EPIC Risk Management's

HARM-MINIMISATION PROJECT:

ARMED FORCES

Evaluation report for GambleAware

Final : 26 March 2019

CONTENTS

i Acknowledgements

Chrysalis Research would like to thank all members of staff within GambleAware (formerly the Responsible Gambling Trust) and EPIC Risk Management, as well as all other stakeholders who have been involved in this evaluation, for their time and participation in one-to-one and/or multi-way interviews with the evaluation team.

Chrysalis Research would also like to thank GambleAware and particularly EPIC Risk Management for providing the relevant documentary evidence and enabling evaluator access to other stakeholders who had been involved in the project in partner or beneficiary capacity.

It is hoped that this report will recognise the project and delivery team's achievements and also identify areas where improvement or further development in carrying out similar work is needed, to strengthen both the commissioner's and delivery provider's capacity and systems.

ii List of abbreviations

ITT	Invitation to tender, project specification
KPI	Key performance indicator
MATTs	Military Annual Training Tests
PGSI	Problem-gambling severity index
Q&A	Questions and answers
SWOT	(Analysis of) strengths, weaknesses, opportunities and threats

iii Structure of the report

The report begins with a brief description of the project that was evaluated and an executive summary of the main findings. The report then comprises three main sections:

- **Introduction**, which includes a summary of project background and specification, its description and an overview of the evaluation

- **Key evaluation findings**, presented in three parts:

- First, we consider the extent to which the proposal submitted by Epic Risk Management was consistent with the ITT and its specific requirements. We also consider the extent to which the commissioner's and delivery providers' expectations for the project were shared and communicated prior to commissioning or in the early stages of the project.

- Next, we explore project relevance and appropriateness, effectiveness and efficiency and impact and sustainability.

- Finally, we present a summary-level assessment of the extent to which the aims and objectives and deliverables specified in the proposal, which became part of the delivery provider's contract with GambleAware, have been achieved.

- **Conclusions**, offering an outline of key lessons learnt and recommendations.

Reporting note

Throughout this report we present percentages rounded to the nearest whole number. This sometimes means that totals can appear to be one or two percentage points out. In charts the text for small percentages (generally less than 3%) is not shown so that the chart can be read more easily.

BRIEF PROJECT OVERVIEW

Title	Gambling-Related Harm Minimisation in the Armed Forces
Timing	July 2016 – October 2018
Budget	£75,000
Delivery provider	EPIC Risk Management
Partners	*Formal* - the Institute of Social Innovation and Impact at the University of Northampton was responsible for analysis and reporting of the evidence that had been gathered by EPIC Risk Management *Informal* – a senior medical (mental health) professional in the armed forces was involved in strategically supporting the project, but no contractual or similar arrangements with this individual were in place
Project activity	• Delivery of gambling-related harm awareness-raising sessions and distribution of leaflets • Evidence gathering about prevalence of gambling and gambling-related harm, carried out during these awareness-raising sessions
Target groups	• Servicemen and women, including those who might have experienced gambling-related harm • Those supporting them (welfare and mental health staff) and/or higher in the chain of command
Delivery locations	Units across the UK, notably in Northern Ireland and the Salisbury plain in England.

EXECUTIVE SUMMARY

- The *Gambling-Related Harm Minimisation in the Armed Forces* project, funded by GambleAware (formerly the Responsible Gambling Trust), was delivered by EPIC Risk Management between July 2016 and October 2018.

- The main project activity comprised delivery of training sessions to servicemen and women and those supporting them, particularly medical and welfare staff. During the sessions, data gathering activities also took place to improve understanding of gambling-related harm in the armed forces.

- According to the evidence provided by the delivery team, they completed 52 training sessions reaching approximately 1,850 soldiers, airmen and airwomen and approximately 40 welfare officers and medical practitioners.

- The sessions were delivered in 56 different regiments, battalions and squadrons and two training establishments, in geographical areas ranging from Yorkshire to Dorset, to Northern Ireland, where every unit was involved in the project.

- Evidence gathered by the delivery provider and for the purposes of this evaluation suggests that involvement in gambling activity and prevalence of problem gambling in the armed forces might be higher than is average for British society. Further research is needed to definitively state the extent to which at-risk and problem gambling is widespread in the armed forces and how many people might be affected by gambling-related harm. At the same time, this evidence reinforces the importance of education and support activities in the armed forces, focusing on prevention of gambling-related harm for people in the at-risk category and early identification of problem gamblers.

- The project and its activities were underpinned by a good understanding of the armed forces and the extent to which servicemen and women might be at risk of gambling-related harm.

- Training sessions delivered by the project team to servicemen and women were very well received. The excellent presenting skills of the speaker delivering the sessions, authenticity and relevance of the story used within the sessions and interactive elements of the sessions were highlighted as particular strengths of the training offered by the provider, contributing to impressive levels of participants' engagement in the sessions.

- The available evidence suggests the sessions delivered by EPIC Risk Management were effective in raising awareness of gambling-related harm amongst very high proportions of participants. However, given the limitations of the project evidence base, the evaluation team is unable to draw firm conclusions in this area.

- A review of the project activities and achievements against the plan suggests that the project was broadly delivered as described in the proposal, with the delivery of awareness-raising sessions to a range of military personnel in different areas across the country and evidence gathering during these sessions being the key activities. However, there were also notable discrepancies between what was outlined in the proposal and what was delivered. For example:

  o Evidence gathering, research and evaluation, where the role of the research partner and their contributions were considerably smaller than anticipated from the proposal

  o Control mechanisms, which were not sufficiently formalised or comprehensive.

- Lack of clarity about the project expectations, aims and objectives, including intended outcomes and how these can be achieved, had negative effects on the project delivery and limited its impact.

- There were serious limitations and weaknesses in the delivery provider's approach to evaluation, monitoring and other evidence collection.

Recommendations

GambleAware should:

- Ensure its requirements and expectations for any work being commissioned are fully clear and transparent. If this cannot be done within a project specification, it should be achieved prior to the beginning of the project. If requirements and expectations change or get refined during the project implementation, they should be clearly communicated to, and agreed with, the delivery provider.

- Ensure that there is evidence of clearly defined project outcomes, ways of achieving and monitoring them, prior to any work commencing.

- Where funding is awarded to projects involving multiple parties and relies on partnership-working, roles and contributions of all parties need to be defined in clear terms, including resource allocation.

- Require that appropriate project control mechanisms are in place and monitor that this is the case at different points of project delivery, particularly if projects span multiple years. Appropriate capacity needs to be allocated to this.

EPIC Risk Management should:

- Put in place centralised systems for capturing monitoring and evaluation information.

- Ensure that minimal amounts of data about participants' and other individual beneficiaries' background characteristics are routinely captured.

- Systematically gather feedback from training participants, service users and other beneficiaries, related to effectiveness of processes and how these can be improved, as well as evidence of outcomes. This information should be used for continual improvement and development as well as reporting purposes and to secure future funding.

- Consider developing internal expertise to ensure good understanding of project inputs, processes, outcomes and inputs.

- Draw on external expertise, or invest in developing internal expertise, so that any future delivery activities have a clear logical framework underpinning them, are outcomes-focused and that appropriate data capture instruments are in place.

1 INTRODUCTION

1.1 Background to the project and its specification

GambleAware (formerly the Responsible Gambling Trust) is an independent charity that commissions and funds, research, prevention and treatment services to help reduce gambling-related harm in Great Britain. It works in partnership with the Responsible Gambling Strategy Board and the Gambling Commission.

In June 2015, GambleAware invited applications for funding, as part of its two-year Harm Minimisation programme. The aim of the programme was to 'develop evidenced approaches to reduce the impact of gambling-related harm, particularly on vulnerable populations such as young people' (Harm Minimisation ITT). It was positioned within Tier 1 of the charity's commissioning framework, meaning that any project work was expected to be delivered within non-problem gambling specific services and include interventions such as screening, brief intervention, referral and self-help provision. According to the ITT, GambleAware was looking for educational, sign-posting and other harm minimisation approaches that would be evidence-based, target population groups that might be at particular risk and be practical in their delivery approaches and have a national focus or some clear potential for national roll-out.

One of the projects that was commissioned during the tendering process was delivered in the UK Armed Forces by EPIC Risk Management.

1.2 Description of the project as outlined in the proposal

1.2.1 The problem that the project was trying to address

The project proposal offered background and context to its proposed approach, but it did not explicitly state the exact problems it was trying to address.

The evaluation team's analysis of the project proposal[1] suggests that in its response to the ITT, EPIC Risk Management was working on the assumption that prevalence of gambling and gambling-

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[1] Because the project proposal does not clearly state the problems that it is trying to address, the evaluation team's interviews with the delivery provider were also used in preparing this section to ensure accuracy of interpretation.

related harm in the armed forces was higher than in the society in general and therefore a targeted awareness-raising programme for the military was necessary to help minimise gambling-related harm.

At the same time, the delivery provider recognised that prevalence of gambling and gambling-related harm specifically in the armed forces was under-researched. According to the project delivery team and their partners, as a result of the lack of evidence and awareness about gambling-related harm in the armed forces, insufficient priority was given to the issue by those in senior levels of the chain of command locally and nationally.

1.2.2 Project aims and intended outcomes for the target groups

The project proposal did not explicitly state the aims of the project but did state the following in its description, to:

- 'Offer awareness training to service personnel at risk and also … help educate those who may be able to assist in reducing gambling-related harm, as well as
- Conduct comprehensive research and data collection to better understand the issue'.

There was a degree of ambiguity in the proposal about the exact target groups to be involved in the programme activities. The evaluation team's analysis suggests that these included:

- All servicemen and women
- Army personnel and their families who are at risk and/or experiencing gambling-related harm, also referred to as 'additional need groups' in the proposal
- Leadership and practitioner (welfare and health) groups in the armed forces.

The proposal did not define the expected outcomes for any of these groups. Nor was an outcomes framework, theory of change or similar framework put in place. Such frameworks would indicate how the project activities related to the problems it was trying to tackle, and how they might lead to achieving project outcomes for all target groups.

