

THE PREVENTION AND TREATMENT OF PROBLEM GAMBLING IN SOUTH AUSTRALIA THROUGH THE GAMBLERS REHABILITATION FUND:

A STRATEGIC REVIEW

SUPPLEMENTARY REPORT

COMMUNITY EDUCATION IN BREAK EVEN SERVICES



Government of South Australia
Department for Families and
Communities

The Prevention and Treatment of Problem Gambling in South Australia through the Gamblers Rehabilitation Fund:

A Strategic Review

Supplementary Report

Community Education in Break Even Services

**A report undertaken for the Gamblers Rehabilitation Fund by the:
Research, Analysis and Evaluation Branch
Strategic Planning and Policy Division
Department for Families and Communities**

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1 INTRODUCTION

Service agreements with the sixteen Break Even services include the provision for agencies to undertake community education work. In the initial allocation of funding, notional percentages of the total funding were attached to community education, ranging from 20% for metropolitan agencies to 80% for state-wide cultural specialist services where counselling was not deemed an appropriate methodology. Contractually, agencies (excluding specialist services) are required to give precedence to rehabilitation activities over community education in terms of the allocation of time.

Notionally, \$944,600pa is currently allocated to community education across the Break Even agencies¹ (according to the old funding formulas from the commencement of the program in 1995). However, there is currently much that is unknown about the extent to which agencies engage in community education (ie the actual allocation of time and money); the activities which they undertake; and the impact/outcomes of this work. Available data can only provide limited insight into these questions.

Given this significant (notional) investment, the review of GRF services was asked to particularly examine the community education activities currently undertaken. This was to include the following:

1. An examination of the extent to which agencies are currently undertaking community education, and the nature of these activities
2. An initial analysis and over-arching comment on these activities in terms of their extent, scope, focus and purpose
3. An assessment of the feasibility and desirability of conducting a more in-depth evaluation
4. The provision of advice as to the adequacy and relevance of the current data collection related to community education.

This supplementary report contains the findings of this review.

¹ This excludes the funding allocated to Health Promotion SA for community education and funding allocated through grants programs

2 METROPOLITAN SERVICES

Service agreements with the five metropolitan agencies specify that up to 20% of service activity time can be spent on community education. There is a clear understanding that agencies should give priority to therapeutic and other counselling services over community education. A combined notional amount of approximately \$200,100 would be available for community education activities if agencies were to utilise the full 20% of their 2004/05 funding allocation.

2.1 Time spent on community education

In interview, all metropolitan agencies reported that they undertook community education, although giving precedence to counselling/treatment. Four of the five estimated they spent significantly less than 20% of total service activity time on community education (three estimated 10% and one between 10 – 15%). One of the five, however, estimated spending 30% of their total time on community education.

It is not possible to accurately report on the number of activities or hours this work comprises. The data available from the Break Even Service Agencies (BESA) Data Collection system is limited and often unreliable. Table 1, for example, reports on the total number of hours spent on community education by agency over the last four years.

Table 1: Community education hours, metropolitan agencies by year

Agency	2000 Hours	2001 Hours	2002 Hours	2003 Hours	Total Hours
Agency A	283	.	.	438	721
Agency B	.	.	14	.	14
Agency C	139	148	3,034	292	3,613
Agency D	66	.	.	.	66
Agency E	225	109	35	30	399
Total	714	257	3,083	760	4,813

Source: BESA Data Collection

The data reveals wide variations in the number of hours reported over time and between agencies, which indicates unreliability. All agencies felt the information did not accurately represent the work they did and was generally an under-count. According to the BESA data system, two of the metropolitan agencies did no community education work in 2003. In both cases, however, the agencies indicated they had undertaken community education which was not recorded in the data.

2.2 Community education activities

During interview, all agencies were asked to describe their community education work. Metropolitan agencies identified the following list of activities:

Forums	Attending community groups or network meetings of service providers (examples included the Gawler forum, Inner City Assistance Network). One agency reported that all staff were required to be on at least two service provider or community based networks.
Presentations	Presenting at multi-agency and/or community forums or to individual organisations (examples included TAFE students, police training, FAYS staff, Casino staff, church groups, Mental Health workers, Community Health, other NGOs, prison staff, service clubs, schools, and staff in other parts of their own organisation).
Training programs	Some presentations had a training focus (eg to mental health services).
Mailed information	Information and materials (produced by Health Promotions SA or the agency themselves) were sent out on request. Some agencies had developed information kits. One agency reported a large scale annual mail-out to all relevant groups in their region. Mailed information sometimes generated requests for presentations.
Hand delivered	Most agencies hand delivered information and materials. For example, one visited community health centres and libraries in their region twice a year, pinning up flyers relating to their service.
Newsletters	Agencies both contributed to other newsletters and produced their own.
Media work	This included participation in radio programs, TV and press releases. In some organisations, more global media work (partly focused on advocacy) is being undertaken by the central offices of the NGO utilising the NGO's own funds (examples include some full page advertisements in March 2004 produced by Uniting Care Wesley Adelaide)
Static displays	Static displays are utilised at a variety of festivals and forums (eg cultural festivals, Man Alive, Mental Health Awareness and Gambling Awareness week).
Public meetings	One agency reported holding annual public community meetings.
Advocacy	Two agencies stressed the large amount of work done in providing feedback to the Independent Gaming Authority and other groups.

