



FIRST PERSON
CONSULTING

Midpoint Evaluation Report

Local Prevention Grants Program 2020

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

Key contact

Matt Healey

First Person Consulting Pty Ltd

ABN 98 605 466 797

03 9600 1778

matt@fpconsulting.com.au

www.fpconsulting.com.au

Document details

Title:	Evaluation of the Local Prevention Grants Program 2020 – Midpoint Report
Author:	Matt Healey, Madelinne Miller and Mallory Notting
Version:	Final
Client:	Office of Responsible Gambling, Department of Customer Service

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. This interim report provides findings primarily relating to the application process, an update on delivery to date, and early insights relating to short-term outcomes.

Data for this interim report was gathered from various sources:

- Interview and survey data collected to understand the effectiveness of the application process (n=34)
- Document review of successful applications, and subsequent project plans (n=14)
- Document review of midpoint progress reports completed by funded organisations (n=13 projects)
- Review of primary data collected by funded organisations (n=9 projects)

The interim report was prepared following a process of quantitative and qualitative data analysis and synthesis. A draft was provided to the Office for review, and a final version provided following receipt of comments and feedback.

A final evaluation report will be prepared and submitted in June 2022 to provide a comprehensive assessment of the evaluation objectives.

Key findings

Application process

Overall, both assessors and applicants felt that the grant application process had been coordinated well, communication had been effective, and that expectations were generally clear.

Key findings relating to the application process include:

- **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 expanded and diversified to ensure all communities and relevant organisations are informed and aware of the grants available.

- **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.

Engagement and reach

Evidence collected to date suggests that engagement strategies have been effective and reach has been substantial, particularly when taking into consideration that many projects have not yet commenced delivery of project activities:

- **Eight projects are engaging with communities in and around Sydney, and six projects are engaging with communities based in regions of NSW.** Aboriginal and CALD communities, young people, and men are among the most targeted populations.
- **The Program has so far reached:**
 - Just under 150,000 people and an estimated 1,027 organisations through mass media, print, and social media
 - An estimated 152 people and 22 organisations through information sessions, workshops, and meetings
 - An estimated 332 people and 231 organisations through more in-depth training, and face-to-face repeat interactions

Project delivery

- **COVID-19 has had significant impact on project delivery.** However, all 13 projects that submitted a midpoint report¹ have fully completed at least the establishment and planning activities for their project. All projects appear likely to be completed within the overall timeframe of the Program, notwithstanding any additional unexpected delays or interruptions.

¹ 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.

Partnerships

Partners and partner organisations have made a range of important contributions of the Program.

- **In total, there were 126 organisations involved in the Program (including the 14 funded organisations and the Office).** This involved 109 partnership arrangements, of which 73 were existing and 36 were new for the purposes of the Program. Out of the new partnership arrangements, 16 are established and 20 are still in the process of becoming established.
- **Projects indicated that:**
 - 45% of partnerships were ‘collaboration’
 - 33% of partnerships were ‘networking’
 - 21% of partnerships were ‘cooperation’
 - 2% of partnerships were ‘coordination’
- **The primary contributions of the partnerships included lending expertise, sharing resources, facilitating access to target populations, and providing services.** Projects estimated that the total value of in-kind contributions made by partner organisations was just under \$96,000 so far.

Program outcomes

Early primary data suggests that projects are working towards achieving their short-term outcomes and contributing to the Program’s wider objectives. These wider outcomes include:

- **The issue of gambling harm becoming more visible in NSW communities**
- **Community members increasing their awareness of gambling harm**
- **Local organisations receiving support to reduce gambling harm, and deliver locally driven projects for targeted communities**

While the nature of data collected has been variable up to this point, we would expect that by the final evaluation report projects will have captured more in-depth information to demonstrate core Program outcomes.

Recommendations

Based on the findings and results presented in this midpoint evaluation, we make the following recommendations:

1. **Continue to design, provide grants and undertake evaluation of community-based prevention projects and programs.** The evidence base for what ‘effective gambling harm prevention looks like’ is limited and, importantly, the level of understanding across the community of the need for the prevention of gambling harm is inconsistent or not a priority. As such, continuing to provide opportunities for community-based organisations to deliver activities to address these needs in ways that work for them would be of benefit. The Office should also ensure evaluation occurs alongside any such projects and programs to continue adding to the evidence base.
2. **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. The section on ‘application guidelines’ has additional specific examples to consider for future guideline development.

- 3. 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’.
- 4. Provide opportunities for funded organisations to network and share their experiences.** In addition to providing a means for the projects to trouble-shoot and share learning, this will also help contribute to longer-term stronger partnerships which will be of benefit in future grant program applications. This will also help to lay the foundations for a broader prevention sector that will, in turn, bring in new organisations that the Office has not worked with previously.
- 5. Collate and store all developed resources and materials produced by projects for use and sharing in future projects.** The substantial investment by the Office in the funded projects will result in a suite of resources and materials. To contribute to longer-term efficiencies, there is value in ensuring these resources are accessible to others in the future – either as examples of what others have done, or adaptable for their specific activities.

Contents

1	Introduction	1
1.1	Background.....	1
1.2	Evaluation scope	1
2	Methodology	2
2.1	Summary of our approach.....	2
2.2	Limitations	3
3	Results in detail	4
3.1	Overview.....	4
3.2	Effectiveness of the application process	4
3.3	Effectiveness of the Program.....	19
3.4	Progress towards Program outcomes	32
4	Key findings and recommendations	39
4.1	Key findings.....	39
4.2	Recommendations	41
	Appendix 1. Midpoint evaluation methodology in detail	42
	Appendix 2. Rubric to define project alignment to the prevention continuum	51
	Appendix 3. Additional evidence and summaries	55

List of Figures

Figure 1: Applicants previous involvement with the Office (n=21).....	6
Figure 2: How applicants heard about the Program (n=20)	6
Figure 3: Clarity of application guidelines (n = 24).....	8
Figure 4: Applicant level of satisfaction with communication from the Office following application submission (n = 18).....	13
Figure 5: Office of Responsible Gambling's Gambling Harm Prevention Continuum	19
Figure 6: Funded project partnerships (n=13 projects).....	29
Figure 7: Partner contributions (n=123)	31
Figure 8: Program logic for the Local Prevention Grants Program 2020.....	43

List of Tables

Table 1: Summary of funded organisations	15
Table 2: Summary of project interventions and focus areas (n=13)	17
Table 3: Alignment of funded projects to the Gambling Harm Prevention Continuum.....	20
Table 4: Target communities, settings and location of funded projects (n=14)	21
Table 5: Self-reported funded project reach (n=14)	25
Table 6: Partnership classification.....	30
Table 7: Type of partnership (n=109)	30
Table 8: Estimated in-kind contributions from project partners (n=13)	32
Table 9: Short-term project outcomes summary and evidence collected to date	33
Table 10: Data collection summary	36
Table 11: Detailed evaluation framework	44
Table 12: Project logic model short-term outcomes and evidence collected to date	55
Table 13: Progress on delivery (n=14)	61
Table 14: Breakdown of in-kind contributions.....	65

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 an \$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 has 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 over the two-year delivery period. 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 (this document), and a final evaluation report that will capture the outcomes of the Program in June 2022.

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

2 Methodology

2.1 Summary of our approach

This midpoint evaluation of the Program draws a range of data that address specific information needs in line with the evaluation framework (see Appendix 1 for more detail).

- **Data collected to understand the effectiveness of the application process.** This spans interviews with successful applicants (n=17 from 14 organisations), the grant assessors (n=7), and surveys to unsuccessful applicants (n=4 completed surveys) and those that started but did not submit an application (n=6 completed surveys).
- **Document review of successful applications, and subsequent 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 midpoint progress reports completed by funded organisations (n=13 projects).**² These reports provided 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. Organisations were also encouraged to provide data collected throughout the delivery of their projects to date. For most projects the majority of primary data was collected during February – March 2021.
- **Review of data collected by funded organisations (n=9 projects).**³ 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 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 analysis of applications, 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 and any insights from early outcome data that was collected.
- **Quantitative and qualitative analysis of interview transcripts and online surveys.** Interviews and open-ended survey responses were analysed thematically through an iterative process with responses grouped around emerging categories to reflect dominant themes. Quantitative survey data has been presented descriptively. Where appropriate, quotes have been used to illustrate key themes.

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

² One funded project received an extension on the due date for their midpoint report meaning it could not be reviewed to inform this evaluation report.

³ This relates specifically to primary data collected by organisations and provided as attachments to their midpoint report.

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.
- As this is a midpoint evaluation report, and noting the impacts of COVID-19 on delivery, the primary data collected by projects ranges in quantity and quality. That said, we expect greater levels of data to be collected – commensurate with the grant received – over the remaining course of the Program as projects implement their activities.
- 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.⁴ As such, there is little to draw on to understand the longer-term public health outcomes that result from gambling-harm prevention activity.

⁴ 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-to-date against the KEQs. These include:

- Evidence for the effectiveness of the application process (Section 3.2)
- Evidence for the effectiveness of Program, and project, design and delivery to date (Section 3.3)
- Early insights into the achievement of Program outcomes (Section 3.4)

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

3.2 Effectiveness of the application process

Seven assessors (three reviewing small grants and four reviewing large grants) and 17 people from the 14 successful organisations were interviewed about their experience regarding the application process. Assessors and successful applicants were asked a series of semi-structured and scaled questions relating to the clarity of the application guidelines and how they found the overall application process including timeframes for submission, experience using the online portal and level of communication provided by the Office.

Unsuccessful applicants and those that commenced an application without submission were also invited to provide feedback on the grant application process via an online survey. Ten unsuccessful applicants commenced the survey with four completing in full and six not recording any responses. For non-submissions, 14 commenced the survey, six completed in full and eight did not record any responses.

Results are presented according to the stage of the application process:

- Application promotion: feedback from assessors and applicants⁵
- Application guidelines: feedback from assessors and applicants
- Application process: feedback from applicants
- Assessment process: feedback from assessors

3.2.1 Application promotion

Feedback from assessors on the approach taken to promoting the grants

Most (five) assessors felt that the approach taken to promoting the grants was successful in reaching a diverse pool of applicants including both gambling specific and general community, family and justice services, many of which had not previously engaged with the Office. The Program also attracted applications from several universities which saw an increase in applications using evidence-informed approaches. **The high volume of applications received from CALD and Aboriginal community organisations was viewed positively by assessors as an indicator of**

⁵ For the purpose of this section, we refer to applicants as successful, unsuccessful and no submission interviewees and survey respondents.

successful promotion, with local council networks identified as an effective avenue through which these types of organisations were reached.

I was really pleased with promotion...especially with applications from CALD and Aboriginal community organisations.

Assessor

A small number of assessors (two) suggested there was room for improvement to promote the Program wider beyond a mailing list by utilising other platforms and channels such as NGO forums and social media.

When asked whether the process resulted in applications that presented new ideas and approaches, assessors largely agreed that innovation was:

The exception rather than the rule.

Assessor

Applications tended to focus on community-based education or events similar to what has been delivered previously, and less on exploring different approaches. Assessors highlighted that innovation was not the focus of the Program as gambling harm prevention is still in its early stages and requires a stronger evidence-base before trialling new ideas. As described by one assessor:

It's planting the seeds for what needs to happen in order to start reducing the effects gambling has on the public.

Assessor

If innovation were the focus, assessors agreed that this would need to be clear in the promotion of the Program such as, 'Innovation in Gambling Harm Prevention', and more flexibility would need to be provided around the scope of projects.

While applications were not seen to present overly innovative approaches, assessors were impressed by the variety of programming ideas focused on primary prevention. **Providing examples and links to case studies was proposed as a way to prompt applicants to think about alternative approaches in the future.**

Feedback from applicants on how they heard about the Program

Twelve applicants (successful, unsuccessful and no submission) indicated that they had previous involvement with the Office either directly through previous grants programs or indirectly where Gambling Help counsellors funded by the Office are based within their organisation. **Most (75%) of those that indicated previous involvement with the Office were successful applicants.** Eight applicants had not had any involvement with the Office previously and one was unsure (Figure 1).

