Victorian
**Responsible
Gambling
Foundation**

BEHIND THE SCENES AT THE NEIGHBOURHOOD HOUSE

UPPER MURRAY REGIONAL NEIGHBOURHOOD HOUSE COLLECTIVE INCORPORATED

Upper Murray Regional · Neighbourhood House Network

Contact

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1. Introduction

1.1 Background

600 words (maximum)

Detail the background to your project – this includes a description of the problem you were trying to address (context) and the reason/s for implementing the project, specifically within your funding period. (This is the "what" and "why" and "when").

Describe how your project has addressed the problem it seeks to resolve. What evidence is there for the approach taken? A good place to start is with the application you originally submitted to the Foundation. (This is the "how" and may include the "who").

Some of the components you might include here are:

* *a short summary of the project and any deliverables/outputs (e.g. resources, video) that you produced*

* *the local areas/regions you operated in during the project*

* *the target populations and/or settings*

Tip: This section should be written assuming that the reader knows nothing about your project.

The Upper Murray Regional Neighbourhood House Network (UMRNHN) was successful in our application to the Prevention Partnership Program (PPP) for the *Behind the Scenes at the Neighbourhood House* project. Our Network is located in the Upper Murray, and has 16 members, all of which are funded neighbourhood houses (NHs). We cover six Local Government Areas (Alpine, Towong, Indigo, Wangaratta, Wodonga and Moira, with NHs located in 12 communities, ranging from regional cities (eg Wodonga) to small rural settlements (eg Moyhu).

Our project builds on a previous PPP project delivered by the CHAOS (Community Houses Association of the Outer Eastern Suburbs) Network in 2017-2019 (*Together We Do Better*). We wanted to take the objectives and learnings from this metropolitan-based project and contextualise them to a rural/regional setting.

NHs have a strong focus on reducing loneliness and isolation, and creating connections. They work with some of the most hard to reach parts of the community, through programs such as emergency food relief, Centrelink, disability programs, and by hosting services such as employment services, counselling, & maternal and child health. Many also take on volunteers through community service orders.

Loneliness and social isolation have been identified by Network members as a growing issue, as evidenced by the increased participation in, for example, community meals and food share.

The work of NHs is underpinned by community development principles that have been developed for the NH sector. These principles include community participation, empowerment, access/equity, self help, social action, and inclusion.

Research suggests that gambling losses are higher in areas of relative social economic disadvantage, indicating that resulting harm impacts communities and individuals who are

least able to cope or to recover. Research also indicates that loneliness and social isolation are contributing factors to harmful gambling, as well as boredom.

These two factors form the basis of our project "Why?" Taking a primary prevention approach, we wanted to provide an opportunity for staff (particularly NH managers) and volunteers (where possible) of our member NHs to better understand the harm caused by problem gambling and the risk this poses in their own community, and to reflect and develop new local initiatives or strategies that would help reduce gambling harm, particularly through the reduction of social isolation and loneliness. It was important to provide autonomy to the NHs so they could develop locally relevant responses, rather than attempting a 'one size fits all' approach.

The project had two main elements:

- Network-wide activities, such as Aboriginal Cultural Awareness training, an education program to highlight the impact of gambling harm, live and online performances from Three Sides of the Coin, production of four banners, and the development of a Network-wide agency referral guide
- NHs applying for seed funding to develop activities at a local level. Applications were received from 13 of the 16 Network members.

We also developed an Aboriginal and Torres Strait Islander Cultural Safety Checklist for Neighbourhood Houses, collaborating with the Central Hume PCP, one of our project partners. This was not something we'd planned to do when applying for the funds, but it has been an outstanding outcome that – with some additional consultation – will be released to NHs across the State.

1.2 Objectives

List here the specific objectives your project aimed to achieve by the end of the funded period and whether these were achieved or not. (refer to your project plan for original objectives and indicate if these were adjusted for any reason throughout delivery).

Note: timelines in the objectives were not met. The project was extended from June 2021 to end of March 2022.

Objective 1: 100% of UMRNHN member organisations, through their staff and volunteers, engage in Network-wide awareness raising activities and training - by August 2020

This was achieved, despite the challenges presented by COVID-19. Our trainer, Cathy Fyffe, who had worked on the *Together We Do Better* project, adapted the training to an online (Zoom) platform. We were able to easily incorporate lived experience speakers from ReSPIN, and Jody Riordan from Gateway Health Gambler's Help service. Running the two workshops online made it much easier for our members to attend, given the large geographic area they come from. This was one of the few positives to come from the pandemic.

Objective 2: 75% of UMRNHN member organisations will lead a local initiative designed to reduce the risk of people engaging in problem gambling - by December 2020

This objective was achieved. Thirteen of the sixteen (81%) UMRNHN members successfully applied for up to $4,500 for a local initiative. To encourage and assist members to apply we ran two online 'pop-up' sessions where members could join the session to talk through their idea/s with Cathy and others present, especially around the purpose and what they were

hoping to achieve in relation to reducing risk factors associated with gambling harm. The pop-up sessions had also been planned as face-to-face but pivoted to online. Like the training workshops, we had better utilisation as a result.

Objective 3: 75% of individuals from UMRNHN member organisations agree they have significantly increased their knowledge of the harm caused by gambling - by June 2021 (end of project)

This objective was achieved. We have captured data relating to increased knowledge of the harm caused by gambling through:

- Seed Funding Acquittal Reports (summary included in Appendix 4)
- Online surveys – one at the start of the project and one at the project completion – to get a snapshot of the level of awareness of people who had participated in the project from start to finish

Every one of the 14 people who responded to the end of project survey said their involvement with the *Behind the Scenes* project had increased their understanding of gambling related harm. 69% said their understanding had increased quite a lot or very much.

Several people stated in their acquittal report that the project had increased their understanding and appreciation of gambling harm. Some examples are below:

> "Not only did MBNCI learn a great deal about problem gambling, but we also feel sure the community benefited from the service we were able to deliver." (Mt Beauty Neighbourhood Centre)

> "There has not been a single person we have spoken with that does not believe that there are far too many ways for people to become addicted to gambling and that more needs to be done to regulate this more. We have appreciated this opportunity to explore gambling harm with people in our Pangerang community, to really put thought into what this harm looks like and discuss ways which we can do better as a community to highlight gambling harm and to support people and seek change." (Pangerang Community House)

> "Great learning opportunity for volunteers, staff and community." (Open Door Neighbourhood House)

Objective 4: 75% of UMRNHN member organisations report an increase in confidence to offer ongoing opportunities to reduce gambling related harm – by June 2021

Note: Data for this objective was gathered through a survey at the end of the project, with some feedback also through the acquittal form.

This objective was achieved. The ratings for this survey question went from "not at all confident" to "very confident". The average response from the start of project survey (3.29) increased to (3.38) in the end of project survey – only a small increase, but with 54% saying they were confident or very confident. Several stated in their acquittal report that they would look for ways to continue the work started through the seed funding. Examples of comments are below:

> "Problem gambling will continue to be a key topic to be revisited by the Rebound program broadcast by Alpine Radio." (Mt Beauty Neighbourhood Centre)

"We will continue to utilise the resources, promotional flyers, surveys and other information we have collated throughout the last 12 months. We will also encourage our staff to keep their knowledge up to date. Information about gambling harm has now been incorporated into our delivery of Responsible Conduct of Gambling." (Yarrawonga Mulwala Community & Learning Centre)

Objective 5: 75% of UMRNHN member organisations report increased confidence in supporting someone who may be experiencing harm from gambling

Data for this objective was gathered through a survey at the end of the project.

This objective was achieved. The ratings for this survey question went from "not at all confident" to "very confident". The average response from the start of project survey (2.71) increased to (3.62) in the end of project survey. 69% said they were confident to support someone in their community who may be experiencing gambling harm to access help.

The survey question asking about awareness of services and programs in the community provided by other organisations for people experiencing gambling harm showed a significant increase from an average rating of 2.71 to an average rating of 3.69, with 54% indicating they are quite aware/very aware, and 31% saying they are aware. This increased awareness indicates they would be more confident and able to refer people onto relevant services.

It has been great to see that many of the NHs in the Network are displaying information about gambling harm, including the posters we developed as part of the project (see Appendix 4).

Objective 6: 75% of UMRNHN member organisations have identified at least one new partnership/relationship that will assist them in continuing their work to reduce gambling harm in their local community – by June 2021

Data for this objective was gathered through the seed funding acquittal form.

This objective was achieved. All participating NHs except one (92%) reported at least one new partnership which will help them continue the work started through the seed funding. All except three (76%) reported strengthened partnerships/relationships. This was an area that was definitely affected by COVID lockdowns, with some commenting that developing partnerships has been very challenging.

Objective 7: 75% of UMRNHN member organisations report they will continue to facilitate community education opportunities around the harm caused by gambling and pathways for help – by June 2021

Data for this objective was gathered through a survey at the end of the project, with some feedback also through the acquittal form.

This objective was not achieved. Most people were quite interested or very interested (69%) in learning more about the impact of gambling related harm in their communities, and ways to reduce the risk of people impact by gambling related harm. However, only two stated they would be continuing with gambling specific programs.

Having said that, all participating NHs will continue their work in developing programs and activities that will connect people, and reduce loneliness and isolation. As a Network, we have also developed a strong relationship with Gambler's Help, and they have begun work in engaging with individual NHs so they can provide outreach counselling services to rural communities based from the NH.

2. Project Activities

2.1 Overview
500 words (maximum)

Include a summary or overview of the approach taken through your project, similar to the justification used in your original application, but incorporating changes made along the way. Include how the project improved over time (if relevant, for example, did you make changes during delivery that improved how it ran/what it achieved), and any challenges or delays.

Refer to Appendix 1 for further detail.

Note: the timeframes in the original application from the start of 2020 changed considerably due to the Black Summer bushfires and COVID-19. These were adjusted in the PPP Progress Reports submitted to VRGF.

Project Reference Group:

The PRG was formed, with membership from Upper Hume and Central Hume PCPs, Gambler's Help, Sport North East and CHAOS Neighbourhood House Network. The group met formally three times through the life of the project. Meetings provided a project update and identified potential intersections between the project and the partners' areas of work.

The group itself did not contribute as much to the project as we'd anticipated. We did not use them as well as we could have to promote the work of the project and the issue of gambling harm. However, we worked closely with all partners other than Sport North East (SNE) on various aspects of the project, including the Cultural Safety Checklist (CHPCP), and the Referral Guide and Three Sides of the Coin (TSOTC) performaces. CHAOS provided templates and advice for us to build on, and we worked closely with their project staff. SNE were difficult to engage due to changes of staff so we did not work with them at all.

Project worker:

Finding skilled staff was difficult. We contracted the project worker from the CHAOS project, and toward the end of 2020 employed a skilled part time project worker who really helped get the project back on track after the disruption of COVID.

Communication Plan and Evaluation Framework:

The project communication plan was included in the overall Network Communication Plan. Communications about the project and gambling harm were included on the Network's website and Facebook page, and updates provided at member forums. We engaged successfully with Rural City of Wangaratta Council through the Wangaratta Partnership group and followed through with discussions about the inclusion of gambling in their updated Municipal Health and Wellbeing Plan. We had hoped to do more with communications, particularly engaging with local government. COVID was definitely a distraction; however, there was an opportunity there to promote the increased risk of gambling harm for people stuck at home in lockdown that was not capitalised on. We did work with Gambler's Help on two large media releases leading into 2021 Gambling Harm Awareness Week and the TSOTC performances, and did an interview with ABC local radio about TSOTC.

The Evaluation Framework was developed using a program logic model. It helped inform the questions in the surveys and acquittal report for the seed funding projects.

Awareness and Education program:

We had very good attendance at the two workshops, held online instead of face to face. Jody Riordan from Gambler's Help presented local gambling data and we had speakers from ReSPIN. These workshops informed staff and volunteers of NHs about issues related to problem gambling, and initiated some good discussion.

Social Activation Volunteers:

This activity was scrapped after discussion with Network members about the viability of trying to engage and train volunteers during COVID. A similar approach had been tried by some of the Network NHs without success through another program so it was not felt to be enough of a priority. It didn't adversely affect the outcomes of the project. It is an activity that was harder to implement in a rural/regional setting. The funding that was allocated to this activity went toward the seed funding for local iniatives – increased from $4000 to $4500 for each applicant, and we received one more application than was budgeted – and Cultural Awareness training (not specified in original budget)

Cultural Awareness training:

Two workshops were delivered, one face to face and one online (due to COVID), with a third scheduled for July. Attendance was very good, with managers, volunteers and/or committee members attending from over two thirds of our members. Feedback was outstanding. We will continue running this training annually, and as a result have included the development of a Reconciliation Action Plan in our new Network Strategic Plan. We have also developed the Aboriginal and Torres Strait Islander Cultural Safety Checklist for Neighbourhood Houses and supported the development and inclusion of a performance from a local Aboriginal man in the lived experience performances of TSOTC.

Identify alternative recreation programs and develop Referral Resource:

This work has resulted in a print and web-based Referral Resource that will be distributed to agencies across Upper Murray. It clearly shows the many options available for people seeking an alternative to gambling, or who are looking for social connections.

Three Sides of the Coin performances:

One online performance for NH staff and volunteers, and two live performances (Wodonga and Wangaratta) were held. Jody Riordan used the opportunity of the live performances to work with Catherine Simmonds to develop an additional performance with local Aboriginal man Aaron Perkins-Kemp-Berger, which was put on at the same time. Attendance was disappointing – the media coverage was good, but we could have done a lot more to promote it through networks and local groups.

Local initiatives (seed funding):

Templates were developed, two pop-up support sessions held online and 13 applications received from members to develop local programs, most of which focused on reducing loneliness and isolation. Projects were planned pre-bushfires and pre-COVID; both of these huge disruptions caused delays and changes of direction for most NHs, especially those in the remote areas most affected by fires. However, the results have been generally successful, both in terms of increasing opportunities for people to connect and engage, and in promoting information about gambling harm.