Agencies described their community education activities in categories quite similar to those in the BESA Data Collection System (Table 2). No information was entered into the data about community education activities of two agencies in 2003. Again, agencies generally felt that the recorded hours were an undercount of their actual work in this area.

Table 2: Community education hours, information medium by agency, metropolitan agencies, 2003

Information Medium	Agency A		Agency B		Agency C		Agency D		Agency E		Total	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	%
Media Activity	156	.	.	.	.	.	.	.	.	.	156	20.5
Presentations	102	.	.	52	.	.	.	.	.	.	154	20.3
Public Meetings	31	.	.	12	.	.	.	.	.	.	43	5.7
Forums/Networking	123	.	.	77	.	.	.	.	.	.	200	26.3
Expo/Festival	.	.	.	.	.	.	.	.	30	.	30	3.9
Training Provision	8	.	.	148	.	.	.	.	.	.	156	20.5
Newsletters	18	.	.	.	.	.	.	.	.	.	18	2.4
Information Packages/ Promotional Handouts	.	.	.	3	.	.	.	.	.	.	3	0.4
Total	438	.	.	292	.	.	.	.	30	.	760	100.0

Source: BESA Data Collection

The data suggests that the most prominent types of community education activity in metropolitan areas in 2003 were forums/networking, media activity, the provision of training and presentations.

2.3 Scope and focus of community education

Community education by metropolitan agencies reaches a broad range of recipients. Most agencies described delivering services to both the general community and service providers. Some agencies highlighted they were spending increasing amounts of time providing an education/information service to other agencies. Agencies generally hoped that this would increase the capacity of the recipient service to provide appropriate intervention and support for problem gamblers. Table 3 indicates that 40% of community education was directed at other service providers.

Table 3: Community education number of activities and hours, target group by agency, metropolitan agencies, 2003

Target Group	Agency A		Agency B		Agency C		Agency D		Agency E		Total			
	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours	N	% N	Hours	% Hrs
General Community	24	219	.	.	11	62	.	.	3	30	38	23.9	311	40.9
Cultural Group	.	.	.	.	10	115	.	.	.	.	10	6.3	115	15.1
Service Providers	42	190	.	.	63	115	.	.	.	.	105	66.0	305	40.1
Not specified	6	29	.	.	.	.	.	.	.	.	6	3.8	29	3.8
Total	72	438	.	.	84	292	.	.	3	30	159	100.0	760	100.0

Source: BESA Data Collection

Much of the inter-agency work is opportunistic (rather than planned) in nature, and in response to requests or invitations. The BESA data system could not provide clear information about which types of service providers are receiving input. Table 4, for example, indicates that no community education were provided to mental health workers, whereas in interview agencies cited work with at least three mental health regions.

Table 4: Community education number of activities and hours, service provider target group by agency , metropolitan agencies, 2003

Service Providers	Agency A		Agency B		Agency C		Agency D		Agency E		Total			
	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours	N	% N	Hours	% Hrs
Service Providers NES	38	175	.	.	52	77	.	.	.	.	90	81.1	252	75.4
General Practitioners	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Mental Health Workers	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Child Protection Workers	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Financial Counsellors	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Teachers	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Community Health Workers	.	.	.	.	5	23	.	.	.	.	5	4.5	23	6.9
Community Workers	4	15	.	.	6	15	.	.	.	.	10	9.0	30	9.0
Not specified	6	29	.	.	.	.	.	.	.	.	6	5.4	29	8.7
Total	48	219	.	.	63	115	.	.	.	.	111	100.0	334	100.0

Source: BESA Data Collection

The Break Even agencies generally delivered services within their geographic boundaries, except when the medium employed in certain activities might reach a wider audience (eg static displays, media interviews).

The BESA data provides limited useful information about the age of recipients of services (Table 5). The available data indicates that half of community education hours was to people aged 25 – 60 years; however age was not recorded for 42% of hours (generally because age would not be known – eg people reached by media work).

Table 5: Community education number of activities and hours, age of recipients by agency, metropolitan agencies, 2003

Age Group	Agency A		Agency B		Agency C		Agency D		Agency E		Total			
	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours	N	% N	Hours	% Hrs
12-17 years	.	.	.	.	1	3	.	.	.	.	1	0.6	3	0.4
17-25 years	4	22	.	.	.	.	.	.	.	.	4	2.5	22	2.9
25-60 years	60	379	.	.	.	.	.	.	.	.	60	37.7	379	49.9
60 years and over	8	37	.	.	.	.	.	.	.	.	8	5.0	37	4.9
Not Applicable	.	.	.	.	83	289	.	.	3	30	86	54.1	319	42.0
Total	72	438	.	.	84	292	.	.	3	30	159	100.0	760	100.0

Source: BESA Data Collection

With regards to specific populations targeted in 2003, a number of groups were mentioned, with the work in these areas generally described as short bursts rather than sustained.

The following groups or populations were identified:

- elderly people (especially women)
- youth (especially those of high school age)
- casino workers
- Italian and Greek ethnic groups
- shift workers (especially in the car industry)
- prisoners
- homeless people
- mental health staff.