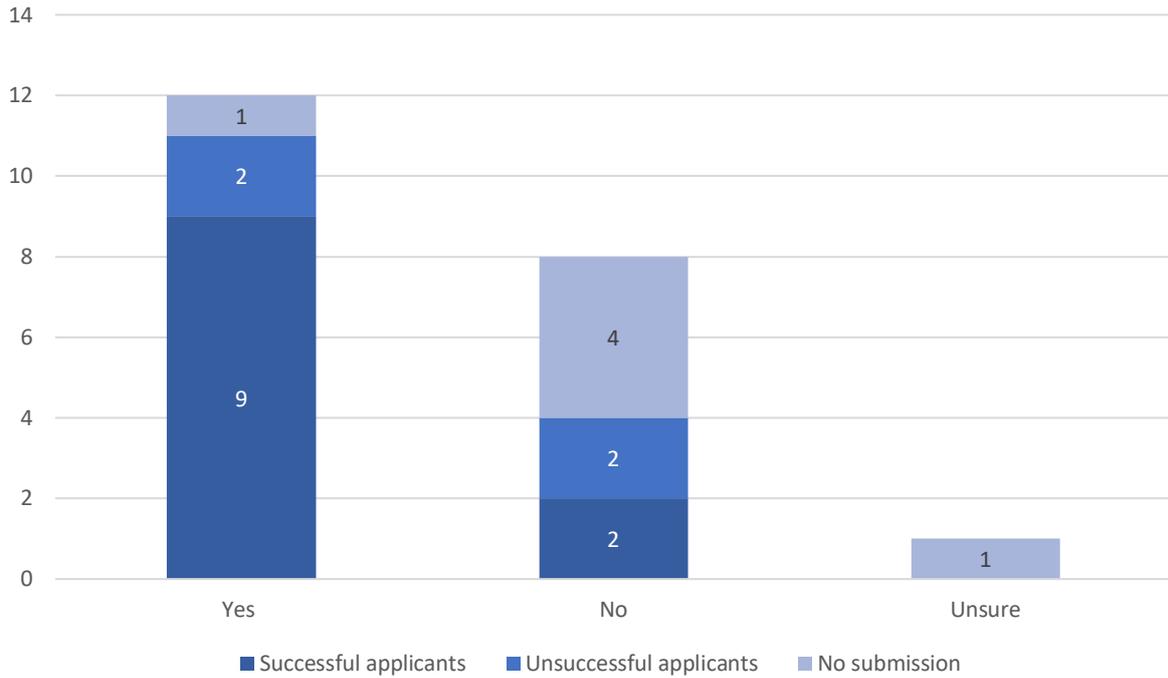


Figure 1: Applicants previous involvement with the Office (n=21)

Previous involvement with the Office meant that many (50%) applicants were signed up to receive eNewsletters from the Office, and reported hearing about the grants program this way. Other applicants heard about the Program via grant websites, Office staff and local Members of Parliament (Figure 2).

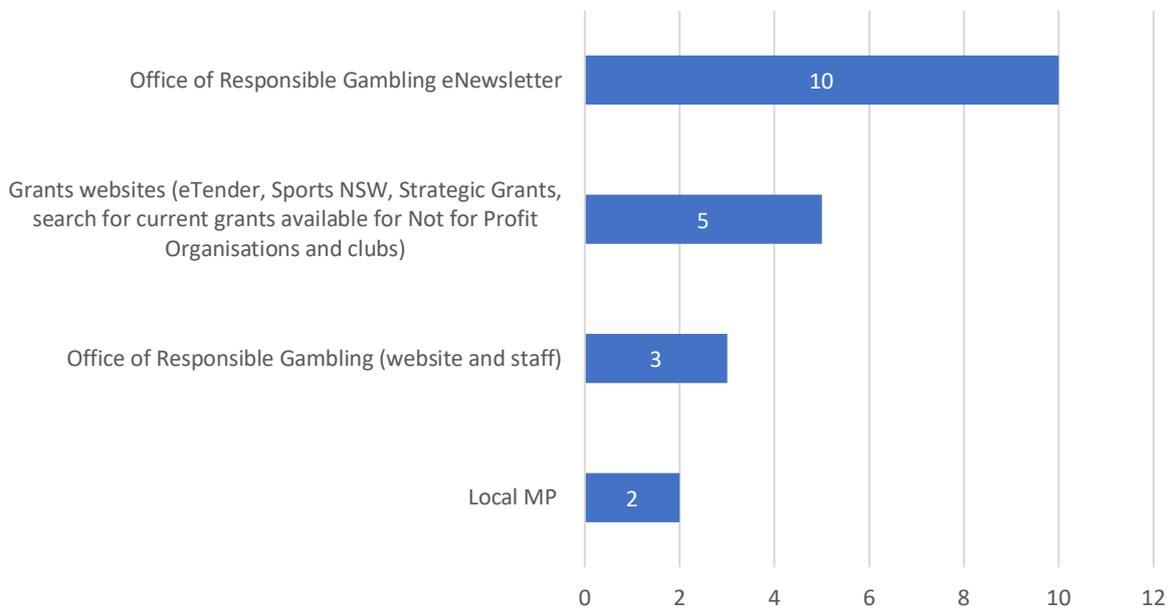


Figure 2: How applicants heard about the Program (n=20)

3.2.2 Application guidelines

Feedback from assessors on the clarity of application guidelines

When asked whether they felt that applicants understood the intent of the program, **all seven assessors interviewed said that while it appeared that most did, there was confusion around the concept of prevention.** Assessors agreed that interpretation of prevention was broad, with some applications taking an acute or tertiary service support angle.

I felt that the interpretation of prevention was quite large, there was a slight misunderstanding of intent, and interpretation of different levels of prevention. Assessor

This was linked to gambling harm prevention being a relatively new space, ambiguity within the guidelines around the level of prevention that projects should focus on, and potential incongruence between how the Office understands and articulates gambling harm prevention compared to community organisations.

It was pointed out by four assessors that some applications appeared to have been submitted based on an opportunity to acquire resources rather than a genuine interest or intent to deliver activities that aligned with the program. **This was observed where applications were seemingly attempting to fit an existing idea or project into the grant guidelines rather than developing something based on the guidelines – one example was an applicant submitting the same application as they did the previous year but for a larger amount.**

When asked if anything was missing from the guidelines, **four assessors reiterated the need for clarity around the primary prevention focus and consistency of information throughout the guidelines, particularly in relation to the types of projects that applicants can apply for.** Assessors also suggested incorporating a project plan template so that applicants could clearly articulate what they are trying to achieve and request additional information from applicants such as annual reports to see range of programs that applicant organisations deliver or have previously delivered.

Feedback from applicants on the clarity of application guidelines

Feedback from applicants on the clarity of the application guidelines was collected through scaled and open-ended interview and survey questions. Figure 3 below presents combined data of successful, unsuccessful, and non-submission applicants.

Except for one, all respondents found the objectives of the Program to be clear or very clear. Importantly, this spanned both successful, unsuccessful and non-submitting applicants. Guidance on the types of projects the Program would fund was clear or very clear for 17 of 23 applicants (74%) with six reporting that this was unclear (four of these responses were from non-submission applicants). For 18 of 23 applicants, the criteria for the assessment of applications were clear or very clear. Two respondents reported this being unclear and three found this to be very unclear. All five of these responses were provided by non-submission or unsuccessful applicants.

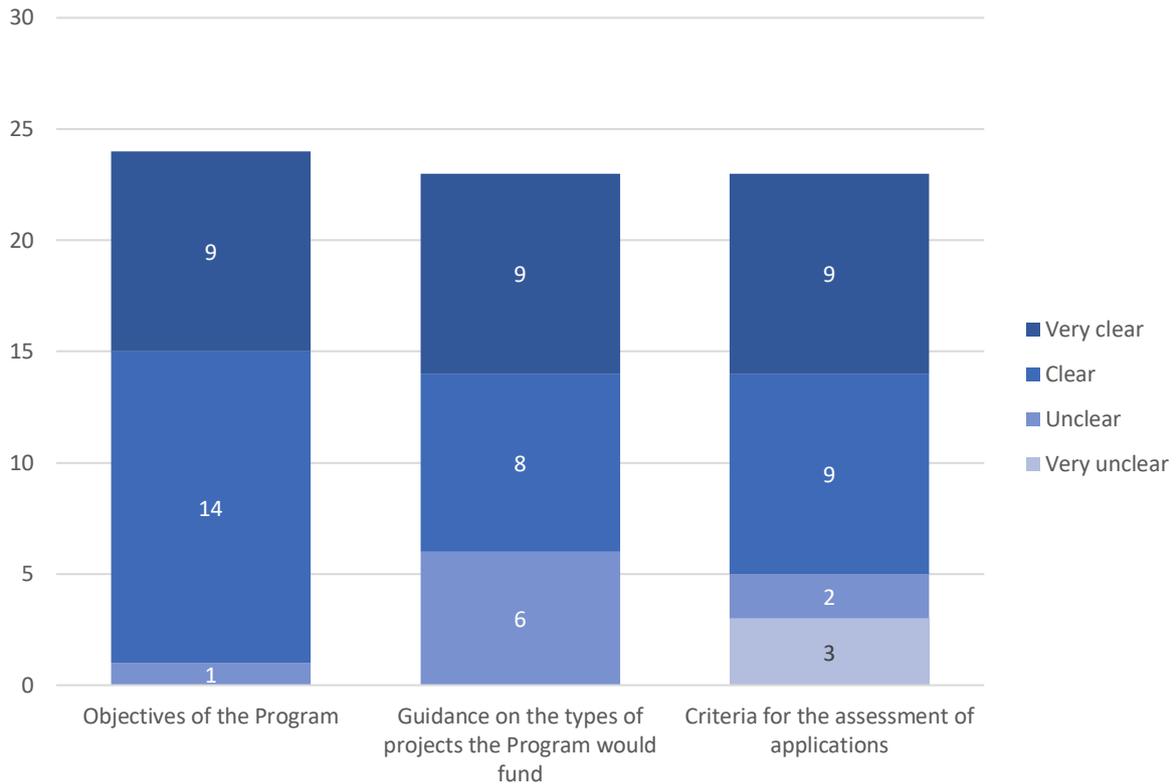


Figure 3: Clarity of application guidelines (n = 24)

When expanding on the clarity of application guidelines during interviews, **most successful applicants (nine) recalled the application guidelines to be clear and reported no issues understanding what was required.** Several reported being able to complete the application with ease due to previous involvement with the Office and an understanding of what they need to provide.

The guidelines were very clear, criteria were clear, this one was pretty straight forward. There was a lot of flexibility with it. So that we could tailor it more to the community and what they need.

Successful applicant

Others reported that the grants program aligned well with the type of work they already deliver and were able to form and shape ideas confidently.

Of all the grants I've written this was the easiest, one it was clear and two the closeness of cultures made it easy, it wasn't a stretch.

Successful applicant

When reflecting on how the guidelines could be improved, two applicants indicated that an opportunity to run through the guidelines and ask questions via a webinar (or something similar) would be of benefit, particularly for groups with limited English and others that might not be familiar with grant writing processes.

Most of the time when we apply for grants up this way with local grants, we are able to have face to face conversations and it makes the process easier.

Successful applicant

Within the partnerships section, one applicant reported not understanding that they were able to partner with other organisations to deliver their project while another was unsure of how much detail was required in identifying partners and suggested that including a potential list of organisations to reach out to would help this process.

I wasn't sure how much detail I had to give and, in the end, I didn't have any specific partners probably because there wasn't enough time.

Successful applicant

Providing organisations with marketing and promotional material was another idea put forward, particularly for small community-based organisations and sporting clubs that deliver large-scale events and might not have the skills or resources to create something internally. This would also ensure that consistent and collaborative messages are being delivered and the material becomes widely recognised and associated with a trusted brand or service.