3. Evaluation

3.1 Evidence

We used three main data collection methods:

- First Person Consulting (FPC) surveys
- Our Network surveys (baseline and end of project)
- Seed funding project acquittal reports

FPC surveys

The FPC surveys became available after we'd run our education workshop with NH staff and volunteers, so that data unfortunately wasn't captured. These surveys were used for screenings of Ka-Ching!, TSOTC performances, and where seed funding project activities had a specific gambling focus.

It became clear as the local activities were developed that the FPC survey wouldn't gather useful data for many of the activities that had a social connection focus, as people attending wouldn't have made the connection with gambling. It was agreed with FPC, after they reviewed the acquittal reports, that we would use the reports to capture data for activities that didn't have a direct link to gambling.

Network surveys:

This survey was designed to measure the impact of the *Behind the Scenes* project on the recognition and understanding of our members of the issues related to problem gambling.

A baseline survey was distributed to members in June 2020. We had nine responses – not a great result, but it was in the midst of COVID lockdowns and other issues became a priority.

The second survey was distributed in April 2022, with 18 responses. The surveys, with additional information collected through the acquittals, demonstrated the increased understanding of members of the harm caused by gambling.

Acquittal reports:

The format for the acquittal report was based on that used by the CHAOS Network for their project. We also included questions about the project model we'd used, to identify its effectiveness and the interest of members in being part of future Network-wide projects.

3.2 Limitations

Like everyone, our project was heavily impacted by COVID-19, with the added impact of the Black Summer bushfires. At the start of the year, the focus for us as a Network, and for our 16 NHs, turned toward supporting those most affected by the fires, which included communities in Corryong, Mt Beauty, Myrtleford and Tallangatta. With no time to recover, COVID-19 hit. This meant some NHs stayed open to provide essential services, with many closing for several weeks. For all, it meant normal programs and activities ceased.

As a result of all this, our PPP project had to go on hold for awhile. We were able to adapt the education component to be delivered online, which actually meant we had 100% attendance – a better result than if it had been delivered face-to-face as we'd planned, because of the geographic spread of our Network.

COVID also meant people were reluctant to attend face to face events, a factor that may have impacted on attendance at the TSOTC performances. It also made engaging with external organisations challenging, particularly local government.

We also faced challenges in finding a project worker; when we did, the project progressed with much more focus.

4. Results

The following table shows the contribution of outputs to the short, intermediate and end of project outcomes:

Outputs	Short term outcomes	Intermediate outcomes	End of project outcomes
• Project Reference Group in place • Project Worker employed • Communication Plan and Evaluation Framework in place • Approved Project Plan and Project Logic in place	• Diverse membership of PRG provided input into project direction • Skilled project worker provided focus for the project to keep it on track	• Stronger relationship with Gambler's Help staff was invaluable for testing ideas and project activities, as well as working in partnership to deliver activities including TSOTC performances, media releases and referral protocols • Changes to project plan negotiated with VRGF staff	• Remaining partners (UHPCP, CHPCP and Gambler's Help) have increased their understanding of the scope of NHs • Feedback from partipating NHs has been positive – the level of support, and opportunities to collaborate with others were highlighted • Gambling harm reduction included in UMRNHN strategic plan as part of ongoing Network-wide priority activities
• List of relevant tools and resources available to members • Document identifying relevant information from eight Council Plans and MPH&W Plans • Meetings held with relevant staff of LGAs in project area	• Review of new council plans identified few references to gambling and general addiction, and links to NHs, will create opportunities for ongoing discussions with LG • LG staff not engaged with the project, other than RCOW • Deeper understanding of issues caused by problem gambling has increased dramatically for project/Network staff and will inform future work	• The UMRNHN and its members have broadened networks and have a higher profile in health promotion and primary prevention. This is evidenced by our participation in groups such as Ovens Murray Mental Health Alliance and Ovens Murray Family Violence Partnership (including the Prevention Working Group), and development of a Social Prescribing project. NHs in our Network are increasingly seen for their role in prevention and	• Referral Guide will be distributed to services across our region • Cultural Safety Checklist will be made available to NHs across Victoria. It is being adapted for services in City of Wodonga • Gambler's Help protocols will provide guidance to how we continue to work collaboratively with this service into the future

		community recovery and resilience • Gambler's Help are setting up opportunities for counsellors to provide outreach services based in our NHs.	
• Awareness and education program delivered • Social Activation Volunteers trained • Cultural Awareness workshops delivered • Resource developed listing alternative recreation programs across URMNHN footprint • Referral protocols for Gambler's Help clients into NHs in place • Two performances from Three Sides of the Coin • Three screenings of Ka-Ching film	• All members were engaged with the project. The members who engaged in a local initiative were more engaged and actively discussing the issue of gambling harm • The two NHs in Benalla and Seymour didn't engage with the project at all	• Data provided in earlier sections demonstrates an increased awareness and confidence in supporting people experiencing gambling harm • The Network and members have a stronger relationship with GH staff. • Higher level of cultural awareness across the whole Network through cultural awareness training and development of Checklist. Two NHs in Wodonga developed a good relationship with Mungabareena Aboriginal Coop which may lead to further activities • Some evidence of increased understanding amongst local government and other external groups but this outcome was not strongly achieved	• The Protocols and Referral Guide will support ongoing work with GH and other agencies, groups and services • The Cultural Safety Checklist and ongoing Cultural Awareness Training will support NHs to be more culturally welcoming and encourage Aboriginal people to participate in their programs and services, and to consider how this might translate to other cultures and vulnerable groups (eg youth, LGBTIQA+) • NHs are more aware of how their work intersects with that of other agencies and services eg Rotary, Centre Against Violence, Gateway Health • Data indicates that the NH staff and volunteers are more confident in offering opportunities at a local level to reduce gambling harm, and to support people experiencing harm from gambling

• At least 12 local initiatives delivered • 3-4 support sessions to develop local initiatives and strategies	• Local initiatives developed by 13 NHs	• NHs tried new activities/program and timings eg Cultural Dinners, Coffee Connexions, community radio programs, community picnics, screening of Ka-Ching!, open day, cultural connections	• New partnerships /relationships were identified by most participating NHs; not all of these will assist them to continue work on gambling harm reduction, although the strengthened relationship with GH, including the new Protocols, will

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Project reach

Using the table below, please provide your project's total reach by the end of the funding period. Table 1 is an <u>example</u> for you to edit.

The total reach should be equal to the number conducted times the average number of attendees or recipients, unless it is a repeated interaction with the same people as shown in the example below 'series of workshops'. Please remove highlight on text once complete.

Table 1: Project reach by activity

Activities	Number conducted	Average number of attendees or recipients	Total reach
UMRNHN activities			
Project Reference Group meetings	3	5	**15**
Education workshops	2	10	**20**
Cultural Awareness workshops	3	13	**39**
Three Sides of the Coin online performance	1	8	**8**
Three Sides of the Coin f2f performances	2	12	**23**
Pop-up support sessions	2	5	**10**
Awareness raising – Facebook posts	32	25	**800**
Media – newspaper and radio	4	31,250	**125,000**
Network member activities			
Brew Connexions x 6 Sew Connexions x 4 Movie Catchups x 4 (Bandiana NH)	14	14	**200**
Youth program activity including promotion at Towong Cup (Corryong NC)	2 1	10 2000	**2,020**
Saturday Soirees (Chiltern NH)	5	5	**25**
Community lunch and other activities including Ka-Ching screening (KVLE)	8	8	**65**
Community Resilience program including community picnic & radio interviews (Mt Beauty NC)	3 1 3	40 300 200	**1,020**
Social activities including Ka-Ching screening (Myrtleford NC)	7	7	**48**
Community education program including Ka-Ching screening (Open Door NH)	5	12	**60**

Cultural Cooking program (Pangerang CH)	8	9	**70**
Community events focused on reducing loneliness and isolation (Tallangatta NH)	1 1 1 1	104 26 13 30	**173**
Community picnics (Yackandandah CC)	3	400	**1,200**
Community education program (Yarrawonga Mulwala Community & Learning Centre)	3	33	**100**

The next step is to take the different activities and their total reach and categorise them against the 'dose' or 'intensity' of the reach. This helps to provide more detail than the number, by indicating the level of engagement the activity had with attendees. There tends to be three 'types' of reach:

- *low-level, broad scale (such as broad awareness raising activities where you may not necessarily directly speak to attendees/recipients)*

- *medium-level, one-offs (seminars, forums, meetings and presentations – you might speak to them directly or indirectly, but you probably would not engage with the whole group again after the event)*

- *high-level, repeated interaction (usually multiple interactions/meetings that are quite involved such as co-design groups or a series of workshops)*

The examples from the previous table have been added here as a demonstration. Please edit Table 2 as required and remove highlight on text once complete.

Table 2: Project reach by level of engagement

	Low-level, broad-scale	Medium-level, one-off seminar/ meeting etc.	High-level, repeated interaction
	Network activities		
	Social media – Facebook (800) Media releases – Border Mail & Wangaratta Chronicle (81,000) ABC Local Radio interview (44,000) UMRNHN Website project page and newsletter (180 people)	Cultural Awareness workshops (39) TSOTC online performance (8) TSOTC f2f performances (23) Pop-up support sessions (10)	Education workshops (20) PRG meetings (5)
Total	**125,980**	**80**	**25**
	Network member activities		
	Youth program activity including promotion at	Brew Connexions x 6 Sew Connexions x 4 Movie	Youth program activity including promotion at Towong Cup – Corryong NC (20)

	Towong Cup - Corryong NC (2000) Community Resilience program including community picnic & radio interviews - Mt Beauty NC (1,020) Community events focused on reducing loneliness and isolation - Tallangatta NH (173) Community picnics - Yackandandah CC (1,200)	Catchups x 4 - Bandiana NH (200) Saturday Soirees - Chiltern NH (25) Community lunch and other activities – KVLE (56) Social activities - Myrtleford NC (42) Ka-Ching screening – KVLE (8) Ka-Ching screening - Myrtleford NC (7) Community education program - Yarrawonga Mulwala Community & Learning Centre (100)	Community education program including Ka-Ching screening – Open Door NH (60) Cultural Cooking program - Pangerang CH (70)
Total	**4,393**	**438**	**150**

What this also emphasises is that, for some projects, you may not reach significant numbers of people (e.g. in the thousands), but you have a medium to high level engagement with them. It's a qualifier that helps tell the 'story' of your project further, rather than just relying on the number as an indicator of success.

5. Partnerships

Similar to your progress reports, please complete the tables below – noting your partner's names, the type of partnership and whether they were new partnerships for your project or pre-existing (i.e. your organisation was partnered with them prior to the project commencing). List all individual partners and spell out any acronyms. Copy and paste additional tables if you need to add more partners or delete tables if you don't need them.

Table 3: Project partners

Name of partner organisation	Gambler's Help (Gateway Health)
Type of partnership (see Appendix 2)	Coordination
Pre-existing or new partnership for your organisation	New
Role and responsibility with regard to the project	• Development of Gambler's Help Protocols – how GH and NHs/UMRNHN will work together in future • Presentation of data at education workshops • Provision of GH printed material • Attendance at PRG meetings • Collaboration with TSOTC performances, including development of new performance • Collaboration with main media release prior to Gambling Harm Awareness Week 2021
Partner contact person (name, position, email)	Jody Riordan, Gambler's Help Community Engagement & Venue Support Jody.Riordan@gatewayhealth.org.au

Name of partner organisation	Central Hume Primary Care Partnership
Type of partnership (see Appendix 2)	Co-operation
Pre-existing or new partnership for your organisation	New
Role and responsibility with regard to the project	• Attendance at PRG meetings • Collaboration in development of Aboriginal & Torres Strait Islander Cultural Safety Checklist for NHs • Access to previous project "An upstream approach: social connection as a protective factor of problem gambling"
Partner contact person (name, position, email)	Dee Piazza, Interim Executive Officer Dianna.Piazza@centralhumepcp.org

Name of partner organisation	Upper Hume Primary Care Partnership
Type of partnership (see Appendix 2)	Co-operation
Pre-existing or new partnership for your organisation	Existing
Role and responsibility with regard to the project	• Attendance at PRG meetings • Input into general direction of project • Assistance in developing evaluation framework and Theory of Change
Partner contact person (name, position, email)	Kathleen Brasher, Executive Officer kathleenbrasher@gmail.com

Note: a number of new partnerships were developed and/or strengthened by individual NHs through the local initiatives.

Additionally, we would like to capture your reflections on the benefits and drawbacks from working with other organisations (i.e. your partners) in the delivery of your project. This component should be viewed as across all your partners. Please tick the box to indicate whether the benefit or drawback occurred for your project. Please mark only one box for each benefit/drawback.

Table 4: Benefits of project partnerships

Benefits	Expected it to occur and it did	Expected it to occur but it didn't	Did not expect it to occur but it occurred	Did not occur and did not expect it to
Ability to reach more people or organisations	☒	☐	☐	☐
Ability to serve the target population better	☒	☐	☐	☐
Leveraged additional funding or resources for the project	☐	☐	☒	☐
Helped me acquire new knowledge or skills	☒	☐	☐	☐

useful for project delivery				
Built new relationships helpful to my organisation	☒	☐	☐	☐
Other *(list any other benefits and add more rows as needed)*	☐	☐	☐	☐

Table 5: Drawbacks of project partnership

Drawbacks	Expected it to occur and it did	Expected it to occur but it didn't	Did not expect it to occur but it occurred	Did not occur and did not expect it to
Partnership management took too much time and resources	☐	☐	☐	☒
Partners were not always engaged in the project	☐	☐	☒	☐
Partners were focussed on other priorities	☐	☐	☒	☐
Other Partner did not engage with the project due to staff changes	☐	☐	☒	☐

300 words (maximum)

You may wish to include reflections around partnership successes and challenges from delivery of the project. Look back across your ratings above and consider the main lessons from your project's partnerships. Did you have the 'right' partners? Would there be things that could be done differently next time? Will you continue to work with some partners after the completion of this project?

If you would like to use the partnership tool provided by First Person Consulting please add comments from those results here.

We would not have been able to deliver the breadth of work in our project partners, nor would the project have been as successful.

