form (8 responses)</li> </ul>	<p>Paper-based post-workshop feedback form containing scaled-questions relating to the content and delivery of the workshops, and improvements in understanding of key project outcomes (i.e., the relationship between gaming and gambling). Results suggest that participants generally rate the content and delivery of the workshop highly and feel they have made some progress in understanding. Three participants provided qualitative feedback:</p> <p><i>“It was a very useful session. I would like to share with my parents and everybody I know. Thank you for having me in this session.”</i></p> <p><i>“I enjoy a lot. It gives me many more new and helpful techniques and ways about healthy screen time.”</i></p> <p><i>“It's good we teach our kids about cyber safety in the times we are in.”</i></p>
<b>Fairfield City Council</b>	<p>Surveys collected and results collated:</p> <ul style="list-style-type: none"> <li>Session one workshop survey (11 responses)</li> <li>Session two workshop survey (8 responses)</li> <li>GambleAware week survey (3 responses)</li> <li>Gambling harm minimisation Fairfield City survey (25 responses)</li> <li>Workshop for partners survey (4 responses)</li> <li>CoP survey (7 responses)</li> </ul>	<p>Surveys administered to workshop participants contained scaled questions relating to their knowledge of gambling harm, impacts and services that can support people experiencing gambling harm. Results indicate an improvement in participant knowledge across all areas. Surveys administered during capacity building and train the trainer workshops illustrated an improvement in participant confidence to identify, support and refer someone experiencing gambling harm. For Community of Practice members, the survey contained scaled questions relating to the value of the CoP to the participating organisation, whether the CoP is achieving its objectives and how the CoP can best focus efforts beyond the funding period. Most felt the CoP was achieving its objectives to a moderate extent (62.5%) and some to a great extent (37.5%). Member priorities included that the CoP continue to the locally focussed gambling network, support and endorse any funding application for the provision of support services to minimise, mitigate or alleviate harm caused by gambling in the LGA and recognise, advocate and develop strategies to address the unique needs of CALD community members.</p>

	<ul style="list-style-type: none"> <li>• Train the trainer survey (3 responses)</li> <li>• Youth filming survey (6 responses)</li> </ul>	
<b>Granville Multicultural Community Centre</b>	<ul style="list-style-type: none"> <li>• Survey for youth (6 responses)</li> <li>• Survey for organisations (50 responses)</li> </ul>	A short 5-question survey for youth workshop participants was administered, including a mix of scaled and open-ended questions. All found the workshop helpful, and all learned more about gambling harm from the workshop. Qualitative comments were provided around key takeaways from the workshop including improved knowledge around gambling harm and where to seek help. Responses from organisations were mixed. The majority (88%) indicated their perceptions around gambling and gambling harm had changed, almost all (94%) felt they might be able or able to assist someone experiencing gambling harm and many (70%) felt better equipped to connect to clients that might be affected by gambling.
<b>Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney</b>	<ul style="list-style-type: none"> <li>• Reflective journal from intern</li> </ul>	The reflective piece completed by the intern illustrated new skills in creative storytelling, improved knowledge around safe gambling practices and prevalence and stigma of problem in the Indigenous community.
<b>Lifeline Broken Hill Country to Coast</b>	<ul style="list-style-type: none"> <li>• Responsible gambling seminar surveys (6 responses)</li> <li>• Reflective journal</li> </ul>	<p>A short questionnaire containing yes/no questions captured feedback from regular seminar participants. All six respondents answered yes to every question, that they benefited from attending, the information resonated with them, they would attend again and recommend to others. Four respondents left qualitative comments relating to feeling more socially connected, supported and illustrating a reduction in shame and stigma associated with problem gambling:</p> <p style="text-align: center;"><i>“This program has allowed me to really express myself without being judged.”</i></p> <p style="text-align: center;"><i>“I found that this program has allowed me to mix with people that have the same issues that I have (Gambling and Mental Health).”</i></p> <p style="text-align: center;"><i>“I feel safe talking about my gambling and what it has done to me, knowing that what I say will not leave the room, and it has given me some great ideas on how to control my gambling urges.”</i></p>

		<p><i>“The program is brilliant, and it is good to know that I am not on my own.”</i></p> <p>A reflective piece from a staff member was also provided, which describes some of the challenges and successes of implementing the program so far.</p>
<b>Lifeline Harbour to Hawkesbury</b>	<ul style="list-style-type: none"> <li>• Pre- and post-workshop survey responses (18 pre-survey responses and 16 post-survey responses)</li> </ul>	<p>Pre- and post-workshop surveys were administered via SurveyMonkey. Seven questions were asked on a 100-point scale relating to financial literacy, identifying gambling harm and where to seek help. The averages of each answer increased between the pre and post survey, which suggests that understanding and knowledge had increased. Qualitative comments indicated that participants benefited from learning new strategies to manage their finances such as through the budget tool.</p>
<b>Lifeline North Coast</b>	<ul style="list-style-type: none"> <li>• Gambling Helpline Statistics</li> <li>• Broadcast report</li> </ul>	<p>Referral statistics were supplied by Gambling Helpline indicating the postcodes of callers. A broadcast report was also provided from Southern Cross Austereo showing when each advertisement was played on air. From this data there appeared to be a slight increase in calls to the Helpline in the postcodes where the advertisements were aired.</p>
<b>Macedonian Australian Welfare Association</b>	<ul style="list-style-type: none"> <li>• Verbal feedback recorded from forums with 58 participants</li> </ul>	<p>An event feedback form was provided that recorded the demographic of attendees, and the summary results of verbal feedback and observations collected throughout the event. This method of data collection was chosen due to the language barriers of participants with limited English among the groups. It was noted that engagement was high during the sessions, and that 100% of attendees agreed that the session was very interesting and clearly delivered. It was noted that participants gained knowledge regarding the relationship between the COVID-19 pandemic, mental health and increased gambling, and that while some stigma in the community has reduced, it still remains a prominent issue in the community with approximately 22% indicating they would not talk openly if they were experiencing problems with gambling. Three testimonials from participants were also provided:</p> <p><i>45-year-old man – “This was a good way for me to learn something about the harm of the gambling.”</i></p> <p><i>67-year-old female – “My friend play on the machines, now I know that she can become addicted to it, so I’ll talk to her now when I know about the harm gambling can do. I’ll give her the brochure you give us.”</i></p> <p><i>75-year-old man – “This was (at the community event-forum) all good, I learnt some new stuff; but the government should do something more about the gambling, not to install more and new machines for gambling in the clubs.”</i></p>
<b>Mudyala Aboriginal Corporation</b>		No evidence received.

<b>Northern United Rugby Club</b>		No evidence received.
<b>Uniting (Victoria and Tasmania) Limited</b>	<ul style="list-style-type: none"> <li>• Project report</li> <li>• Email feedback</li> </ul>	Post-training surveys were administered to professionals (unclear how many responses received) with three open-ended questions including the key takeaways, something they would change and how the training could be improved. The report stated that the Recoded pilot project provided a better understanding in targeted schools of at-risk gaming behaviours, with an increased understanding of gaming and gambling convergence and the support networks available.
<b>University of Sydney</b>	<ul style="list-style-type: none"> <li>• Evaluation forms from health worker forum (6 responses)</li> </ul>	Six health workers completed feedback forms following the forum. They were asked a series of scaled and open-ended questions related to understanding of problem gambling and how to support someone experiencing gambling harm. Responses indicated that following the forum, all participants had a good or very good understanding of gambling harm and knew how and where to refer someone experiencing gambling harm.
<b>Walgett Aboriginal Medical Service</b>	<ul style="list-style-type: none"> <li>• Post-workshop staff reflections with 2 responses</li> <li>• Feedback forms with 4 responses (only examples provided)</li> <li>• Three activity evaluation reports</li> </ul>	Two staff members completed a reflection form after a workshop. These forms contained participant demographic information and some very brief notes about the session. Four workshop feedback forms were provided that indicate participants felt the workshop was beneficial and that they would attend more of these sorts of events. These four sheets were provided as examples; however, it is not clear how many feedback forms were collected in total. Three activity evaluation reports were provided summarising goals, attendees and strategies. The report for the AOD and gambling harm counselling component included a reflection from the counsellor that fortnightly visits to Brewarrina AMS fills a current and ongoing need for residents.
<b>Wesley Mission</b>	<ul style="list-style-type: none"> <li>• Evaluation report (data included 267 pre-financial literacy workshop survey responses and 99 post-workshop survey responses)</li> </ul>	The evaluation found that trainers are well equipped to deliver a highly educational and supportive program and that the program enhances people's understanding of their financial situations and empowers them to seek support if they feel they are unable to cope. The report noted that it is difficult to ascertain whether the program would be effective in reducing problem gambling as its focus is on early intervention. However, it referred to the literature review that found people who have a strong basis in financial literacy have reductions in gambling over their lifetime, so it would be safe to assume that the program would have an impact in this space too.

