DESIGNING AND EVALUATING PILOTS

A framework prepared for the
Victorian Responsible Gambling Foundation

FPC · FIRST PERSON
CONSULTING

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Acronyms

CALD	CULTURALLY AND LINGUISTICALLY DIVERSE
FPC	FIRST PERSON CONSULTING
LPP	LOCAL PREVENTION PROGRAM
PPP	PREVENTION PARTNERSHIP PROGRAM
VRGF	VICTORIAN RESPONSIBLE GAMBLING FOUNDATION

1 Introduction

1.1   Background

Since 2014, the Victorian Responsible Gambling Foundation (VRGF or the Foundation) has been funding programs that seek to test 'new ideas' to prevent gambling-related harm. The first of these was the **Local Prevention Program (2014-2017)** (LPP), one of the first of its kind, it represented a six-fold increase in prevention grant funding for the Foundation. Throughout delivery of the program, a range of lessons were learned about sourcing and testing new ideas from community-oriented organisations.

The next iteration of the LPP was the **Prevention Partnership Program (2017-2019)** (PPP). The PPP directly integrated the lessons from the LPP into its' new model – including directing project applicants to specific areas of risk for gambling related harm (e.g. social isolation), emphasising the importance of partnerships and focusing the evaluation on outcomes at the end of projects.

While these are relatively minor changes, they reflect a nuancing of understanding of how to go about testing new ideas. This is further evidenced by the latest programs (and much smaller in scope) additions to the Foundation's prevention efforts:

- **Prevention Grants for Culturally and Linguistically Diverse (CALD) communities (2018) –** which seeks to raise awareness within communities about the risks associated with gambling and to build the skills of these organisations to undertake prevention activities

- **Prevention Grants for Regional and Rural Victoria (2018-2019) –** which aims to build the capacity of regional and rural organisations to develop partnerships and implement initiatives that prevent gambling harm.

The scale and focus of each of these Programs is more refined again. Another element is that the size of grants offered is much smaller than the PPP, which allows for the Foundation to provide funding to organisations to deliver smaller-scale projects while avoiding the risk and requirements associated with larger grants. This increases the reach of the Foundation, gives organisations the capacity to test their idea and enables the evidence on gambling harm prevention to grow.

1.2   Purpose of this Framework

The purpose of this Framework is to:

- Provide an approach to the establishment (design) of pilot projects – that being, what are some considerations or parameters to ensure a inform the scope of a pilot project

- Outline an approach to evaluating pilot projects – particularly needs / requirements for scoping the evaluation and areas of focus (i.e., evaluation questions

- Provide a process for decision making in relation to scaling pilot projects (for instance, from pilot stages to a larger scale pilot or even flagship-style program) – in essence, what are the criteria or influences that can be used to assess the scalability of pilot projects.

2 Designing and scoping pilot projects

2.1 Clarifying pilots

There are a range of definitions for a pilot, these range from very broad to very specific, but all tend to highlight that pilots are typically:

- Intentionally experimental in nature (that is, not achieving outcomes is not 'failure' – the key is that learning about what works and doesn't work is captured and the reasons why)

- Intentionally smaller in scale (scale can be interpreted in many ways – number of participants or sites, geographic scale or time scale) – in part this is because of the need to identify the elements or components that are effective – but also because pilots need to maintain adaptability and flexibility which is harder on a larger scale

- Able to minimise risks when making decisions by gathering evidence of what works and what doesn't so that funders and program managers are able to make informed decisions for the future

- Able to minimise unintended consequences or impacts.

Ultimately, pilots can be thought of as feasibility studies that help to test the assumptions that underpin the design of a potential larger program (i.e. a wider rollout of the pilot). They are useful for gathering evidence of outcomes in problems areas that are not yet supported by strong evidence and can be used to justify further funding or not. Pilots aim to build on pre-existing evidence to advance what is known about mechanisms for achieving change.

2.2 Scoping pilots to achieve change

A priority for the Foundation, through its prevention grant programming, has been the focus on testing new ideas. A key driver for this has been the lack of evidence for 'what works' in the prevention of gambling related harm[1,2], , as well as an acknowledgement that the gambling landscape is constantly shifting due to new technologies and products.