Although one partner (Sport North East) didn't continue their engagement with the project, and the involvement of CHAOS Network ceased part way through, the remaining three remained engaged and all added value to what we were able to achieve – in other words, they were the 'right' partners. We will continue working with Gambler's Help – this relationship is formalised through the new Protocols – and with the PCPs as they transition to the Local Public Health Unit. It's unclear at this stage how we will interact with them after the end of June 2022.

On reflection, we could have used the partners more through the formal PRG meetings to generate discussion about gambling harm and health promotion. Also tapping more into their networks and getting the assistance of the PCPs in the promotion of TSOTC performances.

COVID did get in the way of having more regular PRG meetings; however, online options were increasingly available and could have been used more.

Legacies from the involvement of our partners include the GH Protocols, Aboriginal & Torres Strait Islander Cultural Safety Checklist for NHs, and the work being currently undertaken by GH counsellors to provide outreach services located at NHs in rural communities.

6. Project costs

6.1 Project Budget
Please insert in the table below original budget information from your project plan and then your total expended costs by the end of your project (note that if you do not have final figures, this is ok and it can be the closest estimate you have, as an official financial acquittal is due separately to the Foundation by the due date stipulated in your Funding Agreement). All figures should be listed as GST exclusive.

You may include here any reflections around whether the budget was adequate for the objectives and targets that were set.

The budget was adequate for what we wanted to achieve with this project. COVID interfered with timelines and with the networking and consultation elements, particularly in relation to local government.

Table 6: Project costs

Item	Details (e.g. salaries, venue hire, printing, marketing, consultant fees etc)	Budgeted costs (as per project plan)	Costs expended as at end of project
Project support / on costs	*Bookkeeper* *Data collection etc* *Project management*	$2000 $15000 $10000	$2242 $3250 $10000
Project Activity costs	*Project workers + oncosts* *Project resources* *Small grants* *Project Reference Group* *Screen Ka-Ching!* *Three Sides of the Coin* *Network Forums* *Social Activation Volunteers* *Cultural Awareness training*	$57000 $5000 $48000 $4000 $4500 $3000 $1500 $4800	$54643 $12812 $58420 $500 $4473 $1500 $7000
Total		$154,800	$154,840

6.2 In-kind contributions
Using the in-kind contribution calculator in 03 please complete the below table with any in-kind contributions from partners or supporting organisations.

Table 7: In-kind contribution from partners

Goods/services provided	Organisation / supplier	Number of hours	Rate per hour	Total value ($)
Attendance at PRG; assistance with Cultural Safety Checklist	Central Hume PCP	20	$45	$900
Attendance at PRG; assistance with evaluation framework	Upper Hume PCP	10	$45	$450
Attendance at PRG; assistance with TSOTC performances; development of Protocols	Gambler's Help	30	$45	$1350
			Total:	$2700

7. Impact/Outcomes

The problem statement in our project logic is:

"There is a lack of understanding amongst the staff and volunteers of the neighbourhood houses in the UMRNHN about the harm caused by problem gambling and how they can work in this [gambling harm reduction] space."

In the context of the problem we aimed to address, the *Behind the Scenes* project achieved the desired outcomes. This can be clearly demonstrated in the data from the Network surveys and project acquittal forms, some of which is described in section 1.2.

Where activity did have a gambling rather than social connection focus, the data from the FPC surveys indicates an increase in awareness and understanding of key gambling harm concepts overall, knowledge of where to seek help, confidence in implementing what they'd learnt, intention to implement what they'd learnt, and positive attitudes to people experiencing gambling harm. The data also showed a significant increase in social connections.

Where activity had a focus on social connection, we do not have any evidence that this has or will lead to a reduction in gambling harm in our region, so in that sense it has had limited success.

Summary of evaluation data from First Person Consulting

Changes in awareness and understanding

Data from survey responses highlights that there has been a positive increase in awareness and understanding of key gambling harm concepts overall (Figure 1 and Figure 2). Notably:

- All respondents reported that they had a 'good' or 'very good' understanding of the harm that people can experience from gambling after attending the session.
- While 37% of respondents indicated that they had a 'poor' or 'fair' understanding of types of gambling that are most harmful before the activity, almost all reported that they had a 'good' or 'very good' understanding of this topic after the session.
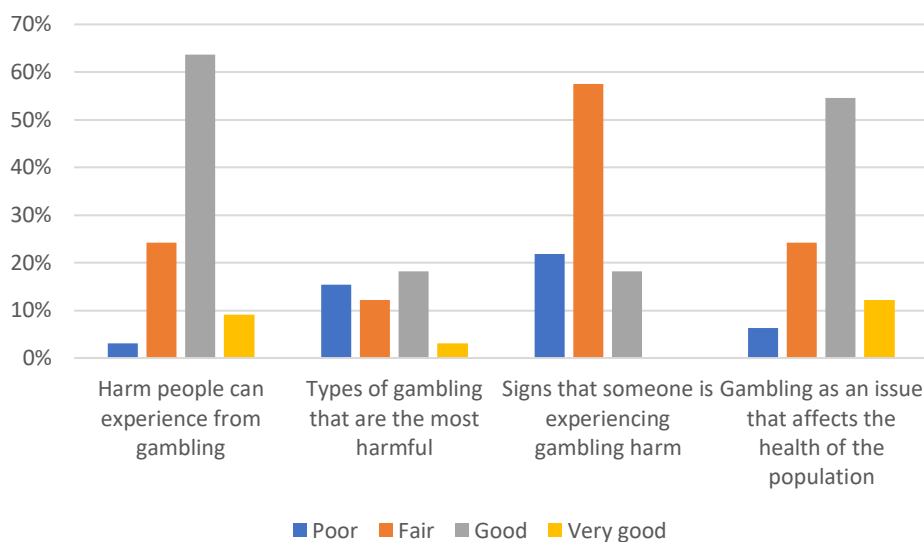

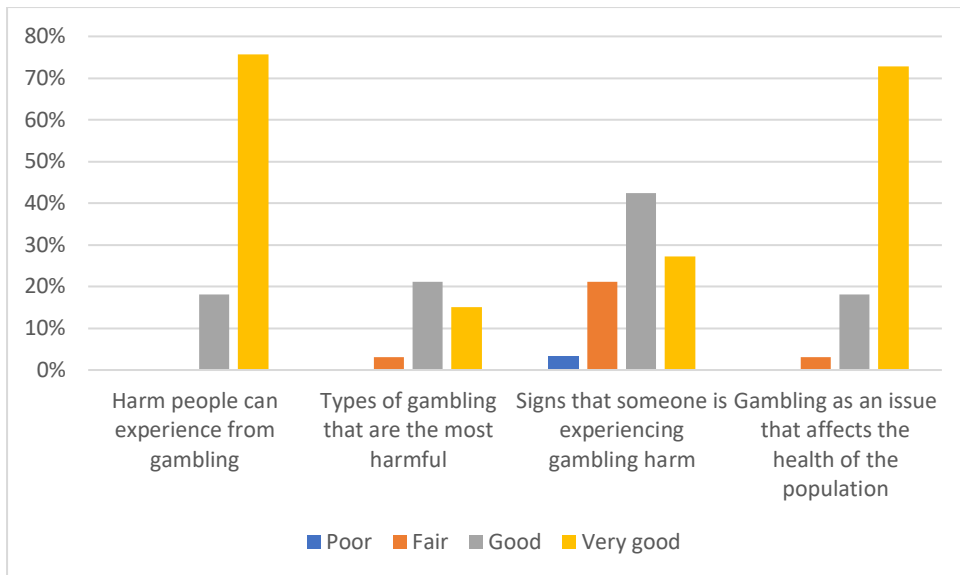**Figure 1: Reported awareness before the activity (n=33).**

Figure 2: Reported awareness after the activity (n=31).

Similar to the analysis of the awareness of harm question, there are also evident increases in the 'knowledge of where to seek help' questions after attending the activity (Figure 3 and Figure 4). After attending the activity:

- Most respondents indicated that their level of awareness was 'good' or 'very good' in relation to knowing where people can go to seek help for gambling harm (85%) and how to find out more information about gambling harm (84%).
- There was some improvement in knowledge of how to reduce gambling harm once it has become harmful but less so in how to prevent gambling harm from becoming harmful.

Figure 3: Reported knowledge before the session (n=33).
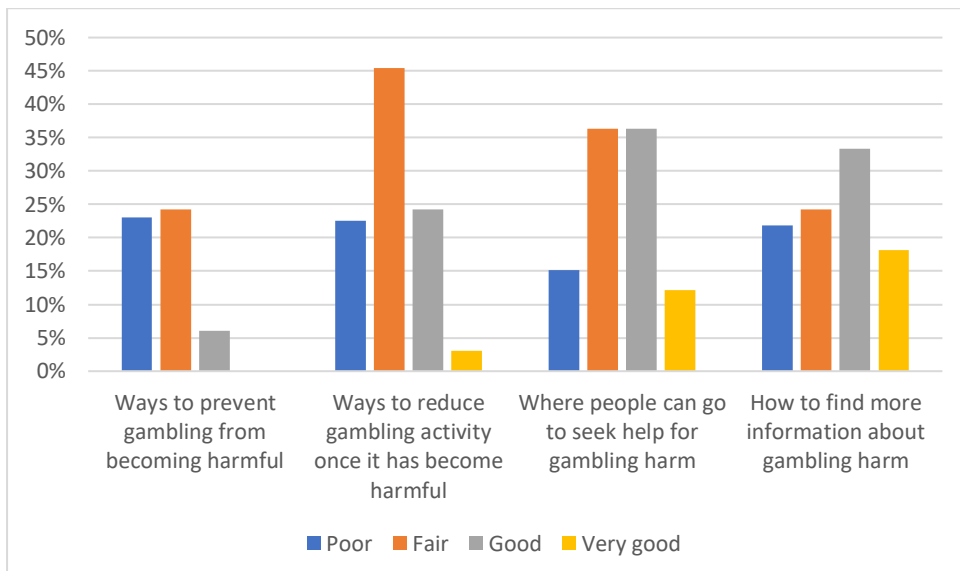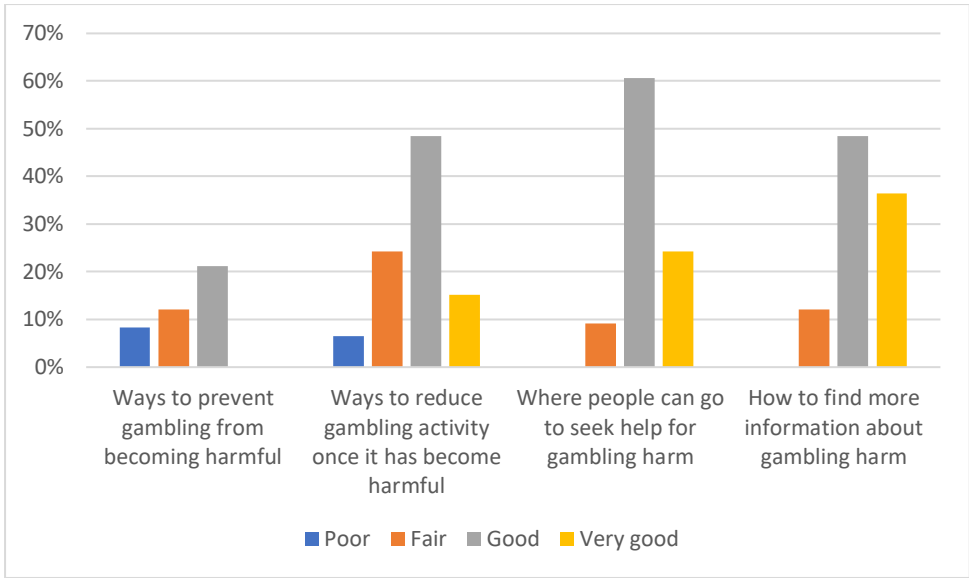
Figure 4: Reported knowledge after the session (n=32).

Knowledge of where to find support for gambling harm was relatively high prior to the activity, with more than half of survey respondents indicating they 'knew where to get this support before attending this activity' for all apart from peer support.
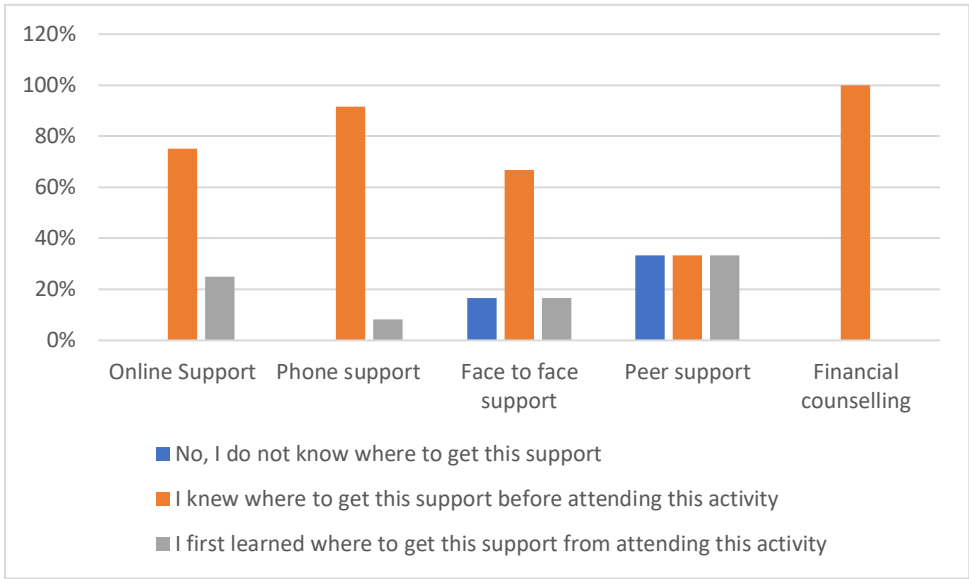

Figure 5: Reported knowledge of supports (n=12).