Most agencies commented on how challenging they found it to access and work with at-risk groups. Generally there were few services targeted to people from non-English speaking backgrounds, people with mental health or intellectual disabilities or Aboriginal people. One agency, however, reported a close relationship and joint work with the current CALD service.

Agencies used a range of concepts to describe their aim or purpose in the delivery of community education services. Their aims were generally to:

- **raise awareness** in the general population including about the impact of problem gambling on individuals and families; of how gaming machines are configured and what people can expect to lose; of how to gamble safely and responsibly
- **promote** their service and the other free services of the Break Even network
- **minimise harm** caused by gambling by teaching strategies for the protection of the individual and family; teaching people the signs of problem gambling and how to assess the size of a gambling activity
- **advocate** for consumers, try and make the consumer voice heard and create opportunities to empower the consumer.

Some agencies stressed they were careful not to portray an anti-gambling message and there was significant emphasis placed on the importance of putting a human face to the issue of problem gambling.

3 REGIONAL SERVICES

Service agreements with the four regional agencies specify that up to 40% of service activity can be spent on community education. All agencies were clear that priority should be given to therapeutic and other counselling services over community education. A combined notional amount of \$219,400 would be available for community education if the full allocation was utilised.

3.1 Time spent on community education

In interview, all regional agencies reported that they undertook community education. Two estimated that they spent significantly less than the 40% of time allocated (15 – 30% and 25 – 30%), with the other two agencies estimating between 30 – 40%.

As with metropolitan services, it is not possible to accurately report on the activities or hours for community education due to the unreliability of the data. Table 6 summarises available data on community education hours by agency over the last four years. (Note the BESA data system requires two regional agencies to report separately on services delivered to two parts of their region. Hence, although the department has service agreements with four auspicing agencies, the BESA data reports on six geographic areas).

Table 6: Community education hours, regional agencies by year,

Agency	2000 Hours	2001 Hours	2002 Hours	2003 Hours	Total Hours
Agency F	1,519	.	1,650	2,952	6,120
Agency G	7,628	213	2,031	836	10,709
Agency H	48	328	3,387	1,905	5,668
Agency I	33	157	366	475	1,031
Agency J	149	2,116	1,325	298	3,887
Agency K	146	.	631	.	777
Total	9,522	2,814	9,390	6,465	28,192

Source: BESA Data Collection

Examination of the data again reveals wide variations in the number of hours reported over time and between agencies, indicating unreliability. Agency K, for example, is recorded as having no community education in 2003, but indicates that this was not the case (no data was entered).

All agencies reported that the above figures are an under-counting of their actual work. Two agencies indicated they could not comment with any surety on the reported data as it was inputted by staff no longer working with their agencies.

3.2 Community Education activities

During interview, all agencies were asked to describe their community education. The following activities were identified:

Presentations	These included to service clubs, prison staff and prisoners, a multicultural communities conference, CYFS staff, TAFE students, other NGOs, church groups, local government staff, and high school students (including input into school projects).
Training programs	These included the training of Club workers.
Mailed information	Materials (developed by Health Promotions SA or the agency itself) were sent out on request or as part of general mail-out. Two agencies described self help or resource packs they had developed to distribute to services who contacted them with concerns about clients and gambling. Two agencies reported a general mail-out to relevant groups in their region including GPs, dentists, churches and other services.
Hand delivered	Most agencies hand-delivered materials in a variety of ways, especially to smaller towns in the region. Two described visiting hotels, hospitals, health centres, service providers, supermarkets, shopping malls and libraries to pin up flyers and distribute brochures. One agency conducted a letterbox drop of magnets and bookmarks in selected areas.
Newsletters	Agencies contributed to a variety of newsletters (eg school newsletters).
Media work	Contribution to local media (newspapers, TV, radio) was common and more frequent in rural areas than metropolitan. Radio coverage was often made available free of charge. Two agencies reported a regular fortnightly radio spot and one region reported excellent blitz coverage at key times such as Christmas.
Static displays	Static displays were utilised at a variety of country shows or function days. These were utilised with and without staff in attendance, and often “fun packs” with information on gambling were handed out. Agencies also set up static displays during Gambling Awareness and Parenting weeks
Visits	All of the agencies emphasised visits to managers of Clubs and Pubs as a key community education activity. During these visits Break Even brochures were distributed and discussions held about the role of the service.

Group work A number of agencies considered group work a form of community education and report it as such in the BESA data. Examples included fortnightly sessions in 12 week blocks with prisoners at Cadell prison, a weekly Aboriginal Women's Support group meeting in Port Pirie, general community support group meetings, and a weekly support group re budgeting in Port Pirie. The Kids Talk on Gambling Project was a locally developed multi-agency education campaign targeting primary school children, involving a number of activities spread out over a year at Port Lincoln.

Products Three agencies emphasised the importance of locally developed information products (examples included brochures, fridge magnets, posters, bookmarks, drink coasters and information on Coles Shop A Dockets).