1.2.3 The project approach, key activities and deliverables

In the project proposal, EPIC Risk Management outlined a six-phase approach to delivering the project so that it would achieve its aims and GambleAware's expectations, expressed in the ITT, including a national roll-out of the work:

- Phase 1 – Data capture design and project implementation planning
- Phase 2 – Initial delivery of the training and data capture at sub-unit level

- Phase 3 – Follow-up training and data capture with additional need groups

- Phase 4 – Tailored training for leadership and practitioner groups

- Phase 5 – Data collection, analysis, peer-review and dissemination

- Phase 6 – Upscale and national roll-out.

Two main strands of activities are visible in the project proposal. These relate to:

- Delivery of awareness-raising sessions to the three target groups listed above

- Data and evidence gathering, focusing on exploring the extent to which 'gambling is a problem in the armed forces', during these sessions.

No deliverables or project outputs, related to for example, expected numbers of sessions to be delivered or people trained, were stated in the proposal.

1.2.4 Expected project reach

'Pre-agreed access to units, their families, serving and veterans and to new soldiers at the two main army training establishments as well as RAF stations and potentially Navy base' was explicitly highlighted by the delivery provider as one of the key strengths of their proposal. Specifically, the delivery provider was expecting to involve service personnel and other stakeholders in the following units, divisions, establishments and services:

- 'Thiepval Barracks (two Infantry Battalions (2nd Battalion Rifles and 1st Battalion Scotts), Brigade Staff, Family Office and Garrison Personnel)

- 38X Brigade (by SO2 Health, Lisburn)

- Defence Primary Health Care

- Scotland and Northern Ireland Region Mental Health (including RAF and Royal Navy)

- Army Training Centre Pirbright

- Harrogate Army College

- SSAFA (tri-services veterans society) and the British Legion (through their trained debt advisers)'.

1.2.5 Project timings

The project timings included in the proposal anticipated its delivery between April 2016 and May 2018. These were adjusted in the project contract, to take account of the commissioning phase. According to the contract, the Gambling-Related Harm Minimisation in the Armed Forces project

was due to commence in July 2016 and end in July 2018, with all training delivery being completed by January 2018.

1.3 Project evaluation

1.3.1 The project evaluation and its aims

GambleAware commissioned Chrysalis Research to carry out an independent evaluation of the project, examining its processes and outcomes. The evaluation data collection and analysis activities were carried out between July and December 2018.

The aims of the external evaluation were to:

- Assess the relevance, appropriateness, effectiveness, efficiency, impact and sustainability of the project, its activities and interventions

- Identify key lessons learned

- Provide evidence-based recommendations moving forward.

1.3.2 Evaluation challenges and limitations

The evaluation team encountered the following challenges which negatively impacted on its ability to perform a comprehensive assessment of the project relevance, appropriate, effectiveness, efficiency, impact and sustainability.

- *Project aims, outcomes and outputs were not defined in the proposal or at any other stage of the project.* This made it very challenging to assess the extent to which the project delivery was consistent with expectations and commitments stated in the contract.

- *No central monitoring records were held by the delivery provider*. This meant that information about where and when training sessions were delivered, how many people they were attended by and their background characteristics, was not available for the evaluation team to review. Instead, Chrysalis Research worked with the delivery provider to try and reconstruct such evidence, at least partially, from informal records, such as emails exchanged between the delivery provider and its formal and informal partners after individual sessions, and to determine as accurate a picture as possible from accounts, some of which provided conflicting or different information related to the same issues. Some information, for example about individual training participants, which was not gathered at all at the point of the training delivery, was not possible to collect or reconstruct at the evaluation stage.

- *Virtually no outcomes or processes data were captured by the delivery provider*, mainly due to the lack of relevant evaluation and monitoring expertise within the delivery provider organisation as well as some other factors explored in detail in later sections of this report. As part of this evaluation, Chrysalis Research carried out some small-scale research activities targeting these evidence gaps, to inform both this report and any future work. It is important to note though that due to the evaluation timings it was only possible to gather such evidence for one instance of training delivery. Follow-up evaluation activities with participants in other training sessions, delivered in the earlier stages of the project, were not possible as no individual details were available.

- *Data related to gambling and gambling-related harm in the armed forces* collected by the delivery provider as part of the research aspect of the project *was for a smaller sample than anticipated and of low quality.* Despite hand-held instance audience response OMBEA devices[2] being purchased as part of the project budget to assist with data gathering and ensure that it was collected at scale, there were multiple instances when the numbers of devices were insufficient to enable all or the majority of training participants to provide their feedback and data. Overall, around 25-30 per cent of training participants appear to have been involved in data gathering activities using OMBEA devices. A dataset of responses captured through OMBEA was not available for evaluator scrutiny, and a summary of responses to each question across the training sessions was offered instead. The latter was inconsistent (different bases reported for each question being asked), suggesting gaps and irregularities in the data, but it was not possible to check and rectify these. Finally, the questions that were asked were poorly framed (see the questionnaire in Appendix 1), and did not draw on any relevant standardised assessment mechanisms (such as PGSI), meaning the resulting data was of limited use and value.

- The context in which the project was delivered (the armed forces) posed significant challenges to the evaluation due to *issues around access to relevant stakeholders*. This manifested in several ways, for example:

  o All contacts, requesting military stakeholder feedback about the project, had to be made by the delivery provider who had built working relationships with them, rather than the evaluation team directly.

  o The evaluator had little control over the data gathering activities during the data collection visit, due to being notified about the session the day before and having no prior contact with the military personnel hosting the session.

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[2] Further information about the handsets is available here:
http://www.ombea.com/gb?campaignid=1343235510&adgroupid=55437460218&adid=262175547266&gclid=EAIaIQobChMIwOTs3u7x4AIVz7ftCh3eZQBCEAAYASAAEgKUj_D_BwE

o In a number of cases, locating the right individuals was not possible due to either them or people within the military attempting to contact them moving to a different area. This meant that the sample of respondents with roles in welfare, health and education teams within the armed forces, who had been involved in the project, was much smaller than anticipated by the evaluation team.

Some of the challenges were partially addressed through the data collection and analysis activities carried out by the evaluator. Nonetheless, the following **limitations** should be noted:

- *There were a number of areas where the evaluation team was unable to provide an assessment of the project* and fully and comprehensively respond to the questions that underpin this evaluation. These areas and questions are highlighted throughout the report, along with the reasons why an accurate and objective assessment was not possible.

- *Evidence that underpins the evaluator's analysis of the project effectiveness and impact is weak and any findings should be viewed as tentative and inconclusive.* This is because limited or low-quality evidence was gathered by the delivery provider, and in some areas, such as outcomes, no evidence was gathered at all. The evidence captured by the evaluator related to only one instance of training provision. Even though it was complemented by interviews with military personnel who had oversight of a number of other sessions, their number was small and some of the evidence gathered was indirect. Further, systematic, evidence gathering at scale is required to form firm conclusions of the project effectiveness and impact.

1.3.3. Methods and evidence base for this report

Prior to the beginning of the main evaluation data collection and analysis activities, the evaluation team:

- Carried out scoping activities, which included initial interviews with the delivery provider and analysis of some of the key project documents

- Discussed the evaluation and expectations for it with GambleAware. To clarify the latter and ensure the evaluation was focused and comprehensive, a series of research questions was agreed to enable the evaluation team to assess relevance, appropriateness, effectiveness, efficiency, impact and sustainability of the project and its activities. The research questions are provided in Appendix 2.

To achieve the evaluation aims stated above, Chrysalis Research carried out a review of all the data collected by the delivery provider and other project documents and evidence, as well as some primary data collection.

Review of the evidence collected by the delivery provider and generated as part of the project (secondary evidence)

Evidence and data gathered by the delivery was one of the key sources of evidence for this report. Such evidence included project specification and tender documents, progress and final reports, evidence gathered as part of the project activities, correspondence between the commissioner, delivery provider and other stakeholders involved in the project, examples of training presentations and other process-related documents. Further detail is provided in Appendix 3.

Primary evidence gathered by the evaluation team

The evaluation team carried out the following primary data collection activities:

- Observations of one of the training sessions delivered by the project team. After the session, feedback from the training participants was sought via:
  - Feedback forms, completed by 157 members of the armed forces
  - Informal interviews with four training participants
- One-to-one, depth interviews with:
  - Two members of staff within the delivery provider organisation, responsible for the project delivery and its oversight (multiple interviews were carried out, in order to explore various aspects of the project and clarify queries related to evidence shared by the delivery provider)
  - Two members of staff within GambleAware, who had been involved in the commissioning and management of the project
  - The research partner involved in the project (the Institute of Social Innovation and Impact at the University of Northampton)
  - A senior medical (mental health) professional in the armed forces who acted as a strategic partner throughout the project delivery
  - Three further army personnel, responsible for the welfare of servicemen and women, based in different areas.

2 KEY EVALUATION FINDINGS

This section outlines the main evaluation findings. It is in three parts, which present the evaluator's analysis of:

1) The extent to which the proposal submitted by Epic Risk Management was consistent with the ITT and its specific requirements

2) The project relevance and appropriateness, effectiveness and efficiency, its impact and sustainability

3) Whether the aims and objectives specified in the proposal and the project contract have been achieved.