Changes in confidence

Data from survey responses highlights professionals that attended the activities are at least 'somewhat confident' to implement what they learned (Figure 6). Notably:

- Professionals were most confident to refer clients to appropriate support services with 93% indicating they were either 'confident' or 'extremely confident' to do this.
- Implementing culturally sensitive practices and speaking to clients about gambling harm were the only areas in which some respondents felt 'not at all confident'.
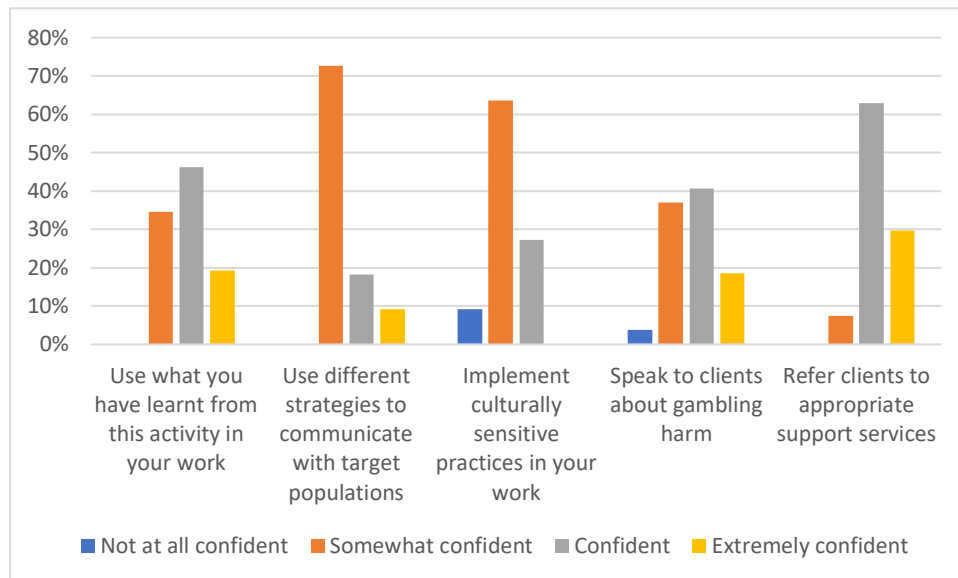
Figure 6: Confidence to implement what was learned (n=27).

Changes in participant attitudes

In most cases, respondents reported that their attitudes had positively increased (Figure 7). Most notably:

- Level of concern and sympathy towards people being harmed by their own gambling 'increased' or 'strongly increased' with only a small number being neutral in these areas (9% and 18%).
- Social connectedness was seen to increase through activities with 82% indicating they had 'increased' or 'strongly increased; their connection to others trying to prevent and reduce gambling harm, 85% to others attending the activities and 72% to others in the community.
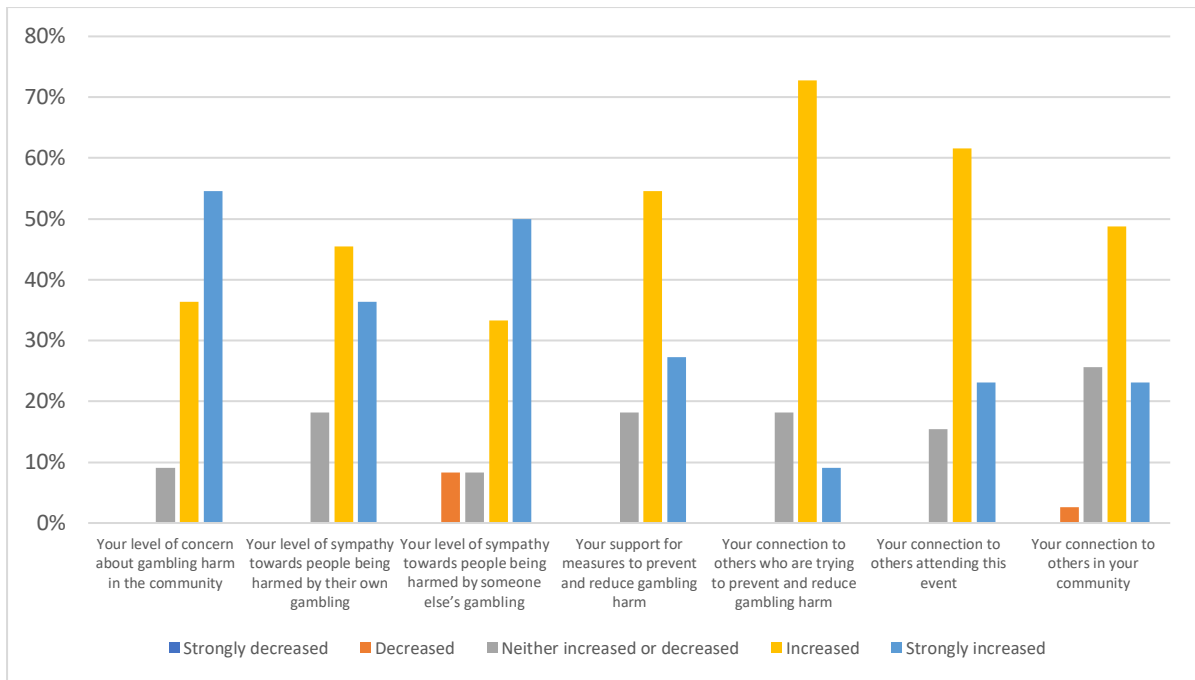
Figure 7: Changes in attitudes and connections after survey respondents participated in the session (n=39).

Intentions to implement what was learned

Figure 8 below shows high intentions to implement and share what they learned, and to recommend others attend future activities. Most notably:

- Almost all respondents reported that they were 'likely' or 'very likely' to implement and engage in further activities across all areas.
- Telling others what they learned and recommending that others attend the activity were prioritised with 66% and 73% indicating that it is 'very likely' they will do this.
- Lack of resources to implement what was learned was the only barrier identified with 17% 'strongly agreeing' this was the case (Figure 9).
- Respondents indicated they were 'likely' or 'very likely' to have conversations with friends, colleagues, organisations and others in the community around gambling harm (Figure 10).

Figure 8: Intention to implement and engage in further activities (n=53).

Figure 9: Barriers to implementing what was learned (n=9).

Figure 10: Intention to have conversations about gambling harm with...(n=5).

Results of Network Surveys

First survey (June 2020)

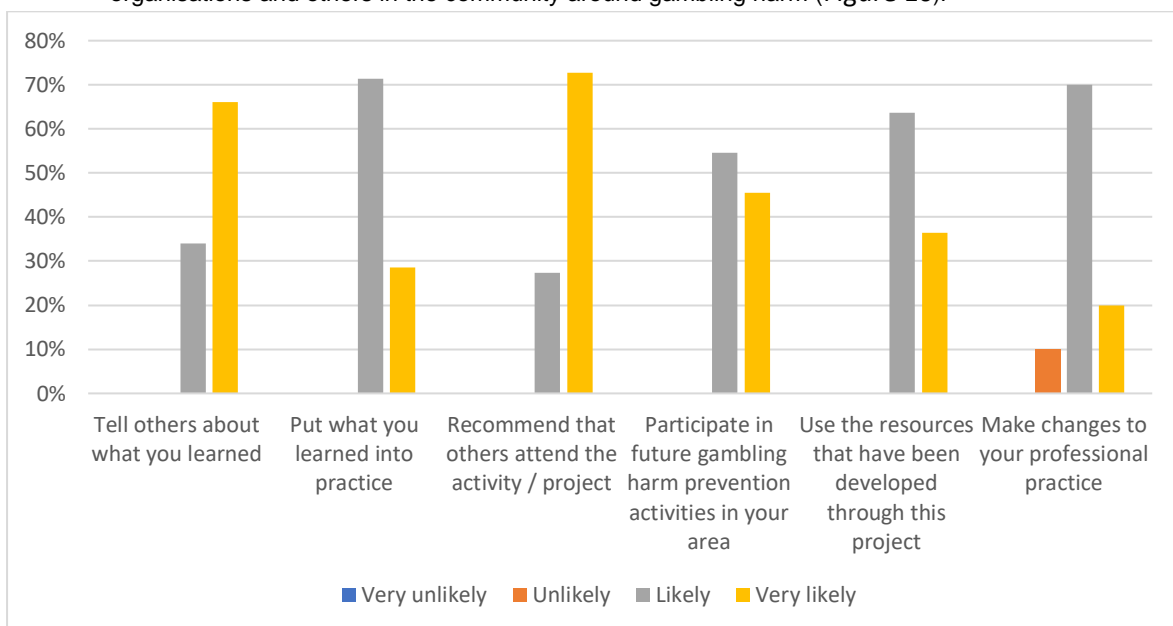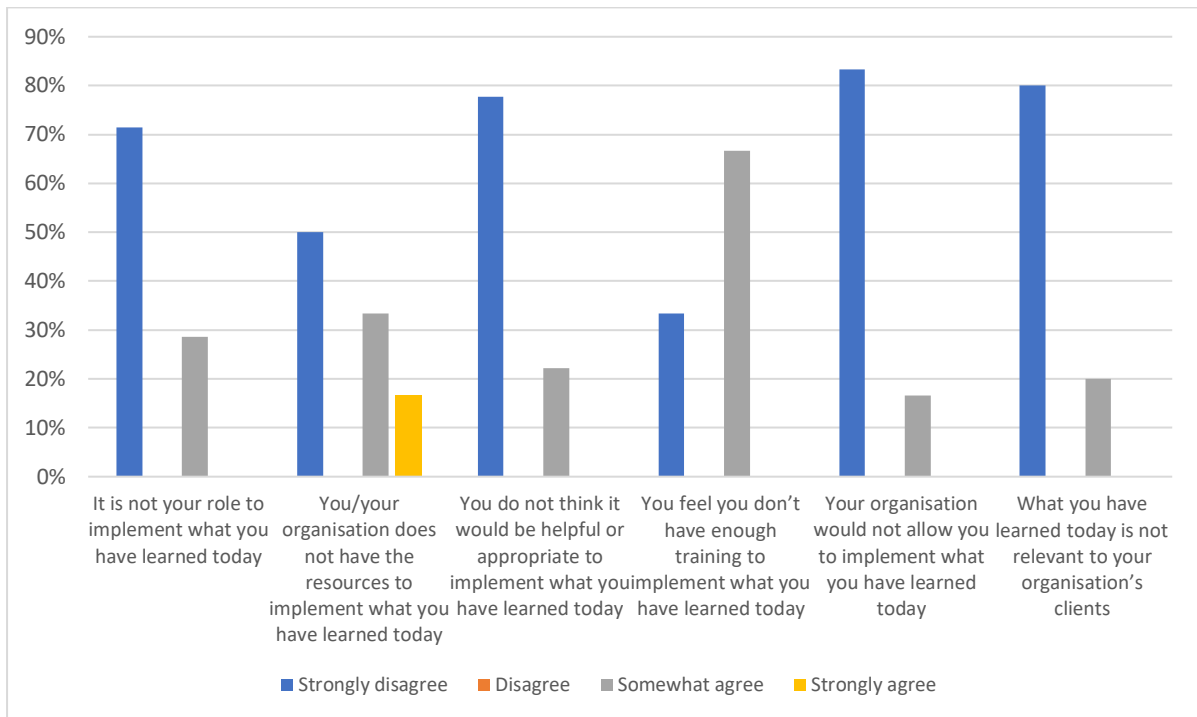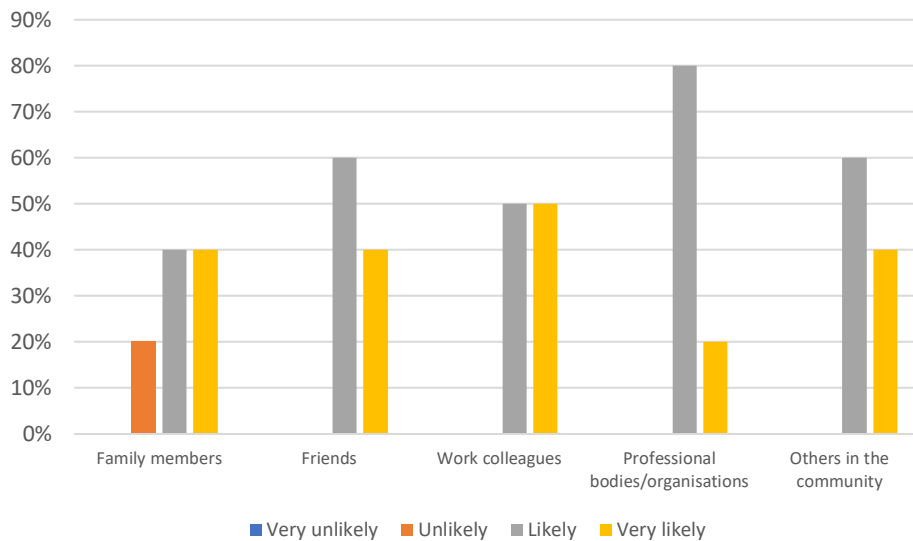| Questions	Average Ratings	Out of
On a scale of 1 to 5, how would you rate your understanding of gambling and the harm it causes to individuals and the community?	2.71	5
How aware are you of the prevalence of gambling within your community?	2.71	5
How confident would you be in supporting someone in your community who may be experiencing harm from gambling to access help?	2.71	5
How aware are you of services and programs in your community that are provided by other organisations for people experiencing gambling harm?	2.71	5
What level of interest do you have in learning about the impact of gambling related harm in your community, and ways to reduce the risk of people impacted by gambling related harm?	3.86	5
How would you rate your confidence in delivering some form of project/initiative in your Neighbourhood House to raise awareness about or reduce gambling harm?	3.29	5
How likely is it that you'll apply for the seed funding to develop your own initiative?	3.71	5

Overall average survey rating: 6.20/10

Second (end of project) survey (April 2022)

Questions	Average Ratings	Out of
On a scale of 1 to 5, how would you rate your understanding now of gambling and the harm it causes to individuals and the community?	4.21	5
How aware are you now of the prevalence of gambling within your community?	3.43	5
How confident would you be now in supporting someone in your community who may be experiencing harm from gambling to access help?	3.71	5
How aware are you now of services and programs in your community that are provided by other organisations for people experiencing gambling harm?	3.71	5
What level of interest do you have in learning more about the impact of gambling related harm in your community, and ways to reduce the risk of people impacted by gambling related harm?	3.79	5
How would you rate your confidence now in delivering some form of project/initiative in your Neighbourhood House to raise awareness about or reduce gambling harm?	3.50	5
How much did the Behind the Scenes project increase your understanding of gambling related harm?	3.93	5

Overall average survey rating: 7.51/10

A summary of the local initiatives delivered by the NHs is included in Appendix 4.