During interview, it was apparent that there is a substantial difference between community education in regional and metropolitan areas. This included a closer relationship between regional services and gambling venues and also greater participation in community activities/events. The categories provided by the BESA data collection system were frequently described as a poor descriptor of this kind of work. Table 7 reports community education by type of activity in regional areas in 2003.

Table 7: Community education hours, activity by agency, regional agencies, 2003

Information Medium	Agency F	Agency G	Agency H	Agency I	Agency J	Agency K	Total	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	%
Media Activity	.	47	254	.	2	.	302	4.7
Presentations	162	209	1,460	71	82	.	1,983	30.7
Public Meetings	.	13	18	.	.	.	31	0.5
Forums/Networking	123	132	67	400	123	.	844	13.1
Expo/Festival	894	66	85	.	.	.	1,045	16.2
Training Provision	2	103	15	.	92	.	211	3.3
Newsletters	3	.	.	.	.	.	3	0.0
Information Packages/ Promotional Handouts	1,014	145	4	5	.	.	1,168	18.1
Static Displays	726	47	.	.	.	.	773	12.0
Regional Visits	.	44	.	.	.	.	44	0.7
Other	28	31	2	.	.	.	60	0.9
Total	2,952	836	1,905	475	298	.	6,465	100.0

Source: BESA Data Collection

The most prominent activities reported are presentations, information packages, expos/ festivals, forums/networking and static displays.

It is important to note that the high volume of hours spent on presentations in rural areas can be largely attributed to one agency. During interview, it became clear that this was predominantly group-work. Likewise, one agency (Agency F above) undertook almost one half the volume of community education work (in hours) of all regions combined in 2003.

During interview it became clear that a significant time element in rural community education is travel. Table 8 indicates that 37% of all activity time in community education is travel, compared to 16% in metropolitan areas.

Table 8: Community education hours, time allocation by agency, regional agencies, 2003

Time distribution	Agency F	Agency G	Agency H	Agency I	Agency J	Agency K	Total	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	%
Time Preparation	254	232	869	25	40	.	1,420	22.0
Time Presentation	828	296	975	70	159	.	2,328	36.0
Time Travel	1,745	165	48	375	67	.	2,400	37.1
Time Evaluation	32	100	4	2	20	.	157	2.4
Time Other	93	43	9	3	13	.	161	2.5
Total	2,952	836	1,905	475	298	.	6,465	100.0

Source: BESA Data Collection

3.3 Scope and focus of community education

Community education in regional areas reaches a broad range of recipients. Access to the media is easier and cheaper, and local media frequently focus on problem gambling issues. There is a greater reliance on locally produced information packages, and displays and attendance at local events is common.

Table 9 suggests that a greater percentage of regional community education services are provided to the general community rather than to service providers (16% as compared to 40% for metropolitan agencies.) This may be due to the unreliability of the data, and may also reflect the smaller number of service providers in rural areas and the greater focus on community involvement.

Table 9: Community education number of activities and hours, agency by target group, regional agencies, 2003

Target Group	Agency F		Agency G		Agency H		Agency I		Agency J		Agency K		Total			
	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours	% N	% Hours	% Hrs	
General Community	95	1,855	265	581	76	1,823	.	.	12	30	.	.	448	56.5	4,289	66.3
Cultural Group	21	44	5	5	9	12	.	.	1	2	.	.	36	4.5	62	1.0
Service Providers	30	127	137	250	28	70	27	475	51	130	.	.	273	34.4	1,051	16.3
Not specified	16	926	.	.	.	.	.	.	20	136	.	.	36	4.5	1,062	16.4
Total	162	2,952	407	836	113	1,905	27	475	84	298	.	.	793	100.0	6,465	100.0

Source: BESA Data Collection

Networking is also quite different in regional areas with more informal meetings as well as more meetings (either face to face or by phone) with individuals and small groups. Agency workers do not attend as many organised forums as in metropolitan areas because there are fewer forums to attend.

One of the most significant observations which emerged from the interviews were the different relationships that exist between Break Even agencies and hotel/club gaming managers in rural areas. In the metropolitan area agencies could cite few examples of positive working relationships with hotel/club gaming managers. In regional areas, however, the situation was the reverse, with agencies citing many examples of positive working relationships.

As for the metropolitan area, the BESA data collection system provides limited information regarding the age of recipients. While Table 10 reveals a high percentage of recipients are aged in the 25 – 60 age group, the age of 66% of recipients is unknown.

Table 10: Community education number of activities and hours, age of recipients by agency, regional agencies, 2003

Age Group	Agency F		Agency G		Agency H		Agency I		Agency J		Agency K		Total			
	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours	N	% N	Hours	% Hrs
6-12 years	15	66	.	.	.	.	.	.	.	.	.	.	15	1.9	66	1.0
12-17 years	7	40	27	44	.	.	.	.	.	.	.	.	34	4.3	84	1.3
25-60 years	55	124	36	59	19	1,480	.	.	84	298	.	.	194	24.5	1,961	30.3
60 years and over	5	15	3	3	1	60	.	.	.	.	.	.	9	1.1	78	1.2
Not Applicable	80	2,707	341	730	93	365	27	475	.	.	.	.	541	68.2	4,276	66.1
Total	162	2,952	407	836	113	1,905	27	475	84	298	.	.	793	100.0	6,465	100.0

Source: BESA Data Collection

Whilst most agencies felt their community education services had an adequate reach into the general population, they reported finding it much harder to access and work with at-risk groups. With the exception of one or two notable examples, there was little to no targeted community education successfully delivered to indigenous people, people of non-English speaking backgrounds, and people with mental health or intellectual disability. Two regions gave examples of failed attempts in this regard. Two agencies stated that it was easier to work with more established ethnic groups (eg. Greek and Italian), where language and culture were less of a barrier. One region reported a fine example of the recruitment of an Aboriginal woman to organise and run a regular group for indigenous people.