The following two case studies provide an example of a large and a small grant recipient to demonstrate the variability between resourcing, evaluation capacity and data collection methods appropriate for scale and target audiences.

#### Box 1: Large grant recipient case study

##### Wesley Mission

Wesley Mission was funded (\$194,000) to deliver the ‘In Charge of my Money’ project, offering financial literacy training throughout NSW. The project aimed to adjust people’s relationship with money and educate and empower them to make better decisions with their money in the hopes of limiting gambling harm in the future. The program design was informed by a literature review that found that more financially literate people may be less likely to take financial risks by gambling, early financial education equips students with the knowledge and understanding to manage their money successfully and prevent problem gambling behaviours, and individuals with a lack of self-control can experience an increase in financial risks and challenges such as problem gambling.

The project was conducted in collaboration with Western Sydney University, and was evaluated by the internal Wesley Mission evaluation team members, Western Sydney University, and through consultation with the Wesley Mission Financial Counselling team. A pre/post survey was designed to assess the effectiveness of the workshops. Surveys were developed using the Problem Gambling Survey Index (PGSI) and the OECD Financial Literacy Measurement. By the end of the funded period, there were 247 responses to the pre-workshop survey and 95 responses to the post-workshop survey used for analysis. A report was prepared that includes a brief literature review, data analysis and discussion, and recommendations. Most of the information presented below is taken directly from this report.

The survey results were analysed through the development of a financial risk management composite variable that explored agreement with financial risk factors, a gambling instability composite variable that explored the likelihood of high/low gambling instability, and descriptive statistics relating to recognition of national helpline services, and trainer efficacy. Key findings from this analysis included:

- Overall, the workshops appeared to positively affect participant knowledge and awareness about gambling risks and financial challenges in society.
- Factors such as level of education and gender play a role in a person’s ability to manage budgets, stick to goals, and pay bills.
- When looking at ethnicity and Indigenous status, respondents presented significant differences within groups but not between groups. Neither group (CALD or Indigenous) had significant differences from the non-Indigenous group, suggesting ethnicity may not play a strong ongoing role in explaining or understanding financial risks for this sample. However, further interpretation of these findings suggests that it may be necessary to culturally acknowledge diversity during the design and delivery of such workshops and how ethnicity may interact with other demographic factors.

- Older participants were more likely to agree that they lack controlled spending, worry about not having enough to eat, and were less confident in handling daily financial stress. While older respondents had the highest risk scores within the sample, this may suggest that workshop attendance increased consciousness about such matters and improved a sense of personal responsibility for that cohort.
- Participants reported an improved recognition of helpline support services, and an increased sense of awareness about spending habits and goal setting.
- Attendees are likely to make a conscious decision about their spending practices in the context of gambling, however this presumption would require further testing to be valid.

The evaluation report concluded by stating that the ‘In Charge of My Money’ program was shown to be an effective and beneficial education program that enhances people’s understanding of their financial situations and empowers them to seek support if they feel they are unable to cope. It is difficult to tell through the small sample if the program would be effective in reducing problem gambling as its focus is on early intervention. However, it has been shown through the literature review that those who have a strong basis in financial literacy have reductions in gambling over their lifetime, so it would be safe to assume that the program would have an impact in this space too.

This case study demonstrates how a well-resourced organisation with strong internal capacity can collect robust data and clearly demonstrate the project’s impact on their participants.

#### Box 2: Small grant recipient case study

##### Granville Multicultural Community Centre

Granville Multicultural Community Centre supports diverse communities across Western Sydney through a variety of community, educational, family and support services and programs. The organisation received a small grant (\$98,952) to deliver ‘My Money, My Way’ focusing on reducing gambling harm via educational workshops, awareness campaigns, as well as referrals to financial and addiction counsellors. The project focused on early prevention targeting young males aged 15 to 24, and early intervention providing targeted intensive therapeutic and financial counselling to young people aged 18 to 24 years who are at risk of moderate and problem gambling. Partnership building was a key focus of the project to share information about gambling harm and in-language support services for migrant groups in the Cumberland area.

A series of educational workshops were delivered to young people and information sessions delivered to CALD and Youth Organisations in the Cumberland Local Government Area. A social media campaign was also developed with young people involved in the co-design.

Two survey types were developed to collect data from young people and data from organisations. While data from young people was limited to six surveys, 50 surveys were collected and collated from organisations demonstrating change in perception and capacity to support someone experiencing gambling harm. Surveys were short and targeted to suit diverse community



members and collect key information relevant to project outcomes. This provides an example of a small community-based organisation with limited capacity and resources to stay focused and targeted in their approach, with simple methods to demonstrate outcomes.

## 3.4 Sustainability and future

### 3.4.1 Overview

This section provides preliminary evidence provided by the funded projects relating to the following sub-KEQs that relate to sustainability and the future:

- a) What sustainability strategies have been nominated by the funded organisations to ensure that their projects and/or the impact of their projects continue after the funding has stopped?
- b) How effective have the sustainability strategies been at continuing the project beyond the funding period?
- c) Did funded organisations have their organisation capacity built in regard to preventing, reducing and addressing gambling harm?
- d) What opportunities are there for improving prevention grant program design and delivery in future?

### 3.4.2 Sustainability

As several projects had not yet completed delivery, they were not able to comment on the sustainability of their project's outputs and outcomes by June 2022. This section therefore provides an early indication of the sustainability strategies identified by the projects that were able to comment on this. There is also limited evidence available regarding how effective these strategies had been beyond the funding period, and we are therefore unable to comment substantially on the effectiveness of the strategies.

In terms of outputs, the main sustainability strategy relates to the continued use of resources developed during the funded period. Projects developed a range of resources and materials for their projects, which included:

- a) Handouts
- b) Guides and manuals (e.g., train the trainer manual, instruction guide for facilitators)
- c) Information packs
- d) Advertisements
- e) Collateral promotional materials (e.g., merchandise)
- f) Digital content (e.g., YouTube videos)

The figures below provide some examples of the sorts of resources that were created by the funded projects. A number of these resources were prepared in languages other than English for CALD communities.



Figure 4: Tote bag created by Australian Macedonian Welfare and Wellbeing NSW displaying GambleAware messaging



Figure 5: Merchandise created by Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney displaying safe gambling messaging





نی سنی ماہاک دسوائے کے  
دیکھنے والے دیکھتے

کسی چیز کو سونے سے بننے سے پہلے اسے استعمال کرنے سے سبک دینا چاہیے۔ جیسے کہ سونے کے  
بندے، سونے کے دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے  
میں سے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔  
دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔

دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے بننے سے پہلے  
اسے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔  
دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔

دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے بننے سے پہلے  
اسے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔  
دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔

1. کیا آپ کو سونے سے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے؟  
 ہاں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے  
 نہیں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے

دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے بننے سے پہلے  
اسے کبھی نہ دیکھنا چاہیے۔ دیکھنے والے دیکھتے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے۔

2. کیا آپ کو سونے سے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے؟  
 ہاں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے  
 نہیں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے

3. کیا آپ کو سونے سے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے؟  
 ہاں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے  
 نہیں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے

4. کیا آپ کو سونے سے بننے سے پہلے اسے کبھی نہ دیکھنا چاہیے؟  
 ہاں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے  
 نہیں - اسے استعمال کرنے سے پہلے اسے کبھی نہ دیکھنا چاہیے

Figure 6: Page from Train the Trainer Guide created by Fairfield City Council in Assyrian

Projects generally noted that their sustainability strategy for these resources was to ensure that they would be available for future use or would remain in circulation throughout the community. A few projects provided some more detail relating to sustainability of these resources, which included:

- Fairfield City Council will keep a register of services that have been provided with the Train the Trainer Guide (excerpt in Figure 6 above) and will keep those services informed of relevant updates and collect ongoing feedback relating to the effectiveness of the workshops.
- Lifeline Broken Hill created TV and radio ads which were played through popular shows and events including AFL games. The messaging was generic, and these ads can therefore be used in an ongoing way.
- Wesley Mission noted that participants are now connected with the financial counselling team and will know where to go for support in the future.