8. Reflections

This project has highlighted the immense harm that can occur from problem gambling. These comments from some of the NHs that delivered local initiatives:

> Gambling Harm is a topic that doesn't usually receive much consideration within our community, it has highlighted a new awareness of the impact of gambling and harm within our community. Thanks to the network for bringing us together on this project.

> It has highlighted a topic we don't normally see much in our community and it has prompted discussions that would not normally have been had and given us opportunities to share experiences and support each other and those in our community.

> Advertising for smoking was banned, yet gambling advertising continues. We have appreciated this opportunity to explore gambling harm with people in our Pangerang community, to really put thought into what this harm looks like and discuss ways which we can do better as a community to highlight gambling harm and to support people and seek change.

Participating in the VRGF Peer Networking events deepened our understanding of gambling harm, and presenting at one of those events was a highlight and a great way for us to promote the work of NHs in general health promotion.

This project has also been a prompt for us to be proactive in how we work with Aboriginal people in our communities and across our Network area. The modelling VRGF has done ito highlight the importance of Aboriginal cultural awareness has been invaluable.

The most impactful activity, which will have long-lasting impact on those who attended, was the face to face performances of Three Sides of the Coin. My only regret, across the almost three years of the *Behind the Scenes* project, is that we didn't work harder to get more people attending the two performances and help them understand the devastating impact of gambling harm. It is exposure to the lived experience that has the greatest impact.

9. Key findings and lessons

9.1 Key results

The key results are as follows:

- We did deepen the understanding of staff and volunteers in the NHs in our Network as to the harm that can be caused by gambling. This occurred through the Network-wide activities including:
  - Education workshops
  - Online TSOTC performance at which most NHs were represented
  - Development of local initiatives and pop-up support sessions where we discussed social connection and inclusion as a protective factor of problem gambling and how the local approaches might help to introduce alternatives to gambling and increase social connections and inclusion
  - Discussions at Network forums about the project goals and progress
  - Development of banners highlighting risks of gambling harm, in consultation with Network members, that can (and will continue to) be used at events
- By delivering this project, we have increased the confidence of our members in supporting people impacted by gambling harm. We have also learnt more about working with target groups and delivering targeted programs. One of the key learnings here is that the key messages are often best incorporated into other activities (eg social activities).

  "The importance of keeping the message strong, constant and directly linked to their current point of interest – particularly with projects targeting young people."

  "We needed to be inventive and address gambling prevention through other activities like being resilient and other community forums."

9.2 Key learnings

The *Behind the Scenes* project is based on the model developed by the CHAOS Network in Outer Eastern Metropolitan Melbourne in their *Together We Do Better* (TWDB) project. The approach they used – the Network applying for funds on behalf of the Network members (neighbourhood houses that

are members of the Network), running Network-wide activities and supporting individual NHs to develop locally contextualised approaches using a small amount of seed funding – had worked well for them and we wanted to try this approach in a rural/regional setting.

TWDB had a strong focus on volunteering through the Social Activation Volunteers, which I believe has helped in their development of a Community-based Social Prescribing model which relies very much on volunteering for successful outcomes. We felt it would be difficult to make this approach work in rural settings and we knew of a similar model that had not gained any traction at all amongst NHs, so decided to change our approach and focus more on the development of the Cultural Safety Checklist. The project was successful without this component, but if I had my time again I would include it as a Network activity, working with one NH in a larger regional cities and one in a rural setting to test whether it is a viable part of the model.

We developed templates from TWDB for *Behind the Scenes* and refined them further for a Bushfire Recovery project started in 2020. Templates related mainly to the seed funding projects and included:

- Seed Funding Program Information
- Application Form
- Agreement
- Acquittal Form

Examples are included in Appendix 4. Formal documentation was important as it clearly set out expectations and responsibilities. The Acquittal Form also sought information about the project model (referred to as 'hub and spoke') and whether it had been a factor in the successful delivery of the local initiatives and the overall project. The model is effective – as mentioned, we are using it in another project and will look at further opportunities for Network-wide projects – and I would definitely recommend this approach to other NH Networks.

The additional evaluation component was also important. The FPC survey would not have given enough useful data for the majority of the local initiatives where they didn't have a specific gambling focus, so the Acquittal Form and Network surveys were developed to give us more specific data to gauge the impact of the project on our members and the Network as a whole.

COVID certainly had a detrimental impact on the project activities, particularly for the NHs delivering their local initiatives. The majority had to change focus from their original application and there's no doubt that the continual delays and lockdowns impacted on community engagement. The positive is that we learnt we could adapt some activities to an online environment, and found our attendance at the education workshops was higher than we would have had if delivered in person.

10. Sustainability and next steps

200 words (maximum)

What are the plans or opportunities for the project post-funding? For example:

- *if you produced resources/videos/etc – what will happen with them? Who will take ownership of them to continue distribution or hosting?*

- *are their plans for sustainability for the project? (e.g. will it continue on as a component of your organisation's work or are you seeking/have you secured further funding?)*

- *do you have plans to further share the learning? E.g. present at a conference, write a paper, share this report in this or a similar form,*

Gambler's Help Protocols

The aim of the protocols is "to maintain a strategic partnership to increase integrated service provision between Gambler's Help and the URMNHN to improve health and wellbeing outcomes for local communities." We will meet annually with GH staff to review the protocols and plan together.

Gambling harm banners

These will be available for NHs to use at events.

Gambling harm posters

These are prominent in many of the NHs and will remain available as a resource.

Aboriginal and Torres Strait Islander Cultural Safety Checklist for Neighbourhood Houses

The Checklist has been printed and distributed to the 16 Network members. It requires some additional work with Kath Coff, the Neighbourhood Houses Victoria Cultural Consultant. Once finalised it will be available for distribution across the 400+ NHs in Victoria. It has potential to be adapted for community centres in other parts of Australia through Australian Neighbourhood Houses and Centres Association.

Connect with Community - Referral Guide to local community-based activities at neighbourhood houses in the Upper Murray

This resource is designed to give service providers working with clients in the Upper Murray region information about community-based, local activities offered by neighbourhood houses. The activities listed range in cost from free to fee for service. Clients can be referred and supported to participate in these activities where appropriate.

The resource has been printed and will be distributed to agencies, services and groups across the Upper Murray. We have engaged one of the Network NHs to review it annually for the next two years and reprint if viable. It will also be available to download from the URMNHN website.

Project results report

A final report will be written for Network members and other stakeholders (adapted from this report), which will be downloadable from the UMRNHN website.

APPENDIX 1. Project plan completion

The following information is based on your previous progress report. In each column note any changes in red next to your last progress update, add information about the project costs and status and summary comments about each activity at the completion of this project.

Deliverable 1: Set up Project Reference Group

Activity 1.1	Issue invitations for Project Reference Group (PRG)
How will you implement this activity?	• Identify potential PRG members through PPP application and consultation with UMRNHN Committee • Invitees will include project partners, UMRNHN members, CHAOS Networker and local government representatives • Issue email invitation • Follow up with phone contact
What are the expected outputs?	12-15 invitations issued
What are the expected outcomes?	Representatives from six to eight diverse organisations see the value of being part of the PRG, and guiding the development of the project
When will this activity be completed?	30th December 2019
Approximate cost of activity ($)	$956
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] Invitations extended to all project partners and CHAOS Network May 2022 • In terms of outputs, we issued 22 invitations (including to the 16 Network members. We had six organisations accept the invitation • In terms of outcomes, we had interest from six, but only four actively participated.

Activity 1.2	Develop Terms of Reference for PRG
How will you implement this activity?	• At first meeting have a facilitated discussion to develop Terms of Reference, including number and timing of meetings, and PRG chair • Draft Terms of Reference and email out for each member to gain approval (if required) from their board/committee • Finalise Terms of Reference and provide to members
What are the expected outputs?	Ratified Terms of Reference
What are the expected outcomes?	Diverse and experienced group of people providing relevant advice and guiding direction for the project
When will this activity be completed?	20th February 2020
Approximate cost of activity ($)	$956
Activity status at end of project/funding period	☐ **Achieved** ☒ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words]

Please provide a brief reason if not/partially completed (i.e.: barriers/delays)	The group determined that there was no need to develop terms of reference, as the group is not that formal. However, an internal document has been developed to ensure that meetings are focused and achieve a valuable result for the project. The purpose of the meeting was to understand the intersections between this project and their own work, and provide input and guidance where relevant. The Upper Hume PCP has also offered to assist with setting up the evaluation framework (3.2). Nov 2020: Terms of Reference discussed but not formalised May 2022 • CHAOS Network attended first meeting, and Cathy Fyffe from the Together We Do Better project was our project worker for the first 12 months. GNEACC did not continue engagement with the project because the NHs in Benalla and Seymour did not want to be included in the project. Sport North East did not continue engagement after the first meeting due to staff changes and other priorities • In terms of outputs, there were no Terms of Reference developed or ratified • In terms of outcomes, there was diversity of experience, knowledge and interest in the group which was helpful in the initial stages of the project

Activity 1.3	PRG meetings
How will you implement this activity?	• Schedule seven meetings across length of project • Send calendar invitations to members
What are the expected outputs?	Seven PRG meetings
What are the expected outcomes?	• Relevant and timely advice provided to project staff • Ability to test ideas and project activities with people with expertise in gambling and health promotion
When will this activity be completed?	30th November 2021
Approximate cost of activity ($)	$3,692
Activity status at end of project/funding period	☐ **Achieved** ☒ **Partially achieved** ☐ **Not achieved**
Please provide a brief reason if not/partially completed (i.e.: barriers/delays)	*[Complete, maximum of 200 words]* The first meeting was held on 19th February, with attendance from Gambler's Help, Upper Hume and Central Hume PCPs, and CHAOS Network. Apologies from The Centre and GNEACC. The group agreed to meet every three months, with the next meeting scheduled for May. This meeting has not yet gone ahead – it will be scheduled for July, with meetings also scheduled for remainder of 2020 and calendar invitations sent. Nov 2020: • Meetings with PRG did not go ahead in 2020 • Change of Executive Officer at Central Hume PCP – meeting with new EO scheduled for January to provide background and update on project and how CHPCP can contribute • Three meetings will be scheduled for 2021 March 2021 • Meeting with new EO at Central Hume PCP in January 2021 to discuss ongoing involvement with the project. o Discussed potential to develop a Cultural Safety Checklist for neighbourhood houses, working with their Aboriginal Community Support Worker

	• PRG meeting held on 24/2/21 via Zoom with all project partners except for The Centre ○ Project outline and update; input from partners into project activity • Next meeting scheduled for 23/6/21 December 2021 • PRG meeting 23/6/21 via Zoom – CHPCP, UHPCP and Gambler's Help attending • Gambling data presentation • Update on project; input into checklist and referral resource • September meeting cancelled • Final PRG meeting scheduled for March (prior to project completion) • Total cost of activity decreased from $5531 to $3692 – travel component removed as all meetings other than the first one have been conducted online May 2022 • No further formal PRG meetings held • Input received from three key partners through life of the project eg developing Cultural Safety Checklist, TSOTC performances, developing evaluation framework, protocols • Thankyou email sent to UHPCP, CHPCP and Gambler's Help for their assistance, interest and input into the project • In terms of outputs, we held three meetings, not seven • In terms of outcomes, we had very good relationships with all partners, and were able to work with them on various aspects of the project in an informal way

Deliverable 2: Employ Project Worker

Activity 2.1	Develop position description for Project Worker and promote locally
How will you implement this activity?	• Develop Position Description in consultation with Network Committee and CHAOS Networker • Distribute to UMRNHN members and encourage them to distribute it through their own networks
What are the expected outputs?	Ratified Position Description 20 people receive Position Description
What are the expected outcomes?	Increased awareness amongst members of the project position and the project objectives
When will this activity be completed?	4th December 2019
Approximate cost of activity ($)	$956
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved** *[Complete, maximum of 200 words]* Position description developed and sent out through networks. One enquiry received. Feedback indicates that the small time fraction was insufficient to get much interest. Nov 2020: Position description revisited and updated May 2022

	• In terms of outputs, the PD was sent out through networks and social media – it's impossible to say how many people received it
	• In terms of outcomes, there was increased awareness of members and others about the project and position

Activity 2.2	Appoint Project Worker
How will you implement this activity?	• Form subcommittee to assist with employing Project Worker • Shortlist and interview applicants, with at least one committee person on the interview panel • Offer position to the agreed successful applicant • Formalise through employment contract
What are the expected outputs?	Project Worker in place
What are the expected outcomes?	Project Worker with the skills and experience to implement the project, overseen by the Network Coordinator
When will this activity be completed?	2nd May 2020
Approximate cost of activity ($)	$1,412
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved** *[Complete, maximum of 200 words]* We have now engaged a project consultant (Cathy Fyffe) who started work on the project at the start of May. We have provided her with a brief detailing the work she is required to do. Cathy worked on the CHAOS project so we are confident that she has the skills and experience we need. Nov 2020: • Project Support Worker now in place (Tanya Grant) • Planning meeting scheduled for 18th December 2020 Work with Project Consultant has now been completed (education program, local seed funding applications) May 2022 • In terms of outputs, a project consultant worked with us initially to develop and deliver the education program. We put on a permanent part time project worker in November 2020 • In terms of outcomes, project staff all had skills and experience to successfully implement the project

Deliverable 3: Develop Communication Plan and Evaluation Framework

Activity 3.1	Develop Communication Plan
How will you implement this activity?	• Identify target groups and key stakeholders, in consultation with UMRNHN Committee and PRG