Regional services all indicated that they developed work-plans for community education, although these were not documented in a formal way. As a group, the focus of activity is best described as diffuse. When pressed to comment on any specific populations they might have targeted in 2003, the following were identified:

- senior citizen groups
- service clubs
- children (primary school age)
- hotel and club gaming managers
- Italian and Greek ethnic groups
- indigenous people
- prisoners
- people on low incomes.

Agencies used a range of concepts to describe their aim or purpose in the delivery of community education services:

- **raising awareness** across the general population about problem gambling and its impacts; safe and responsible gambling; the gaming industry; and the difference between recreational and problem gambling
- **promoting** the existence of their service
- **supporting** other service providers in identifying and responding to problem gambling
- **teaching** strategies to protect from the harms of gambling, to recognise problem gambling and assess the size of the gambling activity.

All agencies stressed the importance of conveying a balanced message regarding gambling.

Agencies were eager to comment on issues relating to the context of service delivery in regional areas. They noted that gambling is a relatively big business in South Australian country towns where significant percentages of the local population are in lower social economic groups. Recreational opportunities are generally more limited and a high number of clubs and hotels have gaming machines.

All agencies commented on the importance of maintaining local control of planning and action regarding community education. Effective community education in regional communities has to be built from local relationships, knowledge and community connections. In general, agencies believed that state-wide mass media campaigns are less effective in rural areas.

Agencies also noted the heightened sense of anonymity people can desire in country areas. Within smaller communities people are often more protective of their privacy and this can affect where and whether potential consumers present for assistance.

4 STATE-WIDE SPECIALIST SERVICES

Seven agencies are funded to provide state-wide specialist services. Five of these provide services to particular cultural groups, and the sixth is the cognitive-behavioural service at Flinders Medical Centre. Community education services delivered by the FMC program are usually focused on information and training about both the service and form of intervention. The seventh agency, the Gambling Helpline, has not been considered in this discussion on community education because of its role.

Service agreements with agencies in this group state that agencies shall provide their services on a state-wide basis. In recognition of the fact that this may be difficult, some agreements add the words “with a particular emphasis on the metropolitan area of Adelaide”.

Service agreements with the five culturally-specific agencies specify that “service output shall reflect up to 80% in community education, community development and collaborative work with other agencies to develop culturally appropriate intervention responses”. Information, referral and direct client interventions is to comprise the remaining service activity. The service agreement for Flinders Medical Centre requires it to devote at least 75% of its service activity time to the CBT program with the remaining time spent on information and training to other services.

A combined notional amount of approximately \$469,000 would be available for community education across the Break Even agencies in State-wide specialist areas if the full allocation for community education was utilised.

4.1 *Community education activities*

In interview, all services reported delivering community education services. When asked to estimate the proportion of service activity time this comprised, two agencies estimated between 75 - 80% and three between 45 - 60%. The specialist CBT program estimated 20-25% of output was dedicated to community information and training, most of which was delivered to students and other service providers.

Table 11 summarises the data regarding hours spent on community education activity in agencies over a number of years. There is again wide variations in the number of hours reported over time and between agencies. In interview, three of the agencies felt the quantity of hours reported was an under-count of their actual work. The other agencies found it difficult to comment and generally felt that the data collection categories and measures were an inadequate and difficult measure.

Table 11: Community education hours, state-wide specialist agencies by year

Agency	2000 Hours	2001 Hours	2002 Hours	2003 Hours	Total Hours
Agency L	2,190	210	7,957	2,002	12,358
Agency M	1,041	482	4,110	531	6,164
Agency N	869	372	216	6,972	8,428
Agency O	589	308	2,124	2,098	5,119
Agency P	102	247	6,475	3,768	10,592
Agency Q	491	669	.	690	1,850
Agency R	.	.	.	1,062	1,062
Total	5,283	2,287	20,881	17,123	45,574

Source: BESA Data Collection

4.2 Scope and focus of community education

During interview, all agencies were asked to describe work undertaken in 2003 which they considered community education. The following activities were identified.