One of the changes between the LPP and the PPP was to focus applications on specific areas or 'streams' that reflected evidence for risk associated with harm (for example, social isolation). This reflects both an understanding of the time that will be required for long-term outcomes to be achieved, the need to further develop skills and knowledge in gambling harm prevention in organisations and the realities of grant programs (in that funding is only guaranteed for shorter periods).

The Foundation is largely testing new ideas through funding projects delivered by external organisations. Given that, and the constraints noted above, the role of pilots is focused on understanding a range of processes (e.g. related to design, recruitment of community, retention or engagement) and shorter-term outcomes. Related to this, is questions of how the intervention may or may not scale and what the implications of this are. As such, there are some key steps (see Figure 1) that influence the effective scoping of a pilot:

Establishing the problem or need (i.e. Program Guidelines) – a key consideration for the Foundation as the funder is understanding their role in determining what the problem or 'need' is that will be addressed through grant programming.

[1]Tahna Pettman, T 2018, *Prevention of gambling-related harm: A review of the evidence,* Adelaide, South Australia. Funded as part of the Prevention Partnership Program Interim Evaluation via the Victorian Responsible Gambling Foundation.
[2]Pettman, T and Armstrong, R 2016, *Prevention of gambling-related harm as a complex public health problem: Evidence Summary*, University of Melbourne, Victoria. Funded by the Victorian Responsible Gambling Foundation.

Through the LPP, the 'problem' was identifying effective ways to reduce harm – though it became apparent that this was much more complex than initially scoped. The PPP reframed the problem into specific streams that related to risk factors of gambling harm. The CALD and Regional Grants have a focus on building capacity and partnerships for prevention using the grants as a mechanism for achieving these outcomes. Each Program aims to reduce harm from gambling, but the scope was refined and narrowed to provide guidance to grant applicants.

As such, the first component for scoping individual pilots is the overarching definition of the problem. Establishing evidence of need for such work is likely to be essential – similar in approach to the PPP, which provided evidence against each of the streams. While it does not necessarily need to be academic in nature, there should be evidence to justify the emphasis on any one aspect or element of harm.

- **Proposing the innovation / prototype (i.e. the applicant's response)** – based on the Program Guidelines, and their own internal priorities (including community or organisationally-specific need), applicants will propose an innovation ('new idea'). Ideally, the proposal will have drawn on known evidence and experience and identify how their innovation builds on this – including identifying the assumptions or elements of their project that will reduce harm. While it has been shown previously that there is not much evidence of gambling harm prevention effectiveness, there is still some. We would anticipate that:
  o a project proposal demonstrates sufficient[3] engagement with the best available evidence
  o a project proposal identifies the need their project will address
  o a project proposal identifies the ways in which activities / the intervention addresses this need – the most important component of this is identifying where an assumption is being made as this is where an evaluation can / should focus. One method that some use in this is a program logic.

The goal of the applicant's response is to demonstrate that they have understood the problem and then outlined how their approach can address that problem within the scope of funding and timelines. That is, they should be able to articulate the outcomes they are hoping to achieve by the end of the funded period, how these contribute to reducing harm and what elements of their project idea are to be tested (i.e. the focus of the pilot).

DECISION POINT
Based on the criteria for assessment the Foundation would select applicants for funding through the relevant grant program.

There are a range of criteria to consider – a key one continues to be whether the lead organisation is the 'right' one to deliver. Others could include the extent of partnership or consultation in developing and undertaking the project.

- Pilot (i.e. project delivery) – the successful project proposal would be converted into a project plan that would guide delivery. A key element of piloting is the need to be flexible and adaptive throughout – particularly where there are key assumptions that may be proven true or false. We would also highlight that, in some instances, multiple pilots of a model would be desirable. The intention is that by the end of the pilot:
  o the 'model' can be described (that is, the organisation should be able to articulate[4] what it is about their intervention that leads to change) including what elements are fixed versus flexible
  o there is evidence that the intervention has produced intended outcomes and avoided unintended negative consequences (i.e. does not cause harm)
  o the organisation has intentions or plans for the future (which depends on the nature of the project – it could be resources, a service, principles / a way of working). All of this has implications for how the intervention might be scaled or sustained.