	• Identify appropriate methods of communication, in consultation with members, Committee and PRG
	• Identify any relevant communication material from CHAOS project eg banners, posters and include in plan
	• Develop Communication Plan that also identifies timing for VRGF communications staff involvement
What are the expected outputs?	Communication Plan
What are the expected outcomes?	• All UMRNHN members know about the project and understand the project goals
	• All UMRNHN members engage with the project activities at some level eg participation in training
	• Partners and other stakeholders understand the project goals and engage with the project at some level eg participation in PRG, presentations to UMRNHN members, distribution of information through their networks
	• Local communities across the UMRNHN area are informed about the project through local media
When will this activity be completed?	31st October 2021
Approximate cost of activity ($)	$1,412
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] Ongoing information has been provided to Network members, but not yet formalised into a Communication Plan. This work was put on hold during height of COVID-19 pandemic where our focus was on supporting our members, and should be completed by the end of July. Nov 2020: Behind the Scenes project included in newly developed 2021 Network Communications Plan Schedule of planned communication activities for 2021 to be developed in consultation with neighbourhood houses. March 2021: • Two meetings held with Gambler's Help and Yackandandah Community Centre to discuss media release to help promote neighbourhood house events and Gambler's Help services, targeting Border Mail (this area's largest local paper) with the option for NHs to use this as a basis for local media. The aim is to have an article with local data on gambling as well as interviews with people with lived experience. Ideally these will be local people, but if this isn't possible we will work with ReSPIN and Three Sides of the Coin to identify interviewees. The ultimate objective is to alert the general community to the issues associated with gambling harm, and the activities happening around the region eg through the Behind the Scenes project, the Connecting Cultures AW project, Gambler's Help services. • Banners (1 x large banner and 3 x pull up banners) being printed for use by NHs at their events. Banners promote issues associated with gambling harm, as well as NHs as a place to connect and socialise with others. The banner designs have been adapted from those developed by CHAOS Network • Posters based on ones shared by Link Health & Community (through Judy Avisar) are being adapted for this area and will be printed for use by NHs in prominent locations at their premises eg back of toilet doors. These are promoting services people can contact eg Gambler's Help, Lifeline etc

	• We have reviewed communication resources from the "All In" Ballarat Community Health project and plan to use the social media tiles in association with the Border Mail media release
	December 2021
	• Media communication plan developed for 3 Sides of the Coin performances
	• We ran several media releases between October and December – two in the Border Mail in partnership with Gambler's Help and two in the Wangaratta Chronicle. The Chronicle has been proactive in writing about gambling harm in recent months, focusing on losses to the EGMs
	• ABC local radio also picked up on the communications about the TSOC and PRESS PRESSure performances and we were interviewed in the preceding week.
	May 2022
	• In terms of outputs, we incorporated the communication plan into our overall Network communication plan. We also developed a specific communication plan in the lead up to the Three Sides of the Coin public performances
	• In terms of outcomes, all Network members knew about the project and what we aimed to achieve; all Network members engaged with the project to some degree; partners understood and engaged with the project goals; local communities were informed about the project through media releases

Activity 3.2	Develop Evaluation Framework for the Behind the Scenes project
How will you implement this activity?	• Note: this evaluation is separate to that being undertaken by First Person Consulting. We are keen to understand the impact of our project at a local and Network-wide level
	• Consult with experts, including First Person Consulting and Mary-Anne Scully, about the best method of evaluation, taking into consideration the broader program evaluation
	• Develop most appropriate framework eg program logic
	• Identify baseline data and methods of collecting data throughout project
What are the expected outputs?	Evaluation Framework
	Data collection tools
What are the expected outcomes?	Relevant measures for identifying the changes in understanding and knowledge amongst UMRNHN members, project partners and other stakeholders eg increased knowledge of harm caused by gambling
When will this activity be completed?	30th November 2021
Approximate cost of activity ($)	$1,412
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] We have had discussions with Upper Hume PCP about getting their assistance to develop an evaluation framework for this project. The Network Coordinator has undertaken M&E training through the UHPCP. A survey has been developed to gather baseline data from members, and was sent out mid-June. The evaluation framework should be completed by end of July. This work was put on hold during height of COVID-19 pandemic where our focus was on supporting our members. Nov 2020:

	Now we have a clear picture of the PPP evaluation, we have drafted an evaluation framework that will help us to understand
	a) the impact of this project on our own Network members, especially in how they use the learnings from this project to work with other target groups
	b) the impact of this project on our Network activities and strategic direction
	March 2021:
	• We have developed a reporting template for all NHs receiving the seed funding to use to report on the outcomes of their project. This has been discussed with First Person Consulting. Through this template we are aiming to gauge the impact of the seed funding as well as its effectiveness in raising awareness of gambling harm
	• Our Project Officer is currently conducting online meetings with all funded NHs to get a project update and go through the reporting template and its purpose
	December 2021
	We are using a Theory of Change framework for the project. A workshop has been organised for February 2022 to work through the overall project evaluation
	May 2022
	• In terms of outputs, a Theory of Change workshop held with project staff and ToC diagram developed. Data collection tools were developed: Acquittal report finalised and completed by all NHs delivering local initiatives; benchmark survey and end of project survey developed; consultation with First Person Consulting to develop program-wide survey
	• In terms of outcomes, relevant measures were developed to measure changes occurring as a result of the project. The Network surveys only went to Network members so we didn't actively get input from partners.

Deliverable 4: Resource review

Activity 4.1	Review past VRGF projects for relevant tools and resources
How will you implement this activity?	• Identify all available documentation about past projects from VRGF website and through VRGF staff • Review against project goals and objectives to identify tools and resources that could be used in the project
What are the expected outputs?	List of relevant tools and resources, with information on how to access them
What are the expected outcomes?	Access to tools and resources that will increase UMRNHN member and stakeholder engagement
When will this activity be completed?	31st March 2021
Approximate cost of activity ($)	$956
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] Some information has been collected from the VRGF and reviewed. We have identified resources that will be used through the project, such as the Not a Dollar More podcasts and ReSPIN speakers. There is more

	work to be done to review gambling data for each LGA to provide to the neighbourhood houses in those areas. This work was put on hold during height of COVID-19 pandemic where our focus was on supporting our members, and should be completed by July.
	Nov 2020: Links to resources still need to be included on Network website
	March 2021:
	• This will be ongoing while we develop our referral resource. Information has been collected from CHAOS Network, Link Health & Community, and Ballarat Community Health. We have also collected samples from other neighbourhood house networks and clusters
	• A web page for the Behind the Scenes project has been set up on the UMRNHN website. Links still need to be made to relevant resources
	December 2021: UMRNHN website project page updated with current activities and gambling data
	May 2022
	• UMRNHN website developed with gambling harm resources and links to Gamber's Help
	• In terms of outputs, there is a list of relevant resources included in the website. It is only a selected list; undoubtedly there are many more that could be included but we have directed people to the VRGF website rather than duplicate what's already there. There is a link also to the Cultural Safety Checklist and Referral Guide
	• In terms of outcomes, tools and sources are available

Activity 4.2	Review Local Government Plans
How will you implement this activity?	• Identify Municipal Health and Wellbeing Plans and Council Plans for the 5 local governments covered by this project • Review to identify any references to gambling harm, social isolation and loneliness, vulnerable individuals and communities, mental health and wellbeing, active recreation, and any other relevant information
What are the expected outputs?	Internal document identifying relevant information from 5 Council Plans and MH&W Plans
What are the expected outcomes?	A clear understanding of any links between this project and local government plans that can then be used to initiate discussions with local government staff about the project and neighbourhood houses more broadly
When will this activity be completed?	30th November 2021
Approximate cost of activity ($)	$956
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] The review of Council Plans and Public Health & Wellbeing Plans was started but put on hold because of the pandemic. Because of the pandemic we have developed stronger relationships with at least one local council, so that has been valuable. We have also followed up on a mention of a gambling strategy in the RCOW MPH&W Plan and will continue to follow this lead. We aim to finish reviewing the plans and making contact with councils about the project by the end of July. Nov 2020:

	• Council Plans and Municipal Health and Wellbeing Plans and Council Plans still to be reviewed
	• Communication with Local Government will be included in the Communication Plan
	• Our Network and members will be active in providing input into the current planning process for new Plans
	March 2021:
	• We are developing relationships with local government through another project we are working on. The Behind the Scenes project will be part of ongoing communication with LG
	• We have not undertaken reviews of all Council Plans and MPH&W Plans – these are all currently under review with the new council planning process across all LGAs. We are strongly encouraging our NHs to be part of any consultation run by LG as part of their planning
	• This is still an area of work we need to focus on
	December 2021
	• New Council Plans and Municipal Health & Wellbeing Plans reviewed for strategies relating to gambling harm reduction. Only Towong and Wangaratta LGAs reference gambling harm specifically.
	• Discussions have been had with staff from RCOW, which is the LGA with the most significant gambling stats in our network area. They recognise it as an issue and have included it in their new Council Plan (strategy 2.4.6 Reduce rates of gambling amongst the community)
	• All plans reference strategies to improve mental health and wellbeing, and increase active recreation. Some specifically mention neighbourhood houses but only with narrow references (eg food security) clearly indicating that a lot more work needs to be done by the Network to raise awareness of local government about the role of neighbourhood houses in developing community connectedness. The referral resource that is under development aims to build this awareness amongst agencies and should also be targeted to local government community services.
	May 2022
	• In terms of outputs, a summary of all Council and Health & Wellbeing Plans has been developed, identifying references to gambling and to neighbourhood houses
	• In terms of outcomes, there is little to go in in the Council Plans to initiate further discussion about gambling harm as it does not appear to be a priority. However, we have identified in our new Network Strategic Plan that we need to work much harder at developing relationships with Local Government to raise the profile of NHs and the intersection of their work with that of LG

Deliverable 5: Awareness and education program for UMRNHN members

Activity 5.1	Develop awareness and education activities
How will you implement this activity?	• In consultation with CHAOS Networker/project workers, Network members and Gamblers Help workers, identify relevant education, training and communication material • Review and adjust as required eg for rural/regional context
What are the expected outputs?	Awareness and education program containing a range of activities
What are the expected outcomes?	• Development of a suite of activities that will engage UMRNHN members

	• Increased awareness amongst members of the harm caused by gambling • Increased confidence amongst members in supporting someone who may be experiencing harm from gambling
When will this activity be completed?	31st March 2020
Approximate cost of activity ($)	$3,631
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved**　☐ **Partially achieved**　☐ **Not achieved**
	[Complete, maximum of 200 words] The education program has been developed by our project consultant in consultation with Gambler's Help. May 2022 • In terms of outputs, the education program was developed based on the CHAOS program, and in consultation with Jody at Gambler's Help • In terms of outcomes, the program was engaging and contained a good mix of information and discussion

Activity 5.2	Develop program schedule
How will you implement this activity?	• Develop schedule that complements the existing Network PD calendar (ie no clashes, or working in with Professional Development that has already been scheduled) • Book presentations by Gamblers Help and performances by Three Sides of the Coin • Book screenings of Ka-Ching!
What are the expected outputs?	Schedule drafted and sent out to UMRNHN members
What are the expected outcomes?	Members have notification of planned activities to allow them to diarise them and increase their likelihood of participation
When will this activity be completed?	31st May 2021
Approximate cost of activity ($)	$956
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved**　☐ **Partially achieved**　☐ **Not achieved**
	[Complete, maximum of 200 words] Because of COVID-19 we have not been able to schedule screenings of the film, or book the live performances. We understand that Three Sides of the Coin has developed an online performance, which we may utilise; however, we would prefer to schedule live performances in early 2021 so we can use this opportunity to engage more effectively with the broader community. We will investigate the possibility of screening Ka-Ching online, but if that's not possible we will schedule screenings in 2021. We have scheduled the training sessions and that information has been sent out to members. Nov 2020: • Three Sides of the Coin performances and Ka-Ching! screenings will be booked in January, in consultation with NHs • Gambler's Help were involved with the workshop design March 2021 • 2 x performances of Three Sides of the Coin will be run in the Network area, most likely in Wangaratta and Wodonga, during Gambling Harm Awareness Week. Our Project Worker is using a co-design approach to work with the NHs in those areas to identify

key organisations for us to work with to engage with the broadest audience possible. Our aim is to get high attendance. The timing of the media release (see 3.1) will be considered once the dates for the performances are finalised

- The Ka-Ching! film is being used by a number of our NHs in various ways. We had anticipated showing the film as a "Network" event, but several of the NHs have asked to screen it for staff/volunteers, have it running in a loop in their foyer and showing it to groups. Given the variance in how it's likely to be used we are still looking at the best way of purchasing licences

December 2021
- 2 x TSOC performances held in Wodonga and Wangaratta in December.
- Neighbourhood houses have scheduled the screening of Ka-Ching before the project winds up in February next year.

May 2022
- Five NHs screened Ka-Ching! to staff and volunteers
- In terms of outputs, a schedule was developed for the education program but was completely disruputed due to COVID. The program was redeveloped to deliver online. We had difficulty getting a firm date for TSOTC because of changes to their auspicing body and uncertainty about their future. We had booked to have the performances during Gambling Harm Awareness Week, but couldn't make it happen
- In terms of outcomes, members were made aware of the program dates and encouraged to attend

Activity 5.3	Roll out awareness and education programs

How will you implement this activity?	- Book rooms at UMRNHN members' Neighbourhood Houses - Book trainers and presenters - Promote programs and locations through email and UMRNHN website - Deliver programs - Meet with individual UMRNHN members as required - Meet with two Neighbourhood Houses at Seymour and Benalla
What are the expected outputs?	5 training workshops in LGA clusters across UMRNHN 2 meetings with Neighbourhood Houses at Seymour and Benalla
What are the expected outcomes?	- Increased awareness amongst members of the harm caused by gambling - Increased confidence amongst members in supporting someone who may be experiencing harm from gambling - Engagement in the project by the two Neighbourhood Houses at Seymour and Benalla
When will this activity be completed?	31st July 2020
Approximate cost of activity ($)	$8,083
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☐ **Achieved** ☒ **Partially achieved** ☐ **Not achieved** *[Complete, maximum of 200 words]* Three training sessions were scheduled over June/July – two of these online and one face to face (depending on restrictions). Several emails were sent out to members with information about the workshops, and asking them to book a time to meet briefly online with Cathy. Cathy has

engaged with 14 members so far. Gambler's Help has been booked to be part of those workshops, and we have also booked a ReSPIN speaker for each session. Resources have been ordered and sent out directly to members. The first training session had only three registrations so was cancelled. Those people have booked into a subsequent workshop. The second workshop was run on 18th June with 12 participants. We are hoping that the third workshop can still go ahead face to face on 15th July. We have had two meetings with Waminda NH in Benalla, who has said they are not able to participate in the project at this time, and have had initial discussions with Seymour NH with a phone meeting to be scheduled by Cathy.