- Group-work** A number of agencies considered group-work a form of community education or community development and reported it in the BESA data system. Examples included a bi-monthly elders group (Overseas Chinese Association); a weekly group for older Vietnamese women and for women with young children; an Elders' group at Tauondi College and monthly groups at Magill Training Centre.
- Products** Most of the culturally-specific agencies spend considerable time developing and translating information products into relevant languages (eg brochures, flyers, posters, comic strips, coffee mugs). Agencies also reported compiling gambling 'packs' or 'kits'. Some of these products are paid for by GRF (central office) or through Health Promotions SA. The Overseas Chinese Association ran a competition amongst its 860 Chinese school students for the best short story about gambling. 400 entries were received and these stories are being published weekly in the local Chinese newspaper in English and Mandarin. The Vietnamese newspaper regularly contains stories, poems and pictures about problem gambling.
- Forums** Some of the smaller agencies have held forums to promote cultural awareness about their communities and discuss specific community issues with forum attendees. Relevant mainstream service providers and other interested parties are invited. The Overseas Chinese association holds 10 -12 information sessions per year. Nunkawarrin Yunti held an orientation day for Break Even staff to assist people in cultural understanding. Two agencies list a variety of committee work as community education activity.

Training programs	Training is provided to a range of recipients through various mediums. Examples included Break Even staff, students and general health service providers. Individual support was also provided by tele-medicine to health and other workers in regional areas (eg. Kangaroo Island Cook Community Health Centre, Port Pirie Break Even Service, Health Services), and consultancy also provided to professional workers in metropolitan areas.
Information	Information and materials (developed by Health Promotions SA or the agencies themselves) are sent out on request or as part of general mail-outs. A number of agencies reported a general mail-out to all relevant groups in their network including ethnic GPs and services in contact with their communities. Most agencies hand-delivered information and materials in a variety of ways.
Newsletters	Many of the agencies produced their own newsletters for their communities once or twice a year (eg Cambodian Association, Nunkawarrin Yunti). These are widely distributed.
Media work	Agency staff contributed to print, radio and television media. Service promotion occurs on weekly ethnic radio programs (eg Radio 5EBI) for many communities (eg. Cambodian, Chinese, Vietnamese, Italian, Greek). Service promotion and stories about problem gambling appear in most of the free ethnic newspapers (eg Chinese, Vietnamese) which are widely distributed and read in local communities.
Static displays	Static displays are utilised at a variety of ethnic festivals and health expos. 'Show bags' with information on gambling are often handed out.
Festivals/Expos	In addition to the use of static displays, some of the agencies focussing on Asian communities have written and performed plays with problem gambling as a theme. There is participation in Health Expos in some Aboriginal communities (eg Tauondi College, Point Pearce and the Croc Fest, Port Augusta)
Presentations	Presentations are made to a variety of general community groups, including schools and other service providers.
Other	The concept of community development has led to agencies in this sector generating a number of creative programs where problem gambling is discussed. Examples include the Vietnamese Mentor program, where community mentors are recruited to work with Vietnamese families experiencing a variety of social problems, including problem gambling. Nunkawarrin Yunti ran a gambling workshop at Point Pearce and a three day camp for women and children at Camp Coorong.

During interview, the specialist agencies reinforced their commitment to the community development approach as the best way to work with minority ethnic and indigenous communities. Work activities often do not fit neatly into the major categories provided by the BESA data system. Table 12 reports on community education by type of activity in this sector in 2003.

Table 12: Community education hours, information medium by agency, state-wide specialist agencies, 2003

Information Medium	Agency L	Agency M	Agency N	Agency O	Agency P	Agency Q	Agency R	Total	
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	%
Media Activity	12	18	.	1,718	340	450	.	2,539	14.8
Presentations	294	9	3,106	16	2,924	.	114	6,463	37.7
Public Meetings	.	245	1,304	5	.	.	20	1,574	9.2
Forums/Networking	111	45	1,484	129	.	.	92	1,861	10.9
Expo/Festival	.	50	193	41	426	.	7	716	4.2
Training Provision	1,583	15	223	32	.	.	509	2,362	13.8
Newsletters	.	.	.	.	.	240	20	260	1.5
Information Packages/ Promotional Handouts	.	150	464	72	78	.	20	784	4.6
Other	.	.	198	87	.	.	281	566	3.3
Total	2,002	531	6,972	2,098	3,768	690	1,062	17,123	100.0

Source: BESA Data Collection

As can be seen, the most prominent activities reported are presentations, media activity, training provision and forums/networking. The high volume of activity in the 'presentations' category almost certainly reflects the extensive group work agencies are engaged in.

It can also be noted that one agency reported undertaking over three times the output in hours of the next highest agency. Some of this can be explained by the large amount of time that particular agency spends in travel (see Table 13).

Table 13 reveals the high number of hours agencies spent on 'preparation' (with notable high figures for two agencies). This category includes the translation of information and preparation of performances. A significant amount of time (29% of total) was not able to be categorised and was entered as "other". In one case, this related to the training of a pool of 18 casual workers as community educators to work with 14 ethnic groups. In another, it referred to individual support provided to workers around the state.

Table 13: Community education hours, agency by time allocation, state-wide specialist agencies, 2003

Agency	Time Preparation	Time Presentation	Time Travel	Time Evaluation	Time Other	Total Hours
	Hours	Hours	Hours	Hours	Hours	
Agency L	193	289	42	94	1,384	2,002
Agency M	434	86	6	6	0	531
Agency N	402	2,236	1,034	118	3,182	6,972
Agency O	1,823	105	153	18	0	2,098
Agency P	3,012	439	241	77	0	3,768
Agency Q	360	240	60	30	0	690
Agency R	250	304	52	24	433	1,062
Total (%)	37.8	21.6	9.3	2.1	29.2	100.0
Total (number)	6,474	3,699	1,588	367	4,999	17,123

Source: BESA Data Collection

A number of agencies stated that the success of their community education/development led to an increasing amount of individual client work which they felt committed to undertake.