We focus on the first dimension because of its potential to offer important learning points to the commissioner and the delivery provider. It is important to note however that for evaluation proposes, a project should be assessed against its contract and not the specification. This is illustrated in the figure below which also indicates the areas covered in this section.
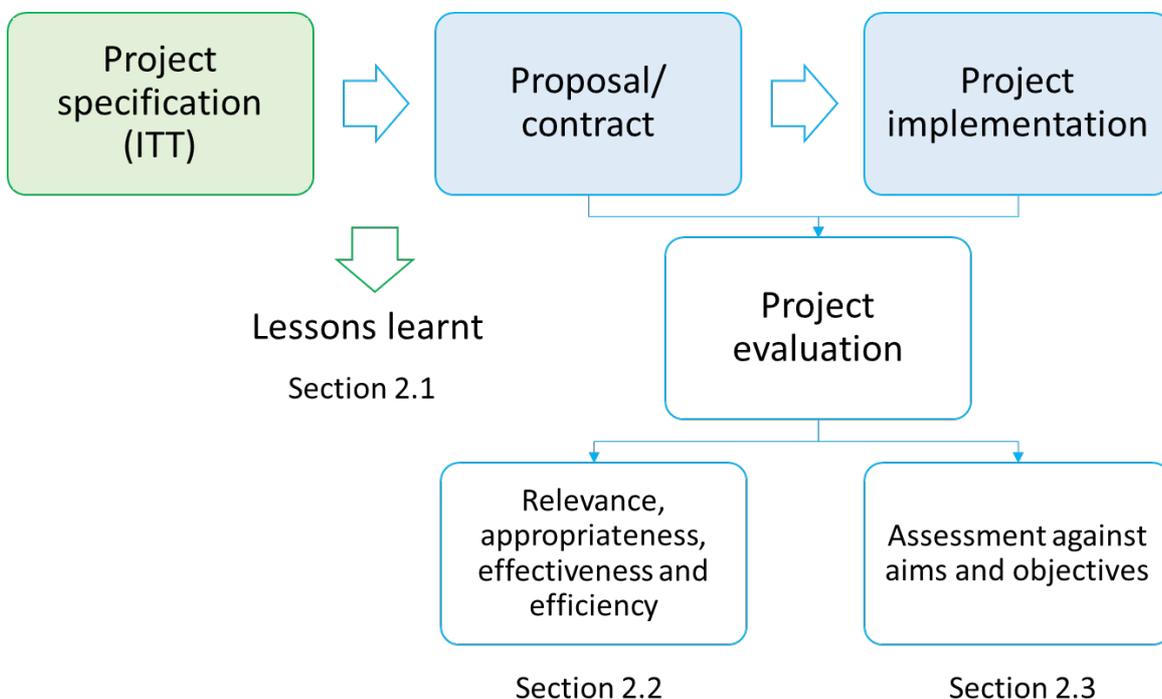
2.1 Consistency of the project proposal with the ITT and its specific requirements

Our analysis of the ITT and the project proposal revealed that there were a number of areas where the latter was not fully consistent with the commissioner's requirements. A brief overview of the analysis is presented in Table 1 below.

Table 1 Analysis of the project proposal against the ITT

Requirement/expectation stated in the ITT	Provided or not in the proposal	Summary judgement
An outline of the delivery organisation's previous experience	A clear description is provided	
Candid assessment of the strengths and weaknesses of the proposed approach	SWOT-analysis is provided in section E3 of the proposal	
Evidence of an assessment of need, and how the work will address this	Evidence of an assessment of need is included in the context setting section (A1) but there is insufficient clarity about the groups of military personnel targeted through the programme or the exact problems being addressed	
Evidence of appropriate targeting to achieve maximum impact	Evidence of targeting is visible in the proposal, specifically in descriptions of Phases 3 and 4, aimed at additional need groups and leadership and practitioner groups respectively	
Clear aims and objectives	Goals and/or aims are not stated, despite references to these being made in the proposal. Objectives are provided but they use vague terminology, lack consistency and do not cover some aspects of the delivery approach whilst duplicating coverage of others. There is a degree of confusion between outlining how the objectives will be achieved (strategies and mechanisms) and how success will be assessed (indicators of progress and performance)	

Requirement/expectation stated in the ITT	Provided or not in the proposal	Summary judgement
Appropriate outputs and outcomes explicitly identified	With some minor exceptions, neither specific outputs nor outcomes are identified.	■
Explanation of how outputs and outcomes would be measured, monitored and used in project review and development	There are references to data gathering in the proposal, but they relate to ways of capturing information rather than the nature of the evidence or how it will be used. Note: an absence of a clear measurement approach was highlighted by EPIC in the 'Weaknesses' part of the SWOT Analysis section of the proposal.	■
Service user input throughout the life cycle of the project	The proposal contains references to discussions with battalion sub-unit commanders prior to session delivery to ensure its consistency with unit training plans. Section E4 also states that feedback data would be captured during and after each session and used to monitor and improve quality of delivery.	■
Transparent monitoring, evaluation and review	The proposal mentions bi-monthly steering group meetings as a key monitoring and review mechanism. Its role appears comprehensive, but some aspects of the description (e.g. reviewing project progress against the project goals, which have not been identified – see above) pose questions when closely scrutinised.

The description of the role of the University of Northampton, named as the research partner, is contradictory in different sections of the proposal and ranges from clearly defined ('will monitor and assess', 'deliver') to very tentative, indicating a lack of prior formal agreement on the university's part to be involved and in what exact role.

References to peer-review of evidence and compliance with 'EU Commission standards of research and impact reporting of the data' are made | ■ |

Requirement/expectation stated in the ITT	Provided or not in the proposal	Summary judgement
	in the proposal, but no detail is given and so the meaning behind them is unclear.	
Dissemination of findings	Dissemination is mentioned in several sections of the proposal but no detail beyond sharing with the military partners is provided.	
Sustainability of the work after funding ceases	References to sustainability are made but the issue is approached in a somewhat simplistic way, which is for example visible in the assertion that sustainability will be achieved by demonstrating the value of the project.	
How the work improves understanding of gambling-related harm and its impact	Capturing data aimed at improving understanding of gambling-related harm in the armed forces is stated as one of the objectives. References to data capture during awareness-raising sessions involving servicemen and women are made throughout the proposal.	

This analysis shows that whilst the proposal submitted by EPIC Risk Management was funded because of its strengths (such as pre-agreed access to units and the expertise of the team and the project partners), making it the best response to GambleAware's ITT, it was not without serious limitations.

Given that GambleAware actively seeks to fund innovative projects and those that offer particular strengths or practical benefits, it is highly likely that similar situations of winning proposals not fulfilling all ITT requirements might happen again.

In particular, difficulties in articulating and focusing on outcomes are common amongst delivery providers in many sectors. Yet, without clarity around aims, objectives, intended outcomes, outputs and ways of measuring them, delivery providers struggle to:

- View their projects strategically, for example when they are required to respond to implementation challenges

- Continuously improve their delivery models and processes

- Keep their activity focused

- Collect the relevant evidence of impact.

In future commissioning, GambleAware needs to make sure it performs a careful assessment of successful proposals and requires any significant shortcomings to be addressed by delivery providers prior to the beginning of the work or as soon as possible thereafter.

2.1.1 Additional expectations of the project

Interviews with the commissioner indicate that as well as the programme aims outlined in the ITT, there were in some cases additional expectations or aspirations for some pieces of work, including this one, which reflected GambleAware's long term plans and ambitions for certain sectors.

> *We've been very aware that to get a project successfully operating within the military, you need to speak to people at the right level of hierarchy. What we wanted was a model [that can be scaled up]. How can we go to the right people and say, 'This is the size of the issue,' and make them realise what the impact of that issue might be and show them a model that works in addressing that issue through the evidence that we generate, through developing this project?*
>
> **GambleAware staff**

In the absence of any documents outlining these expectations for the project, it is not possible to gauge whether the commissioner's interest in a model as opposed to a set of training activities being delivered was communicated to the delivery provider and the extent to which this was explored and understood. Similarly, GambleAware viewed the project as an exploratory piece of work which they hoped would inform future education and treatment projects in the military sector, rather than a straight-forward piece of delivery with pre-set KPIs.

> *[The project] was exploratory, it was trying to figure out what works, what doesn't work…*
>
> **GambleAware staff**

Yet, the exploratory nature of the project does not appear to have been made sufficiently clear to the delivery provider. As a result, in their progress reports and communications with the commissioner the project delivery team focused on accountability, rather than being reflective and sharing learning.

In turn, the delivery provider was expecting more hands-on engagement from the commissioner, through for example higher number of observations of training sessions and discussions about the national roll-out of the project. Similar to the above, these expectations were not communicated to or discussed with the other party, leading to a degree of dissatisfaction which could have been avoided and potentially missed opportunities to achieve greater levels of impact.

Making sure that any additional expectations of the project and/or its delivery provider are clearly communicated, and similar feedback is sought from the other party, is an important learning point from this project.

2.2 Detailed analysis of the project: Relevance and appropriateness, effectiveness and efficiency, and impact and sustainability

2.2.1 Project relevance and appropriateness

In this section we consider the extent to which the project design and its activities were consistent with the needs of target groups of the population and the project aims outlined in the ITT, were informed by working with partners and underpinned by a clear logical framework, connecting activities to outcomes.

2.2.1.1 Consistency of the project activities with the needs and priorities of the target group and all relevant stakeholders

All evidence gathered and reviewed for the purposes of this evaluation suggests that the delivery team had a good understanding of the armed forces and the extent to which servicemen and women might be at risk of gambling-related harm, which underpinned the project and its activities. This was particularly valuable given that gambling-related harm has not always been recognised as an urgent and important issue that needs tackling in many parts of the armed forces, including by those in the higher levels within the chain of command.

To secure this understanding of the armed forces and issues related to gambling-related harm in the military, the delivery provider drew on both their own expertise and the experience of the senior military mental health professional who acted as the project's strategic partner.

Working with partners within the military to deliver the project and ensure its relevance

A senior military mental health professional was named within the proposal as a partner having a strategic role in the delivery of the project and was involved throughout its implementation. This strategic partner:

- Championed this project, and wider gambling-related harm prevention and minimisation activities, amongst senior military colleagues

- Was key to securing access to military personnel within large geographical areas that were within the remit of their responsibility

- Offered insight and expertise related to the specifics of gambling-related harm within the armed forces, drawing on their own and team-members' professional experience. For example, this partner's feedback informed the development and design of training materials and leaflets used within the project and made sure that they are consistent with the needs of the members of the armed forces

- Provided inputs and strategic advice on the scale-up and roll-out of the project at the national level, including developing gambling-related harm educational resources that can be incorporated into annual training programmes delivered in the armed forces.

The available documentary evidence and interview data suggest that the project delivery team had an effective working relationship with this strategic partner. As well as drawing on their support and in-depth relevant expertise to ensure delivery activities are relevant and effective, the provider frequently reported on progress to this strategic partner, recognising their level of involvement and commitment.

At the same time, there was limited evidence of the project team working similarly closely with *welfare* military personnel. This is the second group of practitioners within the armed forces who encounter signs and effects of gambling-related harm affecting servicemen and women. The interview data suggests that less strategic relationships between the project team and the welfare personnel involved in the project can potentially be explained by their lower rank and smaller remit of responsibility within the armed forces, compared to the military mental health professional mentioned above.

Similarly, there is no evidence to suggest that detailed feedback and views of end-users (i.e. the target groups involved in the training) were sought to ensure in-depth understanding of their needs and inform the training development.

