

Minimising Gambling
Harm in South Australia:
Investment Plan 2021–26

Progress Evaluation 2021-2022

Funded through
the Gamblers
Rehabilitation Fund



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Headline results for 2021-2022

Following an evaluation of 2021-2022 progress based on metrics identified in the Monitoring and Evaluation Framework for the Minimising Gambling Harm Investment Plan 2021-2026, a summary of results for each Key Performance Measure (KPM) within Key Performance Indicators (KPI) is below.

Strategic priority 1: South Australians recognise gambling harm and know how to help

Key Result Area 1: South Australians understand the harm of gambling and protect themselves and others from harm

Key metrics	Headline results for 2021-2022
KPI1. South Australians understand and recognise early signs of gambling harm.	
KPM1. South Australians understand the continuum of gambling harm and recognise early signs of gambling harm across all life domains.	<ul style="list-style-type: none"> 61.6% of South Australians surveyed recognise that the negative impacts of gambling can be both very small and very large. 90.4% of South Australians surveyed agreed/strongly agreed that at least one harm presented indicated an early sign of gambling harm.
KPI2. South Australians understand why gambling products can be harmful and know how to help and protect themselves and others from harm.	
KPM1. South Australians have knowledge of harmful features of gambling products including those relevant to EGMs, sports betting and wagering and table games.	<ul style="list-style-type: none"> The percentage of South Australians surveyed aware of at least one potentially harmful or misleading characteristic of gambling products was as follows: <ul style="list-style-type: none"> - EGMs – 92.9% - Sports betting and wagering – 85.0% - Table games - 76.9%
KPM2. South Australian (gamblers) understand and use evidence-based strategies to protect themselves and others from gambling harm.	<ul style="list-style-type: none"> 93.4% of South Australians surveyed agreed or strongly agreed that at least one of several gambling harm-minimisation strategies presented may reduce or avoid gambling harm. 80.5% of gamblers surveyed reported having employed at least one of several tested harm-minimisation strategies over the past 12 months.
KPI3. South Australians are aware of communications campaigns targeting gambling harm, and communications campaigns are effective.	
KPM1. Awareness, behavioural change and reach of communication campaigns	<p>For 'Here for the Game' campaign, marketing metrics showed the following:</p> <p>Communications reach:</p> <ul style="list-style-type: none"> Total impressions - Major campaign components excluding social media - 3,469,636 Total impressions for social media - 4,708,456 Campaign web site - 14,779 unique users (8 month campaign period) Fan survey (n=207 responses) - 83.1% aware of the Here for the Game and 44.2% took some type of action following the messaging.

Key Result Area 2: South Australians talk to young people and children about the harms of gambling

Key metrics	Headline results for 2021-2022
KPI1. South Australians talk with young people or children about the harms of gambling.	
KPM1. Proportion of South Australians who talk with young people of children about the harms of gambling	<ul style="list-style-type: none"> 62.6% of South Australian adults, who were close to a young person aged 12-17 years, had engaged in a conversation about gambling.

Key Result Area 3: There is an increasing level of understanding in the South Australian public for people harmed by gambling

Key metrics	Headline results for 2021-2022
KPI1. South Australians show understanding for people harmed by gambling and know how to help.	
KPM1. Level of perceived stigma towards South Australians impacted by gambling harm	<ul style="list-style-type: none"> 95.0% of South Australians agreed or strongly agreed with at least one negative statement indicating negative perceptions of people with gambling issues (i.e., held stigmatised views).
KPM1. Level of motivation of South Australians to personally provide help and support to people harmed by gambling	<ul style="list-style-type: none"> 64.4% of South Australians indicated that they were somewhat/strongly/very strongly motivated to help people harmed by gambling.