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[3]Sufficiency in many instances is up to the funder and the scale of the grant program. For a small program a minimal level of engagement might be expected, whereas for a large program you would expect a decent level of comprehension of the problem.

The goal by the end of delivery is to understand how the pilot has or could contribute to reducing harm should it be rolled out more broadly.

DECISION POINT
Depending on nature of the project, there may be a decision required on whether to scale, sustain or maintain the outputs or the model.

- **Roll out (i.e. scale / sustain / maintain)** - There are a range of considerations, including:
  o Whether the 'need' has been addressed and no longer exists (likely the case where the need relates to resources or other discrete products)
  o Resourcing required (financial, infrastructure or human) – including where resourcing is requested from
  o The size of the target population, group or community
  o The ability of the funded organisation to take on this responsibility

An evaluation of the pilot's delivery would also have demonstrated sufficient effectiveness to inform the decision-making process for the Foundation (or others).
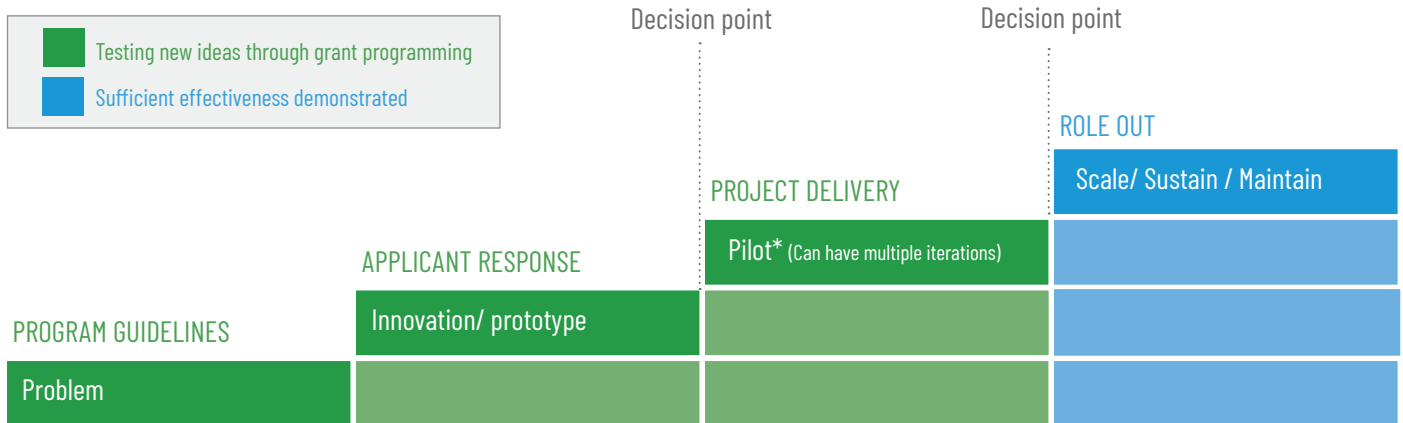
Figure 1: Basic steps to scoping a pilot project

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[4]For example, a project such as the ReSPIN Speaker's Bureau might frame their intervention as "a session that seeks to reduce stigma by humanising the impacts of gambling harm for the audience. While this audience can be anyone, it is particularly useful in establishing or encouraging empathy in audiences that are less receptive to other broader awareness raising channels or to the issue of gambling harm itself or other related harms". This is just an example – not necessarily what they would say.

2.3   Evaluating pilot projects

Scoping an evaluation of a pilot – particularly in the context of grant programs such as the Prevention Partnership Program – is about establishing what 'success' looks like. While the goal or aim is prevention of gambling-related harm, the reality is that outcomes from individual projects are much lower-level in nature – they are contributing to a long-term outcome rather than realising it themselves (at a state-wide level)[5].

Given this, as well as the nature of project-based delivery, there are some key questions that should be asked of any pilot:

• What does success look like within the amount of time allocated and funding provided?
• How much uncertainty exists on whether the pilot will achieve its outcomes? This can be determined by the level of prior evidence that exists for change. The less evidence the lower the expectations should be – but the greater the emphasis is on process and short-term outcomes. For example, recruitment (i.e. are the target populations signing up or engaging?) and retention (are they coming back?)