It would be really useful if the Office had some marketing material, some stuff that we can use, it's really hard to come up with things for essentially a football club with not necessarily those skills.

Successful applicant

For unsuccessful and non-submission applicants, more details and clarity around the types of organisations, clubs or associations that are likely to be funded would be beneficial, as several were unsure whether they were eligible to apply.

More emphasis on what may be suited under the overall OLGR objective for funding, more examples that may meet suitability for funding that community groups and sporting clubs could relate to.

Unsuccessful applicant

It is lacking details of what type of association should apply.

Non-submission applicant

A small number of applicants would have appreciated additional guidance (with examples) around expectations of risk management, viability and evaluation. For example, one unsuccessful applicant suggested that expectations in these areas appeared to be different as they are already supplying similar reports to the Office yet the feedback as to why their application was unsuccessful identified weaknesses across these components.

The feedback to date suggests there must have been differing expectations for this grant and it would have been helpful to have known that in advance so the application could have addressed them.

Unsuccessful applicant

Confusion around sustainability, objectives, outputs, and outcomes was also evident across all applicant categories. Feedback included applicants having to spend much more time on these sections, feeling as though there was repetition throughout the application, a lack of understanding around what sustainability means to the Office and how they distinguish between outputs and outcomes. Providing examples with some additional instructions would be helpful to improve applicants ability to address these components.

Guidance around what sustainability meant to them would have been helpful – that took a bit of thought. I've had more thoughts about sustainability since then, maybe some extra instructions and examples, even a webinar - particularly if this is something that people don't do all the time.

Successful applicant

Not altogether clear on how the Office distinguishes between outputs and outcomes.

Unsuccessful applicant

3.2.3 Application process

Feedback from applicants on the process of preparing and submitting applications

The application process was found to be relatively easy and smooth according to successful applicants. The majority (seven) found the timeframe of three weeks to complete the application was reasonable however some would have appreciated that this be extended due to the time it takes to connect with partners, obtain quotes, clear partner processes, and scope roles and responsibilities. Several reported failing to include partners in their applications because of this:

That timeframe didn't allow us to do any consultation, we had to rely on what we already knew based on our relationships.

Successful applicant

I really wanted to partner with TAFE to do this one but there were a lot of obstacles in the way in terms of getting any sort of agreement with TAFE because TAFE has to go through their [own internal] processes.

Successful applicant

This was particularly relevant for those working with CALD and Aboriginal communities where consultation and buy-in can be a long and sensitive process.

In [Aboriginal] communities if you don't have those relationships established it would be really hard...buy-in takes time even when you have an existing relationship.

Successful applicant

Similarly, for one non-submission applicant, failure to receive clearance and support from their local Land Council within the timeframe resulted in them withdrawing from the application process:

We wanted to have a creative event that would be focused at young First Nations people. We had trouble getting a response from our local Land Council for their support and so abandoned the idea.

Non-submission applicant

Three of the four unsuccessful applicants found the application to be very long requiring a lot of time and energy to complete.

When asked about their experience of using the online portal, most (eight) successful applicants found the platform easy to use with minimal issues. A small number found the process somewhat cumbersome having to cut and paste content because of word count limits and not allowing enough flexibility within response sections to properly convey their ideas. This appeared to be more of a challenge for creative projects having to fit within specified guidelines and frameworks.

I think the online platform doesn't give you enough flexibility to put in your ideas, there's very set ideas about how it should work and how you need to put information in.

Successful applicant

Unsuccessful and non-submission applicants were less likely to report positive interactions with the online portal. One applicant suggested that the online format was not user-friendly and did not allow them to access and upload supporting documentation from previous applications submitted to the Office. Another applicant experienced technical issues with the portal and also commented on its user-friendliness.

It was difficult, the online application form kept on dropping out and was difficult to navigate.

Unsuccessful applicant

Applicants suggested that easier access to information and case study examples via links would be beneficial, as would having a downloadable set of questions to reduce non-submission and false applications.

Having a full PDF of the questions available for download on a website would prevent false applications like mine cluttering up the system.

Non-submission applicant

The level of communication from the Office provided to applicants during and following submission was considered generally good (10 interviewees/survey respondents).

Acknowledgement of submission was well received amongst applicants; however, having someone from the Office reply with a more personalised response would have led to a rating of very satisfied according to one respondent. Similarly, some applicants indicated that the time lag between when

they submitted the application to when they found out was quite long and would have appreciated some reassurance that applications were still being processed.

The time from completion to finding out the outcomes was a bit long, we thought we weren't successful.

Successful applicant

Post-approval, successful applicants have been exceptionally happy with the level of communication and support provided by the Office and appreciate the responsiveness and accessibility of their key contact person.

I think they've been great. [Key Office contact] was always available and willing and pointing me in directions for readings and other things. Super responsive, very helpful, supportive and positive.

Successful applicant

Similar sentiments were expressed by some unsuccessful applicants recalling that communication and support from the Office was appreciated throughout the application process.

I had great interactions with the Department. The staff were very responsive and supportive.

Unsuccessful applicant

Figure 4 below shows how applicants rated the level of communication from the Office once they had submitted their applications. **The majority (14 of 18) of applicant responses indicated a high level of satisfaction with communications from the Office, rating this as either being satisfied or very satisfied.** Three successful applicants provided neutral responses and one unsuccessful applicant was very dissatisfied. This was expanded upon where the applicant felt that they were provided inconsistent information when they sought feedback on their application prior to submission.

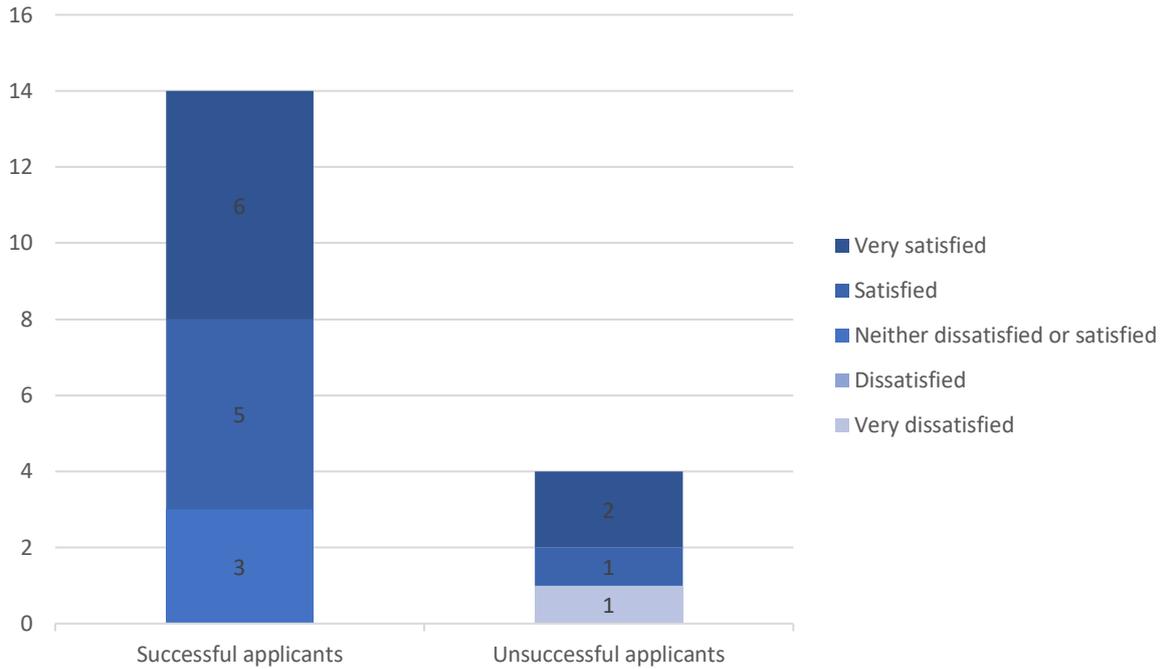


Figure 4: Applicant level of satisfaction with communication from the Office following application submission (n = 18)

When reflecting how the application process could be improved, one interviewee suggested making the window wider between announcing the grants to the submission deadline to allow enough time for applicants to scope and establish partnerships for delivery. **Splitting this process into two stages was proposed and confirmed by other applicants to better formulate their ideas and create buy-in within their communities.** Stage one could potentially see an expression of interest period where applicants are able to put forward ideas, and stage two allowing applicants time to consult, negotiate and establish partnerships prior to submitting a final application.

It might save the department and organisations time to have a short expression of interest round first.

Unsuccessful applicant

Applicants reported some unintended outcomes and general reflections from the grants application process. One successful applicant discussed the value of the three-year funding model in being able to provide a degree of stability and certainty for the community they work with as well as increasing the likelihood of achieving and sustaining outcomes.

I think it helps cement what we're doing in the Aboriginal and Torres Strait Islander community, for so long we've been doing this outreach work and now to bring in funding it shows the community that we're serious about this, we're always going to try and increase resources for things like this, it helps our reputation too – that's priceless. Without the Office we still would have worked in community, but the support that the Office have provided make it much more likely to be successful.

Successful applicant

Several applicants commended the Office in supporting community-based approaches and providing hands-on consultative support throughout delivery and evaluation.

The objective of this type of funding is quite commendable...showing core community values in parallel with its business ethos would set the Office apart from other departments and bring connection to the community.

Non-submission applicant

I really like this consultation process that they're doing and the support with evaluation and my suggestion would be that they do this again because I think they're on the right path and they should do this with their other grant projects, I think they're on to a good thing I think it's a really good structure.

Successful applicant

Some unsuccessful and non-submission applicants would have appreciated further assistance and explanation during and following the application process, particularly feedback as to why an application was unsuccessful

I had spoken to the Grants Team Manager who had assured that the application was very valid, but the rejection indicated otherwise.

Unsuccessful applicant

3.2.4 Assessment process

Feedback from assessors on the process of assessing applications

Assessors were overwhelmingly positive about the grants assessment process with all seven stating that it was very well coordinated and several appreciating the level of communication and guidance provided by the Office. To further enhance this process, assessors proposed establishing a feedback loop to the panel to inform members on the status and outcomes of applications and creating greater visibility between panels (small grants versus large grants) to ensure balanced recommendations of what to fund.

It's a bad outcome if there are 5 funded projects in one area, and there were other potential areas that got overlooked.

Assessor

Applications were said to range in quality from 'low' to 'very high', with scores based on the overall written quality of applications and the extent to which applications addressed selection criteria. **Resourcing was viewed as a determining factor where applications from universities, councils and peak bodies were generally considered of higher quality compared to applications from smaller community organisations.** This was reflected in the responses from assessors where those responsible for the higher value grants category were more likely to report higher quality applications than assessors of small grants, as organisations applying within this category would more likely have greater resourcing and capacity.

I think that's probably a result of assessing the higher value category. Organisations pitching at higher level would have the infrastructure to pitch at that level.

Assessor

Providing gateway criteria for progressing applications was suggested to make the screening and early assessment process more efficient. One assessor provided an example of their experience with Local Drug Action Team (LDAT) grants suggesting that they were very clear and detailed on which applications should progress through screening stages.

Application results

The Program encouraged applications from a wide range of government and non-government organisations and service providers. The guidelines noted that eligible organisations included:

- community and neighbourhood centres
- sporting clubs
- schools and other education providers
- youth organisations
- charities
- councils
- non-government organisations
- advocacy organisations
- organisations who provide mental health
- drug and alcohol services and programs
- Aboriginal community organisations, for example Aboriginal Medical Services
- CALD community organisations, for example Migrant Resource Centres
- Local Health Districts.

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 1 below summarises successful applicants by organisation and grant type.