Nov 2020:

- All NHs contacted by project consultant to discuss aims of the *Behind the Scenes* project, and to address any initial questions/concerns about their participation in the project
- Two workshops delivered online. All UMRNHN members attended, as well as committee members and council Youth Worker.
- Gambler's Help (Jody Riordan) gave a presentation as part of the workshops highlighting available resources
- The NHs in Benalla and Seymour declined to be involved in the project

May 2022

- In terms of outputs, two workshops were held online, with attendance by all members. A meeting was held with Waminda NH in Benalla but they did not have the capacity to be part of the project. We did not follow up with Seymour NH because it would have been very difficult to engage one NH located a considerable distance from our own Network houses, and with whom we don't have a relationship
- In terms of outcomes, the education program was significant in increasing awareness and confidence amongst members. We didn't engage the Seymour and Benalla NHs

Deliverable 6: Cultural Awareness training

Activity 6.1	Identify and engage appropriate Cultural Awareness trainer

How will you implement this activity?	- Consult with project partners to identify appropriate trainer - Negotiate with identified trainer, including cost, timing, number of workshops and format of training - Contract trainer
What are the expected outputs?	Appropriate trainer/s engaged One-two Cultural Awareness workshop/s scheduled
What are the expected outcomes?	- Appropriate trainer/s engaged - One-two Cultural Awareness workshop/s scheduled
When will this activity be completed?	30th September 2021
Approximate cost of activity ($)	$1,118
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] We have identified a cultural awareness trainer. We may need to change the location of the training, which means we may need to find another trainer, but we don't anticipate any issues with this.

	Nov 2020:
	• Cultural Awareness training will be scheduled in early 2021. We are asking for advice from Mungabareena Aboriginal Corp about appropriate trainers
	• Raising awareness of First Nations culture and reconciliation will be a key priority area for our Network in our new strategic plan (2021-22)
	March 2021
	• We have booked a Cultural Awareness trainer, who is a local woman from Shepparton area. We will run two workshops in June/July – dates are still being finalised
	• We are organising a meeting with MAC and AWECC to look for synergies between our PPP projects
	• Another very exciting cultural activity that has come from our partnership with Central Hume PCP is the development of a Cultural Safety Checklist for NHs. We have organised a 'walk-through' at two of our NHs with the CHPCP Aboriginal Community Support Worker in mid-April. This will be a great learning experience for those who attend. From this we will work with CHPCP to develop and print a checklist, which can be used by the other NHs to check the cultural safety of their own NH. The walk-throughs will be filmed, so this will also be available as a reference. Our peak body, NHVic, is keen to see the end result, and potentially share it with other NHs across the State
	December 2021
	• 2 x Cultural Awareness training session have been completed with Robynne Nelson
	• We have not been able to meet formally with MAC and AWECC about our projects; however, one of the Wodonga neighbourhood houses has been working closely with them on the Cultural Connections project, and they partnered with us on the lived experience performances.
	May 2022
	• In terms of outputs, an appropriate trainer was engaged. We were not able to engage with MAC to get their input into suitable training, so went with someone we had previous experience with
	• In terms of outcomes, two workshops were scheduled. Another workshop has been scheduled for July

Activity 6.2	Deliver Cultural Awareness workshop/s
How will you implement this activity?	• Identify and book locations for workshops • Promote workshop/s to members through email, Facebook, newsletter • Invite partners to attend • Liaise with trainer/s • Deliver workshop/s
What are the expected outputs?	One-two Cultural Awareness workshops delivered
What are the expected outcomes?	• Increased awareness amongst members and partners about the increased risk of gambling harm for Aboriginal people • Consideration by members of cultural factors when developing their local initiative • Increased likelihood of local initiatives involving Aboriginal people and communities

	• Increased confidence of members in supporting Aboriginal people who may be experiencing gambling harm
When will this activity be completed?	30th September 2021
Approximate cost of activity ($)	$7,655
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**

	[Complete, maximum of 200 words]
	
	We had a cultural awareness session booked for March, but it couldn't take place because of COVID-19. We will rebook this for our November member forum or if that can't take place we will run it early in 2021.
	
	Nov 2020: Workshop will be scheduled for early 2021
	
	March 2021:
	
	• See above – 2 x sessions will be scheduled in June/July
	
	December 2021:
	    • 2 x sessions held with 20 attendees – staff, volunteers and board members from neighbourhood houses. Interest from general community members in attending. We aim to run an annual cultural awareness workshop in partnership with GNEACC (neighbouring Network)
	    • First session in June was face to face; second session in September was online
	
	May 2022
	    • In terms of outputs, two workshops have been delivered with excellent feedback from attendees. A third Cultural Awareness training session has been scheduled for July in partnership with GNEACC, with 15 registrations already. Interest is very high.
	    • In terms of outcomes, gambling harm was not covered specifically in the training, but it was very clear that Aboriginal people are vulnerable to issues that impact their health and wellbeing, including gambling, drugs and alcohol. One of our NHs worked closely with AWECC and MAC in the development of their local initiative. One NH worked with NEMA on their Cultural Cooking program, although not to the degree they'd planned (due to COVID).

Deliverable 7: Develop alternative recreation programs and referral protocols

Activity 7.1	Identify and develop alternative recreation programs
How will you implement this activity?	• Include development of alternative recreation programs on PRG agenda • Facilitate discussion with PRG members about possible programs that already exist or could be developed across the Network area that will provide an alternative for people who might otherwise gamble • Facilitate discussion with Network members about possible programs that already exist or could be developed across the Network area that will provide an alternative for people who might otherwise gamble Note: alternative recreation programs may be developed as part of local strategies
What are the expected outputs?	List of up to 10 suitable alternative recreation programs

What are the expected outcomes?	• Increased knowledge and understanding of how existing programs could be adapted to suit people at risk of problem gambling eg being run after hours • Project partners have input into the development of alternative recreation programs • Network members work with project partners on the development of these programs eg as a focus for their local strategy
When will this activity be completed?	29th February 2022
Approximate cost of activity ($)	$7,222
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] This work has not started and will be part of the development of local initiatives. Discussion has been scheduled for the next PRG meeting. Nov 2020: • Alternative recreation programs are being developed by some of the NHs as part of their local initiatives • We have recently employed a project support worker who will collect information in the first half of 2021 about alternative program options delivered by NHs • The aim is to have a printed resource, which will be provided to services across the Upper Murray as a referral resource. An online version will also be connected to the Network website so that it can be kept current March 2021: • Information about alternative programs is being collected by the project support worker and through the seed funding applications December 2021: • This resource is still under development and will be finished early next year. May 2022: • This resource has now been completed and printed and is being distributed to agencies, groups and services across the Upper Murray region • In terms of outputs, many more than 10 suitable alternative programs have been identified and listed • In terms of outcomes, members ran a range of programs out of normal hours, including Saturday Soiree, Cultural Cooking, community picnics, and radio program. Gambler's Help was the partner that had input into the development of some of the programs

Activity 7.2	Develop referral protocols for Gambler's Help clients
How will you implement this activity?	• Meet with local Gambler's Help team to discuss existing protocols • Invite staff from Gambler's Help team to present to members as part of the awareness and education component of the project Work with local Gambler's Help team to develop protocols for referring GH clients into NH activities/programs, or to adjust existing protocols

What are the expected outputs?	Agreed protocols for referring GH clients into NH activities/programs
What are the expected outcomes?	• Increased understanding of members about Gambler's Help and how the NH can support and encourage people to access the Gambler's Help service • Increased understanding of Gambler's Help staff about Neighbourhood Houses, what they offer and how their clients could benefit from participating in NH activities
When will this activity be completed?	29th February 2022
Approximate cost of activity ($)	$2,354
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] This work has not started yet because of other priorities. We are developing a good relationship with Jody Riordan from Gambler's Help and will start discussions about referral protocols after the training workshops. Nov 2020: We have not progressed beyond initial discussions with Jody Riordan about referral protocols March 2021: • Jody Riordan at Gambler's Help is working on draft protocols with the GH councillors and the Network. • We have had recent discussions with Gambler's Help about GH councillors using rooms at the neighbourhood houses, especially in the smaller more remote communities. The councillors will arrange to meet with the relevant NHs to view possible rooms and terms • The referral resource that will be developed as Deliverable 14 will be important to the referral process • We have discussed online options as well as paper-based. One of the challenges is getting up to date program information from all the NHs into one easily accessible place, and keeping it up to date. The NHs where the GH councillors are using rooms will have input into the referral process December 2021 • Protocols still under development • Discussions about counsellors using rooms at NHs was put on hold during COVID but they intend to continue this work in the new year May 2022 • In terms of outputs, Protocols are now completed and in place • In terms of outocmes, the project has led to a much greater understanding of the services offered by Gambler's Help, and how NHs can refer people to the service. GH resources are visible at many of the NHs and posters about gambling harm are prominently displayed at several of the NHs. GH staff have a better understanding of NHs and what they offer, and are active in developing relationships with rural NHs so outreach counselling services can be provided

Deliverable 8: Develop relationships and networks

Activity 8.1	Identify relevant relationships
How will you implement this activity?	• As part of PRG meetings, work with project partners to identify relevant organisations, individuals and services whose work might

	intersect with this project eg local government (contact name and details)
	• Facilitate discussion with Network members at Network meetings and during education and awareness training to identify relevant organisations, individuals and services whose work might intersect with this project (contact name and details)
	• Actively seek opportunities to link project with other programs and services being delivered across the region eg attendance at PCP meetings
	• Develop information brochure/flyer about the project
What are the expected outputs?	Map of 20-30 organisations, individuals and services showing intersection with NH work
What are the expected outcomes?	• Increased understanding amongst partners about the scope of Neighbourhood Houses • Increased understanding amongst NH members of the intersection of their work with other sectors
When will this activity be completed?	29th February 2022
Approximate cost of activity ($)	$1,868
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] Work on this has begun in that we have identified some organisations whose work is relevant to this project. We will put this on the agenda for the next PRG meeting for further discussion. We expect that this work will continue through the life of the project. Nov 2020: • We have formed a strong relationship with Gambler's Help • We have not yet met with Mungabareena Aboriginal Corp (MAC), but that is a priority for early 2021. One of our NHs is developing a relationship with them and AWECC at a local level • We expect that individual NHs will identify and develop new relationships as part of their local initiatives • Connecting with councils will be a key focus for early 2021 March 2021: • Mapping relationships is included in the evaluation form the NHs are required to complete if they've received seed funding December 2021: • We have had informal feedback from the NHs which are delivering local initiatives that this project has helped raise their profile amongst external agencies in their communities • We have continued working closely with UHPCP and CHPCP on various elements of this project which has helped raise their awareness of the scope of work of NHs May 2022 • We have not been able to connect in a meaningful way with either AWECC or Mungabareena as a Network. However, Felltimber CC has formed a good relationship with both through the Community Connections project which they plan to develop further. We will continue working on this, particularly with MAC as we have identified reconciliation as a key priority in our new Strategic Plan • The new GH Protocols will support continuing work with GH • The model used for this project, and our learnings in implementing the model, has led to a significant bushfire recovery project, which in

- In terms of outcomes, we have seen a significant increase in recognition of NHs, and their importance as a community asset. This is partly through the work of this project, as well as the flow on impact of the role NHs played in the bushfires and COVID
- A Partnership Map (Appendix 4) shows visually the impact of this project on the development of partnerships for our Network and members.

Activity 8.2	Develop relationships
How will you implement this activity?	• Make presentations to groups and networks eg PCP partner meetings • Meet with local government staff and Councillors to present information about the project and about Neighbourhood Houses • Meet with representatives of organisations such as UnitingCare, Gateway Health, Dirrawarra Indigenous Network, North East Multicultural Association to provide information about the project and about Neighbourhood Houses • Meet with staff of Mungabareena Aboriginal Corporation and Albury Wodonga Ethnic Communities Council to investigate opportunities for working together on the respective projects
What are the expected outputs?	10 new relationships/partnerships (with UMRNHN and individual members)
What are the expected outcomes?	• Stronger relationships with staff in the eight Local Government Areas covered by the project • Increased interest from local organisations and groups in working with NHs in their local communities • Increased awareness amongst LGs, organisations and groups about the issues associated with problem gambling
When will this activity be completed?	29th February 2022
Approximate cost of activity ($)	$10,328
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] We have met with one council regarding a gambling strategy they have identified, and information about the project has been provided to the Central Hume PCP Wangaratta partnership meeting. How we develop this work will be included in our Communication Plan as the ideal will be to involve the NHs that are located in each LGA with any discussions held with council staff or other key organisations. March 2021: • We are working to have a meeting with MAC and AWECC to identify intersections with our project • Our Project Officer has begun mapping relationships based on discussions with the NHs and Network. The presentation at the last Peer Networking event from FPC was very useful to demonstrate the importance of understanding and recording the development of relationships through this project December 2021: • Meeting with MAC and AWECC will be a priority for January 2022. We are keen to strengthen links between our NHs and the work of MAC and AWECC for future projects.