Overall, based on the evidence from practitioner and senior military personnel interviews and session feedback data captured by the delivery provider and the evaluator, we can conclude that the generic training sessions that were delivered to servicemen and women were relevant and consistent with their needs.

Little is known about the training needs of other groups of military personnel (such as practitioners and stakeholders in leadership positions) as this evidence was not gathered by the delivery provider. For this reason, it is likely that training sessions delivered to these groups were only partially relevant and consistent with these stakeholders' needs.

2.2.1.2 Alignment of the project activities with the objectives stated in the ITT and expectations for the project

The ITT did not define objectives for the projects commissioned within the Gambling-Related Harm Minimisation programme, stating only the overarching aim for the latter: 'to develop evidence-based approaches to reduce the impact of gambling-related harm, particularly on vulnerable populations'.

Our analysis of the project proposal and other documents and interview data all suggest that the delivery provider's chosen approach was consistent with GambleAware's expectations for the programme, stated in the ITT, in terms of the choice of content, target groups and types of the activities being delivered.

Justifying its choice of the armed forces as the sector within which to deliver its awareness-raising harm-minimisation and evidence gathering activities, the delivery provider:

- Drew on the wider evidence [3] suggesting that prevalence of problem gambling in the armed forces could be higher than within the general population but also commenting on a lack of conclusive evidence in the area.

- Noted evidence from their own experience and gathered through consulting partners and stakeholders in the military, which indicated that there are factors that might mean that members of the armed forces

  o Have greater means (time and money) than their civilian counterparts to engage in gambling activity

  o Have or develop certain personality traits and behaviours (risk-taking and craving excitement) that can lead to problem gambling

  o Could be more likely to try and hide issues around their gambling behaviour and, as a result of problems not being addressed in the early stages, be vulnerable to greater levels of harm.

2.2.1.3 Absence of a clear outcomes or other logical framework underpinning the project

Given the lack of clarity about the project aims and intended outcomes for each of the target groups, it is perhaps unsurprising that ways of achieving them were also unclear. There was no clear logical thread between what was done and what was achieved as a result. The delivery provider's

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[3] Disley, E., Pollitt, A., Culley, D.M & Rubin, J. (2011) *Mind the Gap: A critical review of literature on gambling-related harm. Technical report.* Prepared by RAND Europe and sponsored by the Responsible Gambling Fund.

approach to the project can be described as inputs-focused and, to some extent, outputs-focused, but not outcomes-focused. The provider tried to deliver as many sessions to as many people as possible and considered the number of these to be an indicator of success, rather than focusing on the degree of change and aligning the project activities accordingly. Even during the post-project interviews, the comments from the delivery provider members of staff indicated a lack of clarity about what they hoped each of the stakeholder groups involved in the project would gain from the project activities.

As a consequence of the lack of clarity about each target group's needs and how the training sessions would change their knowledge, skills, behaviour or practice, there was little tailoring of the session content for the different audience groups.

Similarly, the delivery provider ended up being opportunistic rather than strategic, for example when deciding which of the target groups of people to focus on. The delivery provider also found it challenging to connect session delivery for different groups. As a result, whilst the delivery activities involved relatively large numbers of people across many units and geographical areas, most of them ended up being independent from each other, rather than leading towards a holistic model of education and support for the military. There were instances when personnel supporting servicemen and women were unsure what to expect or do following sessions being delivered to large numbers of people within their units, because no dedicated training was provided for the practitioners themselves. Conversely, there were cases when welfare and medical teams were trained as part of the project but people in their units and other divisions were not, meaning issues related to gambling remained hidden, and increased support capacity was unused.

Such disconnects are to be expected in projects attempting to deliver in new sectors as time is needed to put all elements of a holistic approach in place. What was missing however, was clarity about a holistic programme of education and support being an aim of the project activities which were implemented. Having a logical framework or a theory of change in place would have enabled the delivery team to develop a strategic overview of the project and clearly communicate their approach and intended outcomes to partners in the military from the outset or – where awareness of gambling-related harm being an issue in the armed forces was initially lacking – once this had been achieved.

2.2.2 Effectiveness and efficiency

In this section, we explore the extent to which project activities were carried out according to plan, and whether the interventions and delivery mechanisms were effective and efficient.

2.2.2.1 Completion of activities in accordance with the project plan

Overall, as stated previously in this report, the proposal and project plan within it did not define specific outputs or KPIs. Even when, for example, reach of services and geographical locations was indicated, it was framed tentatively – as possible and intended, rather than as firm commitments. Partly at least, this was because the project was delivered in the new sector so defining expectations in a realistic and accurate manner was challenging. This does mean however that a *detailed* review of the project activities and achievements against the plan is not possible, due to the latter being open for interpretation.

Nonetheless, our analysis enables us to make some high-level observations, firstly about the project reach, and then about the alignment of all its activities with the commitments stated in the proposal and the project contract.

Project outputs and reach

The evaluation team was unable to determine the exact numbers of the training sessions delivered and harm-minimisation leaflets distributed, or the numbers of people who were involved in the project activities and their characteristics because this information was not gathered by EPIC Risk management as the project was implemented. Consequently, even though the evaluation team made every effort to make sure that the overview below is as accurate as possible, the figures and other points reported below should be viewed as approximate.

According to the evidence provided by the delivery team and gleaned by the evaluator from other documents (see Appendix 3), EPIC Risk management:

- Completed 52 training sessions, reaching approximately 1850 soldiers, airmen and airwomen.
  - The training participants represented 56 different regiments, battalions and squadrons and two training establishments.
  - In terms of geography, the areas ranged from Yorkshire to Dorset, to Northern Ireland, where every unit was involved in the project.
- Trained 32 Welfare Officers and seven Medical Experts (ranging from psychologists to GPs)
- Distributed around 2,000 'A Harmless Flutter' leaflets developed as part of the project, providing a self-diagnostic tool for people in the armed forces and details of how to manage their gambling, including information about GambleAware helpline.

No record of the specific units where training had been delivered was made available to the evaluation team, but the available documentary evidence and interview data suggest that the

project's reach in terms of the geography and coverage of services (the army and the air force) was good and broadly consistent with the list included within section F3 of the project proposal.

Project activities

There was no single definitive list of the project activities and other commitments in the project contract, which is why in the analysis below, we draw on its multiple sections to list commitments[4].

Table 2 Assessment of the implemented activities against the project plan

Activity	Status	Commentary
Phase 1 – Data capture design and project implementation planning		
Plan training programmes		Training format and materials were developed using delivery provider's pre-existing delivery approach and materials, and were adapted for the project in collaboration with their strategic partner in the military. GambleAware was not involved in development or sign-off. There is no evidence to suggest that there were multiple training programmes, addressing the specific needs of target groups in different ways.
Agree meaningful data and design the questions to be asked		Questions were developed by the delivery provider. They were not checked or signed off by the research partner or GambleAware. As a result, poor quality data was collected and project objective 1 was not achieved.
On-site, 'fireside' discussions with unit commanders		Consultation and planning discussions with unit sub-commanders took place mainly in the early stages of the project and were largely limited to Northern Ireland. They were made possible due to the support from the strategic partner (senior mental health professional in the armed forces). In other areas and during other stages of the project there were considerably fewer instances of planning training with military partners. Delivery was often generic as no information about training participants was available in advance of the session.

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[4] These include the description of the approach in section B1, project plan and timetable presented in section D2, deliverables listed in the table outlining project expenditure in section D3 and project objectives in section E1.

Activity	Status	Commentary
Phase 2 – Initial delivery of the training and data capture at sub-unit level		
Delivery of awareness-raising sessions		Sessions were delivered as part of the project. Evidence of reach is provided above and findings about effectiveness and efficiency follow this this section.
Data capture using electronic hand-held OMBEA devices		Devices were used, but their numbers were often insufficient to ensure full audience participation and data capture at large scale.
Leaflets/self-help aid memoire distributed		Leaflets were distributed, not only as part of the sessions, but also more widely. There was evidence (emails from multiple welfare military personnel) suggesting these were in demand. Leaflets contained self-diagnostic information and signposted other support and services (Gamcare, Stepchange and the project delivery team).
Phase 3 – Follow-up training and data capture with additional need groups		
Delivery of training sessions for individuals, families and support staff including civilian contractors		Interview data and documentary evidence suggest that the extent to which this strand was implemented was limited, with very small volume of this activity taking place. Overall, a universal rather than a targeted approach was used in awareness session delivery. In other words, all servicemen and women within the units where awareness-raising sessions were delivered were encouraged to attend them, rather than targeting delivery at specific people or units which might be or are at a greater risk from problem gambling. Even in the small number of instances, when training sessions were delivered in response to a serious issue related to problem gambling within a particular unit, training was made available to a wide range of serving personnel.
Phase 4 – Tailored training for leadership and practitioner groups		
Specific training on how to recognise problem		A small number of training sessions for these groups had been delivered.

Activity	Status	Commentary
gamblers and how to help them	🟧	Analysis of the training materials shows that almost no changes were made to tailor the training for these groups. In particular, no consideration was given to ways of helping servicemen and women, beyond providing the same sign-posting information as was included in the general training package.
Phase 5 – Data collection, analysis, peer-review and dissemination		
Data analysis and reporting	🟧	Data, limitations to which have already been noted in this report, was collected by EPIC and then reviewed and reported by the University of Northampton, as per the project proposal.
Dissemination	🟥	Dissemination was mentioned in the description of the approach, but no details about how to implement it were provided. No resource was allocated to dissemination. The evaluation team is unaware of any dissemination activities that have taken place.
Phase 6 – Upscale and national roll-out		
No detail re specific activities	🟥	Similar to dissemination, no detail about how this would be done was provided and no resource was allocated to this activity. There was no evidence of upscale or national roll-out of the model by the time the evaluation data collection was completed.
Project management		
Steering group meetings and progress monitoring	🟥	There was no evidence that steering group meetings had taken place. No notes evidencing scrutiny of the project by the steering group were shared with GambleAware, even after they had been requested. During the course of the project, two formal project progress reports were sent to GambleAware (February and September 2017).
Capturing end-user and stakeholder feedback to improve delivery	🟧	Some relevant feedback was captured but the process of collecting it was not sufficiently open or effective for it to yield useful data. For example, no questions about areas for development or suggested improvements were asked. There is no evidence to suggest that any

Activity	Status	Commentary
		adaptations to session delivery were made as a result of taking such feedback into account.