In terms of sustainability of end of project outcomes, funded projects noted that they anticipated this would occur through:

- Increases in awareness and knowledge would continue into the future
- Community members will use the strategies they learnt to reduce gambling harm in the long-term (e.g., responding more effectively to cyber risks, managing finances more successfully)
- Partnerships and referral pathways that were established through the funded period would continue to be strengthened
- Services and agencies would use the knowledge and skills they gained during the funded period into the future

As noted above, there is very limited evidence available regarding the effectiveness of these strategies. However, a few projects noted some specific examples where end of project outcomes had continued after the funding period. For example:

- Two interns who took part in the UTS project are now employed in jobs that are directly relevant to the training they received through the program. This relates directly to the end of project outcome of 'participants have increased professional practice capability and employability'. One of the interns is now employed at an animation studio and the other works in a community outreach role.
- The Fairfield Community of Practice to Reduce Gambling harm has undergone a merger with the Fairfield City Health Alliance Gambling working group. This partnership will allow Fairfield's end of project outcome of 'organisations can competently identify and address gambling harm' to be sustained into the future, due to the consolidation of resources, capacity, skills and knowledge.
- Uniting has recommended to participating schools that they embed the program content into the curriculum where possible and have provided a lesson plan to support this. This will help them sustain the end of project outcome of 'communities and schools are equipped with a clear understanding on how to effectively intervene when gaming (gambling) is causing harm'.

Due to the nature of primary prevention activities, it is not possible to ascertain whether the project directly contributed to a reduction in gambling harm within the community, or contributed to other 'bigger picture' end of project outcomes including a reduction in stigma, or a decrease in suicide

rates. As has been noted previously, there is also minimal existing literature relating to the efficacy of primary prevention activities leading to these wider goals.

It is also difficult to ascertain whether the funded organisations had their capabilities around preventing, reducing, and addressing gambling harm built as a direct result of the program. We can be confident that individuals from the funded organisations have developed skills and knowledge regarding gambling harm prevention, however there isn't really an indication of whether this knowledge would have transferred into embedded organisational capabilities. Some of the organisations that received a large grant employed a project officer, who subsequently left the organisation or the role when the funding period ended. While we know these individuals would have developed relevant expertise throughout program delivery, a well-known issue with this approach is that once they leave there can be a lack of resource transfer, and a significant amount of knowledge that leaves with them.

While we cannot substantively say whether the organisational capabilities of the funded organisations were directly improved in the relevant areas, we can identify a range of likely benefits for the sector as a whole. For example, as discussed in Section 3.2.8 a wide network of partnerships was established and nurtured throughout the funding period, and as discussed above, projects gave an indication that these partnerships would continue into the future. This suggests that the funded organisations are more connected throughout the sector, and will be able to leverage those partnerships and networks as they continue their work in gambling harm prevention. Additionally, while project managers may have left their role at the organisation, they will take their improved skills, knowledge, and capabilities into other roles going forward and will likely contribute to improved outcomes in the relevant areas in future work they do.

### 3.4.3 Future programs

This section outlines some considerations that the Office could consider when designing and delivering future grant programs.

- **Scope and guidelines:** The midpoint report prepared by FPC<sup>18</sup> in 2021 assessed the application process and presented a number of key findings and recommendations related to this process. FPC conducted 17 interviews with funded applicants from 14 agencies, 7 interviews with grant assessors, and received survey responses from 4 unsuccessful applicants, and 6 from some that started but did not submit an application. From this data, we determined that both assessors and applicants felt that the application process had been coordinated well, communication had been effective, and that expectations were generally clear. Key findings included:
  - **Assessors were generally satisfied with the promotion and dissemination of the grant application throughout NSW communities.** However, most successful applicants reported having previous involvement with the Office and had become aware of the Program through direct communication from the Office. Some interviewees suggested that future promotion and marketing strategies could be

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<sup>18</sup> <https://www.gambleaware.nsw.gov.au/-/media/local-prevention-grants-midpoint-evaluation-report.ashx?rev=bf2defa2b8e1475aa51dd817094b8e44>

expanded and diversified to ensure all communities and relevant organisations are informed and aware of the grants available.<sup>39</sup>

- **There was significant variation in the quality of applications, particularly between the large grants and the small grants.** Some interviewees suggested that smaller community-based organisations were unable to properly resource their grant application, which resulted in lower quality submissions. Some applicants suggested that increased access to and support from the Office during their grant writing phase would have been of great benefit.
- **There was some confusion around the concept of ‘prevention’.** All assessors noted that while they felt most applicants understood the intent of the Program, some interpretations of ‘prevention’ within the applications were incongruent with the Office. Assessors commented that the interpretation of prevention throughout the applications was quite broad, with some taking an acute or tertiary service support angle.
- **Applicants overwhelmingly agreed that the application guidelines were either clear or very clear.** Additionally, both assessors and applicants were very satisfied with the level of communication from the Office. Applicants particularly valued having a ‘key contact’ person at the Office who they could communicate with directly.
- **It was noted that submissions proposing ‘innovative’ ideas were the exception rather than the rule.** The interviews with applicants suggested that the theme of innovation was not understood as a core component of the grant criteria, and assessors noted that submissions predominantly proposed projects that already existed, or used well-known strategies and approaches. It was suggested that providing examples of innovative projects would be an effective strategy to prompt thinking around alternative approaches in the future.

We therefore made the following recommendations for future prevention grant application processes:

- **Ensure future grant programs have a clear focus and definitions in relation to the intent of the program.** For example, concepts such as ‘prevention’ were not necessarily understood consistently across applicants. Similarly, the idea of ‘innovation’ was not specifically noted but was something felt to be of interest. Providing examples or outlining whether primary or secondary prevention is the focus would also be of benefit and help to clarify things further.
- **Following on from the above, for programs that focus on ‘innovation’, consider a two-stage process for applications.** The first stage would be a short expression of interest process that would be low burden for applicants, but also allow the Office to efficiently review and assess them. The second stage would then involve a more collaborative approach between the project and the Office to ensure that the project has a clear innovation to ‘test’.
- **Program delivery:** The unforeseen impacts of the pandemic forced organisations to pivot from what was originally intended to either alternative means of delivery, or a pause with delays in completion of their project. However, the Office has been responsive in working with organisations to ensure that they are able to deliver their activities to the extent possible. The support and advice provided by the Office meant that organisations were able

to reach a significant number of people, establish relationships with new partners and strengthen existing ones, and engage with a variety of priority populations. Given the benefits of these outputs, we highlight the following considerations for future programs:

- **Maintain a focus of supporting projects to build networks and partnerships to support prevention project delivery.** The leveraging of investments via in-kind contributions mean that the overall value of the work is that much greater, and will also help to support core outcomes around the raising of awareness of gambling harm.
- **Target projects towards the settings and communities most at risk of harm.** The focus areas identified by projects during this Program mirror the evidence base for those typically at most risk, this reinforces both the need that exists but also that the work needs to continue in future programs. This also has a flow on effect to identifying the ‘right’ organisations who can reach or access those communities and settings.
- **Outcomes:** The LPG Program has been a major step for the ORG in prevention grant programming. Through its \$1.5 million investment, core outcomes have been demonstrated and a significant amount of learning has resulted. Importantly, the experiences with delivery – including those organisations that were able to fully deliver their activities despite the challenging context – provide lessons that can help focus future grant programs. These include:
  - **Target funding towards organisations that meet the specific intent of the program.** Organisations that were able to provide better evidence for their outcomes were typically reflective of either those that had the organisational capability and capacity to deliver larger projects, or were able to leverage their organisational strengths to maximise the value of smaller projects.
  - **Scope intended outcomes to match the level of funding provided.** The range of grant values was significant, and as such the expectations of what can be achieved and the associated level of evidence should be commensurate. Incorporating this into future grant guidelines would help set outcome expectations from the start.