Table 14 suggests a greater level of activity in regional areas than was suggested in interview with agencies, who indicated that their work was predominantly with urban populations. However, there are also clear errors in the data.

Table 14: Community education number of activities and hours, agency by location, state-wide specialist agencies, 2003

Agency	Urban		Regional		Remote		Not Stated		Total	
	N	Hours	N	Hours	N	Hours	N	Hours	N	Hours
Agency L	23	73	131	1,928	.	.	.	.	154	2,002
Agency M	33	531	.	.	.	.	.	.	33	531
Agency N	187	2,529	18	2,255	30	973	4	1,214	239	6,972
Agency O	.	.	209	2,098	.	.	.	.	209	2,098
Agency P	232	3,428	.	.	.	.	12	340	244	3,768
Agency Q	2	450	2	240	.	.	.	.	4	690
Agency R	278	869	70	138	5	55	.	.	353	1,062
Total (%)	61.1	46.0	34.8	38.9	2.8	6.0	1.3	9.1	100.0	100.0
Total (number)	755	7,882	430	6,660	35	1,028	16	1,554	1,236	17,123

Source: BESA Data Collection

* Regional hours listed in Agency O and L are thought to be the result of incorrect data entry (because of the nature of those agencies) and should be considered erroneous

State-wide specialist services reported a combined workforce of 9.8 FTE. Three agencies have only one worker to organise services to their communities and it was quite impressive to see how resourceful and efficient some of these agencies were. In three agencies, for example, agencies used volunteers to undertake a significant amount of work in the area of translation of materials, product development and the organisation of social/information nights. Another agency which aims to work across 14 ethnic communities has recruited 18 casual workers from these communities to work with the ethnic groups. These staff undertook an extensive training program and work under the guidance of a part-time program co-ordinator.

Ethnic communities are spread across the state with the bulk of such populations usually residing in the metropolitan area. This is somewhat different for the indigenous population where a large section of the population are in regional/remote areas. A number of agencies were able to give some examples of work with Break Even agencies in regional areas around the planning and/or provision of services to ethnic and indigenous populations but all agencies commented that it was not possible within existing resources to provide services to all areas of the state.

As with the metropolitan and regional sectors, the BESA data collection system is of limited use regarding the age of recipients. The data indicated that 65% of recipients were aged in the 25 – 60 age group, however the age of 31% of recipients is unknown.

When asked to comment on specific populations targeted in 2003, the following populations were mentioned:

- Aboriginal health workers
- Indigenous rural populations

- Indigenous youth in youth training centres,
- Indigenous people with co-morbidity issues (eg. gambling and alcohol addictions)
- Isolated populations (women with poor English, elderly people with few other recreational opportunities, farm workers, new migrants)
- Men in the 30 -50 age group
- Training to students and other service providers

Agencies used a range of concepts to describe their aim or purpose in the delivery of community education services. These included:

- **Engaging** their communities and helping them both think about problem gambling and devise strategies and actions that would reduce incidence
- **Raising community awareness** about problem gambling
- **Explaining** the concept of counselling, what it involves and how it can assist people
- **Educating** people about safe gambling practices and how the gambling industry is organised
- **Promoting and providing** non-gambling forms of entertainment
- Providing **training and support** to other service providers regarding specific forms of intervention or cultural issues
- **Promotion** of their service.

State-wide specialist agencies reported a high incidence of problem gambling within their communities (higher than that in the general population.) They also felt the stigma of problem gambling was greater in ethnic and indigenous communities, partly because people were less able to hide the shame of their problems. A high incidence of co-morbidity was reported, especially in Aboriginal, Cambodian and Vietnamese communities

Some of the specialist agencies stressed they had to educate their communities about the concept of counselling, what it is and how it can help as it was an unfamiliar concept. Most agencies commented on how practical assistance was highly valued and a way of engaging their communities. Some felt counselling was not the most appropriate intervention, but most believed that the whole spectrum of approaches under a health promotion/community development model were required.

5 KEY POINTS AND FINDINGS

The following overall key points and findings have emerged from the analysis.

1. All Break Even agencies undertake community education or development, however, the amount is usually significantly less than the notional allocated time available.
2. Most agencies (appropriately) consider community education work as a second priority, their first priority being the provision of therapeutic and other counselling services.
3. Agencies work autonomously within separate geographic areas. There is little evidence of collaboration in the delivery of community education services between agencies.
4. Most agencies did not have a documented work-plan for community education. Some services indicated that they loosely plan work in this area but implementation was reported to frequently be interrupted by factors such as the need to respond to increased demand for individual client services.
5. Community education in agencies is often reactive, although a higher degree of planning is evident in the specialist cultural services.
6. In almost all cases, community education services are delivered by workers who also deliver individual client services. Agencies described a tension or frustration in having to manage the two types of work. With small staffing levels in all programmes and the primary focus often on individual client work, staff find it difficult to undertake the community education they would like to do. In addition, the skills required of workers may be quite different for the two types of work.
7. Agencies undertake a wide and diverse range of activities under the banner of 'community education'. The most common activities are presentations, forums and networking, and information provision through a range of other mediums (attendance at special events, mail-outs etc).
8. Agencies described their aim or purpose in the delivery of community education as being about community engagement; awareness raising about problem gambling; service promotion; harm minimisation; education and training.
9. Although there are similarities, there are also considerable differences in the types of activities undertaken between metropolitan, regional and specialist services.
10. For both regional and specialist agencies, community education is a valuable and necessary component of their work within designated communities. As would be expected, community education is less a focus of metropolitan agencies total service activity.