Overall, the project was delivered in line with what was described in the proposal, with the delivery of awareness-raising sessions to a range of military personal in different areas across the country being the key activity. There were, however, also some noticeable discrepancies between what was outlined in the proposal and what was delivered.

Some of the activities where there were substantial differences between what was planned and what was delivered, such as dissemination and scaling up, appear to be out of the project scope as far as their delivery and resourcing are concerned. Others require closer attention.

We offer additional information and analysis for three such areas:

- Project delivery timings

- Evidence gathering, research and evaluation

- Control mechanisms.

Timings

The delivery of the training sessions was completed in July rather than January 2018, as per the project contract. The final project report was submitted to GambleAware in October 2018, as opposed to July 2018. It is unclear whether this was discussed with and approved by the commissioner.

Evidence gathering, research and evaluation

In the proposal, the delivery provider recognised that evidence and data gathering were important to achieve the project aims and objectives. To ensure this was done well, EPIC Risk Management secured support from a research partner.

According to the proposal, the research partner was due to be involved from the very beginning of the project (Phase 1 Data capture design), throughout its implementation (as member of the project steering group) and in the final phases (Phase 5 Data analysis, peer-review and dissemination).

In reality, the research partner was only involved in the final stages of the project. A contract between the delivery provider and their research partner was put in place a year after the project commenced. Within it, the research partner's role was limited to data analysis and reporting. The reasons behind this are not fully clear. There is evidence to suggest that EPIC Risk Management

prioritised session delivery in the early stages of the project over the set-up of robust data collection processes. It is also likely that the delivery provider underestimated the level of expertise required to carry out evidence collection that produces high-quality, generalisable data. It is equally possible that the research partner was unable to give the project the attention it needed in the early stages, as only a very small amount of resource was allocated to research and evaluation support (four days of researcher time in total).

Not involving a research partner from the beginning, paired with limited levels of internal expertise in the area of monitoring and evaluation, had serious negative effects on the project and its outcomes, as data gathered by the delivery provider was insufficient and of poor quality.

Feedback on the data being captured by the delivery provider, with some recommendations for how this could be rectified, was provided by the research partner in January-February 2018, but by that point almost all delivery activities had been completed.

Both the delivery provider and GambleAware need to make sure that measures are taken to prevent similar situations happening in future delivery.

In addition, the evaluator's experience of primary evidence gathering for the purposes of this evaluation suggest the following points related to monitoring and evaluation within this and potentially other similar projects:

- The proposal stated that 'traditional forms of data capture', e.g. using questionnaires, were not possible in the armed forces due to large group sizes involved in training sessions and low 'levels of literacy and understanding'. The evaluation team's experience does not support either of these points. Not only did the evaluation team get more than 150 paper questionnaires completed at the end of the observed session, but also online survey facilities were used by the army personnel prior to the session, where respondents were asked to use a Survey Monkey link to instantly comment on welfare and camp facilities using their mobile phones. This suggests that 'traditional' data collection with session participants is possible and should be routinely carried out, making sure that any questionnaires being used are brief and tested with the audience groups.

- The evaluation team recommends distinguishing between audience participation data being gathered via hand-held or similar devices and feedback questionnaires completed at the end of each session. The aim of the former can be defined as increasing engagement levels, whilst the latter should be used for monitoring and evaluation purposes.

- OMBEA devices were highly popular with the training participants, however their numbers were insufficient (the numbers appeared to vary from 20-30 to 50-60 handsets being used during sessions, some of which had much larger audiences). If the cost of buying more

handsets is prohibitive, it might be useful to consider alternative approaches which would achieve similar effects. For example, there are smartphone apps[5] that can be downloaded and used by session participants so that everyone can answer questions on their phones, via a link, and then see combined responses instantly on the screen.

Control mechanisms

Eligibility criteria in the ITT stated that 'the project must … have some formal structure, for example a management committee or steering group (documentary evidence will be required)'.

In response to this, the delivery provider stated in their proposal – which became part of the project contract – that a steering group comprising two representatives from EPIC Risk Management, their strategic partner in the armed forces and the research partner, would meet on a bi-monthly basis and that the meeting notes would be shared with the commissioner.

Whilst some partner meetings did happen, and there were informal arrangements for updating partners (individually) on progress, there is no evidence that steering group meetings as described above took place. The available evidence suggests that having formal control and monitoring mechanisms, even if implemented less frequently than stated in the proposal, would have been highly beneficial for the project. In its future funding activity, GambleAware should be monitoring whether appropriate project control mechanisms are in place and ensure capacity for doing so.

2.2.2.2 Effectiveness of the delivery mechanisms

All available evidence (see specifics below) indicates that the training sessions delivered by the project team were very well received.

According to the participant feedback data captured by the delivery provider (base=515), 96 per cent of participants found the session they attended helpful. A large majority of them (86 per cent) referred to the training as 'extremely' or 'very' helpful.

These figures and patterns in the evidence were broadly consistent with the feedback gathered by the evaluation team during the session observed by the evaluator. In total, 91 per cent of the participants who were present and provided their feedback, rated the session as 'good' or 'very good'.

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[5] E.g. https://www.speedquizzing.com/education/start-quiz-me/

Figure 1: Participants' session ratings, from an evaluator-observed session

Source: Post-session evaluation forms designed by Chrysalis Research; Base: 157 respondents

How would you rate the session?

50%	41%	9%

■ Very good ■ Good ■ Average ■ Poor ■ Very poor
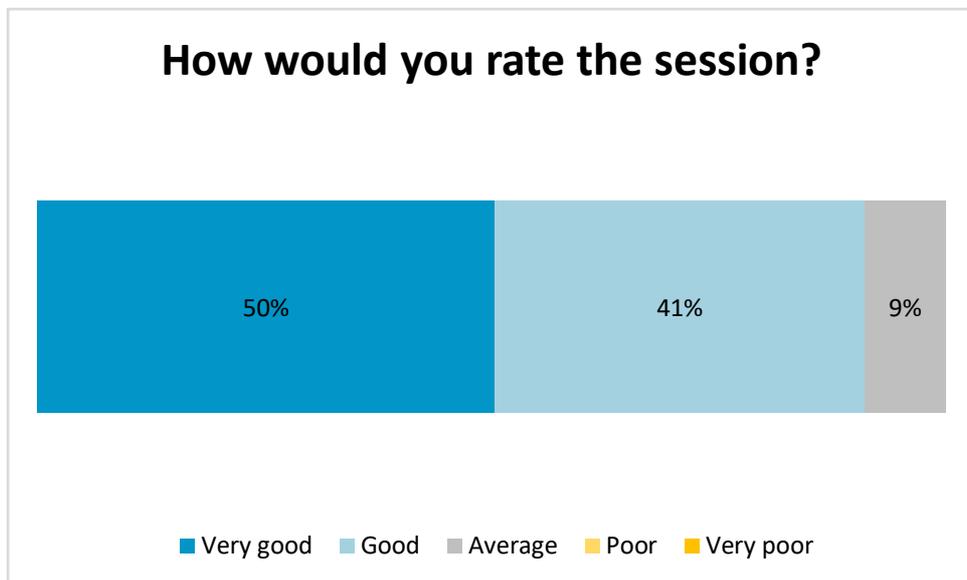
Evaluator observations and the feedback that was gathered from the welfare and mental health military staff who were involved in organising the training, all point to very high levels of engagement during the sessions that were delivered as part of the project. Session participants were described as 'fully engaged' and 'listening intently', to the extent that 'you would have heard a pin drop at certain points of the session' (welfare and mental health staff feedback). Several people commented on how favourably the sessions delivered by the project team compared to presentations and training about other (non-gambling) issues delivered by various other charities and organisations, which these respondents had organised or observed as part of their role in supporting servicemen and women. Unlike other charities and organisations, EPIC's presenter was described as a top speaker, with an interesting and captivating story, and one that all people in the audience could relate to, due to his military background.

Session participants' feedback was consistent with this point. Analysis of the session participants' comments gathered by the evaluation team during the session observed by the evaluator highlights that 'the real personal story' was the most frequently mentioned element of the training that contributed to its effectiveness. The majority (base=123) found the personal story shared by the presenter during the session to be very 'deep', 'insightful' and crucial in helping them understand how gambling can affect a person's life and the impact of gambling-related harm.

As well as excellent presentation skills within the delivery team and an authentic and relevant personal story, interactivity of the sessions, achieved via the Q&A session and use of handheld handsets, was highlighted as an element that contributed to the levels of participant engagement. Feedback provided by the military mental health and welfare personnel who were involved in

organising the training as well as training participants suggests that use of the handsets was very important in ensuring audience participation, in the context of servicemen and women 'sitting in front of presentations all the time'. The handsets were described as 'a massive bonus' that helped make the sessions memorable.

Whilst the training sessions delivered by the project team were commonly described as 'perfect' and requiring no further improvements, there were a small number of instances when session participants or those who organised them suggested how they can be further strengthened. Most commonly, these were around including *multiple* examples (case studies) of people in the military with gambling problems and ways of overcoming them, presented using video and other media. Extending time for Q&A and ensuring handset availability were other common suggestions. Comments were made by various stakeholders, suggesting that ensuring that everyone in the audience had a handset would further improve the experiences and levels of engagement.

To sum up, feedback from training participants and military personnel who organised the sessions within their units and divisions was very positive overall. Excellent presenting skills of the speaker delivering the sessions, authenticity and relevance of the story used within the sessions and interactive elements of the sessions were highlighted as particular strengths of the training offered by the provider, contributing to impressive levels of participants' engagement in the sessions.

2.2.2.3 Efficiency

Detailed financial reports outlining expenditure were not provided to the evaluation team, making assessments of efficiency challenging. Our points below are made by comparing the description of the project budget in the proposal with the activities that were delivered, on the assumption that the full grant amount was paid to the delivery provider.

- Given that there was little tailoring of the programme content, it is unclear whether all resource allocated to planning meetings was appropriately spent.

- Comparison of the number of training days allocated to training delivery (125) and the number of sessions delivered (52), which were on average one-hour long, poses a question about whether greater efficiency and better outputs could be achieved in future delivery.

- It is not clear how the contingency budget was spent to support the project delivery.