## 4 Key findings and recommendations

### 4.1 Key findings

#### Program delivery

Gambling harm is a complex and dynamic issue. The ORG takes a public health approach to harm, and as such the LPG Program is a key investment in the prevention and reduction of gambling harm. The LPG Program has provided an opportunity for the ORG to fund a range of organisations across NSW to undertake prevention activities, with a particular focus on raising awareness of the issue and how to seek help should it be required.

Contextually it is important to acknowledge that the evidence base for the prevention of harm is in its infancy. Much of the peer-reviewed literature emphasizes that the evidence is limited, and as such the ORG needs to generate insights and future directions in an emergent way by learning from the experience of the Program and the projects it has funded.

The ORG funded 14 projects through the Program, all of which aligned to the Office's Gambling Harm Prevention Continuum – specifically the Prevention and Early Intervention elements. Largely this is because there is a strong element among projects of raising awareness of the impact of gambling harm, as well as pathways to seek help. There are examples of primary prevention activity in some projects – for instance, improving financial literacy or participant's understanding of the link between video games and gambling.

**Community education, awareness campaigns and resource development were the most common intervention areas of funded projects, while lived experience and peer support were the least common.** Most projects largely completed their activities, which is a testament to their commitment given the impacts of the pandemic, bushfires and floods.

The Program funded eight projects in and around Sydney, while the remaining six were based in regions of NSW spanning the Northern Rivers to the Far West. Aboriginal and CALD communities, young people and men are among the most targeted populations for project activities. These groups were reached across different settings and mediums including community sites such as schools, sporting clubs, community halls, youth centres, pubs and clubs and council buildings. Documented reach of activities was significant, including:

- **Over 500,000 people and an estimated 1,174 organisations – including schools - have been reached through mass media, print and social media**
- **An estimated 3,360 people and 60 organisations have been reached through information sessions, workshops and meetings**
- **An estimated 628 people and 202 organisations have been reached through more in-depth training, and face-to-face repeat interactions.**

Partnerships also featured heavily, which are accepted as a tenet of effective public health practice. In total there were **174 organisations involved in the Program (including the 14 funded organisations and the Office) and 169 partnership arrangements.** Of those relationships, 72 were established as a direct result of the Program. This means that the Office has directly facilitated the growth in inter-organisational networks, while also increasing its own visibility among a range of

new organisations. The core contributions of partners were facilitating access to target populations, service provision and sharing information and expertise.

**The estimated value of these contributions is just under \$125,000.** This suggests that funded projects have been able to leverage the Office’s investment by an additional 8% and add further value to their project through partnerships.

### Program outcomes

**There is evidence that the Program has been able to produce its core intended outcomes of raising awareness of harm, awareness of support services and reductions in stigma.** The level of evidence varies across projects – largely in line with their level of funding – though most projects were able to collect relevant primary data from their participants.

The main gap relates to participants implementing what they learned – though this is to be expected given the impacts of the pandemic requiring pivots in delivery and the time required for participants to have a chance to use what they learned. Regardless, as awareness raising was a primary focus for the Program, we can say that this aim has been met.

The projects, and thus the Program, have also generated a range of insights that can be used to inform subsequent prevention programming. These relate to the continued need for awareness raising, targeting communities and settings at the most risk of experiencing harm, the role of professionals and associated structures to support them to identify harm and refer appropriately, and the need to address interfacing issues (e.g., gambling and cyber safety).

Importantly, specific projects have highlighted the impact that can be achieved through funding the ‘right’ organisations to achieve outcomes. This includes examples where large grants allocated to organisations with the internal capability and capacity to manage them led to strong outcomes, and where smaller grants can be leveraged by organisations with close community connections to provide much greater value.

### Sustainability

The main sustainability strategy for the resources and outputs produced relates to a commitment to their continued use post-funding. This included ensuring that the resources would be available for future use or would remain in circulation throughout the community. A small number of projects identified additional strategies such as maintaining a register of services that were engaged through the project so that they can be kept up to date, the development of TV and radio ads that can be reused in future, and the establishment of relationships between participants and other services.

Other sustained benefits that were identified include participants obtaining employment that was directly relevant to the training they received through their project, a merger between a Community of Practice that was established with another working group which will allow it to continue post-funding, and the alignment of project content with school curriculum so that schools can deliver content again in the future.

## Future programs

**There is a clear need for continued investments in prevention programming, and the Office has an important role in scoping and supporting projects to deliver their activities.** The evaluation of the LPG Program has found that any future program should have a clear focus and definitions related to the intent of the program, and that expectations of the outcomes that can be achieved will need to continue to be commensurate with the Program.

Beyond this, the experiences of the funded projects – and particularly those that were able to achieve significant outcomes or leverage their place in the community to maximise the value of the grant – has highlighted that there are particular organisational characteristics or traits that suggest an organisation is well suited to the design and delivery of prevention projects. This also speaks to the need for continued investments in projects that support staff to build their skills in prevention and gambling harm, as a means of further fostering a ‘gambling harm prevention sector’ in NSW.

## 4.2 Recommendations

Based on the results of this evaluation, we make the following recommendations:

1. **The ORG should continue to invest in prevention grants programs, however lessons from the Local Prevention Grants Program should be incorporated into future program design.** These lessons include making minor amendments to the application process and ensuring additional clarity or definitions are established around understandings of ‘prevention’ and ‘innovation’. Future grant programs should also consider the appropriate scope of the project and the associated expectations of funded projects, for example, more explicitly consider the internal resourcing and capabilities available to applicants to support effective delivery, or the appropriateness of measuring outcomes with particular target audiences.
2. **The ORG should ensure that they maintain a registry of all relevant resources and materials prepared by the funded projects.** Maintaining and using the existing resources was identified as a key sustainability strategy by many of the projects, and this is a process that should be supported by the ORG. Given the centralised position of the ORG, it will be easier for the ORG to manage and disseminate these resources to future program applicants and other interested parties than relying on individual community organisations to fulfil this role. Many projects invested a substantial amount of funding to the development of resources, and there would therefore be longer-term efficiencies if these materials can be made accessible to others in the future.
3. **Undertake an organisational gambling harm mapping process to identify the range of organisations who are involved in addressing harm, and align their activities to the different levels of prevention.** Through the Program a number of benefits have manifested. To support future program design, there would be value in undertaking a mapping process to identify organisations that have a stake or role to play in addressing harm, and the activities they already undertake or offer. For example, GambleAware providers also undertake awareness raising activities. Identifying gaps or overlaps will help set priorities for activities or for target communities in the future.
4. Finally, **consider development of a strategy for a ‘harm prevention sector’.** Many of the staff funded through the Program did not come with a background in prevention and gambling harm, or in some cases had no background. Throughout the Program they have

developed these capabilities that they will then take on to other roles. Given the emerging field of gambling harm prevention, there is an opportunity for the Office to identify a strategy for how to strengthen the gambling harm prevention workforce and sector. This also leverages off the above three recommendations, and would ultimately result in a highly capable workforce that can design and deliver effective and efficient prevention projects.