Table 1: Summary of funded organisations

Funded organisation	Type of organisation	Grant size
CatholicCare	Charity	Small
Fairfield City Council	Local Council	Large
Granville Multicultural Community Centre	CALD community organisation	Small
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	University	Large

Lifeline Broken Hill Country to Coast	Charity	Large
Lifeline Harbour to Hawksbury	Charity	Small
Lifeline North Coast	Charity	Small
Macedonian Australian Welfare Association	CALD community organisation	Small
Mudyala Aboriginal Corporation	Aboriginal community organisation	Small
Northern United Rugby Club	Sporting club	Small
Uniting (Victoria and Tasmania) Limited	Charity	Large
University of Sydney	University	Large
Walgett Aboriginal Medical Service	Aboriginal community organisation	Small
Wesley Mission	Charity	Large

Types of funded projects

Application guidelines provided examples of the types of projects that would be funded under the Program. Applicants were instructed that they could apply for funding for different types of projects that focus on preventing or reducing gambling harm, including:

- education
- resource development
- local awareness campaigns
- improvements in referral pathways
- peer support programs
- lived experience speaking programs
- capacity-building programs
- building supportive networks and environments
- community-led responses
- stigma reduction programs.

Table 2 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.⁶

⁶ 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 2: Summary of project interventions and focus areas (n=13)

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	✓	✓	✓					✓	✓	

Northern United Rugby Club	✓	✓	✓				
Uniting (Victoria and Tasmania) Limited	✓	✓			✓		
University of Sydney	✓		✓	✓			✓
Walgett Aboriginal Medical Service	✓				✓	✓	✓
Wesley Mission	✓		✓				

3.3 Effectiveness of the Program

3.3.1 Alignment of projects to the prevention continuum

The Office’s Strategic Plan for 2018-2021 outlines the organisations vision to work towards zero gambling harm. The strategy takes a public health approach, with the Ottawa Charter for Health Promotion⁷ a foundational component to the document. In line with the Charter, the strategy outlines a ‘prevention continuum’ (see Figure 5).



Figure 5: 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 2, 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 3 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 2 for the rubric and further detail) to help ensure the categorisation is informed by public health and health promotion theory.

⁷ 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>

Table 3: Alignment of funded projects to the Gambling Harm Prevention Continuum

Project	Prevention	Early Intervention	Help Seeking
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	✓	✓	
Northern United Rugby Club	✓	✓	
Uniting (Victoria and Tasmania) Limited	✓		
University of Sydney	✓	✓	
Walgett Aboriginal Medical Service	✓	✓	
Wesley Mission	✓	✓	✓

3.3.2 Program delivery to date

Approach to engaging target populations

As noted in Table 2, the Projects use 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. As can be seen in Table 4, 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.

The reach of these methods is explored further in the following section.

Table 4: Target communities, settings and location of funded projects (n=14)

Organisation	Target communities	Setting	Location
CatholicCare	Parents and school-aged children in the local community	CatholicCare offices	Western Sydney and the Blue Mountains
Fairfield City Council	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
Granville Multicultural Community Centre	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
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	Aboriginal youth, families and elders	Online and print media / Indigenous media outlets	Sydney
Lifeline Broken Hill Country to Coast	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
Lifeline Harbour to Hawksbury	TAFE students and youth aged 16-24 from diverse backgrounds living, working or studying in the Northern Sydney region	Community settings	Northern Sydney
Lifeline North Coast	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
Macedonian Australian Welfare Association	Macedonian, Serbian, Bosnian and Croatian Communities	Community settings	Sydney
Mudyala Aboriginal Corporation	Northern NSW women / Aboriginal Communities	Sporting club	Clarence Valley
Northern United Rugby Club	NSW North Coast Aboriginal Community	Sporting club	Lismore LGA
Uniting (Victoria and Tasmania) Limited	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

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

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.⁸ 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.⁹ 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 5 summarises the self-reported reach of projects described in their midpoint reports. As can be seen:

- **Just under 150,000 people and an estimated 1,027 organisations – including schools - have been reached through mass media, print and social media**
- **An estimated 152 people and 33 organisations have been reached through information sessions, workshops and meetings**
- **An estimated 332 people and 231 organisations have been reached through more in-depth training, and face-to-face repeat interactions.**

⁸ 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>

⁹ 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>

While there is no specific target for the Program, these figures do highlight that the reach of projects to date has been substantial when taking into consideration many have not yet commenced the formal delivery of key activities. Moreover, this suggests that the approach to engaging communities has been relatively effective, and we would anticipate greater levels of reach as more projects start delivery of core activities.

Table 5: Self-reported funded project reach (n=14)

Organisation	Low-level, broad-scale	Medium-level, one-off seminar/meeting etc.	High-level, repeated interaction
CatholicCare	<ul style="list-style-type: none"> 20 community organisations/local schools reached through networking, liaising and flyer distribution 	<ul style="list-style-type: none"> 3 internal community groups and 5 external organisations/groups reached through interagency and school-based meetings 	<ul style="list-style-type: none"> 18 community members (parents, children, women) reached through delivery of two workshops
Fairfield City Council	<ul style="list-style-type: none"> Community of Practice promoted to 18 organisations Flyer for storytelling project promoted to 63 local organisations and schools with a reach of at least 335 people 855 social media and YouTube engagements with a reach of at least 12,539 people 	<ul style="list-style-type: none"> 27 young people and youth workers reached through information sessions 	<ul style="list-style-type: none"> 27 representatives from 13 organisations involved in Community of Practice 13 regional organisations attended working group 5 experts to review storytelling scripts
Granville Multicultural Community Centre			<ul style="list-style-type: none"> 2 organisations and 2 schools reached through meetings
Lifeline Broken Hill Country to Coast	<ul style="list-style-type: none"> Regular reach to a population of at least 26,000 through radio and mail 	<ul style="list-style-type: none"> 14 people reached through information sessions 	
Lifeline Harbour to Hawksbury	<ul style="list-style-type: none"> 3139 people reached online, through email and social media 	<ul style="list-style-type: none"> 11 people reached through workshop 	<ul style="list-style-type: none"> 150 organisations through interagency meetings
Lifeline North Coast	<ul style="list-style-type: none"> Approximately 54,000 people reached through commercial radio 	<ul style="list-style-type: none"> 3 community organisations reached through request for feedback on radio broadcasts 	
Macedonian Australian Welfare Association	<ul style="list-style-type: none"> At least 10,500 people reached through radio, in-language newspapers and print media 	<ul style="list-style-type: none"> At least 61 people reached through information sessions and phone consultations 	

Mudyala Aboriginal Corporation	<ul style="list-style-type: none"> 397 social media engagements with a reach of at least 18,950 people 32 teams (25 players each) expressed interest in participating 		<ul style="list-style-type: none"> 10 teams (25 players each) recruited for events and workshops
Northern United Rugby Club¹⁰	N/A	N/A	N/A
Uniting (Victoria and Tasmania) Limited			<ul style="list-style-type: none"> 20 support service professionals
University of Sydney (South West)	<ul style="list-style-type: none"> 4 social media engagements with a reach of at least 11,298 	<ul style="list-style-type: none"> 19 people reached through community consultation 	<ul style="list-style-type: none"> 6 steering committee members reached through regular meetings 50 local indigenous service providers reached through staff development workshops
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	<ul style="list-style-type: none"> 88 social media engagements with at reach of at least 320 people 		<ul style="list-style-type: none"> 6 young people reached through training program
Walgett Aboriginal Medical Service	<ul style="list-style-type: none"> Approximately 350 people and 126 service providers and organisations reached through social media advertising and email promotion 	<ul style="list-style-type: none"> 20 people reached through community workshops 	<ul style="list-style-type: none"> 4 community organisations reached through ongoing meetings
Wesley Mission	<ul style="list-style-type: none"> At least 6,000 Wesley Mission staff and 800 partner organisations reached through Wesley Intranet and social media promotion 	<ul style="list-style-type: none"> 25 community organisations reached through bi-monthly meetings 	<ul style="list-style-type: none"> 10 community organisations reached through meetings and coordinated project delivery

¹⁰ 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.

Total	1,027 organisations/schools and 145,239 people reached through mass media, social media and flyer distribution	33 organisations and 152 people attending information sessions, workshops and meetings	231 organisations/schools and 332 people through in-depth training, face-to-face and repeat interactions
--------------	---	---	---

Project delivery status

In addition to understanding the reach of project activities, it is also important to identify any risks with the delivery of activities in terms of being completed within agreed timeframes. Upfront, and as noted previously, the impact of COVID-19 on delivery meant that organisations had to change some of their planned activities, or halt delivery entirely.

That said, across the 13 projects that submitted a midpoint report¹¹ all have fully completed at least the establishment and planning activities for their project. 11 of the 13 appear to be on track to be completed as planned, and two projects have experienced delays – either in the production of key resources, or through delays in building partnerships.¹² Despite these delays, and presuming no further unexpected and substantive delays, projects appear likely to be completed within the overall timeframe for the Program.

Detail on the specific progress for each project is provided in Table 13 in Appendix 3.

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.

- 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 126 organisations involved in the Program (including the 14 funded organisations and the Office) with 109 partnership arrangements (see Figure 6)¹³. Of the 109 partnership arrangements, 73 were existing and 36 are new for the purposes of the Program. Of the new partnerships, 16 are established and 20 are still in the process of becoming established.

¹¹ 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.

¹² One of the projects delivered by Lifeline North Coast has been completed at the time of writing this report. It was the smallest grant recipient, and as the project involved radio broadcasts it was not impacted by COVID-19 in the same way that face-to-face projects were.

¹³ An interactive version of the project partnerships can be accessed at:
<https://embed.kumu.io/9e3183273d1eb7bee35aba1fb7383dff>

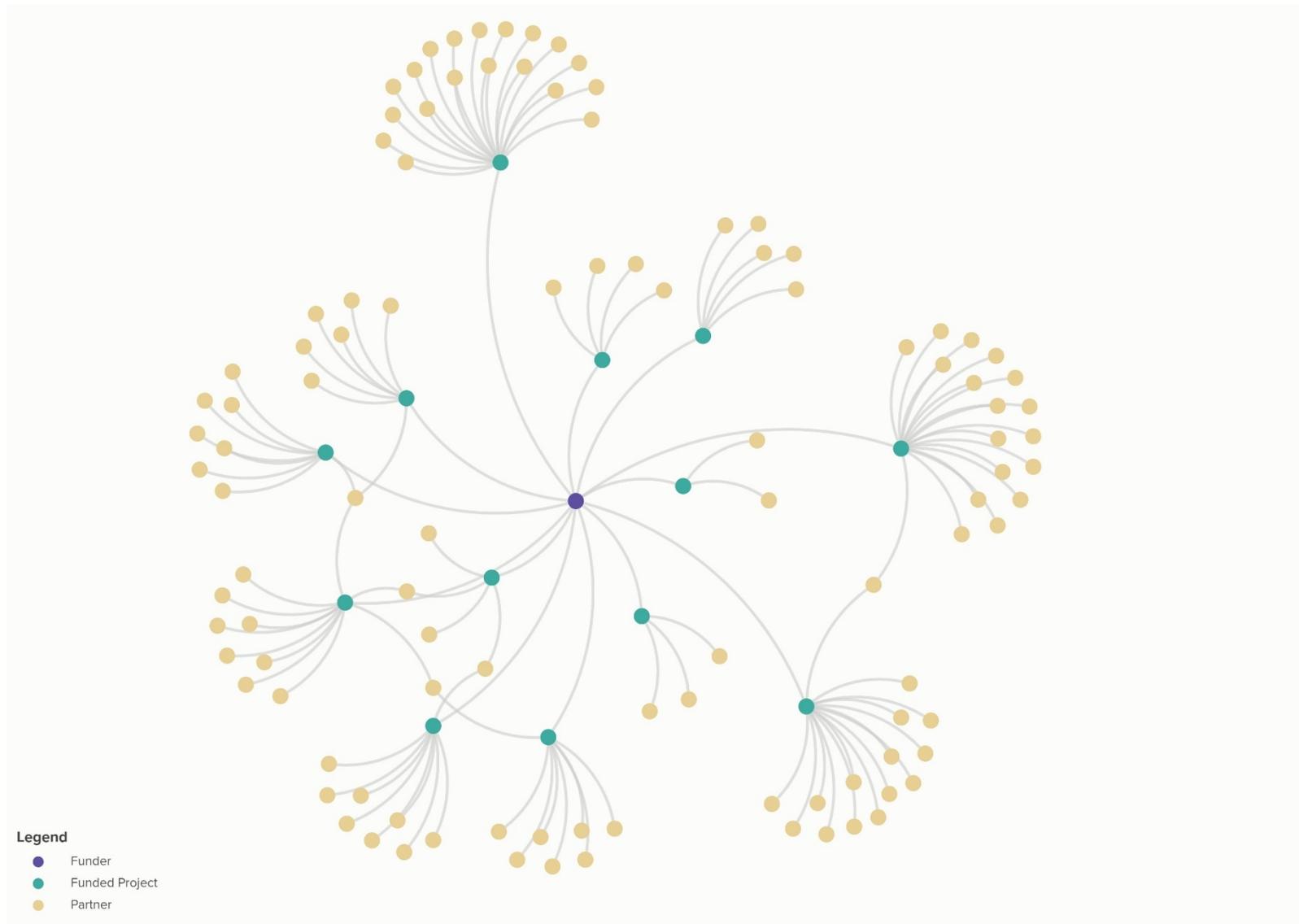


Figure 6: Funded project partnerships (n=13 projects)

To understand the nature of partnerships, funded organisations were asked to note the type of partnership arrangement using the definitions provided in Table 6.