11. Regional agencies generally have been able to develop relationships with gambling venues that are more difficult to replicate in the metropolitan environment.
12. Some of the specialist services have developed creative, resourceful and best-practice responses to working within their communities.
13. Services generally find it difficult to engage with identified at-risk populations such as people with mental health or intellectual disabilities or Aboriginal people.
14. The data collection regarding community education is poor quality, inaccurate and has limited utility.
15. Data collection categories do not always fit well with the types of work undertaken.
16. There is a mixed understanding of community education across services, with some activities probably inappropriately classified as such. There is a need for greater clarity of definition and expectation.
17. Because of the nature and wide variety of community education services and the diffuse audience, it is not possible to easily measure impact or effectiveness. However, the community education strategies employed by agencies are widely accepted and used by health and community services across a range of other health and social issues and service types.

6 CONCLUSION AND RECOMMENDATIONS

This section contains overarching comments and recommendations and also comments on particular areas requested in the review brief.

6.1 *The need for further evaluation*

The review was asked to comment on the feasibility and desirability of conducting a more in-depth evaluation of community education activities in Break Even services. This is **not recommended**, for the following reasons:

1. It would be simply impractical and virtually impossible to conduct a detailed evaluation of community education in services. There are hundreds of activities undertaken across the state, in multitudes of forms and with many different audiences, often quite small in number.
2. A more detailed evaluation would be very expensive and it is doubtful that it would constitute value for money.
3. Community education strategies utilised by services are widely used and accepted across the health and community services sectors.
4. The current review has given an indication of the scope and range of activities which are being undertaken, and also highlighted the limitations and areas for potential improvement.
5. There is probably little strategic value which could be added by a fuller evaluation at this time, especially given that planning and purchasing is about to occur for a new funding period.
6. As an alternative, it is proposed that new arrangements for the monitoring of community education are put in place under a Community Education plan in the next funding period.

6.2 *Data collection related to community education*

The review was asked to provide comment on the adequacy and relevance of the current data collection related to community education.

It is clear that the data collected and able to be reported on to date is neither robust or reliable, has limited utility, and is therefore inadequate.

Feedback from services indicates some problems with the current data items. Many activities do not fit easily into the existing categories, or may fit into a number. Some items (eg age of recipients) are difficult if not impossible to collect due to the nature of some forms of community education. There is also some confusion about what should be counted, with some items currently classified as community education which really do not fit this definition (eg group work; network meetings). Community education may have become a category for 'everything else' that agencies do that is not individual treatment.

The current collection is quite detailed and onerous. As a general principle, data collections that require specification of time spent down to an hour are demanding and of limited utility. Such reporting is also out of step with data collections and accountability in other funded programs where agencies are not asked to account for every hour spent, but are held accountable against the achievement of broad outcomes.

One alternative would be for agencies to submit an Annual Report on community education which reports on activity according to agreed categories. In addition, a very scaled-down version of the current data collection could be retained (eg reporting on form of activity). Simultaneously, however, work should be undertaken to tighten the definitions of the categories and ensure they are understood and agreed on. This should occur in the context of greater specification as to what constitutes 'community education' and therefore what should (and shouldn't) be counted.

It is proposed that these issues be considered in the context of the development of a Community Education Plan, and also ongoing discussions between agencies and the Department regarding data.

6.3 Proposals for the future of community education in Break Even services

From the information considered in this review, the following directions are proposed.

1. Funding to Break Even services for local or culturally-specific community education should continue.
2. As a subsidiary to the Strategic Plan proposed for the GRF, a Community Education Plan should be developed which includes and links the work of Health Promotion SA and Break Even agencies.
3. The priority population groups identified in the major review report should be a focus for community education activities in the next funding period.
4. Consideration should be given to strategies to improve the quality, coverage and impact of community education in agencies. As a first point, the nature, type and purpose of this community education (for both mainstream and culturally specific services) should be clarified and contract expectations developed which support this expectation. Generally, the notional allocation for community education in agencies should be reduced. A forum allowing for discussion of best practice community education responses should be seriously considered as a mechanism to stimulate thinking amongst agencies. In addition, the department and Break Even agencies should consider how collaborative efforts could improve the delivery of community education services, especially in metropolitan areas.
5. A more in-depth evaluation of community education activities in Break Even agencies is not recommended.
6. In the context of the Community Education Plan, new arrangements for the monitoring of community education services should be considered and established.

7. In the context of the Community Education Plan, data collection regarding community education should also be considered, with the intent of reducing the items currently collected; clarifying definitions; and establishing alternative reporting arrangements as required.