## Appendix 1. Local Prevention Grants Program 2020 Logic Model and Evaluation Framework

NSW Office of Responsible Gambling

### Local Prevention Grants Program Logic Model

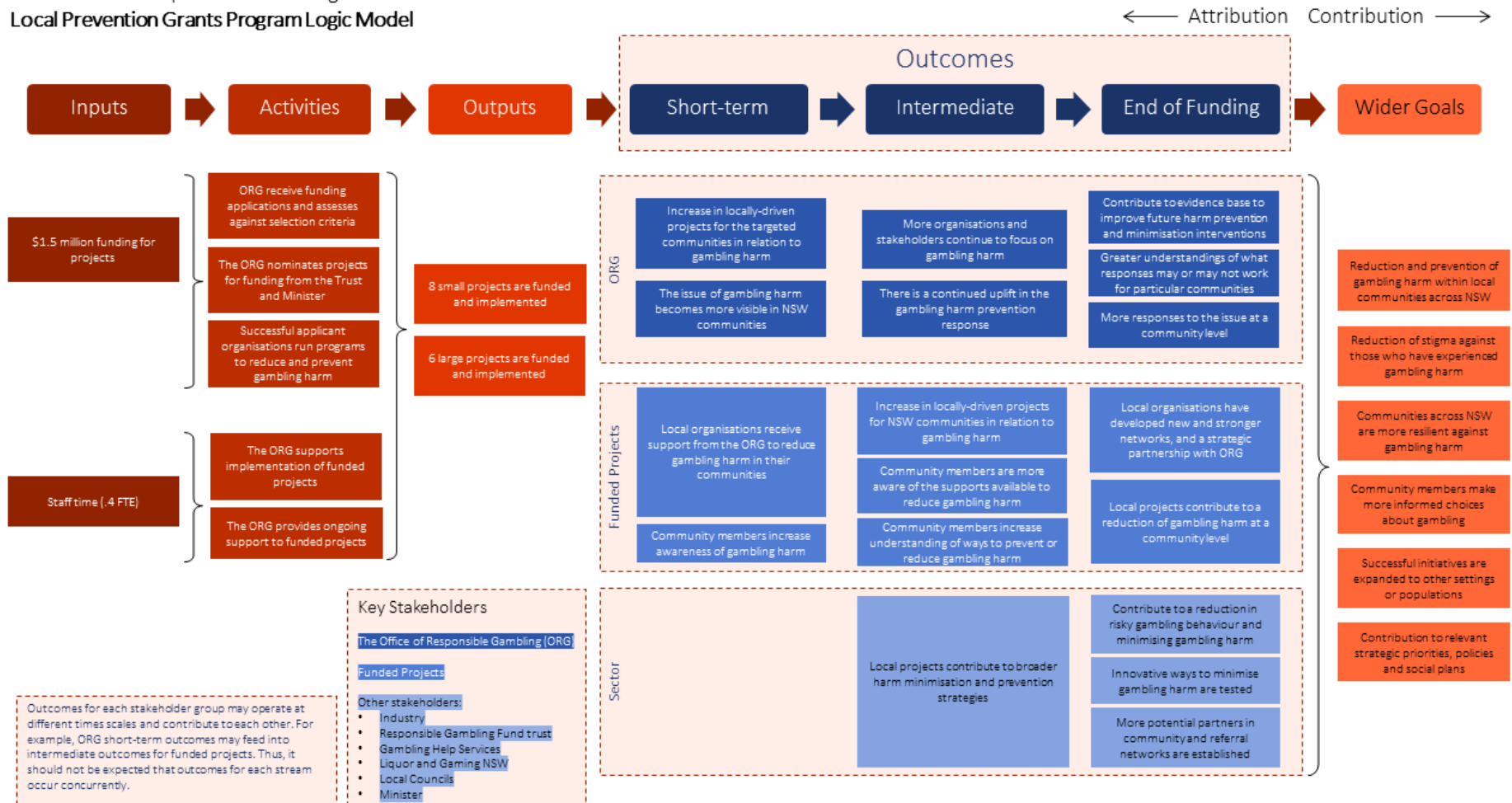


Figure 7: LPG Program logic model

Table 12. Detailed evaluation framework

Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
<b>Effectiveness – Application process</b> 1. To what extent was the application process effective?	a) To what extent did the program guidelines support the submission of new ideas?	<ul style="list-style-type: none"> <li>Feedback from applicant organisations on guideline clarity (did it make sense what ORG was after?)</li> <li>ORG staff / assessors' feedback on project ideas</li> <li>Review of project types against program guidelines and application outcome (successful or unsuccessful)</li> </ul>	<ul style="list-style-type: none"> <li>Applicants (successful, unsuccessful and those that started an application but did not submit)</li> <li>Assessment guidelines</li> <li>ORG staff and assessors</li> <li>Assessor notes and meeting minutes of successful and unsuccessful applications</li> </ul>	Midpoint report only
	b) What types of projects were funded under the program?	<ul style="list-style-type: none"> <li>Categorisation of intervention types funded</li> </ul>	<ul style="list-style-type: none"> <li>Review of project plans and logic models</li> </ul>	
	c) To what extent were applicants satisfied with the application process (online platform, timeframes, etc)?	<ul style="list-style-type: none"> <li>Applicant satisfaction with application process</li> </ul>	<ul style="list-style-type: none"> <li>Applicants (successful, unsuccessful and those that started an application but did not submit)</li> </ul>	
	d) How effective was the grant assessment process?	<ul style="list-style-type: none"> <li>ORG staff / assessors' feedback on process</li> </ul>	<ul style="list-style-type: none"> <li>ORG staff and assessors</li> </ul>	
	e) What types of organisations received funding from the program?	<ul style="list-style-type: none"> <li>Categorisation of organisation types (e.g., small community organisation, large not-for-profit)</li> </ul>	<ul style="list-style-type: none"> <li>Review of successful applications</li> </ul>	
<b>Effectiveness – Program Delivery</b> 2. To what extent has the Program been delivered effectively and as intended?	a) Did the projects align to the Office's Gambling Harm Prevention Continuum, if so, how?	<ul style="list-style-type: none"> <li>Identified alignment between logic models and the different levels of the Continuum</li> </ul>	<ul style="list-style-type: none"> <li>Project logics</li> <li>Prevention Continuum</li> </ul>	Both reports - but will only be preliminary findings for midpoint report
	b) What risks or needs were projects seeking to address, and to what extent was it addressed?	<ul style="list-style-type: none"> <li>Summary of the range of needs identified across funded projects</li> </ul>	<ul style="list-style-type: none"> <li>Project applications and project plans</li> <li>Project reports</li> </ul>	

Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
		<ul style="list-style-type: none"> <li>Evidence of outcomes across projects that address those needs</li> </ul>	<ul style="list-style-type: none"> <li>Data collected by projects</li> </ul>	
	c) What communities did the projects target and how many people did they reach?	<ul style="list-style-type: none"> <li>Identified target communities</li> <li>Reach of project activities across levels of intensity</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	
	d) What settings did the projects take place in?	<ul style="list-style-type: none"> <li>Identified target settings for projects</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	
	e) What geographic locations did the projects take place in?	<ul style="list-style-type: none"> <li>Identified geographic locations for projects</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	
	f) What were the key outputs and activities associated with each project type?	<ul style="list-style-type: none"> <li>Description and categorisation of project types and associated outputs and activities</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	
	g) What (aside from the obvious difference in funding) were the key differences, if any, between the small and the large funded projects?	<ul style="list-style-type: none"> <li>Identification of organisational differences (e.g., type, size, structure, organisational remit)</li> <li>Any other differences that emerge (e.g., outcomes between small and large projects)</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	
	h) What partnerships were established or utilised during the delivery of each funded project?	<ul style="list-style-type: none"> <li>Number and identity of partner organisations</li> <li>Role of partner organisations</li> <li>Contributions (in-kind or otherwise) of partners</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	
	i) In what ways did established partnerships support reach into targeted communities?	<ul style="list-style-type: none"> <li>Role of partner organisations in supporting reach into communities</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	
	j) Have any unintended consequences (positive or negative) arisen from the introduction of this program?	<ul style="list-style-type: none"> <li>Any identified unintended outcomes</li> </ul>	<ul style="list-style-type: none"> <li>ORG staff</li> <li>Project staff</li> <li>Project reports</li> </ul>	

Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
<b>Effectiveness – Program outcomes</b> 3. To what extent has the Program achieved its objectives and intended outcomes?	a) How, and to what extent, did the Program contribute to the prevention or reduction in gambling harm across NSW?	<ul style="list-style-type: none"> <li>Review of project logics to determine how the project will contribute to Program aims</li> <li>Alignment of collective project outcomes to the Continuum based on documented contribution</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	Both reports - but will only be preliminary findings for midpoint report
	b) How, and to what extent did the Program increase awareness of gambling harm?	<ul style="list-style-type: none"> <li>Evidence of awareness of gambling harm in target communities and settings</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	
	c) How, and to what extent, did the Program support community members to make informed decisions about gambling?	<ul style="list-style-type: none"> <li>Promotion of responsible gambling / informed decision-making messaging and content</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	
	d) How, and to what extent, did the Program contribute to a reduction in stigma associated with problem gambling?	<ul style="list-style-type: none"> <li>Evidence for reduction in perceived or experienced stigma (depending on project activity)</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	
	e) How, and to what extent, did the Program encourage people to seek advice and support for the harm they have experienced from gambling?	<ul style="list-style-type: none"> <li>Evidence of help seeking for gambling harm in target communities and settings</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	
	f) In what ways did the Program contribute to increased capacity of funded organisations to reduce or prevent gambling harm?	<ul style="list-style-type: none"> <li>Organisations indicate or demonstrate increased capacity / capability / motivation to design and delivery community-based prevention activities</li> </ul>	<ul style="list-style-type: none"> <li>Project staff</li> </ul>	
<b>Appropriateness – Engagement</b> 4. To what extent were the	a) How did the projects engage with the targeted communities?	<ul style="list-style-type: none"> <li>Documentation of the methods / means used to engage with target communities</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> </ul>	Both reports - but will only be preliminary findings for midpoint report



Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
engagement techniques used by projects appropriate and effective?	b) Were these engagement methods appropriate for the targeted communities?	<ul style="list-style-type: none"> <li>Evidence of levels of reach from different engagement methods</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	
	c) In what ways did engagement methods change over time?	<ul style="list-style-type: none"> <li>Documentation of any changes or adaptations resulting from poor reach / engagement</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	
<b>Future and Sustainability</b> 5. What are the lessons learned from the Program that can inform future program delivery?	a) What sustainability strategies have been nominated by the funded organisations to ensure that their projects and/or the impact of their projects continue after the funding has stopped?	<ul style="list-style-type: none"> <li>Documentation of anticipated (in project plan) and actual (project reports) sustainability strategies</li> </ul>	<ul style="list-style-type: none"> <li>Project plans</li> <li>Project reports</li> </ul>	Final report only
	b) How effective have the sustainability strategies been at continuing the project beyond the funding period?	<ul style="list-style-type: none"> <li>Evidence of sustainability strategies being implemented and continued post-funded period</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	
	c) What opportunities are there for improving prevention grant program design and delivery in future?	<ul style="list-style-type: none"> <li>Feedback from all stakeholders identifying opportunities for improvement</li> <li>Synthesis of all lessons and results from Program and project delivery</li> </ul>	<ul style="list-style-type: none"> <li>Literature review</li> <li>Project reports</li> <li>Program processes and outcomes</li> </ul>	
	d) Did funded organisations have their organisation capacity built in regard to preventing, reducing and addressing gambling harm?	<ul style="list-style-type: none"> <li>Reported increase in capacity to deliver prevention and harm reduction activities</li> <li>Continued motivation / interest reported by organisations to deliver prevention activities in the future</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	

## Appendix 2. Rubric to define project alignment to the prevention continuum

### Defining initiatives to prevent gambling-related harm: A rubric

**Context:** Prevention initiatives aim to prevent, reduce or delay the actual onset of gambling harm but they can also aim to reduce the impact, complications, duration and progression of gambling harm in individuals and the community.

**Purpose:** To define gambling-related harm projects according to criteria for the prevention continuum.

	Primary / UNIVERSAL	Secondary / SELECTIVE	Tertiary / INDICATED
<b>Aim</b>	To eliminate or reduce factors that cause gambling harm, and promote factors that are protective	Prevent or reduce the progression of gambling harm at an early stage	Reduce the consequences/impact, complications, duration and progression of gambling harm in individuals and the community
<b>Target group</b>	Whole population, general community, including children	People at risk of gambling harm (who may show no symptoms, but are exposed to or have known risk factors <sup>19</sup> )	People affected by higher levels of gambling harm
<b>How it is delivered</b>	<b>Primary prevention</b> activities that limit risk exposure and/or protect individuals by changing underlying factors that contribute to gambling harm	<b>Early detection and early intervention</b> strategies to reduce exposure and prevent recurrence	<b>Help-seeking and actions</b> to manage and reduce the progression of the disease/disorder and improving quality of life
<b>When actions taken</b>	Before gambling occurs, to avoid it entirely	Before the onset of gambling harm, when signs are present	When gambling harm requires alleviating of consequences

<sup>19</sup> Risk may be imminent or it may be a lifetime risk, and risks may be social, environmental, psychological or biological factors related to gambling harm

<b>Intended outcomes</b>	To reduce average risk for the whole population; to reduce supply of gambling	To reduce risk among those at risk; to reduce demand for gambling	To reduce/minimise progression of gambling harm
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	Primary / UNIVERSAL	Secondary / SELECTIVE	Tertiary / INDICATED
<b>Examples of strategies, using the Ottawa Charter action areas<sup>20</sup></b>			
<b>Build healthy public policy</b>	<i>Restriction of gambling advertising in children’s viewing hours</i>	<i>Codes of Conduct</i>  <i>Restrictions upon gambling supply e.g., capping the number of venues or machines, reducing opening hours</i>  <i>Restrictions on inducements and payday lenders providing small credit contracts</i>  <i>Prohibition from offering lines of credit</i>  <i>A national self-exclusion register</i>  <i>A pre-commitment scheme</i>  <i>Prohibition of cash facilities in gaming venues</i>  <i>Development and delivery of compliance programs for codes of conduct</i>	
<b>Create supportive environments</b>	<i>Providing alternative leisure activities, services, fundraising and promotions that do</i>	<i>Training for venue staff and board members on harm minimisation</i>  <i>Limiting alcohol and food sales in gaming rooms</i>	

<sup>20</sup> An important part of disease prevention is health promotion. Disease prevention and health promotion share many goals, and there is considerable overlap between functions. Health promotion describes activities which help individuals and communities to increase control over the determinants of their health. Effective primary prevention requires a mix of health promotion strategies, broadly consistent with the 1986 World Health Organization’s Ottawa Charter, which outlined a comprehensive range of approaches that still underpin action to promote health and wellbeing today. These strategies require the health sector to advocate for factors that promote health, enable the equitable achievement of health and mediate between competing demands for the pursuit of health.

	<p><i>not promote gambling in community settings and workplaces</i></p> <p><i>Sponsoring gambling-free events</i></p>	<p><i>Harm reduction measures on EGMs such as removal of large note acceptors, maximum bets, and limiting access to cash</i></p> <p><i>Harm reduction measures for individuals, such as pre-commitment/limit-setting, machine messages and personalised feedback</i></p> <p><i>Self-exclusion schemes</i></p>	
<p><b>Strengthen community action / capacity building</b></p>	<p><i>Partnerships, Grants, Community-led actions, Upskilling community leaders about preventing gambling harm to disrupt the normalisation of gambling (e.g., religious, cultural, sportspersons, young leaders)</i></p> <p><i>Support, training and resources for community program and service providers<sup>21</sup> on preventing gambling harm and disrupting normalisation of gambling</i></p>	<p><i>Partnerships, Grants, Community-led actions designed to increase awareness of the harms of problem gambling, Co-designed culturally-appropriate communications, Lived experience programs</i></p>	
<p><b>Develop personal skills</b></p>	<p><i>Education and skill development programs targeting resilience and risk, to prevent uptake of gambling (e.g., school and family programs) and harmful gaming</i></p> <p><i>Gambling harm awareness campaigns, stigma reduction campaigns</i></p>	<p><i>Resources, programs and campaigns to increase consumer knowledge about how to reduce harm; e.g., Media messages, Venues providing support kits with information for patrons, gambling risk and financial literacy programs</i></p>	<p><i>Resources, programs and campaigns to promote help-seeking e.g., co-designed culturally-tailored information</i></p> <p><i>Self-management and rehabilitation programs for people who gamble</i></p>

<sup>21</sup> Community program and service providers may include, for example, community centres, neighbourhood houses, sports clubs, men’s sheds, etc

<p><b>Reorienting health services toward prevention of illness</b></p>		<p><i>Screening for groups at-risk/ exposed to gambling to detect gambling at its earliest stages</i></p>	<p><i>Facilitating soft-entry points in community settings for discussing gambling harm</i></p> <p><i>Co-ordination of awareness and appropriate management of gambling harm across health, wellbeing, financial counselling and other community services</i></p>
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### Appendix 3. Additional evidence and summaries

The table below outlines the specific short-term outcomes from each project logic model and the supporting evidence provided to date.