Table 6: Partnership classification

Type of partnership	Description
Networking	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.
Cooperation	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.
Coordination	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.
Collaboration	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.

Collaboration accounted for almost half (45%) of all partnership arrangements, followed by networking (33%), cooperation (21%), and lastly, coordination accounting for only 2% across the reported partnerships (see Table 7).

Table 7: Type of partnership (n=109)

	Collaboration	Networking	Cooperation	Coordination
Total (#)	49	35	23	2
Total (%)	45%	33%	21%	2%

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)

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 7, service provision, access to expertise and reaching target populations or groups 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.

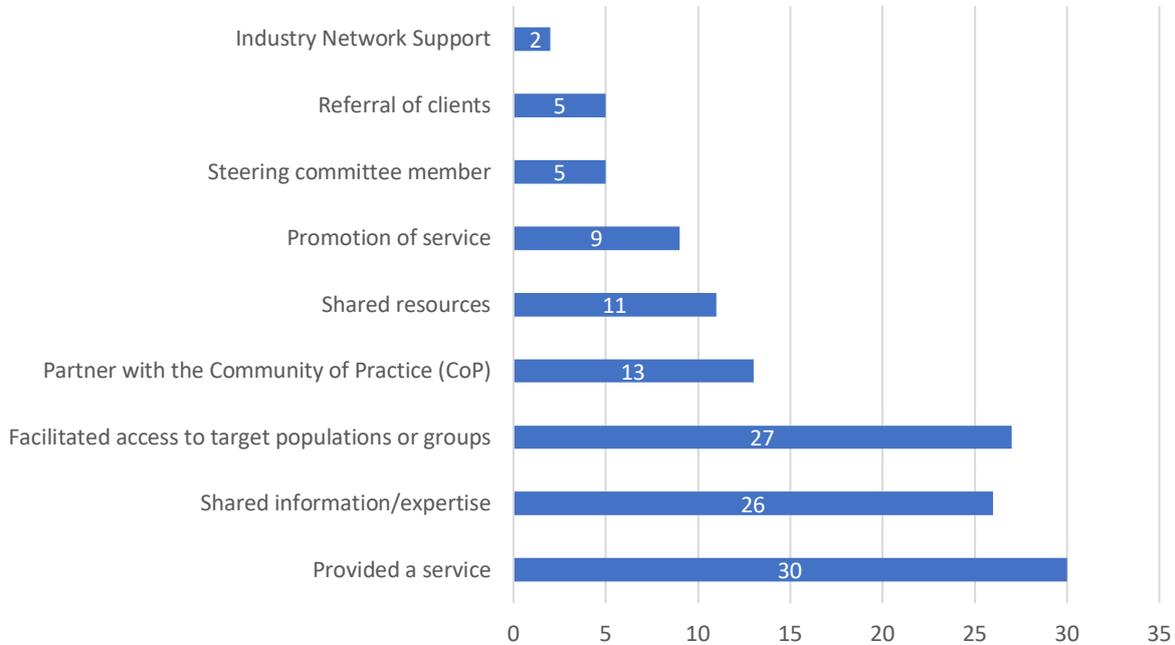


Figure 7: Partner contributions (n=123)

Finally, projects were also asked to estimate the value of the in-kind contributions provided to their project. As can be seen in Table 8, **the total estimated value of in-kind contributions is just under \$96,000**. A breakdown across each project can be found in Table 14 in Appendix 3. 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=13)¹⁴

Type of contribution	Estimated sub-totals
Labour and administrative support	\$18,710
Expertise and advice	\$51,090
Infrastructure support	\$26,106
Total	\$95,906

3.4 Progress towards Program outcomes

3.4.1 Project's progress in achieving outcomes

During the evaluation planning phase, all funded projects worked with FPC to develop project logic models and data collection plans. Each project completed a logic model template that outlined their inputs, activities, outputs, and short-term, intermediate, and end of project outcomes. Projects then identified which activities they intended to collect primary data from, the data collection method, and what instruments would need to be developed. Planned data collection activities for each project were designed to be appropriate and commensurate with their level of funding, available resourcing, and level of intervention intensity. **Nine projects provided some primary data as an attachment to their midpoint reports, which have been drawn from in this section. The primary data received to date includes:**

- Survey or questionnaire data from seven projects
- Reflective pieces from two projects
- Recorded verbal feedback from one organisation
- Referral and broadcast data from one organisation

In addition to the above, six projects provided photos with their midpoint report, and seven reports provided some social media reach statistics (see Table 5 for self-reported reach data).

Most of these nine projects have only collected preliminary data with small sample sizes, the exception being Wesley Mission who have collected survey responses from 97 workshop participants. **We are therefore only able to look at the short-term outcomes in the project logic models at this stage, while the intermediate and end of project outcomes will be discussed in the final evaluation report.** Table 9 below indicates the short-term outcomes that each project referred to in their logic models, noting where they have provided some sort of supporting data. Table 12 in Appendix 3 contains the full list of short-term outcomes across each project.

¹⁴ 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.

Table 9: Short-term project outcomes summary and evidence collected to date

	Awareness and knowledge of gambling harm and at-risk behaviours	Identifying signs and symptoms of problem gambling and risk-factors	Access to referral pathways, support services, and resources	Understanding of gambling convergences	Learning skills and strategies	Services and workers become more responsive and competent	Other	Evidence collected to date
CatholicCare	✓		✓	✓	✓			Workshop feedback form with 8 responses
Fairfield City Council	✓	✓	✓			✓		Community of Practice initial survey with 8 responses Social Media analytics data
Granville Multicultural Community Centre	✓		✓			✓	✓	
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	✓				✓		✓	
Lifeline Broken Hill Country to Coast	✓	✓					✓	Reflective Journal Event feedback form with 8 responses
Lifeline Harbour to Hawkesbury	✓		✓		✓			Pre-workshop survey with 11 responses Post-workshop survey with 7 responses
	✓		✓					Gambling Helpline Statistics

Lifeline North Coast								Broadcast report
Macedonian Australian Welfare Association		✓	✓				✓	Verbal feedback recorded from events with 36 participants total
Mudyala Aboriginal Corporation	✓	✓	✓		✓	✓		
Northern United Rugby Club	✓		✓				✓	N/A
Uniting (Victoria and Tasmania) Limited	✓		✓	✓			✓	
University of Sydney	✓		✓			✓	✓	Community consultation feedback form with 19 responses
Walgett Aboriginal Medical Service	✓		✓				✓	Post-workshop staff reflections with 2 responses Feedback forms with 4 responses (only examples provided)
Wesley Mission	✓		✓		✓		✓	Workshop survey with 97 responses

Preliminary results suggest that projects appear to be progressing towards achieving their short-term outcomes. As projects were collecting data commensurate with their project funding and objectives, and due to restraints imposed by COVID-19, there is a high-level of variability among the data provided to date. This is also due to some projects – such as Wesley Mission and Lifeline Harbour to Hawkesbury – designing, developing, and administering their data collection tools entirely in-house, and others relying heavily on FPC’s input and advice. Additionally, a number of projects have not yet reached a stage in delivery where they are able to collect any data from participants. Table 10 below summarises the evidence provided by the projects in their midpoint report. These early insights suggest:

- **The issue of gambling harm is becoming more visible in NSW communities:** Reach data suggests that gambling harm and gambling harm prevention is becoming more visible in NSW communities. For example, Lifeline North Coast reported that their advertisements were broadcast consistently five days per week over a three-month period, reaching an estimated total of 54,400 community members.
- **Community members are increasing awareness of gambling harm:** Several projects included a measure in their data collection tools that sought to gather insights relating to increases in knowledge and awareness. Overall, it appears that community members felt that their awareness of gambling harm and at-risk behaviours had generally improved. For example, the CatholicCare initial questionnaire results indicated that 62.5% of respondents felt that they had increased their awareness of the relationship between gaming and gambling, and 50% felt they had increased their awareness of available support.
- **Local organisations are receiving support to reduce gambling harm, and deliver locally driven projects for targeted communities:** The application process interviews (see Section 3.2) indicated that projects have generally been satisfied with the level of support and communication from the Office and that the Program has been run effectively. Reach data and preliminary demographic data also indicate that the Program’s reach has so far been relatively wide-ranging and that various communities across NSW are receiving locally-driven and culturally appropriate interventions.

Table 10: Data collection summary

Organisation	Evidence	Summary
CatholicCare	<ul style="list-style-type: none"> Workshop feedback form with 8 responses 	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). Initial results suggest that participants generally rate the content and delivery of the workshop highly and feel they have made some progress in understanding.
Fairfield City Council	<ul style="list-style-type: none"> Community of Practice initial survey with 8 responses 	Survey administered to Community of Practice members before the first meeting. Contained scaled-questions relating to gambling service provision (i.e., referrals and how community members knew about their service). Results varied across the participating members, however most agreed that the primary purpose of the Community of Practice was the “development of a sustainable service model for continued education, innovation and collaboration for projects which prevent and/or minimise gambling harms, relevant to Fairfield communities”
Lifeline Broken Hill Country to Coast	<ul style="list-style-type: none"> Event feedback form with 8 responses Reflective journal 	<p>Short questionnaire containing yes/no questions primarily capturing event feedback. All eight respondents answered yes to every question. Four respondents left a comment about the success of the event.</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>
Lifeline Harbour to Hawkesbury	<ul style="list-style-type: none"> Pre-workshop survey with 11 responses Post-workshop survey with 7 responses 	Pre and post-workshop surveys administered via SurveyMonkey. Seven questions were asked on a 100-point scale relating to financial literacy and identifying gambling harm. The averages of each answer increased between the pre and post survey, which suggests that understanding and knowledge had increased.
Lifeline North Coast	<ul style="list-style-type: none"> Gambling Helpline Statistics Broadcast report 	<p>Referral statistics supplied by Gambling Helpline indicating the postcodes of callers.</p> <p>Broadcast report provided from radio station that indicates when each advertisement was played on air.</p>
Macedonian Australian	<ul style="list-style-type: none"> Verbal feedback recorded from events 	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. It was noted that engagement was high during the

Welfare Association	with 36 participants total	sessions, and that 100% of attendees agreed that the session was very interesting and clearly delivered. However, it is not entirely clear what measure or method was used to collect and record this data.
University of Sydney	<ul style="list-style-type: none"> Community consultation feedback form with 19 responses 	19 community members completed feedback forms after the community consultation process. They were asked a series of scaled questions related to understanding of problem gambling, seeking help for problem gambling, and supporting a family member or friend experiencing problem gambling. Respondents were also given the opportunity to provide open-ended feedback, which indicated that the consultation had been well-received.
Walgett Aboriginal Medical Service	<ul style="list-style-type: none"> Post-workshop staff reflections with 2 responses Feedback forms with 4 responses (only examples provided) 	<p>Two staff members completed a reflection form after a workshop. These forms contained participant demographic information and some very brief notes about the session.</p> <p>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.</p>
Wesley Mission	<ul style="list-style-type: none"> Workshop survey with 97 responses 	Wesley Mission administered a comprehensive survey to workshop participants and received 97 responses. Respondents were asked to indicate whether they strongly disagreed to strongly agreed for questions relating to financial literacy, handling stress, and goal setting. Other questions related to knowledge of gambling help services, and at-risk behaviours.