Strategic priority 2: Preventing and intervening early in gambling harm

Key Result Area 1: GHS staff and community organisations prevent and intervene early in gambling

Key metrics	Headline results for 2021-2022
KPI1. GHS re-orient services to incorporate a stronger focus on prevention and early intervention of gambling harm.	
KPM1. GHS regularly report detailed information on prevention and intervention activities they are leading	<ul style="list-style-type: none"> Results will be available following the trial in 2022-2023 – an online system to collect prevention and early intervention activity is being piloted.
KPI2. GHS staff report confidence and skills in conducting prevention and early intervention activity to respond to gambling harm.	
KPM1. GHS staff report improved confidence and access to tools to support prevention and early intervention of gambling harm.	<ul style="list-style-type: none"> Action in progress

Key Result Area 2: Community organisations across South Australia prevent and intervene early in gambling harm

Key metrics	Headline results for 2021-2022
KPI1. Community organisations across South Australia are engaged to conduct screening and/or low intensity treatment to respond to gambling harm.	
KPM1. A number of community organisations and clients are screened for gambling harm, treated and/or referred to GHS	<ul style="list-style-type: none"> Action in progress
KPM2. Community organisations better understand gambling harm since engagement by a GHS	<ul style="list-style-type: none"> Action in progress

Key Result Area 3: Reduction of reliance of people at-risk of gambling harm on gambling as a leisure activity

Key metrics	Headline results for 2021-2022
KPI1. People at-risk of gambling harm taking part in a pilot program to reduce reliance on gambling as a leisure activity report less frequent gambling and improvements in mental health and wellbeing.	
KPM1. Number of participants identified at-risk of gambling harm engaged through the pilot program	<ul style="list-style-type: none"> Action in progress
KPM2. Improvements in mental health and wellbeing self-reported by pilot program participants	<ul style="list-style-type: none"> Action in progress

Strategic priority 3: People get the right support at the right time

Key Result Area 1: Number of clients identified by the Gambling Helpline, Gambling Help Online, Industry and the community

Key metrics	Headline results for 2021-2022
KPI1. Number of clients received from different sources including the (a) Gambling Helpline (b) Gambling Help Online (c) Industry (d) the community.	
KPM1. Number of client referrals by source	<p>Client Data Set (CDS) data for 2021-2022 (client-reported referral sources) highlighted that:</p> <ul style="list-style-type: none"> 4% came from the Gambling Helpline 0% came from Gambling Help Online 2.7% came from industry sources 70.1% came from community sources <p>It should be acknowledged that help seeking is a very complex process and can be difficult (e.g., people not wanting to take up referrals when provided, not everyone acknowledges that they have a problem with gambling etc.) and this should be considered when interpreting this data. Moreover, Gambling Help Online is not necessarily a major referral channel and is designed to provide people with anonymous support and an opportunity to ask questions. The Gambling Helpline is also a service that provides brief interventions and is not necessarily design to refer each and every client to face-to-face Gambling Help counselling.</p>

Key Result Area 2: Gambling Help Services achieve therapeutic goals, reduce gambling harm and retain clients in treatment

Key metrics	Headline results for 2021-2022
KPI1. GHS clients show improvements in gambling behaviour.	
KPM1. Gambling behaviours improve within GHS clients to reduce gambling harm	<ul style="list-style-type: none"> 74.1% of GHS episode closures were recorded by clinicians to have experienced improvements since commencement of counselling (i.e., any type of improvement and not just improvements in gambling behaviour).
KPI2. GHS clients 'fully' or 'substantially' reach their therapeutic goals at the conclusion of treatment.	
KPM1. Proportion of GHS clients reaching their therapeutic goals at treatment conclusion	<ul style="list-style-type: none"> 72.5% of cases at episode closure fully or substantially reached their treatment goals.
KPI3. GHS clients fully complete their treatment.	
KPM1. Proportion of GHS clients fully completing their treatment at GHS	<ul style="list-style-type: none"> 50.7% of treatment cases were fully completed at the time of episode closure.
KPI4. GHS clients maintain recovery after treatment.	
KPM1. Proportion of GHS clients maintaining their recovery	<ul style="list-style-type: none"> 14% of gambling clients in the 2021-22 financial year were re-presenting

Key Result Area 3: Access to help and awareness of available services and resources to minimise gambling harm