As there are a variety of evaluation designs and approaches that could be applied to pilots, we instead provide a set of indicative evaluation questions and sub-questions as a starting point for the Foundation (Table 1)[6]. Supplementing this are a set of principles that can be used to help refine or focus any other evaluation questions if those below do not suit the project.

While key evaluation questions and sub-questions are useful for focusing an evaluation, it is also not always possible to set a standard set of questions to cover all possible projects. As such, the following set of principles may also be used to focus the evaluation.

• **PROBLEM DEFINITION** – What is the issue, problem or need? How does the project address this need? Is there appropriate engagement and consultation with the right[7] stakeholders?

• **APPROPRIATE GOAL SETTING** – does the pilot address the right areas (or drivers)? What does success look like within the period available to be evaluated? Have the goals or objectives been articulated in a straightforward and simple way?

• **LEARNING OBJECTIVES** – what is the most important thing(s) to learn from the pilot?

• **DEFINING EFFECTIVENESS** – this ties into goal setting, but establishing (such as via a logic) what effectiveness looks like early is important

• **LEARNING** – there is a need for flexibility and adaptations to be made in any pilot, but the project needs to document how, why and when such adaptations occur.

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[5]Rather, a monitoring-based approach at a state-wide level would be more useful (i.e. establishing incidence or similar) for levels of harm that can be tracked over time. Where this increases or decreases can then be explored in more detail – including determining what interventions were implemented at this time. An example of this approach for tobacco was provided in Pettman and Armstrong (2016).

[6]We would not necessarily expect all of these to be asked of all projects. Rather, depending on the level of funding and the stage of development there may be more or less focus on outcomes (for example).

[7]Ensuring the 'right' people are engaged is a key element of evaluating pilots. There is little value in saying that "5,000 people were reached" as this does not tell us if the pilot was effective in delivering an intervention to the target population. Knowing if you reached 50 of the right people is far more valuable and insightful to establishing a pilot's effectiveness.

Table 1: Indicative key evaluation questions for pilot projects

Key Evaluation Question	Sub-Questions
Design	
How has the project been designed to meet the needs of its target [population, group, community, stakeholders]?	• What processes were used to ensure the project meets target group needs?
What evidence has been used in the design of the project?	• What evidence or theory has been used to develop the project?
Delivery	
What are the ways in which the target [population, group, community, stakeholders] are being reached, recruited and involved?	• How are participants being reached and recruited? • What activities were implemented during the project? • How did activities adapt and change over time, and why?
Partnerships	
How were partners involved in the project?	• What roles did partner organisations play? • What kind of contributions did they make?
Outcomes	
To what extent were the desired outcomes from the project achieved?	• What evidence is there that all desired outcomes were achieved? • Were there any unanticipated outcomes (positive or negative)?
Legacy	
How does this project contribute to longer term gambling harm prevention?	• What evidence is there that the project is sustainable / scalable? • What resources or outputs are there that can be maintained into the future? • What has involvement or participation in the project meant for key stakeholders and community?
Learning	
What effect did the assumptions that underpinned the project have over the outcomes or results?	• What were the assumptions that underpinned the design of the project? • How did these assumptions present throughout delivery? • What are the key lessons for future projects like this?

Ultimately, the goal is to gather evidence on the design of the project, how it was delivered, what changes were made and what the outcomes were. The intention is to work towards projects being more strongly and clearly informed by a strong theory of change and evidence of effectiveness, so that causal links between activities and outcomes and cost-effectiveness has been investigated and demonstrated where possible (Figure 2).

This will lead to less of a need to test 'new ideas', but we would not anticipate that this need would ever completely disappear within a shifting gambling environment (i.e. new products, advertising and accessibility).