3.4.2 Planned data collection going forward

FPC will continue to work with projects to develop or adapt their data collection tools as needed. This may involve assisting in the creation of new data collection instruments or reviewing or providing advice on existing data collection tools. Throughout the next phase of program delivery, projects will continue to collect outcomes-related data from participants, community members, and project staff that will inform the final evaluation report. At that stage, we anticipate receiving enough evidence to comment on the intermediate and end of project outcomes as specified in the project logic models, and the wider program goals, as outlined in the Program logic model and Key Evaluation Questions. This will include reporting on the Program’s contribution to the prevention or reduction in gambling harm, a reduction in stigma associated with problem gambling, and encouraging people to seek advice and support for gambling problems.

4 Key findings and recommendations

4.1 Key findings

4.1.1 Application process

Overall, both assessors and applicants felt that the grant application process had been coordinated well, communication had been effective, and that expectations were generally clear.

Key findings relating to the application process include:

- **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 expanded and diversified to ensure all communities and relevant organisations are informed and aware of the grants available.
- **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.

4.1.2 Engagement and reach

Evidence collected to date suggests that engagement strategies have been effective and reach has been substantial, particularly when taking into consideration that many projects have not yet commenced delivery of project activities:

- **Eight projects are engaging with communities in and around Sydney, and six projects are engaging with communities based in regions of NSW.** Aboriginal and CALD communities, young people, and men are among the most targeted populations.
- **The Program has so far reached:**
 - Just under 150,000 people and an estimated 1,027 organisations through mass media, print, and social media

- An estimated 152 people and 22 organisations through information sessions, workshops, and meetings
- An estimated 332 people and 231 organisations through more in-depth training, and face-to-face repeat interactions

4.1.3 Project delivery

- **COVID-19 has had significant impact on project delivery.** However, all 13 projects that submitted a midpoint report¹⁵ have fully completed at least the establishment and planning activities for their project. All projects appear likely to be completed within the overall timeframe of the Program, notwithstanding any additional unexpected delays or interruptions.

4.1.4 Partnerships

Partners and partner organisations have made a range of important contributions of the Program.

- **In total, there were 126 organisations involved in the Program (including the 14 funded organisations and the Office).** This involved 109 partnership arrangements, of which 73 were existing and 36 were new for the purposes of the Program. Out of the new partnership arrangements, 16 are established and 20 are still in the process of becoming established.
- **Projects indicated that:**
 - 45% of partnerships were ‘collaboration’
 - 33% of partnerships were ‘networking’
 - 21% of partnerships were ‘cooperation’
 - 2% of partnerships were ‘coordination’
- **The primary contributions of the partnerships included lending expertise, sharing resources, facilitating access to target populations, and providing services.** Projects estimated that the total value of in-kind contributions made by partner organisations was just under \$96,000 so far.

4.1.5 Program outcomes

Early primary data suggests that projects are working towards achieving their short-term outcomes, and contributing to the Program’s wider objectives. These wider outcomes include:

- **The issue of gambling harm becoming more visible in NSW communities**
- **Community members increasing their awareness of gambling harm**
- **Local organisations receiving support to reduce gambling harm, and deliver locally driven projects for targeted communities**

While the nature of data collected has been variable up to this point, we would expect that by the final evaluation report projects will have captured more in-depth information to demonstrate core Program outcomes.

¹⁵ 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.

4.2 Recommendations

Based on the findings and resulted presented in this midpoint evaluation, we make the following recommendations:

- 1. Continue to design and provide grants for community-based prevention projects and programs.** The evidence bases for what ‘effective gambling harm prevention looks like’ is limited and, importantly, the level of understanding across the community of the need for the prevention of gambling harm is inconsistent or not a priority. As such, continuing to provide opportunities for community-based organisations to deliver activities to address these needs in ways that work for them would be of benefit. The Office should also ensure evaluation occurs alongside any such projects and programs to continue adding to the evidence base.
- 2. 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. The section on ‘application guidelines’ has additional specific examples to consider for future guideline development.
- 3. 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’.
- 4. Provide opportunities for funded organisations to network and share their experiences.** In addition to providing a means for the projects to trouble-shoot and share learning, this will also help contribute to longer-term stronger partnerships which will be of benefit in future grant program applications. This will also help to lay the foundations for a broader prevention sector that will, in turn, bring in new organisations that the Office has not worked with previously.
- 5. Collate and store all developed resources and materials produced by projects for use and sharing in future projects.** The substantial investment by the Office in the funded projects will result in a suite of resources and materials. To contribute to longer-term efficiencies, there is value in ensuring these resources are accessible to others in the future – either as examples of what others have done, or adaptable for their specific activities.

Appendix 1. Midpoint evaluation methodology in detail

Inception meeting

We commenced the project by having an initial inception meeting with the Program team managing the evaluation to:

- Discuss and confirm the objectives for the evaluation, including the underlying rationale and what success 'looks like'
- Briefly review any issues or considerations relevant to the evaluation
- Discuss and agree on the proposed evaluation approach, including any potential issues, challenges and risks
- Confirm timelines and project management processes
- Confirm reporting formats and processes

The outcomes of the inception meeting helped to inform the scope and focus of the evaluation framework.

Evaluation framework

An evaluation framework provides the boundary and areas of focus for the evaluation. Drawing on the outcomes of the inception meeting, as well as further conversations with Office staff, we initially developed a program logic for the Program (see Figure 8) and a set of KEQs. Once finalised, the KEQs were expanded on to identify the different indicators or pieces of evidence to consider, data sources and the stage of reporting that would address the questions (see Table 11).

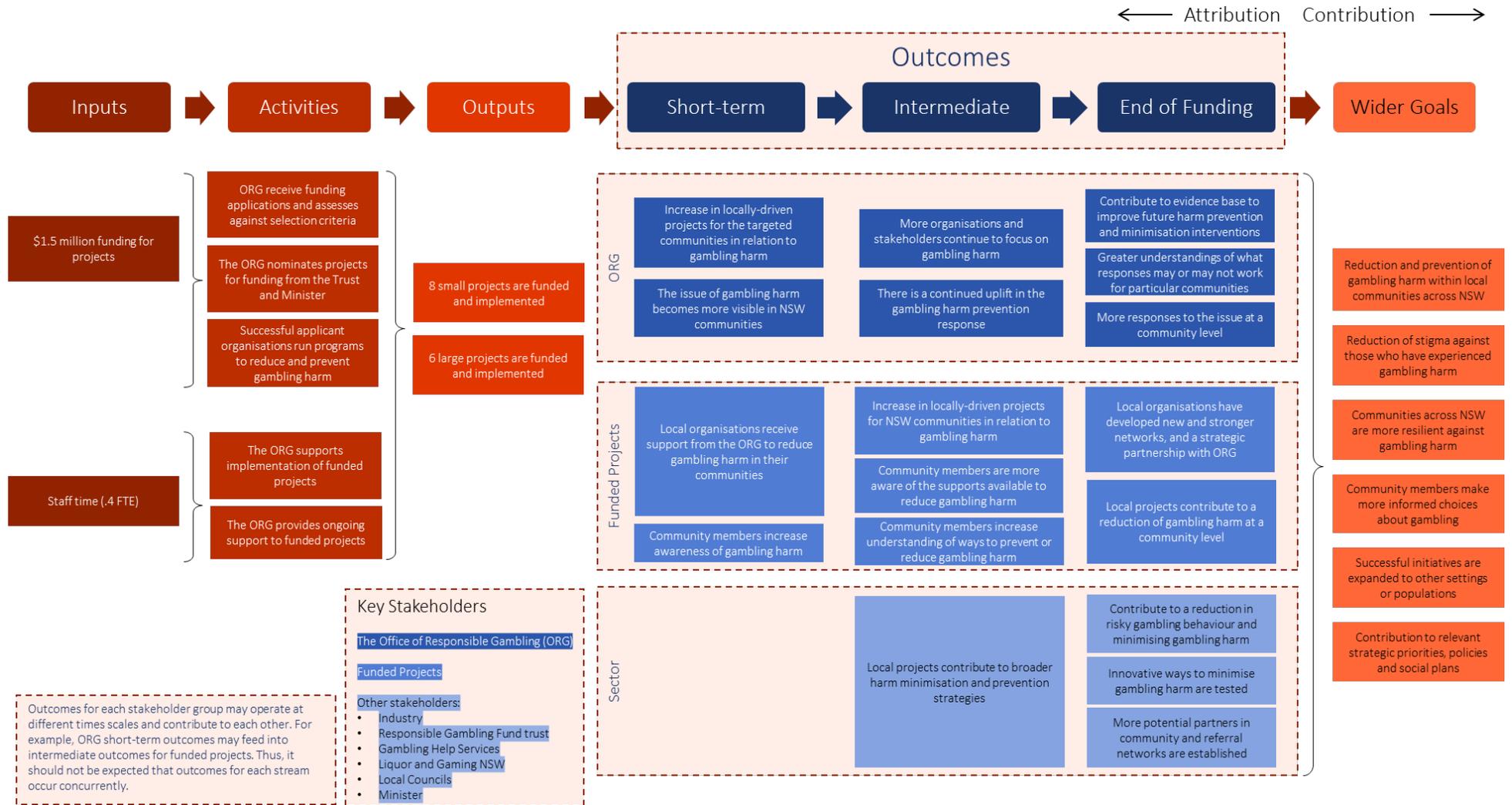


Figure 8: Program logic for the Local Prevention Grants Program 2020

Table 11: Detailed evaluation framework

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

Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
2. To what extent has the Program been delivered effectively and as intended?	b) What risks or needs were projects seeking to address, and to what extent was it addressed?	<ul style="list-style-type: none"> • Summary of the range of needs identified across funded projects • Evidence of outcomes across projects that address those needs 	<ul style="list-style-type: none"> • Project applications and project plans • Project reports • Data collected by projects 	findings for midpoint report
	c) What communities did the projects target and how many people did they reach?	<ul style="list-style-type: none"> • Identified target communities • Reach of project activities across levels of intensity 	<ul style="list-style-type: none"> • Project plans • Project reports 	
	d) What settings did the projects take place in?	<ul style="list-style-type: none"> • Identified target settings for projects 	<ul style="list-style-type: none"> • Project plans • Project reports 	
	e) What geographic locations did the projects take place in?	<ul style="list-style-type: none"> • Identified geographic locations for projects 	<ul style="list-style-type: none"> • Project plans • Project reports 	
	f) What were the key outputs and activities associated with each project type?	<ul style="list-style-type: none"> • Description and categorisation of project types and associated outputs and activities 	<ul style="list-style-type: none"> • Project plans • Project reports 	
	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"> • Identification of organisational differences (e.g. type, size, structure, organisational remit) • Any other differences that emerge (e.g. outcomes between small and large projects) 	<ul style="list-style-type: none"> • Project plans • Project reports 	
	h) What partnerships were established or utilised during the delivery of each funded project?	<ul style="list-style-type: none"> • Number and identity of partner organisations • Role of partner organisations • Contributions (in-kind or otherwise) of partners 	<ul style="list-style-type: none"> • Project plans • Project reports 	
	i) In what ways did established partnerships support reach into targeted communities?	<ul style="list-style-type: none"> • Role of partner organisations in supporting reach into communities 	<ul style="list-style-type: none"> • Project plans • Project reports 	

Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
	j) Have any unintended consequences (positive or negative) arisen from the introduction of this program?	<ul style="list-style-type: none"> Any identified unintended outcomes 	<ul style="list-style-type: none"> Office staff Project staff Project reports 	
Effectiveness – Program outcomes 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"> Review of project logics to determine how the project will contribute to Program aims Alignment of collective project outcomes to the Continuum based on documented contribution 	<ul style="list-style-type: none"> Project reports Project participant data (where relevant) 	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"> Evidence of awareness of gambling harm in target communities and settings 	<ul style="list-style-type: none"> Project reports Project participant data (where relevant) 	
	c) How, and to what extent, did the Program support community members to make informed decisions about gambling?	<ul style="list-style-type: none"> Promotion of responsible gambling / informed decision-making messaging and content 	<ul style="list-style-type: none"> Project reports Project participant data (where relevant) 	
	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"> Evidence for reduction in perceived or experienced stigma (depending on project activity) 	<ul style="list-style-type: none"> Project reports Project participant data (where relevant) 	
	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"> Evidence of help seeking for gambling harm in target communities and settings 	<ul style="list-style-type: none"> Project reports Project participant data (where relevant) 	
	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"> Organisations indicate or demonstrate increased capacity / capability / motivation to design and delivery community-based prevention activities 	<ul style="list-style-type: none"> Project staff 	

Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
Appropriateness – Engagement 4. To what extent were the engagement techniques used by projects appropriate and effective?	a) How did the projects engage with the targeted communities?	<ul style="list-style-type: none"> Documentation of the methods / means used to engage with target communities 	<ul style="list-style-type: none"> Project plans 	Both reports - but will only be preliminary findings for midpoint report
	b) Were these engagement methods appropriate for the targeted communities?	<ul style="list-style-type: none"> Evidence of levels of reach from different engagement methods 	<ul style="list-style-type: none"> Project reports 	
	c) In what ways did engagement methods change over time?	<ul style="list-style-type: none"> Documentation of any changes or adaptations resulting from poor reach / engagement 	<ul style="list-style-type: none"> Project reports 	
Future and Sustainability 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"> Documentation of anticipated (in project plan) and actual (project reports) sustainability strategies 	<ul style="list-style-type: none"> Project plans Project reports 	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"> Evidence of sustainability strategies being implemented and continued post-funded period 	<ul style="list-style-type: none"> Funded organisations / project staff 	
	c) What opportunities are there for improving prevention grant program design and delivery in future?	<ul style="list-style-type: none"> Feedback from all stakeholders identifying opportunities for improvement Synthesis of all lessons and results from Program and project delivery 	<ul style="list-style-type: none"> Office staff Project staff Program processes and outcomes 	
	d) Did funded organisations have their organisation capacity built in regard to preventing, reducing and addressing gambling harm?	<ul style="list-style-type: none"> Reported increase in capacity to deliver prevention and harm reduction activities Continued motivation / interest reported by organisations to deliver 	<ul style="list-style-type: none"> Project staff Project reports 	

Key evaluation questions	Sub evaluation Question	Indicators / evidence to consider	Data sources	Reporting stage
		prevention activities in the future		

Evaluation planning with the Office and funded projects

FPC's role early in the Program was to support evaluation planning with both the Office and funded projects. Evaluation planning with the Office included:

- Discussing the content and format of the project plans that will to be completed to ensure that they will meet the needs of the evaluation, including the role of project logics and data collection plans
- Collaborating to develop a project report template that would meet the needs of both the Office and FPC in terms of project monitoring and the production of evaluation reports, such as this midpoint evaluation report.

Once the funded organisations project plans were submitted to the Office and approved, FPC supported the projects on the development of their project logic and data collection plan. The project logic process identifies the steps in-between the activities undertaken, and the contribution to broader changes they are seeking to make. Following on from this, the data collection plan identifies when key pieces of information will need to be collected, and what that should focus on – for example, demonstrating increase in participant awareness.

Once this process was completed, FPC then transitioned into a supporting role with projects. This entailed:

- Holding regular point in time (e.g. monthly) 'check-ins' and see how things are going with their data collection and monitoring efforts
- Providing assistance to develop appropriate data collection tools as required
- Providing advice and support if project activities need to change, or if the original plan for data collection was not effective.

Ultimately, the intent was to help ensure projects were able to collect the 'right' kind of data for the stage of project delivery, and to feel supported in this process. It is important to recognise the varying capabilities and capacity for evaluation in community-based and locally focused organisations. As such, we wanted to ensure that funded projects were supported throughout their Program experience.

Midpoint evaluation reporting

Document review of project reports and data

In the lead-up to the production of this midpoint evaluation we reviewed all submitted successful applications, project plans and project reports. This provided key insights into:

- Needs addressed by the project, including target communities and settings
- Project delivery, including activities undertaken, the reach of these activities and the settings in which they occurred
- Partnerships, including how the partnerships have been contributing to project delivery
- Adaptations or changes that projects have made and the reason why
- Achievements and challenges from the perspective of the project managers.

Information was extracted and consolidated into spreadsheets and qualitative analysis platforms (i.e. NVivo). The focus was on extracting information that addressed the relevant evaluation questions noted previously in Table 11.

In addition to the review of these documents, we also reviewed collected primary data provided by projects. The intent at this stage is to ascertain early insights into the sorts of outcomes achieved, as well as understand what sort of outcome data is likely to be provided to inform the final evaluation report.

Data collection with staff from the Office and projects

We recognise that the Program is one of the first major experiences the Office has had in funding community-based prevention projects. As such, it is important to capture the perspectives of both staff from the Office, and funded projects, to understand the structural elements that have informed the design and delivery of projects. In the context of grant programs, this starts with understanding the grant application process – including the scope of program guidelines and support provided throughout.

This included interviews with successful applicants (n=17 from 14 organisations), the grant assessors (n=7), and surveys to unsuccessful applicants (n=4 completed surveys) and those that started but did not submit an application (n=6 completed surveys).

Data analysis

Our approach to analysis is twofold. First, we would use a mixture of quantitative (largely descriptive) and qualitative (thematic) techniques to summarise data collected from and by projects, as well as through interviews. Where relevant, this would be presented in a mixture of graphs, tables and conceptual diagrams. Insightful comments would be presented as (deidentified) quotes.

Once analysis has been completed the results will be incorporated into the report.

Reporting

In our experience, it is useful to set an overarching ‘purpose’ to guide reporting to help focus recommendations and identify what would be most useful. Conversations with the Office have highlighted that the interim evaluation provides the chance for a ‘health check’ of the Program, and to see if there are any changes or improvements that could be made for the remainder of delivery.

We would also specifically explore the Program development and guidelines processes to see if there are any lessons for future prevention grant programming. This would not be explored again in the final report. Other components of the evaluation questions would be reported on to some extent.

We would provide a draft report to the Office for their review and comment. Following receipt of any comments or requests for clarification, we would then revise the report and provide a final version to the Office in both Word and PDF formats.

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
Aim	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
Target group	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 ¹⁶)	People affected by higher levels of gambling harm
How it is delivered	Primary prevention activities that limit risk exposure and/or protect individuals by changing underlying factors that contribute to gambling harm	Early detection and early intervention strategies to reduce exposure and prevent recurrence	Help-seeking and actions to manage and reduce the progression of the disease/disorder and improving quality of life
When actions taken	Before gambling occurs, to avoid it entirely	Before the onset of gambling harm, when signs are present	When gambling harm requires alleviating of consequences

¹⁶ 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

Intended outcomes	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
--------------------------	---	---	---

	Primary / UNIVERSAL	Secondary / SELECTIVE	Tertiary / INDICATED
Examples of strategies, using the Ottawa Charter action areas¹⁷			
Build healthy public policy	<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>	
Create supportive environments	<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>	

¹⁷ 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>Strengthen community action / capacity building</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 providers¹⁸ 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>Develop personal skills</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>

¹⁸ Community program and service providers may include, for example, community centres, neighbourhood houses, sports clubs, men’s sheds, etc

<p>Reorienting health services toward prevention of illness</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>
--	--	---	---

References

- ACT Government. *Strategy for gambling harm prevention in the ACT. A public health approach 2019 – 2024*. Gambling and Racing Commission, ACT. Retrieved from https://www.gamblingandracing.act.gov.au/_data/assets/pdf_file/0009/1436580/Strategy-for-gambling-harm-prevention.pdf
- Australian Institute of Health and Welfare. (2014). *Australia's health 2014*. Canberra: AIHW. <https://doi.org/10.25816/5ec1e4122547e>
- Department of Health and Human Services Tasmania. (2010). *Working in Health Promoting Ways: A Framework for Health and Community Services*. Retrieved from <https://www.health.tas.gov.au/wihpw/>
- 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>
- Office of Responsible Gambling. *Education and Awareness strategy 2018-2021*. Retrieved from [ORG-EducationStrategy-2018-2021-v2.pdf \(nsw.gov.au\)](https://www.orsg.nsw.gov.au/ORG-EducationStrategy-2018-2021-v2.pdf)
- Prevention Institute. (2008). *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*. Retrieved from <https://www.preventioninstitute.org/publications/prevention-for-a-healthier-america-investments-in-disease-prevention-yield-significant-savings-stronger-communities>
- Rose, G. (1992). *The strategy of preventive medicine*. University Press. <https://www.cabdirect.org/cabdirect/abstract/19932020318>
- South Australia. Department of Health – Statewide Service Strategy Division. (2011). *Primary Prevention Plan 2011-2016*. Government of South Australia. Retrieved from <https://www.sahealth.sa.gov.au/wps/wcm/connect/fd31550046cd63e9937dfb2e504170d4/PrimaryPreventionPlan20112016-SSS-HPB-1105.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-fd31550046cd63e9937dfb2e504170d4-nwMIYCZ>
- 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>
- World Health Organization. (2004). *WHO Global Forum IV on Chronic Disease Prevention and Control (4th, Ottawa, Canada)*. WHO, Geneva. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/43208/9241593164_eng.pdf?sequence=1

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 12: Project logic model short-term outcomes and evidence collected to date

	Awareness and knowledge of gambling harm and at-risk behaviours	Identifying signs and symptoms of problem gambling and risk-factors	Access to referral pathways, support services, and resources	Understanding of gambling convergences	Learning skills and strategies	Services and workers become more responsive and competent	Other	Evidence collected to date
CatholicCare	Families have increased knowledge of technology use		Families have an increased awareness of available support	Families have an increased awareness of the relationships between gaming and gambling	Families learn strategies to deal with tech overuse and cyber safety			Workshop feedback form with 8 responses
Fairfield City Council	Community members are more informed about gambling harm, support services, and referral pathways	Young people have increased knowledge and skills in identifying gambling harm	Young people have access to resources addressing gambling harm			Community workers have an increased understanding of gambling harm and how to support those experiencing harm, including referral pathways		Community of Practice initial survey with 8 responses
Granville Multicultural Community Centre	Increased knowledge for young people surrounding gambling harm and how to access resources for help		Increased knowledge of referral pathways for community sector workers in Cumberland LGA			Increased knowledge for community sector workers surrounding gambling harm for young people	Young people become engaged in the My Money My Way campaign and begin sharing campaign content within their social media networks	
Jumbunna Institute for Indigenous	6 Indigenous young people are more engaged with the issue of				6 Indigenous youth engaged and skill-up in animation		Participants have an increased sense of wellbeing	