Key metrics	Headline results for 2021-2022
KPI1. South Australians are aware of the Gambling Helpline, Gambling Help Online and services and resources.	
KPM1. Awareness of the Gambling Helpline, Gambling Help Online, South Australian GHS including CALD and Indigenous services	<ul style="list-style-type: none"> A survey of South Australians showed that awareness was as follows: <ul style="list-style-type: none"> - 65.2% for The Gambling Helpline (1800 858 858) - 48.9% for Gambling Help Online - 41.0% for Gambling Help Services - 27.7% for Indigenous Gambling Help Services - 20.3% for CALD Gambling Help Services
KPI2. South Australians are aware that help resources to address gambling harm are available online.	
KPM1. Awareness of South Australian resources developed to minimizing gambling harm.	<ul style="list-style-type: none"> Information to help families and friends on how to help a loved one impacted by gambling – 40.6% Information on the benefits of counselling and financial counselling offered free through Gambling Help – 40.4% Information on how to overcome impacts of gambling using self-help – 36.5% Information to help people who aren't severely impacted by gambling, but want to know how to gamble safely and how to prevent harm – 32.3%
KPI3. South Australians harmed by gambling are getting the help they need - whatever the source (e.g., family, friends, GHS, other service).	
KPM1. South Australians harmed by gambling received the help they needed to reduce gambling harm and help was provided before a crisis.	<ul style="list-style-type: none"> At least 16.3% of South Australians could be better supported with help to minimise the harm they experienced from gambling.

Strategic priority 4: An agile system equipped to identify, prevent and respond to emerging harm and need

Key Result Area 1: Quality and outcomes of work undertaken by OPG with key stakeholders to foster a collaborative and agile approach to harm minimisation in South Australia

Key metrics	Headline results for 2021-2022
KPI1. Quality and outcomes of work of OPG to partner with the (a) regulator, (b) help services and (c) industry to prevent and reduce gambling harm.	
KPM1. The quality of relationships with stakeholders	<ul style="list-style-type: none"> 77% (n=13 stakeholders) rated the quality of their relationship with OPG as good or very good
KPM2. The effectiveness of work and collaboration with stakeholders.	<ul style="list-style-type: none"> 46.2% (n=13 stakeholders) rated the effectiveness of OPG activities undertaken to minimise gambling harm across South Australia as good or very good

Key Result Area 2: Commissioning, funding and dissemination of applied research to inform gambling harm-minimisation

Key metrics	Headline results for 2021-2022
KPI1. Quality of knowledge translation and dissemination of GRF-funded research findings to inform the practices of key stakeholders in gambling harm-minimisation.	
KPM1. All fact sheets from research report are published on the OPG web site and describe practical applications of findings for South Australian context.	<ul style="list-style-type: none"> In progress - In line with the Strategic Research Agenda timeline, projects will be commissioned from 2023.
KPI2. Commissioning of and completion of research projects against priority topics to improve gambling harm-minimisation in South Australia and inform GRF-funded activities and state-wide policy.	
KPM1. Investment in research aligns to strategic priorities of the investment plan and research can be used to further improve the South Australian gambling harm-minimisation service system.	<ul style="list-style-type: none"> During 2021-2022, both objectives and priority research areas were developed and published.

Conclusion

The first year evaluation of progress against the Investment Plan (2021-2022) highlights a range of strategic priorities for OPG to progress and monitor during the coming 12 months. Results for 2021-2022 essentially provide a baseline for monitoring the South Australian gambling harm-minimisation service system performance and, if continually monitored, will provide a strong indication of the level of improvement and progress being made at minimising gambling harm statewide.

Minimising Gambling Harm in South Australia – Investment Plan 2021–26

Purpose of the Investment Plan 2021–26

Preventing and minimising gambling harm is a key government priority in South Australia. With the community losing around \$1 billion to gambling in 2018–19, and no observed change in the proportion of South Australians engaging in risky gambling, the Minimising Gambling Harm: Investment Plan 2021–26 (the Investment Plan) was developed as a coordinated and strategic response to gambling harm in South Australia (Department of Human Services [DHS], 2021).

A Theory of Change Framework for minimising gambling-related harm shaped the design of the Investment Plan and its Strategic Priorities (The Australian Centre for Social Innovation [TACSI], 2021). The Investment Plan was developed from a review of data and academic literature, a review of policy directions in national and international jurisdictions and through consultations with the community and industry, including people harmed by gambling.

Informed by a public health approach, the Investment Plan was designed to reflect the breadth of factors that influence gambling harm (DHS, 2021). A public health approach emphasises prevention by promoting healthy behaviour across a community and recognises that various interventions, delivered through a range of sectors and settings, are needed to reduce gambling harm.

For both industry and the community, the Investment Plan identifies opportunities to partner with government and to contribute directly to efforts to better protect South Australians from gambling harm (DHS, 2021).

Six projects within the Investment Plan

The Office for Problem Gambling (OPG) is in the process of implementing six key projects under the Investment Plan.