**Table 13: Project logic model end of project outcomes and evidence collected**

	Awareness and knowledge of gambling harm and at-risk behaviours	Reduction in stigma associated with problem gambling	Identifying risk factors, signs, and symptoms of problem gambling	Access and use of referral pathways, support services, and resources	Understanding of gambling convergences	Confidence and intention to apply knowledge, skills and strategies	Services and community become more responsive and competent	Other	Evidence collected
<b>CatholicCare</b>				Families are more aware and make more use of available support	Families are more aware of the link between excessive gaming and the increased prevalence of gambling in young people	Families confidently manage issues relating to cyber safety and screentime		Families experience better mental and physical wellbeing  There is a reduction in gambling risk among young people	Survey responses: <ul style="list-style-type: none"> <li>• 8 workshop participants (8 responses)</li> <li>•</li> </ul>
<b>Fairfield City Council</b>			Organisations can competently identify and address gambling harm	There is an increase in community members receiving support to address gambling or gambling related harm		More residents have access to services offering best practice support	There is a reduction in gambling harm within the community	Survey responses: <ul style="list-style-type: none"> <li>• Session one workshop participants (11 responses)</li> <li>• Session two workshop participants (8 responses)</li> <li>• GambleAware week (3 responses)</li> </ul>	

					<ul style="list-style-type: none"> <li>• Gambling harm minimisation Fairfield City (25 responses)</li> <li>• Workshop for partners (4 responses)</li> <li>• CoP (7 responses)</li> <li>• Train the trainer (3 responses)</li> <li>• Youth filming (6 responses)</li> </ul>
<b>Granville Multicultural Community Centre</b>	Young people are empowered to make informed decisions when it comes to gambling and the harm it can cause	Increased social media engagement of young people and the community as a platform for sharing information and increasing awareness surrounding harmful gambling		Increased community capacity to address moderate and problem gambling in young people  Increased access to early intervention and prevention support for young people aged 18-24	<p>Survey responses:</p> <ul style="list-style-type: none"> <li>• Youth participants (6 responses)</li> <li>• Organisations (50 responses)</li> </ul>
<b>Jumbunna Institute for Indigenous</b>	Increased community capacity to effectively	Increased help-seeking within the community when it comes		Workshop participants are more able to advocate for	<p>Participants have increased professional practice</p> <ul style="list-style-type: none"> <li>• Campaign report</li> </ul>

<b>Education and Research, University of Technology Sydney</b>	communicate the issue of gambling harm	to the issue of gambling harm	themselves and their community	capability and employability  Increased health, wellbeing and connectedness in the community	<ul style="list-style-type: none"> <li>• Reflection from intern</li> <li>• Photos</li> </ul>
<b>Lifeline Broken Hill Country to Coast</b>	The issue of gambling harm is more prominent in the Broken Hill community	<p>Increased help-seeking by those directly or indirectly impacted by gambling harm</p> <p>At risk groups are less likely to engage in risky gambling behaviour and more likely to seek help if they need it</p>			<p>Survey responses:</p> <ul style="list-style-type: none"> <li>• Responsible gambling seminar participants (6 responses)</li> <li>•</li> </ul>
<b>Lifeline Harbour to Hawkesbury</b>			Increased financial wellbeing in the Youth demographic in Northern Sydney	<p>Reduction in gambling harm among youth population</p> <p>Contribute to the reduction in suicide in this demographic</p>	<p>Survey responses:</p> <ul style="list-style-type: none"> <li>• Pre- and post-workshops x 2 (18 pre and 16 post)</li> </ul>
<b>Lifeline North Coast</b>	There is broader community awareness of gambling related harm	There is an increase in help seeking behaviour in the community			<ul style="list-style-type: none"> <li>• Gambling Helpline Statistics</li> <li>• Broadcast report</li> </ul>



<b>Macedonian Australian Welfare Association</b>	Reduced shame and stigma in the community on the issue of gambling harm	Community members experiencing gambling related harm are more likely to seek help	Increased intentions to gamble responsibly	Better outcomes for reduced gambling harm	<ul style="list-style-type: none"> <li>• Verbal survey with forum participants</li> <li>• Testimonials</li> <li>• Photos</li> </ul>	
<b>Mudyala Aboriginal Corporation</b>	<p>Women are more empowered through what they learned</p> <p>More conversations are happening in community around gambling and the harm it can cause individuals, families and communities</p>			Organisations provide more culturally appropriate care in the community	No evidence received.	
<b>Northern United Rugby Club</b>	Safe gambling messages become more prominent in Aboriginal managed sports clubs	There is greater visibility of culturally safe pathways and options for local communities		Warruwi and gambling help services are embedded within community	<p>Community members have greater mental wellbeing (mentally safe)</p> <p>Communities are more responsive to health and wellbeing</p>	No evidence received.
<b>Uniting (Victoria and</b>		Communities and schools are equipped with a clear	There is greater community awareness of	There is an improved service response that	<ul style="list-style-type: none"> <li>• Project report</li> <li>• Email feedback</li> </ul>	

	understanding on how to effectively intervene when gaming (gambling) is causing harm	the links and harms between excessive gaming and gambling	identifies and addresses risk factors in children and young people			
			There is an evidence-informed, sustainable, and effective outreach program that continues to have impact			
<b>University of Sydney</b>	Community members experiencing gambling harm are increasingly being directed to and using referral pathways	Community relationships formed and continue to drive therapeutic process and referral pathways	Gambling service and supports are more culturally safe and responsive	Community members experiencing gambling harm are more likely to engage in currently funded treatment services	Survey responses: <ul style="list-style-type: none"> <li>Health worker forum (6 responses)</li> </ul>	
<b>Walgett Aboriginal Medical Service</b>	People regularly attend knowing it is a safe place		Confident in using information learnt	Provision of a safe environment for seeking gambling	Strengthen cultural identity and connection	Survey responses: <ul style="list-style-type: none"> <li>Post-workshop staff</li> </ul>

	where support can be sought		support members	Reduce the effects of harm within the community caused by gambling	reflections with 2 responses <ul style="list-style-type: none"> <li>• Feedback forms with 4 responses (only examples provided)</li> </ul>
<b>Wesley Mission<sup>22</sup></b>	Community using the resources provided and ongoing partnerships with community members	Participants acquire sustained strategies that minimise gambling harm risk  Proactive in placing supports (personal, community and professional) in areas of life and personal finances where gambling harm is present or at-risk of developing  Using and sticking to an ongoing	Clients have reduced risk of gambling harm and financial stress because they are connected and supported by more support services than they would originally have been connected to without the program and referrals		<ul style="list-style-type: none"> <li>• Evaluation report</li> </ul>

<sup>22</sup> Wesley Mission included a number of outcomes relating to evaluation objectives and project delivery in their logic model, which have not been included in this table.

personal  
budget to  
minimise  
gambling  
harm, reduce  
debt and  
contribute to  
SMART goals –  
including  
savings goals

Table 14 below summarises the key deliverables, activities and overall delivery status of funded projects.