	• Strengthening our relationship with local government to increase their understanding and acknowledgement of the role of neighbourhood houses in reducing loneliness and isolation is a key priority in our new strategic plan. Highlighting the work that the NHs have done through this project will be a key part of our strategy. May 2022 • See comments in 8.1 • In terms of outputs, we have achieved the development of 10+ new relationships (this includes those formed by NHs through their own local initiatives) • In terms of outcomes, we have not established stronger relationships with Local Government through this project; there is definitely increased interest from local organisations and groups in working with NHs; there is some increased awareness of harm caused by problem gambling amongst some LGs and groups because of the local initiatives

Deliverable 9: Public performances of Three Sides of the Coin

Activity 9.1	Organise and run performances of Three Sides of the Coin
How will you implement this activity?	• In consultation with members, identify 2-3 possible locations • In consultation with members and partners, identify existing groups that could form the basis for each performance eg U3A, youth council, arts councils • Discuss dates, venues and other requirements with Judy Avisar at Link Health and Community • Book performances • Send out invitations through NH members and partners, and networks more broadly • Advertise on social media • Run performances, working closely with Judy Avisar
What are the expected outputs?	Two-three performances run across the Network area
What are the expected outcomes?	• Increased awareness and empathy amongst Network members who attend performances about gambling harm • Increased awareness and empathy amongst community members who attend performances about gambling harm • Increased appreciation amongst Network members of art as a means of conveying important messages • Strengthened links between NHs and organisations in the communities where performances are held • Increased understanding amongst those organisations about the project and the work of NHs
When will this activity be completed?	10th December 2021
Approximate cost of activity ($)	$6,222
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved** *[Complete, maximum of 200 words]* See previous comments in 5.2 March 2021:

	• We ran an online performance of Three Sides of the Coin for our Network members in February. This was very well received, and the participants engaged well with the Q&A session after each performance
	• See previous comments in 5.2
	December 2021
	• Two performances were held in December – the first in Wodonga with 31 attending and the second in Wangaratta the following day with 12 attending. The numbers were less than what we'd anticipated, particularly in Wangaratta.
	We had originally scheduled the sessions to coincide with Gambling Harm Awareness Week in October, but unfortunately this didn't work as it was during the time that TSOC was moving to a different agency and they couldn't commit to a booking.
	In retrospect, the timing was poor for neighbourhood houses in terms of getting them involved and attending the performances. They were focused on planning for 2022, most were getting ready for summer closure, and they had all been under great pressure assisting people with their vaccination certificates. Several managers had planned to bring groups but with other time constraints and general fatigue this didn't happen.
	Having said that, the people who did attend were extremely affected, and the feedback was very positive. Lots of questions and conversations after the performances, which is a good sign that people were well engaged. From that perspective, the performances were highly successful.
	We had planned to have Three Sides of the Coin on their own, but Jody at Gambler's Help saw this as a great opportunity for a local Aboriginal client, Aaron Perkins-Kemp-Berger, to develop his story and perform it at the same time. This was another great outcome for this part of our Behind the Scenes project
	May 2022
	• In terms of outputs, we ran three performances of TSOTC – one online for managers and two in person public performances.
	• In terms of outcomes, there was an increase in awareness and empathy amongst Network members and those community members who attended the performances. We did not measure any increased awareness of art as a means of conveying important messages so can't tell if that outcome was achieved. We didn't actively work to strengthen links where the performances were held

Deliverable 10: Pop-up support sessions

Activity 10.1	Run 'pop up' support sessions for Network members
How will you implement this activity?	• Review CHAOS project data for ideas about local strategies • Where possible, sessions will be run at existing Network events/workshops to help generate ideas for local strategies and initiatives • If members need additional assistance once the grant program rolls out, sessions will be arranged in LGA clusters • Sessions may include guests eg people with lived experience, Gambler's Help staff
What are the expected outputs?	3-4 sessions to discuss local initiatives and strategies
What are the expected outcomes?	• Network members have innovative ideas for initiatives to try in their local community • Network members feel supported in the development of their ideas

When will this activity be completed?	28th February 2021
Approximate cost of activity ($)	$2,354

Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] This work has not begun and is more likely to take plan between October 2020 and February 2021 as the NHs start to develop their own initiatives. The feedback from the NHs is that they are inundated with other priorities as the COVID-19 restrictions are decreasing and they are planning for their re-opening. This is a complex process and has meant there is little time to be thinking about new projects and initiatives. These support sessions have been identified by the NHs as important as they start to consider and develop what they will do in their own communities. Nov 2020: Two pop up sessions run via Zoom to support development of local initiatives May 2022 • In terms of outputs, we ran 2 pop-up sessions, which was all that was required • In terms of outcomes, these sessions were helpful for members in developing their ideas, and led to a high uptake in the seed funding (13/16)

Deliverable 11: Develop and roll out Small Grant program

Activity 11.1	Develop and roll out Small Grant Program

How will you implement this activity?	• In consultation with the PRG, develop funding objectives, criteria, timeframes and data collection methods for the program • Distribute information about the grant to all Network members by email • Contact any members who have not submitted an application within the timeframes to provide support for them to submit an application
What are the expected outputs?	At least 12 Network members apply for funds to develop local initiatives
What are the expected outcomes?	• Network members feel confident to try new initiatives to reduce gambling harm in their local community
When will this activity be completed?	30th September 2020
Approximate cost of activity ($)	$1,868
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] Criteria have been drafted and will be discussed with the UMRNHN Committee. The grant program is being discussed with members during their 1:1 online meeting with the project consultant prior to the training. Nov 2020: Criteria, timeframes, application process and acquittal process have been developed and information sent out to all NHs March 2021: • Applications have been received from 12 NHs – funding agreements in place, and funds released. Several projects have started

Deliverable 12: Implement local strategies

Activity 12.1	Network members develop and implement local initiatives
How will you implement this activity?	- Contact each member who has applied for funds at least twice during the grant period to offer support and check in on progress - Include information about initiatives in Network newsletter and on Network website - Liaise with local media to encourage their coverage of local initiatives
What are the expected outputs?	At least 12 Network members use funding to develop local initiatives
What are the expected outcomes?	- At least 12 Network members have identified at least one new partnership/relationship that will assist them to continue work on reducing gambling harm in their community - At least 12 Network members feel more confident in offering ongoing opportunities to reduce gambling harm in their community - Opportunities are offered to at least 12 communities in the Upper Murray area that highlight the issues associated with problem gambling and assist in reducing gambling harm
When will this activity be completed?	29th February 2022
Approximate cost of activity ($)	$60,824
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☐ **Achieved** ☐ **Partially achieved** ☐ **Not achieved** *[Complete, maximum of 200 words]* This work is not due to start. See request at 6.1 regarding increasing the amount of funds available for each NH Nov 2020: - Applications received from 12 NHs - Another two will apply early in the new year; the other two will be followed up in mid January to discuss their intentions March 2021: - Total applications will remain at 12. Two NH managers have left their organisation since the last report, and the NHs are not able to proceed with their application. - Two other NHs have been involved in several discussions about doing joint activity but have decided not to proceed. We will undertake a survey with the four NHs that didn't go ahead with an application to understand how they reached that decision - Approved projects: - Coffee ConneXion and Sew ConneXion – informal groups aimed at bring people together in a supported and facilitated environment with interesting speakers, therapy and activities. Sew ConneXion will work on shared community projects. Gambler's Help brochures made available - Trialling social events out of usual opening hours (weekends and evenings) - Actively participating in the Cultural Connections project with MAC and AWECC - Running an awareness campaign during Gambling Harm Awareness Week via social media, displays and engaging with current user groups - Fortnightly Saturday afternoon tea (trialling social events out of usual opening hours)

	o Engaging young men in outside activities; initiating discussions about reducing gambling harm, with a focus on online gambling
	o Exploring alternative online activities to help steer people away from online gambling options
	o Part of a larger community resilience-building project. Activities have included radio interviews about gambling harm, and displays about assistance for people experiencing gambling harm
	o Trialling a monthly social group for women with a focus on those experiencing gambling harm through family members
	o Trialling Cultures and Countries program
	o Three community music events – Gambler's Help banner and brochures available on site; gambling harm message given throughout events by MC
	o Community event (Connecting with Community) in partnership with PCP, schools and sporting groups with a gambling harm reduction theme
	December 2021: • Additional project at Open Door NH – total of 13
	May 2022 • In terms of outputs, 13 of 16 members successfully applied for seed funding to develop local initiatives • In terms of outcomes, most members identified innovative and new ideas, some of which were successfully delivered. COVID definitely had an impact on what could be delivered at a local level and some really struggled to bring people together during this time. However, on the whole, the seed funding did provide opportunities to trial new approaches, especially activity held outside normal opening hours (eg in the evening and weekends)

Deliverable 13: Develop alternative recreation activity resource

Activity 13.1	Develop alternative recreation activity resource
How will you implement this activity?	• Review the resource developed by CHAOS Network and test the relevance of a similar resource in rural/regional context with Network members and PRG members • If a resource is felt to be relevant, scan Network-wide Neighbourhood House activities that are affordable and accessible and provide alternative recreation options for people who may otherwise gamble. This will include local initiatives developed as part of Deliverable 13 • Collate resulting information into a resource. This may be paper-based or web-based • Distribute resource through Network members, partners and other stakeholders
What are the expected outputs?	A resource that collates alternative activities across the Network area
What are the expected outcomes?	• Partners and other services have a better understanding of what is offered by Neighbourhood Houses that may be relevant to their clients • Communities have access to information about a range of activities
When will this activity be completed?	29th February 2022

Approximate cost of activity ($)	$12,238
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] This work is not due to start March 2021: • We have started collecting examples of resources on which we can model content and layout. One of the biggest challenges is around getting current program information from the NHs into one easily accessible place. We are starting to gather information from our NHs about how they currently promote their programs, and how agencies can best access their program information December 2021: • The resource has been drafted, and we are now waiting for some final information from the NHs about meeting spaces. • We have sourced a graphic designer who will format the resource and then it will be printed and distributed to local agencies across our Network area May 2022: • This resource (Referral Guide) has been completed and printed. It will be distributed to all members and to local groups, services and agencies working across the Upper Murray • In term of outputs, the Referral Guide identifies a range of activities, services and resources that can be accessed through the NHs in the Upper Murray. The range is diverse and extensive, and has been quite an eye-opener, even for those of us who work with the NHs all the time • In terms of outcomes, there is no doubt that anyone using the Guide will have a better understanding of the scope of their work, and what is on offer for people in their local communities

Deliverable 14: Project evaluation

Activity 14.1	Analyse data and develop project report
How will you implement this activity?	• The overarching aim of this deliverable is to identify the impact of this project on our Network members and their communities • Data will be collected throughout the project in line with the evaluation framework developed in Deliverable 3. This will include data from UMRNHN members (staff and volunteers) to gauge changes such as their understanding of gambling harm, and PRG members. It is likely to also include data from participants in any local strategies developed as part of Deliverable 13.1. • Analyse data with a particular focus on identifying areas of sustainable practice • Write a report about the Behind the Scenes project, with the audience being the Network members and project partners, and a strong focus on sustainable practice • Distribute report to Network members and project partners. If relevant, make available through Network website
What are the expected outputs?	Project report
What are the expected outcomes?	• A report that captures the learnings from this project, which becomes a valuable resource for Network members and partners in continuing work to reduce gambling harm and other social issues

When will this activity be completed?	29th February 2022
Approximate cost of activity ($)	$18,500
Activity status at end of project/funding period *Please provide a brief reason if not/partially completed (i.e.: barriers/delays)*	☒ **Achieved** ☐ **Partially achieved** ☐ **Not achieved**
	[Complete, maximum of 200 words] See note on 3.2. Work on gathering baseline data has started. December 2022: • We have engaged Dr Kathleen Brasher from UHPCP to work with us on our project evaluation. We have a workshop scheduled for February to work on the evaluation using a Theory of Change framework May 2022 • This report will be adapted into one that will be available to members and partners • In terms of outputs, this final report constitutes the expected output • In terms of outcomes, this report will be re-written as a resource for Network members

APPENDIX 2. Partnership types

Type	
1. Networking	***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.*
2. Cooperation	***Cooperating*** *involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, high level of trust between partners and sharing the turf between agencies. 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.*
3. Coordination	***Coordinating*** *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.*
4. Collaboration	***Collaborating*** *in addition to the other activities described, collaboration includes enhancing the 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.*

APPENDIX 3. In-kind contribution calculator

An in-kind contribution means support, other than money, provided by your partner organisations towards the project. This can include voluntary labour, donated goods and services (e.g. marketing support, printing or donation of equipment) or facilities (e.g. meeting rooms).

The calculation of in-kind contributions is based on your best estimate. To ensure consistency please use the following figures:

- *basic in-kind labour (e.g. help setting up an event) - $20 per hour*

- *specialist in-kind labour (e.g. participating on a committee, reference or steering committee, or providing other expertise) - $45 per hour*

- *direct contributions of materials/goods is based on an estimate or actual value of the item, for example, normal room hire for a day might be $1,000, so the partner is contributing a $1,000.*

An example table for your use is below. Please transfer the total value of your in-kind contribution to Table 7.

Goods/services provided	Organisation/supplier	Number of hours	Rate per hour	Total value ($)
Meeting room space	Partner Organisation	N/A	N/A	$1,000
Participation on Advisory Committee	1 x representative from each partner organisation (6 representatives)	2 hours per person (12 hours total)	$45	$540
Set up of workshop	Volunteers from Partner Organisation	2 hours	$20	$40
Printing of documents	Partner Organisation			$500
			Total:	$2,080

APPENDIX 4. Other items

Please list and link to/add here other items such as images of project delivery, resources, questionnaires or extensive or cumbersome data sets that are not suitable for the main body of the report. It is expected that all resources produced from the project will be provided to the Foundation to share with partners and promote to the sector.

Included with the submission of this final report are the following documents and resources developed as a result of the *Behind the Scenes* project:

- Aboriginal and Torres Strait Islander Cultural Safety Checklist for Neighbourood Houses

- Connect with Community Referral Guide

- Gambler's Help & UMRNHN Protocols

- Seed Funding Program Information

- Seed Funding Funding Application Form

- Seed Funding Agreement

- Seed Funding Acquittal Form

- Behind the Scenes Partnership Map

- Summary of Local Initiatives acquittals

- Posters developed to raise awareness