These reflect outcomes of its consultation process and are consistent with recently reformed legislation. New elements will be developed in each year of the Investment Plan (2021–26) (DHS, 2021).

The Key Performance Indicators (KPIs) developed as part of the Monitoring and Evaluation Framework (MEF) have also been aligned with these six initial projects, such that their implementation and impact can be measured. As additional, subsequent projects are rolled out, they too can be mapped onto the MEF.

The Minimising Gambling Harm in South Australia – Investment Plan 2021–26

VISION

South Australians talk openly and honestly about gambling harm and take steps to prevent and address it.

All South Australians who choose to participate in gambling can do so safely.

GOAL

South Australians are more likely to access help:

- ★ for their own or someone else's gambling
- ★ before experiencing crisis
- ★ so they are less likely to relapse.

STRATEGIC PRIORITIES AND FOCUS AREAS

South Australians recognise gambling harm and know how to help

- Educate at-risk groups about risky gambling **behaviour** and how to keep themselves safe, gambling-related harm and the help available.
- Arm South Australians with the knowledge, **resources** and skills to minimise and prevent gambling harm.
- Deliver culturally and linguistically appropriate messaging about the impact of gambling harm on individuals, **families** and the community, and promote help seeking.
- Challenge negative community attitudes, common misconceptions and stigma about gambling products, **behaviour** and harm.

People get the right support at the right time

- Ensure people experiencing gambling harm have access to a range of client-**centred**, culturally appropriate resources, **services** and support.
- Equip loved ones with the knowledge and skills they need to engage in appropriate self-care and minimise harm.
- Establish clear referral processes and pathways to and within the gambling help service system.
- Identify and address system-level barriers to accessing and benefitting from gambling help services.

Preventing and intervening early in gambling harm

- Develop targeted prevention and early intervention initiatives for those groups most at risk of experiencing gambling harm.
- Build workforce capability and capacity for harm prevention and to recognise and intervene early in gambling harm, including among venue staff and allied services.
- Support communities to offer diverse, pro-social leisure activities as an alternative to gambling.
- Help grow the evidence base for effective prevention and early intervention in gambling harm.

An agile system equipped to identify, prevent and respond to emerging harm and need

- Partner with the regulator, help services and industry to create safer gambling environments.
- Contribute to local and national efforts to design and implement coordinated action to prevent and minimise gambling harm.
- Disseminate information and research to empower community participation in debate around gambling harm and decision-making at the local level.
- Fund and promote research to inform gambling harm prevention and minimisation policy, initiatives and decisions.

Monitoring and Evaluation Framework

The Monitoring and Evaluation Framework (MEF) will be used to evaluate progress made in achieving objectives within each Strategic Priority of the Investment Plan.

Key Result Areas (KRAs), Key Performance Indicators (KPIs) and Key Performance Measures (KPMs), have been developed for this purpose.

Monitoring and evaluation time frames and activities

Monitoring and evaluation activities are undertaken annually to measure the overall progress made in achieving the strategic priorities of the Investment Plan.

This is the first year evaluation report on progress made on activities against the MEF for 2021-2022.

The evaluation report presents key findings aligned to each of the Key Performance Indicators in MEF.

Methodology used to develop the Monitoring and Evaluation Framework

The Monitoring and Evaluation Framework has been developed based on consideration of the objectives of the Investment Plan (DHS, 2021) and consideration of relevant literature and leading research evidence highlighting the key activities that underpin a highly-effective harm-minimisation service system.

The methodology used to develop the Framework included:

- Review of evidence and scientific literature relating to each Strategic Priority of the Investment Plan
- Analysis of key issues of relevance to activities associated with each Strategic Priority within South Australia and its gambling harm-minimisation service system
- Informal discussions with stakeholders to gather feedback on key needs, issues and possible directions for monitoring and evaluation within the service system.



***2021-2022 results:
South Australians
recognise gambling
harm and know
how to help***

Investment aligned to this strategic priority is focused towards:

- Educating at-risk groups about risky gambling behaviour and how to keep themselves safe, gambling-related harm and the help available
- Arming South Australians with the knowledge, resources and skills to minimise and prevent gambling harm
- Delivering culturally and linguistically appropriate messaging about the impact of gambling harm on individuals, families and the community, and promote help seeking
- Challenging negative community attitudes, common misconceptions and stigma about gambling products, behaviour and harm.