At the same time, it is worth highlighting that some basic analysis of the training delivery model used within the project shows relatively good value for money, with the training costs per

participant being around £30[6], and scope for improving this further (see bullets listed above). This is because the adopted training delivery model (lecture style, delivered to quite large, and sometimes very large, audiences, by a single facilitator, with minimal adaptations to training content between different sessions) is known to be relatively low cost and in the context of the project it was effective of meeting the needs of servicemen and women (see next section).

2.2.3 Impact and sustainability

This section presents our findings related to outcomes of the two programme strands, with further detail being provided for specific target groups where relevant. It also considers sustainability of the project.

2.2.3.1 Awareness training strand outcomes – all servicemen and women

Throughout the project activities, the delivery provider routinely collected participant feedback, but this did not include evidence of outcomes, not least because these were not defined or clear to the delivery team.

Following initial discussions with the delivery team, Chrysalis Research identified some possible immediate outcomes (changes in participants' awareness, knowledge, skills, attitudes and behaviours) which were then tested with participants in one of the training sessions, observed by the evaluation team. As Figure 2 indicates, there were multiple positive learning outcomes for the session participants, with impressive numbers (approximately 90 per cent of all those present in the session) stating improvements in their:

- Understanding that gambling can lead to serious problems

- Understanding of gambling-related harm

- Knowledge of 'red flags', i.e. signs that their gambling activities might be becoming problematic or they are at risk of being affected by gambling-related harm

- Knowledge of where to seek help and advice should they need it.

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[6] According to the resourcing breakdown provided in the project proposal, delivery costs (staffing and travel and subsistence) amount to £60,000. Dividing this figure by approximately 1,900 people involved in the training gives us a cost per participant per session of approximately £32.

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Figure 2: Training outcomes: participants' learning (evaluator-observed session)

Source: Post-session evaluation forms designed by Chrysalis Research; Base: 156 respondents (one participant did not respond to the question)
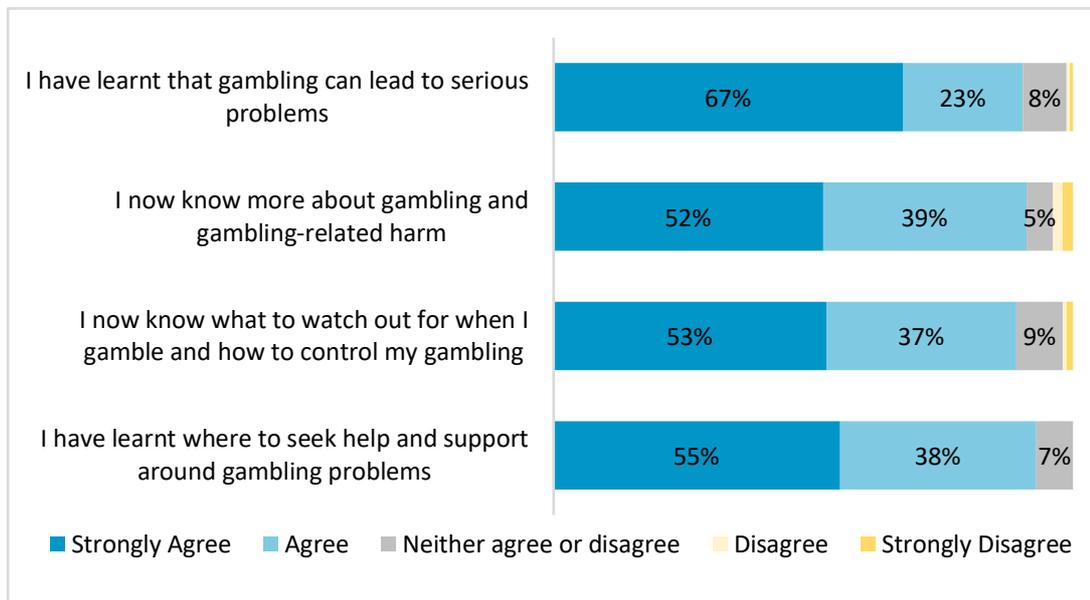
The session participants were reflective in their additional comments too. For many respondents the session was helpful in raising knowledge and awareness of addiction and its consequences. Several participants commented that different elements of the session (e.g. debt advice) were helpful and something that they would try. Some of comments provided by the training participants indicated their intentions after the session. These included deleting betting and gambling apps, reducing the frequency of their gambling activities – from casinos to online gambling and scratch cards – and the amount of money they spent. There were also those who said they would 'keep [their] eye on the friends who gamble'. One mentioned that they should 'discard pride and seek help'. There were some respondents who felt that the session was not applicable to them but many others, who did not gamble, said that it was useful in providing reinforcement regarding reasons to not start gambling and to avoid it.

These positive outcomes were consistent with the feedback from the representatives in welfare and health roles who organised training sessions in their units and divisions.

> *I could see that there were a lot of people in the sessions who were thinking, 'Actually, this is me using my smartphone. Actually, this is not really healthy. I need to reduce the amount of money I'm spending, I need to set limits.'*
>
> **Senior mental health professional in the armed forces**

There were also comments made by medical and some welfare personnel suggesting that people who attended the project sessions were more likely to seek help and support around their gambling

behaviour and gambling-related harm sooner than they would have done otherwise, but this evidence was indirect and further research and evaluation is needed to support this claim.

The sessions delivered by EPIC Risk Management, for which we have evidence of outcomes, were effective in raising awareness of gambling-related harm amongst very high proportions of the participating servicemen and women. However, it is impossible generalise this finding to the entire project due to the limitations of the evidence. Based on the evidence we have, we can conclude that there are some indicators of the project being effective in raising awareness of gambling-related harm in the armed forces and how this can be minimised, but systematic evidence collection is needed to make firm conclusions in this area.

2.2.3.2 Awareness-raising training strand outcomes – other target groups

There is little evidence related to outcomes for other stakeholders in the armed forces, specifically those in support roles and senior commanding officers. Here are some of the points that emerged in the feedback from health and welfare professionals:

- Senior military stakeholders and health and welfare practitioners benefitted from attending the same sessions as the members of the armed forces in their units and divisions, improving their awareness of gambling-related harm

- The sessions made the prevalence of gambling behaviour visible and clear to people in the higher levels of the chain of command who attended the sessions alongside servicemen and women

If you were in the chain of command and slightly older, you haven't got a gambling app on your smartphone, then the session was very powerful … because you realised that there are lots of young people that have got gambling apps on their phones and they would be using them daily or weekly for gambling.

Senior mental health professional in the armed forces

- There was some evidence suggesting that as a result of the project, practitioners in the military, for example welfare teams, were better positioned to put things in place to support members of the armed forces who needed it. For example, rather than just trying to resolve debt issues, they would look into the causes and whether debt was linked to gambling. At the same time, there was also evidence that the level of training that was provided was insufficient for these practitioners and greater level of attention needed to be given to support mechanisms and developing specific skills of this stakeholder group.

It is important to stress again the limitations of the evidence related to outcomes for these target groups. In any future delivery, EPIC Risk Management needs to ensure that outcomes for *all* groups targeted through their projects are precisely identified and monitored.

Based on the existing evidence set we are unable to make definitive conclusions related to outcomes for the participating medical and welfare personnel and the chain of command beyond the points made above which should be viewed as tentative and requiring further investigation.

2.2.3.3 Evidence-gathering (research) strand outcomes

During the training sessions, some data capture was carried out by the delivery provider to improve understanding of whether 'gambling is a problem in the armed forces' (see Appendix 1 for detail), with the view of using such evidence to inform scaling up of the project as well as any future delivery work in this sector. It is important to stress that no other evidence-gathering activity, beyond involving the training participants was due to or had taken place, meaning that any findings in this area will only offer a snapshot of the situation in the armed forces.

Prevalence of gambling activity in the military, according to the training participants

With regards to participation in gambling, evidence gathered by the delivery team indicates that:

- Around 50 per cent of servicemen and women who were involved in the training had a gambling app on their phone (Data gathered by the delivery team via OMBEA devices, base: 589)

- Only 20 per cent of the training participants stated that they had never placed a bet, whereas 50 per cent said they placed a bet within the previous month or more recently (Data gathered by the delivery team via OMBEA devices, base: 585)

These figures indicate that around 50 per cent of members of the armed forces might be involved in regular gambling activity, which is slightly lower than the figures for the session observed by the evaluation team, where 58 per cent of people involved in the data gathering activity admitted being involved in some form of gambling. Both sets of figures (data gathered by the project team and the evaluator) indicate that gambling participation in the armed forces might be higher than the society as a whole (48 per cent in 2016[7] and 45 per cent in 2017[8]), although this cannot be viewed as conclusive due to the limitations of both evidence sets.

Similarly, whilst problem gambling was not an issue for many people involved in the training (for example, see Figure 3), evidence gathered by the delivery provider and the evaluator indicates that

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[7] Gambling Commission (2017) Gambling participation in 2016: behaviour, awareness and attitudes. Annual report.

[8] https://www.gamblingcommission.gov.uk/news-action-and-statistics/Statistics-and-research/Levels-of-participation-and-problem-gambling/Gambling-participation-and-problem-gambling.aspx

gambling activity and gambling-related harm might be more prevalent in the armed forces than on average across the society.

Figure 3: Mini-screen PGSI scores for participants of one of the training sessions

Source: Post-session evaluation forms designed by Chrysalis Research; Base: 153 respondents (four participants did not provide responses to the screening questions)

In the past 12 months...