Evidence Informed ⟶ Evidence Based

- Draw on available (potentially secondary) evidence to inform/ support design

- Develop a program logic and document assumptions/ unknowns to be tested

- Invest in concurrent evaluation to test assumptions and identify improvements

- Identify changes to program model based on tested assumptions

- Develop plan for scaling to more sites/ populations/ areas

- Invest in concurrent evaluations - particularly to capture longer term outcomes

- Cost-effectiveness considered & factored into decision making

- Causal links in program logic model have been tested and are evidenced using robust evaluation designs (potentially multiple studies)

- Monitoring and evaluation still occurs post-implementation (such as surveys) to maintain quality and effectiveness
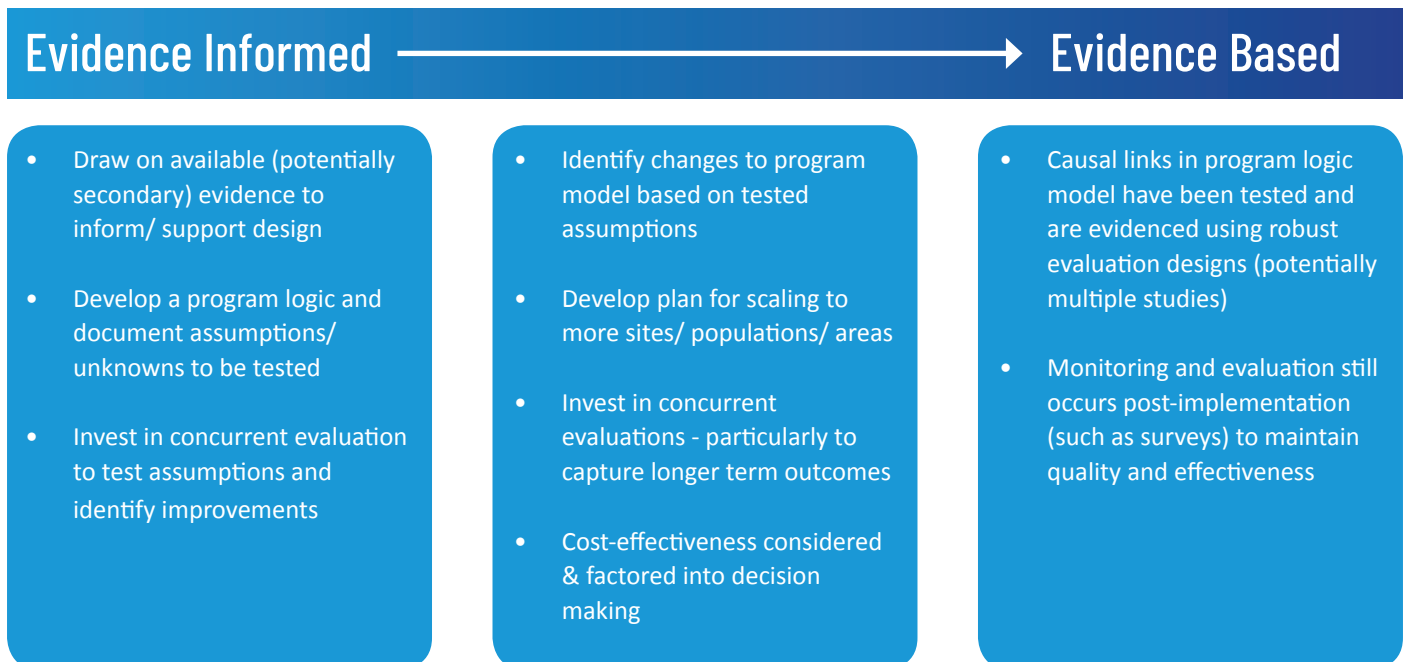
Figure 2: Progressing from testing innovations to supported by evidence

3   Scaling pilot projects

3.1   What comes next?

Following an evaluation of a pilot (i.e. the second decision point from Figure 1[8]), where the idea or innovation has been tested, the question to ask is – now what? From the Foundation's perspective, the answer is likely to be 'scalability' and 'sustainability' - that being the innovation[9] or part of it, is rolled out in a way that reaches more people while ensuring benefits for those people and communities continues as intended[10].

As such, it is important to identify a way in which informed decisions can be made in relation to scaling or sustaining projects in the gambling harm prevention space. As part of the Interim Evaluation of the PPP, a targeted review of the literature was undertaken which addressed:

• How can sustainability and scalability be defined?
• How can the sustainability and scalability of innovations be assessed?
• What are some criteria to inform the Foundation's decision making?

The findings from this review have been incorporated into the following sections to inform the Foundation's work more broadly regarding future funded projects.