Strategic priority 1: South Australians recognise gambling harm and know how to help

Key Performance Indicators (KPIs) Key Performance Measures (KPMs) Methods


Key Result Area 1: South Australians understand the harm of gambling and protect themselves and others from harm

<p>KPI1. South Australians understand and recognise early signs of gambling harm.</p>	<ul style="list-style-type: none"> • South Australians understand the continuum of gambling harm and recognise early signs of gambling harm across all life domains. 	 Survey
<p>KPI2. South Australians understand why gambling products can be harmful and know how to help and protect themselves and others from harm.</p>	<ul style="list-style-type: none"> • South Australians have knowledge of harmful features of gambling products including those relevant to EGMs, sports betting and wagering & table games. 	
<p>KPI3. South Australians are aware of communications campaigns targeting gambling harm and communications campaigns are effective.</p>	<ul style="list-style-type: none"> • South Australians understand and use evidence-based strategies to protect themselves and others from gambling harm. • Awareness, behavioural change and reach of communication campaigns. 	 Media metrics

Key Result Area 2: South Australians talk to young people and children about the harms of gambling

<p>KPI1. South Australians talk with young people or children about the harms of gambling.</p>	<ul style="list-style-type: none"> • Proportion of South Australians who talk with young people or children about the harms of gambling. 	 Survey
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Key Result Area 3: There is an increasing level of understanding in the South Australian public for people harmed by gambling

<p>KPI1. South Australians show understanding for people harmed by gambling and know how to help.</p>	<ul style="list-style-type: none"> • Level of perceived stigma towards South Australians impacted by gambling harm. • Level of motivation of South Australians to personally provide help and support to people harmed by gambling. 	 Survey
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Evaluation results for 2021-2022

Key Result Area 1: South Australians understand the harm of gambling and protect themselves and others from harm

KPI1. South Australians understand and recognise early signs of gambling harm.

KPM1. South Australians understand the continuum of gambling harm and recognise early signs of gambling harm across all life domains.

Overview

While gambling is a recreational activity that can be potentially enjoyed without significant harm, it is nevertheless important that South Australians are well-aware of the harm that gambling can cause to individuals, families and the community. To this end, a key measure in the Monitoring and Evaluation Framework explores the extent that South Australians recognise that various early signs of gambling harm are indicators that gambling is starting to cause harm.

To measure the extent to which South Australians understand and recognise early signs of gambling harm, respondents in an online survey were provided with a series of 13 statements, each representing indicators of gambling harm.

Respondents were asked to indicate whether they agreed or disagreed that each statement represented a sign that 'gambling is starting to cause harm or have a negative impact on someone's life'. Higher levels of agreement with each measure, therefore, indicate greater levels of community recognition of early signs of gambling harm.