Have you bet or gambled more than you could really afford to lose?	93% ▏ 6%
Have people critcised your gambling or told you that you had a gambling problem?	98%
Have you felt guilty about the way you gamble or what happens when you gamble?	90% ▏ 8%

0%   25%   50%   75%   100%

■ Never   ■ Sometimes   ■ Most of the time   ■ Almost always
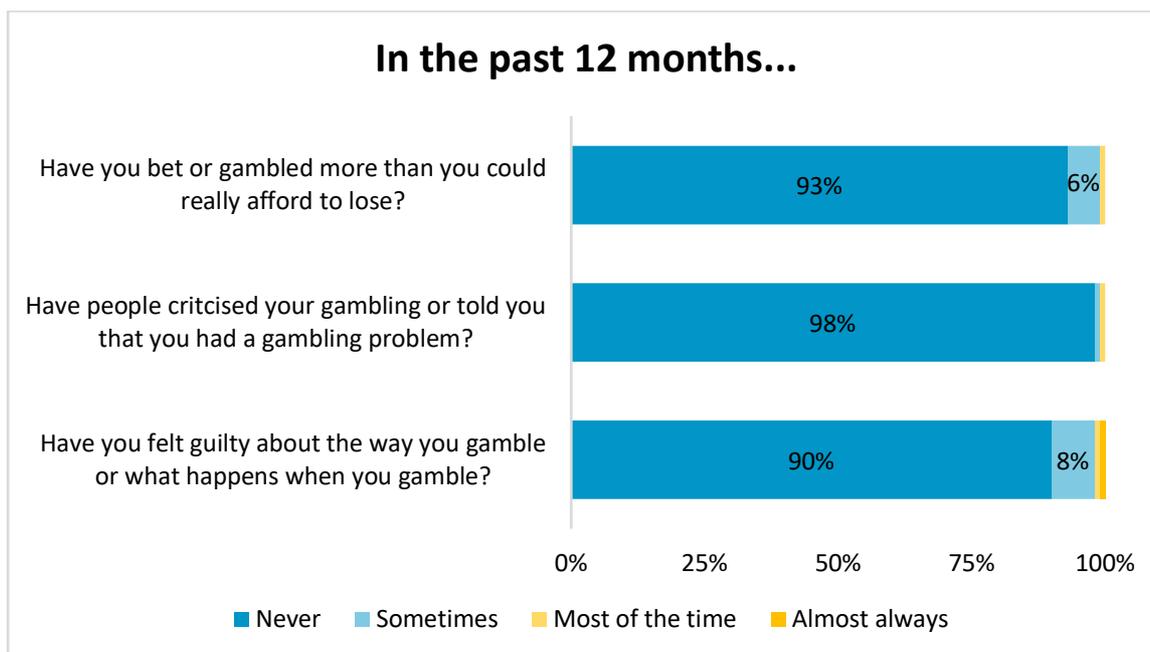
At-risk and problem gambling

Evidence collected by the delivery provider supports the point about potentially higher prevalence of at-risk and problem gambling in the military. For example, the majority of the training participants (59 per cent; Base 582) stated that gambling is a problem in the armed forces and that they or someone they know gamble more than they should (66 per cent).

Similarly, evidence gathered by the evaluator (see below) indicates that prevalence of *problem gambling* in the armed forces might be much higher than the average for the British society (0.6[9]-0.8[10] per cent). Figure 4 below offers a comparison between national data and evidence gathered by the evaluation team during one of the project sessions delivered to the members of the armed forces. It shows that proportions of problem and at-risk gamblers in the armed forces might be almost twice as high as the society averages.

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[9] Gambling Commission (2018) Gambling participation in 2017: behaviour, awareness and attitudes. Annual report.

[10] Gambling behaviour in Great Britain 2015: Combined health survey report 2015.

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Figure 4: At-risk and problem gamblers in the armed forces and within general population (mini-screen or short-form PGSI)

Source: Gambling Commission data for 2016 and 2017 drawing on short form PGSI; short-form PGSI responses captured by Chrysalis Research for one of the training sessions which was observed by the evaluator, base: 153 respondents (four participants did not provide responses to the screening questions)

Short-form PGSI		National figures, % of the population		Armed forces, observed session, % of participants
Combined score	Interpretation	2016[11]	2017[12]	
1	Low-risk gambler	5.5%	5.2%	7.8%
2-3	Moderate-risk gambler			3.9%
4+	Problem gambler	0.7%	0.8%	1.3%

11.7% (bracketing the 7.8% and 3.9% rows)

It is important to reiterate however that the points made above cannot be viewed as definitive and conclusive due to limitations of the evidence on which they are based (see methods section for detail). Further research would be needed to definitively state the extent to which at risk and problem gambling is wide-spread in the armed forces and how many people might be affected by gambling-related harm.

At the same time, the observations made above support the point about the importance of education and support activities in the armed forces, particularly those focusing on prevention of gambling-related harm for people in the 'at risk' category and early identification of problem gamblers.

2.2.3.4 Sustainability

A number of dimensions related to the sustainability of the project emerged during the analysis of the available evidence.

The bulk of activities being delivered as one-off sessions and project activities not being connected into a holistic system of education and support at a unit or higher division levels, limits the extent to which achievements can be sustained after the project is completed. This is further intensified by the fact that military personnel can and do move often and with little notice, making any local systems and arrangements vulnerable.

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[11] Gambling Commission (2017) Gambling participation in 2016: behaviour, awareness and attitudes. Annual report.

[12] Gambling Commission (2018) Gambling participation in 2017: behaviour, awareness and attitudes. Annual report.

With this in mind, the delivery provider and their strategic partner in the armed forces worked on developing approaches that could work at a national level, if approved by the MOD. For example, they developed an educational resource (a PowerPoint presentation) which could be used as part of MATTs, compulsory annual training sessions for the members of the armed forces, delivered by personnel within the armed forces. The delivery provider and their partners recognised that this approach would have its own limitations as many of the characteristics that made training developed within this project effective (e.g. an engaging and relatable speaker) would be missing, but they noted that it would improve basic levels of awareness about gambling-related harm in the armed forces.

The strategic partner involved in the project also suggested that if delivery of educational activities by an external party was possible, it would need to be flexible enough to fit into existing mechanisms. For example, delivery providers could try to emulate established delivery mechanisms, e.g. ways in which the Samaritans deliver their sessions in the armed forces.

2.3 Summary-level assessment of the project against its objectives

In this section we provide an analysis of whether the project objectives have been achieved, which also offers a final summary-level assessment of the project.

In total, 11 objectives were stated in section E1 of the proposal. Below, all objectives are stated exactly as they are framed in section E1 of the proposal. Where relevant, commentary explaining the judgement made by the evaluator is provided.

Objective	Commentary
One objective was achieved:	
Objective 9 Provide education and awareness to members of the armed forces on gambling-related harm	
Five objectives were partially achieved:	
Objective 2 Create a successful programme that can be replicated on a national basis in a sustained way	Whilst there were indications suggesting the programme was a success in its delivery to servicemen and women, there was no evidence available to review whether the project was as effective in supporting outcomes for the other target groups. There is not enough evidence to conclude that the programme is ready for scaling up or that it can be delivered in sustainable ways.
Objective 4 Target areas of greatest need to achieve maximum impact	There was some but minimal evidence of targeted or tailored approaches being used. There was no evidence of focus on impact/outcomes.
Objective 5 Ensure service user input throughout life cycle	Feedback was routinely sought from session participants, but it was extremely limited in its scope. Feedback from relevant (health and welfare) personnel within the armed forces regarding delivery of awareness-raising training to people in their teams was mainly sought in the early stages of the project.
Objective 10 Create and communicate an established intervention pathway in conjunction with existing military offering	Signposting information was included into the aide memoir leaflets which were distributed during the sessions. With two exceptions, there was no evidence of new intervention pathways being created or new support mechanisms being put in place as a result of this project.

Objective 11 Increase ability of leaders and chain of command to recognise symptoms and understanding how to help in order to minimise gambling-related harm	Evidence gathered by the evaluation team through feedback forms and interviews suggests that leaders and those in the chain of command improved their awareness of gambling-related harm, similar to servicemen and women who took part in the general training sessions delivered as part of the project. This improved awareness, in turn, might have improved their ability to recognise symptoms of gambling-related harm in others, but we do not have evidence to support this claim. Similarly, we do not have solid evidence which would suggest that military leaders' understanding of how to help others, to minimise gambling-related harm, has improved.
Three objectives were not achieved:	
Objective 1 Gather meaningful accredited data across a wide range of data subjects in order to facilitate an evidence-based approach to the reduction of gambling-related harm amongst those within, or retired from the Armed Forces in Great Britain	Data was not captured from all training participants as was proposed. Most importantly, the data that was gathered by the delivery provider was limited in its coverage and of low quality. This could have been prevented if the research partner was involved in instrument design and/or appropriate checks of quality of the systems and mechanisms being put in place were performed by GambleAware.
Objective 6 Transparent monitoring, evaluation and review of project	Insufficient prioritisation of monitoring and evaluation and lack of appropriate expertise and capacity within the delivery team led to serious issues in these areas and appropriate control mechanisms not being put in place.
Objective 8 Allow GambleAware and other stakeholders to improve their understanding of impact of gambling-related harm	Due to the limitations of the evidence that was gathered as part of the project, highlighted in earlier sections of the report, its ability to improve understanding of gambling-related harm in the military will be impaired.

We do **not have sufficient evidence** about these two objectives:

- Objective 3: Encourage investment by the Armed Forces.

- Objective 7: Ensure findings are disseminated to GambleAware stakeholders (this refers to inception, interim and final reports).

3 CONCLUSIONS AND RECOMMENDATIONS

3.1 Project successes

There were many areas where the project – the first of its kind being delivered in the armed forces – was successful.

- The project had impressive reach and geographical coverage, particularly given the difficulties in access to personnel that can occur when working with the armed forces

- The training sessions that were delivered to servicemen and women as part of this project were well received by all relevant stakeholders (servicemen and women, the chain of command, specialist – health and welfare – staff)

- Evidence that was gathered by the evaluation team also suggests that people who attended the sessions improved their understanding of gambling-related harm and how to prevent or minimise it.

3.2 Summary of key lessons learnt

There were also challenges which negatively affected the project delivery and its outcomes.

Both the commissioner (GambleAware) and the delivery provider (EPIC Risk Management) mentioned that it was difficult to specify firm expectations of the project during its initial phase because it was being delivered in a new sector. This explains why no specific KPIs, for example related to the project reach, were identified prior to the beginning of the project.

At the same time, there were many aspects of the project that could have been discussed and tightened during the set-up, if not the commissioning, stage and which should be viewed as missed opportunities. Three of them are particularly important:

- Ensuring clarity of aims and objectives, as well as outcomes and outputs and ways of measuring them

- Ensuring clarity about the ways in which the outcomes will be achieved (articulated through a logic model, theory of change or in other ways)

- Identifying mutual expectations and communicating them.

There were also some aspects of the project delivery, related to monitoring, evidence gathering and project control, where shortcomings were such that they prevented some of the project objectives to be achieved.