3.2   Assessing sustainability and scalability potential

3.2.1   Definitions

Sustainability

In general, there is no standard definition of sustainability. Many studies tend to focus on the continued delivery of activities (Stirman et al. 2012), while others (Chambers et al 2013) conceptualise sustainability as an ongoing process of managing the continuous improvement and evolution of an intervention within a changing context.

The Foundation used a similar definition of identifying how activities can be continued or embedded so that impact occurs beyond the life of the project itself . Ultimately, there is no set 'answer' with some suggesting that the challenge lies in defining the 'thing' (i.e. service, intervention or product) to be sustained given a variety of different contextual elements, including the intended outcomes, the target groups and settings that need to be addressed (Moore et al. 2017).

Moore et al. (2017) conducted a large-scale review with the express purpose of identifying a definition of sustainability that would be a) comprehensive and b) appropriate to a range of intervention types and contexts. The result was a five-item definition of sustainability:
1.   after a defined period of time
2.   the program, clinical intervention, and/or implementation strategies continue to be delivered and/or
3.   individual behavior change (i.e., clinician, patient) is maintained;

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[8]Noting that for some projects they may go through multiple stages of piloting and evaluation

[9]Acknowledging that this would not apply to all projects or initiatives.

[10]Previously we referenced 'maintain' – which largely applies to resources or other materials (e.g. video) which have been produced and the question is instead related to how it can be used. We do not cover this as our focus is largely on service-style projects.

[11]Prevention Partnerships Program Guidelines, issued 6 February 2017.

4. the program and individual behavior change may evolve or adapt while

5. continuing to produce benefits for individuals/systems.

This definition can be used to tailor the definition to a specific project or concept. Importantly, what this does is provide a consistent lens through which planning for sustainability, or evaluating sustainability, can be considered.

Scalability

In terms of scalability, there is a key distinction between 'scalability' and 'scaling' in the literature:

- **Scalability** is the capacity of an intervention to be scaled up or out (Milat et al. 2016)[12]
- **Scaling** is the set of processes to introduce innovations with demonstrated effectiveness through a delivery structure with the aim of improving coverage and equitable population access to a) the innovation and b) its intended benefits (Edwards et al 2017).

As part of understanding the capacity of an intervention to be scaled, it is important to understand 'what' is being scaled (Barker et al. 2016). This is one of the most important considerations, as the 'what' that is scaled has direct implications on the scaling process (e.g. scaling an education program that requires a physical space is much more expensive than scaling the education principles or ways of working).

In summary, the definition for scalability starts with understanding 'what' it is that is being scaled and then identifying where it is scaling to. For the Foundation, this largely ties into scaling across Victoria to reach more people or communities. A key consideration is then the way in which you scale, and how this might change depending on what the core of the program is that results in outcomes (i.e. the link between activities and outcomes). This is where evaluation is particularly important, as often there is an assumption between the activity and outcome that needs to be tested.

3.2.2 Evaluating for sustainability and sustainability potential

Sustainability

As noted, evaluating sustainability is not easy with a variety of definitions. The most important consideration is that sustainability is defined from the Foundation's perspective. The review conducted by Moore et al. (2017) does provide a structure for identifying the components of sustainability within a program.

This definition can be used to tailor the definition to a specific project or concept. Importantly, what this does is provide a consistent lens through which planning for sustainability, or evaluating sustainability, can be considered. We would suggest, as a starting point, the considerations and implications provided in Table 2.

While not specific indicators, we would suggest that project-specific indicators are possible to be developed based on these items and considerations. Tailoring to specific projects (rather than setting a single standard indicator) is likely to be more useful to address the varied nature of prevention projects.

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[12]This aligns with the scalability definition noted in the PPP Guidelines.