**Table 14: Progress on delivery (n=14)**

Organisation	Deliverables	Progress on key activities	Status
<b>CatholicCare</b>	<ul style="list-style-type: none"> <li>• 2-hour workshops (across 4 sites over 4 school holidays) for families to educate, increase awareness and give strategies about screen time</li> <li>• 2-hour workshops (across 4 sites over 4 school holiday) for families to educate, increase awareness and give strategies on cyber safety</li> </ul>	<ul style="list-style-type: none"> <li>• 8/8 key activities delivered</li> </ul>	Complete.
<b>Fairfield City Council</b>	<ul style="list-style-type: none"> <li>• Fairfield Responsible Gambling Community of Practice (CoP)</li> <li>• Self-evaluation of Community of Practice</li> <li>• Governance framework and 2022/23 work program developed for CoP</li> <li>• 12 Responsible Gambling Educational sessions delivered</li> <li>• Digital storytelling resources targeting at-risk youth and young adults</li> <li>• Website, social media and print resources (bilingual as required)</li> <li>• Responsible Gambling Awareness Week 2020 and 2021</li> </ul>	<ul style="list-style-type: none"> <li>• 17/18 key activities delivered</li> <li>• 1/18 activities partially delivered</li> </ul>	Complete.
<b>Granville Multicultural Community Centre</b>	<ul style="list-style-type: none"> <li>• Information sessions for CALD organisations</li> <li>• Deliver workshops to 5 local schools</li> <li>• Provide three educational workshops in relation to gambling harm for young people</li> <li>• #social media campaign</li> <li>• Financial &amp; therapeutic counselling for young people</li> </ul>	<ul style="list-style-type: none"> <li>• 14/14 key activities delivered</li> </ul>	Complete.
<b>Jumbunna Institute for Indigenous Education and</b>	<ul style="list-style-type: none"> <li>• Script writing</li> <li>• Run intern workshops about scripts turning into animation</li> </ul>	<ul style="list-style-type: none"> <li>• 15/18 key activities delivered</li> </ul>	Complete.

<p><b>Research, University of Technology Sydney</b></p>	<ul style="list-style-type: none"> <li>• Begin animation workshops and the support around the styles</li> <li>• Post-production and sound</li> <li>• Online Campaign output</li> <li>• Reporting and collating of surveys from students/interns</li> <li>• Social media strategy for interns to be laid out to work with Waruwi and Gambling Safe guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• 2/18 key activities partially delivered</li> <li>• 1/18 key activities delivered</li> </ul>	
<p><b>Lifeline Broken Hill Country to Coast</b></p>	<ul style="list-style-type: none"> <li>• Recruitment of a suitably qualified project coordinator</li> <li>• One-hour seminars monthly over the twelve-month period</li> <li>• Targeted responsible gambling awareness campaign</li> <li>• Create informative Responsible Gambling resources for ongoing distribution.</li> <li>• 3 x 1-2-hour events with guest speakers relevant to the program</li> </ul>	<ul style="list-style-type: none"> <li>• 5/5 key activities delivered</li> </ul>	<p>Complete.</p>
<p><b>Lifeline Harbour to Hawksbury</b></p>	<ul style="list-style-type: none"> <li>• Financial Literacy workshop materials</li> <li>• Marketing</li> <li>• Workshop</li> </ul>	<ul style="list-style-type: none"> <li>• 9/10 key activities delivered</li> <li>• 1/10 key activities postponed</li> </ul>	<p>Complete.</p>
<p><b>Lifeline North Coast</b></p>	<ul style="list-style-type: none"> <li>• Up to 5 professionally produced approved radio announcements</li> <li>• On-air broadcasting of announcements morning afternoon and drivetime</li> </ul>	<ul style="list-style-type: none"> <li>• 3/3 key activities delivered</li> </ul>	<p>Complete.</p>

<b>Macedonian Australian Welfare Association</b>	<ul style="list-style-type: none"> <li>• Appoint multicultural and multilingual educator</li> <li>• Consult with target communities in relation to the project implementation</li> <li>• Complete project media plan Forums</li> <li>• Educational marketing resources produced, and other current resources collated</li> <li>• Deliver monthly workshops / info sessions and media education</li> </ul>	<ul style="list-style-type: none"> <li>• 8/8 key activities delivered</li> </ul>	Complete.
<b>Mudyala Aboriginal Corporation</b>	<ul style="list-style-type: none"> <li>• Ongoing meetings</li> <li>• Commitment of field and Games</li> <li>• Creation of and collection surveys and data</li> <li>• Running of KO over the weekend</li> <li>• Camp</li> <li>• Advertisement</li> <li>• Film</li> </ul>	<ul style="list-style-type: none"> <li>• 19/37 key activities delivered</li> <li>• 2/37 key activities partially delivered</li> <li>• 16/37 key activities not delivered</li> </ul>	Extended. Project has been adapted due to COVID-19 and floods impacting participating communities.
<b>Northern United Rugby Club</b>	<ul style="list-style-type: none"> <li>• 8 education sessions</li> <li>• Responsible gambling communication plan</li> <li>• Promotion of culturally specific educative gambling content by NU and partners</li> </ul>	<ul style="list-style-type: none"> <li>• 4/10 key activities delivered</li> <li>• 3/10 key activities partially delivered</li> <li>• 3/10 key activities not delivered</li> </ul>	Extended.
<b>Uniting (Victoria and Tasmania) Limited</b>	<ul style="list-style-type: none"> <li>• Develop resources for: Professionals/including education professions; children; Young people; and parent/guardians/care-givers</li> <li>• Develop content to target cohorts including: Identified year 4 (8/9), teachers, service providers, parenting program</li> <li>• Evaluate pilots</li> <li>• Create train the trainer module</li> <li>• Deliver training program</li> <li>• Final evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• 17/17 key activities delivered</li> </ul>	Complete.

<b>University of Sydney</b>	<ul style="list-style-type: none"> <li>• Implement a workshop for health workers to educate them about gambling harm</li> <li>• 3 Steering Committee Meetings (commencement, middle, conclusion of project) 8 committee members per region</li> <li>• 2 community consultations (1 per region)</li> <li>• 12 educational community forums (6 per region)</li> <li>• 4 workshops for service providers (2 per region)</li> <li>• Community engagement at key Indigenous events</li> <li>• Develop Peer Support project manual</li> <li>• Indigenous Peer Support Workers</li> </ul>	<p>South West Sydney:</p> <ul style="list-style-type: none"> <li>• 16/35 key activities delivered</li> <li>• 3/35 key activities partially delivered</li> </ul> <p>16/35 key activities not delivered</p> <p>Western Sydney:</p> <ul style="list-style-type: none"> <li>• 15/35 key activities delivered</li> <li>• 2/35 key activities partially delivered</li> <li>• 18/35 key activities not delivered</li> </ul>	Extended.
<b>Walgett Aboriginal Medical Service</b>	<ul style="list-style-type: none"> <li>• Gambling awareness workshops</li> <li>• Family and individual activities to be held in the garden</li> <li>• Re-build the community garden</li> <li>• Build a community message wall</li> <li>• Support people with gambling problems</li> </ul>	<ul style="list-style-type: none"> <li>• 11/14 key activities delivered</li> <li>• 3/14 key activities not delivered</li> </ul>	Complete.
<b>Wesley Mission</b>	<ul style="list-style-type: none"> <li>• 14 complete MOU partnership letters with community service agencies</li> <li>• Design training material and resources</li> <li>• Development of referral pathways for training participants</li> <li>• Deliver training</li> </ul>	<ul style="list-style-type: none"> <li>• 7/8 key activities delivered</li> <li>• 1/8 key activities partially delivered</li> </ul>	Complete.



Table 15 provides a breakdown of the reporting in-kind contributions from partners.

**Table 15: Breakdown of in-kind contributions**

Organisation	Labour and admin support	Expertise and advice	Infrastructure support
CatholicCare	\$900		\$960
Fairfield City Council	\$13,910		
Granville Multicultural Community Centre			\$1,200
Lifeline Broken Hill Country to Coast	\$3,900	\$1,200	\$225
Lifeline Harbour to Hawksbury			\$296
Lifeline North Coast			
Macedonian Australian Welfare Association	\$4,320		\$2,000
Mudyala Aboriginal Corporation	\$1,720	\$18,270	\$720
Northern United Rugby Club <sup>23</sup>	\$9,280	\$16,080	
Uniting (Victoria and Tasmania) Limited			
University of Sydney (South West)	900		150
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	\$4,875	\$12,000	\$4,800

<sup>23</sup> Northern United Rugby Club received a project extension and have not yet submitted a midpoint report, meaning it could not be reviewed to inform this evaluation report. Their midpoint report is due in November 2021.

<b>Walgett Aboriginal Medical Service</b>	\$6,700	\$12,720	
<b>Wesley Mission</b>	\$1,200	\$4,200	\$2,150
<b>Total</b>	<b>\$47,705</b>	<b>\$64,470</b>	<b>\$12,501</b>