The responsibility for these shortcomings lies with the delivery provider, but also with GambleAware, which should, through its monitoring systems, have identified them early on in the project implementation so that they could be appropriately addressed.

3.3 Recommendations

GambleAware should:

- Ensure its requirements and expectations for any work being commissioned are fully clear and transparent. If this cannot be done within a project specification, it should be achieved prior to the beginning of the project. If requirements and expectations change or get refined during the project implementation, they should be clearly communicated to and agreed with the delivery provider.

- Ensure that there is evidence of clearly defined project outcomes, ways of achieving and monitoring them, prior to any work commencing.

- Where funding is awarded to projects involving multiple parties and relies on partnership-working, roles and contributions of all parties need to be defined in clear terms, including resource allocation.

- Require that appropriate project control mechanisms are in place and monitor that this is the case at different points of project delivery, particularly if projects span multiple years. Appropriate capacity needs to be allocated to this.

EPIC Risk Management should:

- Put in place centralised systems for capturing monitoring and evaluation information.

- Ensure that minimal amounts of data about participants' and other individual beneficiaries' background characteristics are routinely captured.

- Systematically gather feedback from training participants, service users and other beneficiaries, related to effectiveness of processes and how these can be improved, as well as evidence of outcomes. This information should be used for continual improvement and development as well as reporting purposes and to secure future funding.

- Consider developing internal expertise to ensure good understanding of project inputs, processes, outcomes and inputs.

- Draw on external expertise, or invest in developing internal expertise, so that any future delivery activities have a clear logical framework underpinning them, are outcomes-focused and that appropriate data capture instruments are in place.

APPENDICES

Appendix 1 EPIC's data collection instrument (questionnaire)

[This questionnaire was assembled by the evaluation team from PowerPoint presentations used in training delivery during which information about session participants' gambling behaviour and experiences was captured using OMBEA hand-held devices. As can be seen from the questions below, not all of them have data and evidence gathering as their aim. Some questions intend to increase the levels of audience engagement in the session. It is important to note that there were some discrepancies between PowerPoint presentations, meaning that a small number of questions were asked in some but not other sessions. The reasons behind this are unknown. Such questions are marked with *]

1. Do you think that gambling is a problem in the forces?

- Yes

- No

- Undecided

2. Do you have a gambling app on your smartphone?*

- Yes

- No

3. When did you last place a bet?

- In the last few days

- In the last week

- In the last month

- In the last year

- Never

4. Do you, or anyone that you know, gamble more than you feel you/they should?

- Yes

- No

5. What percentage of adults gambled in the last 4 weeks in the UK?

- 40%

- 12%

- 25%

6. What percentage of TV advertisements are gambling-related?

- 18%

- 3%

- 7%

7. How much revenue does the UK gambling industry generate each year?

- £500m

- £1.5bn

- £4.5bn

8. What do Queens Regs say about gambling?

- Not specifically referenced

- Gambling is prohibited

- Gambling can only take place under strict guidelines

9. How much more likely are 16 – 23 year olds to become problem gamblers than those who gamble when they are older?

- 3 times as likely

- Twice as likely

- No greater risk

10. After listening to today's session will you change your gambling activity in any way?

- Definitely

- Maybe

- Not at all

11. Did you find the session helpful today?

- Extremely

- Very

- Slightly

- Not at all

12. Do you think that gambling is a problem in the forces? [question repeated at the end of the session]

- Yes

- No

Appendix 2 Research questions

The first evaluation aim (see introduction) was broken down into a series of research questions:

Relevance

- To what extent do the interventions fit with the needs and priorities of the target group and all relevant stakeholders(s)?

- To what extent did the interventions fit with the objectives of the original Invitation to Tender?

- Who was involved in the design of the project?

- Is there a clear logical framework associated with the project, clearly outlining objective, outcomes, indicators of achievement, means of verification?

- Were the expected results/ desired outcomes realistic?

Appropriateness

- Were the interventions/ activities consistent with the intended outcomes?

Effectiveness

- To what extent was the choice of the interventions and delivery mechanisms appropriate, in the context of the delivery?

- To what extent did the interventions adapt to changing need or circumstances/ were responsive to recommendations?

- To what extent were the planned activities carried out to plan (and as per the agreement on which the grant was awarded) and within the timeframe set? Where they weren't, why not?

- To what extent were the delivery mechanism effective and which of their aspects were linked with improved outcomes for target groups and stakeholders

Efficiency

- To what extent was there overspend/ underspend on the budget? Is the financial report consistent with the status of implemented activities, activities that were delayed/ cancelled?

Impact

- What were the positive (and negative) changes that have occurred- preferably measured against a set of realistic "desired outcomes"?

- To what extent did the intervention make a real difference to the lives of those it was intending to improve?

Sustainability

- To what extent will the intervention continue if funding ceases?

- What needs to be put in place for the interventions to continue and be further built on?

Appendix 3 Documents reviewed as part of this evaluation

To prepare this report, the evaluation team reviewed the following types of documents:

- **Formal documents**
  - Project specification
  - Project proposal
  - Delivery provider's contract with GambleAware and with it research partner
  - Two project progress reports

- o Outputs prepared by the research partner – feedback about evidence being captured and ways of improving this and the final project report

- **Training materials and resources developed for awareness raising and data gathering purposes**

  - o PowerPoint presentations, delivered to different groups of military personnel. Each of these included in the slides summaries of responses provided by the session participants to the questions listed in Appendix 1

  - o Aid Memoir leaflet, developed for and distributed within the project

  - o Draft gambling awareness-raising resource which was developed for sustainability purposes, so that it can be used within MATTs

- Evidence prepared by the delivery provider

  - o Summary of the quantitative data captured through OMBEA (NB: raw datasets were not available)

  - o Comments and feedback from individuals involved in training or organising it

- **Correspondence between the delivery team and 1) their partners, 2) the commissioner, 3) individual military personnel in welfare and health roles 4) individuals in the armed forces**. The content of the correspondence that was reviewed included:

  - o Progress updates and reviews

  - o Development of resources and materials

  - o Planning and organising training delivery

  - o Informal feedback

  - o Requests for training and resources (leaflets) from

Appendix 4 The format of EPIC's awareness-raising sessions

Most awareness-raising sessions were an hour long and delivered as one-off talks or lectures to large groups of people. They included:

- A personal story from an army veteran about their experiences of problem gambling

- Information about

  - o Prevalence of gambling in the society

  - o What is problematic gambling

- o   Gambling management strategies, including self-exclusion

- o   Risks of problem gambling that are specific to the armed forces

- o   Further information and support available to people who need help to manage their gambling behaviour or minimise various effects of gambling-related harm (e.g. National Gambling Helpline, Step change, Citizen's Advice, Samaritans, Combat Stress and unit medical and welfare staff)

- Feedback from session participants using audience response technology throughout the session and a short Q&A session at the end.

Session participants were given a handout (leaflet) to take away. Called 'A Harmless Flutter: the dangers of too much gambling', the leaflet outlined some of the harms linked to problem gambling, included a self-diagnostic (drawing on the full PGSI, yet tailored to reflect the specifics of lives of the members of the armed forces), practical steps people could take to try and control their gambling behaviour and signposted further support (Gamcare, Stepchange and the project delivery team).

In addition to being distributed as part of the training, there were instances of the leaflets developed by the project team being specifically requested by army welfare personnel and distributed as a standalone activity.

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Gamble**Aware**

Chrysalis recommendation to EPIC	EPIC Response
EPIC - Armed Forces:	
Put in place centralised systems for capturing monitoring and evaluation information.	EPIC now have a centralised Project Management and research function in addition to alliances to leading UK Universities.
Ensure that minimal amounts of data about participants' and other individual beneficiaries' background characteristics are routinely captured.	See above regarding centralised expertise and alliances to academic organisations and their expert set. EPIC are conducting high profile and extensive programmes with expert partners.
Systematically gather feedback from training participants, service users and other beneficiaries, related to effectiveness of processes and how these can be improved, as well as evidence of outcomes. This information should be used for continual improvement and development as well as reporting purposes and to secure future funding.	This feedback is taken on board and EPIC are always looking to improve rigour and process as we continue to extend our work across the UK, Europe and America. EPIC have a new centralised Project Management and Research function and we also work closely with our academic partners.
Consider developing internal expertise to ensure good understanding of project inputs, processes, outcomes and impacts.	EPIC have a new centralised Project Management and Research function and we also work closely with our academic partners. EPIC are conducting high profile and extensive programmes with expert partners.
Draw on external expertise, or invest in developing internal expertise, so that any future delivery activities have a clear logical framework underpinning them, are outcomes-focused and that appropriate data capture instruments are in place.	EPIC have a new centralised Project Management and Research function and we also work closely with our academic partners. EPIC are conducting high profile and extensive programmes with expert partners.

GambleAware

Chrysalis recommendation to GambleAware	GambleAware Response
EPIC - Armed Forces:	
Ensure its requirements and expectations for any work being commissioned are fully clear and transparent. If this cannot be done within a project specification, it should be achieved prior to the beginning of the project. If requirements and expectations change or get refined during the project implementation, they should be clearly communicated to, and agreed with, the delivery provider.	All projects now have clear and articulated theory of change and agreed KPIs and reporting protocols prior to contracting. Project management of all commissioned activity requires all changes to planned activity to be logged in the relevant documentation, and agreed by contract if necessary, ensuring availability of the decision-making process for future review.
Ensure that there is evidence of clearly defined project outcomes, ways of achieving and monitoring them, prior to any work commencing.	See above regarding theory of change, KPIs and reporting protocols.
Where funding is awarded to projects involving multiple parties and relies on partnership-working, roles and contributions of all parties need to be defined in clear terms, including resource allocation.	This learning is taken forward in designing and agreeing projects. A recent example of this is that Citizens Advice (E&W) will be asked to sign a Memorandum of Understanding in relation to any support they might provide to Citizens Advice (Scotland) in establishing and delivering a service (see Agenda Item 11).
Require that appropriate project control mechanisms are in place and monitor that this is the case at different points of project delivery, particularly if projects span multiple years. Appropriate capacity needs to be allocated to this.	Project management training has been undertaken by key GA staff, and control mechanisms and appropriate documentation put in place. Capacity within the team is significantly increased (DoC role split into Treatment and Education roles; additional staff work within the Education team; project management consultancy support available to the team)