Education and Research, University of Technology Sydney	gambling harm, and understand how this relates to their community		Increased opportunity for young people in the community to build skills in digital media and cultural development 6 Indigenous young people have increased skills in project management	and social connectedness
Lifeline Broken Hill Country to Coast	Participants have an increased awareness and understanding of the risks and harms of gambling At-risk groups have a better understanding of problem gambling as a health issue	Participants have increased knowledge of the signs and symptoms of gambling harm		Businesses are invested in the program enough to use the resources Reflective piece Event feedback form with 8 responses
Lifeline Harbour to Hawkesbury	Attendees have greater awareness of risks of gambling	Attendees have increased awareness of help-seeking options	Attendees have greater understanding of managing their own finances Attendees have increased confidence in their ability to manage their own budget	Pre-workshop survey with 11 responses Post-workshop survey with 7 responses
Lifeline North Coast	Community members have increased intention to seek help for gambling	Community members are more aware of gambling help services		Gambling Helpline Statistics Broadcast report

<p>Macedonian Australian Welfare Association</p>	<p>The community has increased awareness on the signs and symptoms of problem gambling</p>	<p>The community has increased awareness on where to seek help for gambling harm</p>		<p>Key specific (current and emerging) needs of the target community obtained and recorded</p> <hr/> <p>Specific content for information workshops / forums / resources is obtained and recorded</p> <hr/> <p>Community members intend to share what they learned with others</p>	<p>Verbal feedback recorded from events with 36 participants total</p>
<p>Mudyala Aboriginal Corporation</p>	<p>Increased awareness amongst the community of the impacts of gambling harm and how it varies across communities</p> <hr/> <p>Improved knowledge about gambling help that is culturally appropriate to Aboriginal communities</p>	<p>Improved ability to recognise someone with gambling issues</p>	<p>Improved awareness among participants of local community help services</p>	<p>Participating women improve financial literacy</p>	<p>Increased materials and resources available for help organisations to use that is relevant to Aboriginal Communities</p>
<p>Northern United Rugby Club</p>	<p>Young people have increased awareness about gambling harm</p>	<p>Young people have increased knowledge of initiative,</p>		<p>Young people have increased exposure to positive role</p>	

	and responsible spending Local Aboriginal population has increased insight about importance of providing for their families	partnerships, and help seeking options			models and alternative activities	N/A ¹⁹
Uniting (Victoria and Tasmania) Limited	Children and young people have a better understanding of at-risk gaming behaviours	Children and young people are more likely to seek help for themselves and their peers if they become concerned about at-risk gaming behaviours Support networks have increased understanding of referral pathways	Children and young people, and their support networks, have increased understanding of gaming and gambling convergence		Support networks have increased understanding of protective factors and intervention approach	
University of Sydney	Community members have increased understanding of the extent of problem gambling in Aboriginal communities	Community members have increased knowledge of referral pathways and therapeutic processes Service providers have increased knowledge of referral pathways and therapeutic processes		Health workers have increased knowledge of how to take action on problem gambling Health workers have increased confidence to identify risk-factors	Project is steered by Aboriginal people Community feedback informs educational forums	Community consultation feedback form with 19 responses

¹⁹ 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.

		Peer support workers have increased knowledge of therapeutic process and referral pathways for those experiencing gambling harm		Service providers have increased understanding of problem gambling issues	Staff knowledge in engaging with peer support worker increases
				Cultural competence in engaging with Aboriginal staff member increases	Peer support worker feedback and knowledge informs peer support worker manual
Walgett Aboriginal Medical Service	Attendees improve their awareness of the harm from gambling	Attendees improve their awareness of the ways to seek help			Community members are willing to be involved
					Safe place commenced being designed which is culturally appropriate
Wesley Mission²⁰	Awareness of pathways into gambling	Know how to access relevant support service if they or someone they know is impacted by problem gambling. Exposure to debt management and financial counselling services		Program participants can draw links to financial literacy, financial wellbeing and gambling harm	Know the importance of SMART goals and goal setting in the context of personal and family money management
				Learn methods around impulse control and risk. Gain information in CBT strategies that can be employed to prevent or reduce gambling related activities	Participants know their income and expenses
					Post-workshop staff reflections with 2 responses
					Feedback forms with 4 responses (only examples provided)
					Workshop survey with 97 responses

²⁰ 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.

Know the core
elements of
creating a
personal budget
Understand
consumer debt
and debt traps
Exposure to
current money
monitoring tools

Table 13 below summarises the key deliverables, activities and overall delivery status of funded projects.

Table 13: Progress on delivery (n=14)

Organisation	Deliverables	Progress on key activities	Status
CatholicCare	<ul style="list-style-type: none"> 2-hour workshops (across 4 sites over 4 school holidays) for families to educate, increase awareness and give strategies about screen time 2-hour workshops (across 4 sites over 4 school holiday) for families to educate, increase awareness and give strategies on cyber safety 	<ul style="list-style-type: none"> 2/8 key activities delivered 6/8 key activities partially delivered 	On track: promotional material developed and two workshops delivered. The remaining two workshop were postponed and have been rescoped to better suit the needs of community groups.
Fairfield City Council	<ul style="list-style-type: none"> Fairfield Responsible Gambling Community of Practice (CoP) Self-evaluation of Community of Practice Governance framework and 2022/23 work program developed for CoP 12 Responsible Gambling Educational sessions delivered Digital storytelling resources targeting at-risk youth and young adults Website, social media and print resources (bilingual as required) Responsible Gambling Awareness Week 2020 and 2021 	<ul style="list-style-type: none"> 5/18 key activities delivered 6/18 key activities partially delivered 7/18 key activities not delivered 	On track: received an extension. Train the trainer program being developed, workshops to be delivered April-May 2021, digital resource being developed.
Granville Multicultural Community Centre	<ul style="list-style-type: none"> Information sessions for CALD organisations Deliver workshops to 5 local schools Provide three educational workshops in relation to gambling harm for young people #social media campaign Financial & therapeutic counselling for young people 	<ul style="list-style-type: none"> 3/14 key activities delivered 2/14 key activities partially delivered 9/14 key activities not delivered 	On track: workshops have been designed, currently coordinating for delivery.
Jumbunna Institute for Indigenous Education and	<ul style="list-style-type: none"> Script writing Run intern workshops about scripts turning into animation 	<ul style="list-style-type: none"> 13/18 key activities delivered 2/18 key activities partially delivered 	On track: delay receiving merchandise due to lockdowns, media campaign to be

Research, University of Technology Sydney	<ul style="list-style-type: none"> • Begin animation workshops and the support around the styles • Post-production and sound • Online Campaign output • Reporting and collating of surveys from students/interns • Social media strategy for interns to be laid out to work with Waruwi and Gambling Safe guidelines 	<ul style="list-style-type: none"> • 3 key activities not delivered 	delivered May with completion December 2021.
Lifeline Broken Hill Country to Coast	<ul style="list-style-type: none"> • Recruitment of a suitably qualified project coordinator • One-hour seminars monthly over the twelve-month period • Targeted responsible gambling awareness campaign • Create informative Responsible Gambling resources for ongoing distribution. • 3 x 1-2-hour events with guest speakers relevant to the program 	<ul style="list-style-type: none"> • 1/5 key activities delivered • 4/5 key activities partially delivered 	On track: recruitment of project coordinator was unsuccessful, decided to use existing staff. A lack of interest in seminars prompted a change in approach, 3 successful sessions have now been held. Challenge recruiting suitable guest speakers, have now partnered with local AFL to attract more high-profile speakers.
Lifeline Harbour to Hawksbury	<ul style="list-style-type: none"> • Financial Literacy workshop materials • Marketing • Workshop 	<ul style="list-style-type: none"> • 5/10 key activities delivered • 1/10 key activities partially delivered • 4/10 key activities not delivered 	On track: received an extension due to Covid-19, marketing material has been developed and 1/4 workshops have been delivered.
Lifeline North Coast	<ul style="list-style-type: none"> • Up to 5 professionally produced approved radio announcements • On-air broadcasting of announcements morning afternoon and drivetime 	<ul style="list-style-type: none"> • 3/3 key activities delivered 	Completed: radio announcements have been developed and broadcast.

Macedonian Australian Welfare Association	<ul style="list-style-type: none"> • Appoint multicultural and multilingual educator • Consult with target communities in relation to the project implementation • Complete project media plan Forums • Educational marketing resources produced, and other current resources collated • Deliver monthly workshops / info sessions and media education 	<ul style="list-style-type: none"> • 4/8 key activities delivered • 2/8 key activities partially delivered • 2/8 key activities not delivered 	<p>On track: resources have been developed, Covid-19 caused delay in first forum delivery, now scheduled for April with August 2021 completion.</p>
Mudyala Aboriginal Corporation	<ul style="list-style-type: none"> • Ongoing meetings • Commitment of field and Games • Creation of and collection surveys and data • Running of KO over the weekend • Camp • Advertisement • Film 	<ul style="list-style-type: none"> • 9/37 key activities delivered • 9/37 key activities partially delivered • 19/37 key activities not delivered 	<p>On track: Covid-19 delayed sanction approval which pushed some components back, may hold camp prior to knockout.</p>
Northern United Rugby Club	N/A	N/A	<p>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.</p>
Uniting (Victoria and Tasmania) Limited	<ul style="list-style-type: none"> • Develop resources for: Professionals/including education professions; children; Young people; and parent/guardians/care-givers • Develop content to target cohorts including: Identified year 4 (8/9), teachers, service providers, parenting program • Evaluate pilots • Create train the trainer module • Deliver training program • Final evaluation 	<ul style="list-style-type: none"> • 3/17 key activities delivered • 5/17 key activities partially delivered • 9/17 key activities not delivered 	<p>Delayed: concern around the project timeframes and engagement of schools.</p>

<p>University of Sydney</p>	<ul style="list-style-type: none"> • Implement a workshop for health workers to educate them about gambling harm • 3 Steering Committee Meetings (commencement, middle, conclusion of project) 8 committee members per region • 2 community consultations (1 per region) • 12 educational community forums (6 per region) • 4 workshops for service providers (2 per region) • Community engagement at key Indigenous events • Develop Peer Support project manual • Indigenous Peer Support Workers 	<p>South West Sydney:</p> <ul style="list-style-type: none"> • 15/35 key activities delivered • 20/35 key activities not delivered <p>Western Sydney:</p> <ul style="list-style-type: none"> • 13 key activities delivered • 22/35 key activities not delivered 	<p>Delayed: signing of funding agreement, community consultation and building relationship with Real Futures to employ someone have caused delays in project delivery.</p>
<p>Walgett Aboriginal Medical Service</p>	<ul style="list-style-type: none"> • Gambling awareness workshops • Family and individual activities to be held in the garden • Re-build the community garden • Build a community message wall • Support people with gambling problems 	<ul style="list-style-type: none"> • 9/14 key activities delivered • 1/14 key activities partially delivered • 4/14 key activities not delivered 	<p>On track: workshops have been delivered, planning for garden and message wall underway.</p>
<p>Wesley Mission</p>	<ul style="list-style-type: none"> • 14 complete MOU partnership letters with community service agencies • Design training material and resources • Development of referral pathways for training participants • Deliver training 	<ul style="list-style-type: none"> • 7/8 key activities delivered • 1/8 key activities partially delivered 	<p>On track: increased number of sessions to compensate for low attendance numbers.</p>

Table 14 provides a breakdown of the reporting in-kind contributions from partners.

Table 14: Breakdown of in-kind contributions

Organisation	Labour and admin support	Expertise and advice	Infrastructure support
CatholicCare	\$400		\$960
Fairfield City Council		\$3,690	
Granville Multicultural Community Centre			\$1,800
Lifeline Broken Hill Country to Coast	\$200	\$600	\$300
Lifeline Harbour to Hawksbury			\$296
Lifeline North Coast	\$1,710		\$15,330
Macedonian Australian Welfare Association	\$160	\$540	
Mudyala Aboriginal Corporation	\$1,720	\$18,270	\$720
Northern United Rugby Club ²¹	N/A	N/A	N/A
Uniting (Victoria and Tasmania) Limited	\$100	\$90	
University of Sydney (South West)		\$540	\$250
Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney	\$6,720	\$13,440	\$4,800
Walgett Aboriginal Medical Service	\$6,700	\$12,720	
Wesley Mission	\$1,000	\$1,200	\$1,650
Total	\$18,710	\$51,090	\$26,106

²¹ 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.