Table 2: Determining sustainability potential (based on Moore et al 2017)

Item	Considerations
1. **after a defined period of time**	A period of time needs to be defined. Given the nature of grant programs, it needs to be one that is reasonable / feasible for an evaluative effort to occur within (for project work, within the funded period)
2. **the program, clinical intervention, and/or implementation strategies continue to be delivered and/or**	this implies that a plan for continuation (and resourcing) is needed, including how the project or program is managed, roles, responsibilities and other supporting elements.
3. **individual behavior change (i.e., clinician, patient) is maintained**	this implies both that change / behaviour change has occurred, but also that follow up has occurred to determine if such change is ongoing
4. **the program and individual behavior change may evolve or adapt while**	This recognises that, in a system, changes are organic and evolving, which means the initial behaviour change may change into something else. This is potentially reasonable, provided that new behaviour is not a negative one.
5. **continuing to produce benefits for individuals/ systems**	Ultimately, these individual changes need to contribute to a systemic, cultural or otherwise 'big picture' change. In the context of the PPP this could be attitudinal shifts at the population level (for example).

Scalability

As part of the PPP Interim Evaluation, we undertook an extensive review of literature related to scalability assessment. The result was a set of considerations and possible measures or approaches that can be applied to projects (see Table 3). These areas are those that any project being considered for scaling should be able to address in some form.

The other consideration not explicitly noted in the frameworks reviewed is the alignment with the external funder's objectives or strategic directions (in this case, the Foundation). This is an important consideration for decision making, as there may be only some evidence[13] of change, but if this intervention also addresses other needs for the organisation then investing in scaling may be advisable.

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[13] Any evidence still needs to be 'sufficient' enough so that a decision can be informed by any data related to the process of delivery and subsequent outcomes.

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Table 3: Assessing the scalability potential of pilot projects

Focus area	Consideration	Measure or approach
Evidenced (Pettman 2018)	What is the underlying theory and evidence for how the intervention will (and has) achieved change?	Program logic / theory of change that identifies the evidence (or assumptions) for each level of change
Clarified (Barker et al. 2016); Milat et al. 2015; Stirman et al. 2012)	Identify 'what' is to be scaled – including any opportunities for variation or change.	Clear identification of what the focus of the project is (e.g. speakers telling their story) so that the fixed (non-changeable) elements of the project are clarified and those that can be changed or adapted are known.
Effective (Shelton et al. 2018; Gupta et al. 2016 Milat et al. 2016 Schell et al. 2013)	To what extent does the project produce the intended outcomes?	Evidence of effectiveness, costs and other measures – to understand the implications for further roll out
	To what extent does the target population participate in an innovation? / To what extent do eligible settings adopt the innovation?	Reach / participation figures – there should be evidence it is reaching the 'right' people
		Potential audience / populations – how many more of the 'right' people are out there?
Strategic	In what ways does the project align to the needs or strategic directions of the organisation?	This could be through the nature of the intervention, the populations it engages with or through some other means.
		Also, if the organisation is seeking external funding (e.g. from the Foundation) then demonstration of alignment to Foundation's needs / priorities / strategic directions is also important.
Supported (Nesta 2014)	Are the relevant infrastructural elements in place to support the delivery? If not, what is needed, and can it be obtained?	Evidence of supports for delivery (could be financial or human resources, physical – e.g. technological infrastructure, or social – e.g. community champions)

These items can also be used by the Foundation as a lens through which to view opportunities to partner or support projects once they have enough evidence of effectiveness.

3.3   Priorities for adding to the evidence base

Since the Local Prevention Program in 2014, there has been a continued and clear focus on testing 'new ideas' to prevent gambling-related harm. Over this time, there has been an extensive amount of learning that has occurred among funded projects and for the Foundation, and as the field of prevention of gambling harm emerges further this learning will continue.

One key learning from throughout the evaluations of the LPP and the PPP has been that the Foundation is very much a leader in this space. There is a slowly growing body of published evidence of effectiveness in gambling-harm prevention, but what is known is disparate or short-term in focus. This is slowly changing, but in many ways the Foundation is one of the few organisations that is generating learning from on-ground projects. These can provide both inspiration for future projects but also reinforce other learning needs (i.e. from research) and identify good practices for prevention.

As such, the task for the Foundation forward is to **identify ways to add to the evidence base** – particularly the experiences of the projects that appear to be more effective, by identifying appropriate examples for publication in peer-reviewed publications, but also conference presentations, research reports and project summaries. One of the main lessons that seems to stand out is that the Foundation is in a unique position to pioneer some of the efforts of expanding the evidence base – particularly in relation to these on ground interventions that capture and demonstrate outcomes on strong evaluation designs.

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