

Executive Summary

The project

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

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

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

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

Project objectives

The project objectives are:

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

Evaluation questions selected by the steering group

1. In what ways did the project raise awareness about community-level gambling harm?
2. In what ways did the project work with key communities to co-design responses for each community?
3. What were the enablers and barriers of working with community leaders to raise awareness of community-level gambling harm and to promote alternative recreational opportunities?
4. To what extent has knowledge and understanding (awareness) of the risks associated with frequent EGM gambling increased among: community leaders; bilingual workers; community members?
5. To what extent has the motivation and skills of community leaders to focus on community strengths in order to raise awareness about gambling harm increased?

Evaluation methodology

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

Summary of Evaluation Findings

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

Key findings and outcomes:

- Awareness of community-level gambling harm increased across the advisory group. Bilingual workers reported that they learned a great deal about gambling harm during the training sessions, particularly in relation to how this issue can be conceptualized as a public health issue.
- Due to the sensitivity of the topic, the bilingual workers needed to invest time and energy in building relationships with community leaders, or formulating tactical strategies where relationships already exist. They were required to build on existing links and relationships in order to play a particular role in relation to

specific public health issue. For some, this was a new aspect of their current professional role and required adaptation and learning new skills. For all, it involved presenting the message sensitively and strategically and being responsive to the reactions and feedback in the community.

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

Recommendations

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

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