Evaluation results for 2021-2022

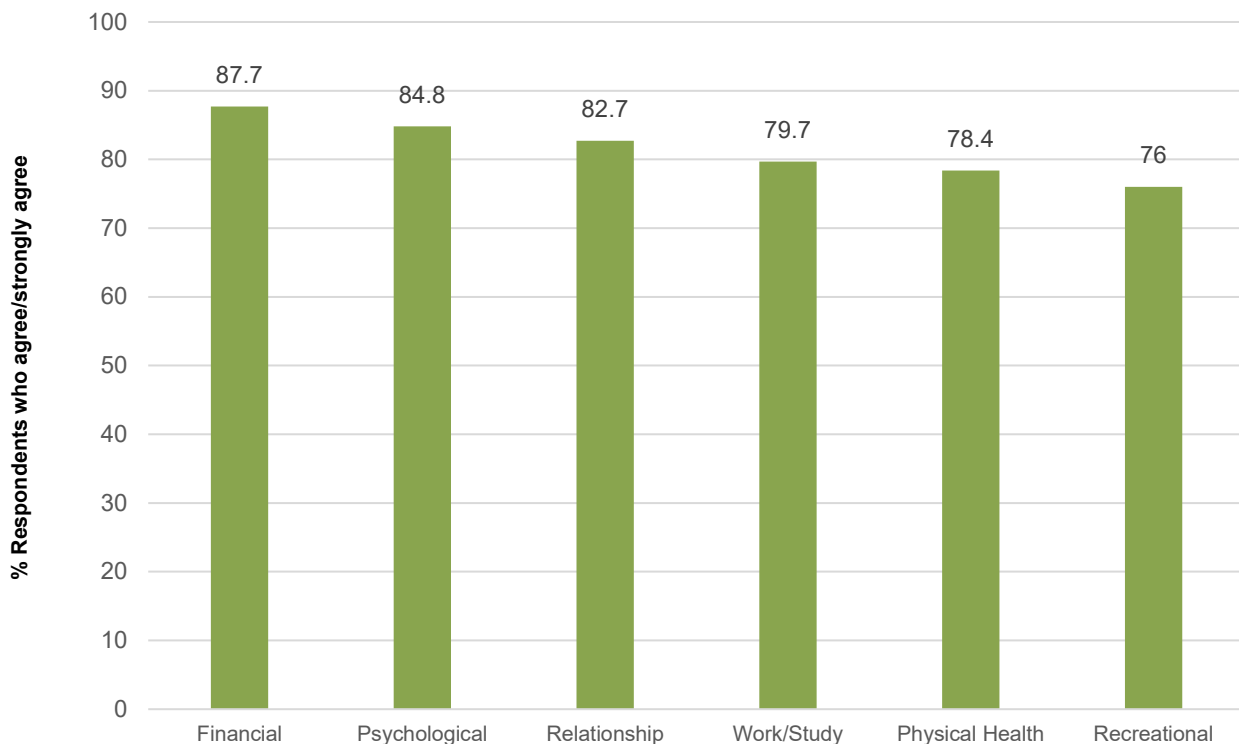
Overall, the results showed that 90.4%¹ of the South Australian adult population agreed or strongly agreed that at least one of the gambling harms presented was a valid indicator of early harm. These harms could be: financial; psychological; relationship-related; relate to health or work/study harms; or be recreational harms (Figure 1).

The type of harm most well-recognised by the South Australian community in aggregate (based on agree/strongly agree ratings) was financial harm (87.7%).

The type of harm least well-recognised (based on agree/strongly agree ratings) was recreational activity harm (i.e., having gambling as one's ONLY leisure activity and never looking into or doing any other activities) (76.0%). Other less well-recognised harms included physical health harms (78.4%) and work/study/employment harms (79.7%).

¹ Calculated by the count of respondents who answered 'agree' or 'strongly agree' to **any** of the 13 statements outlining an early sign of gambling harm (Q4_1 to Q4_13).

Figure 1. Recognition that different harms are early signs that gambling is starting to cause harm or have a negative impact on someone's life – Aggregated results (n=1,001, December 2022)



Question: Please rate the extent to which you agree or disagree that the following are early signs that gambling is starting to cause harm or have a negative impact on someone's life (Base: All South Australian adults) (Weighted)

Other less recognised harms were feeling annoyed or stressed about someone else's gambling (66.5% agreed/strongly agreed), experiencing a minor impact or decline in physical health due to one's own or someone else's gambling (71.1% agreed/strongly agreed) and not doing as good of a job on one's work or study as normal because of gambling (75.2% agreed/strongly agreed) (Table 1).

South Australian adults currently experiencing problems related to gambling were significantly less likely to recognise early warning signs of gambling harm (relative to non-problem gamblers). Similarly, men were significantly less likely to recognise early warning signs of gambling harm across all life domains.

In addition, when asked if they had considered that the negative impacts of gambling can be both very small and very large, only 61.6% had considered this, while 29.9% hadn't considered either the very small or the very large impacts of gambling at all. Furthermore, 8.5% had only considered the major impacts of gambling. Adults currently experiencing problems related to gambling were more likely to report impacts of gambling (relative to non-problem gamblers).

Table 1. Recognition that different harms are early signs that gambling is starting to cause harm or have a negative impact on someone's life – Detailed results (n=1,001, December 2022)

90.4% of respondents agreed/strongly agreed that at least one indicator was a type of gambling harm	
Type of gambling harm	Specific individual types of harm examined in the survey
Financial harm	
83.5%	Having to cut back on something the person or their family needs due to spending a little too much on gambling
82.9%	Spending more than one can afford to lose on gambling – even if it was only a small amount
80.3%	Having to cut back on an enjoyable social or recreational activity due to spending too much on gambling
87.7%	Overall % in aggregate (agreed/strongly agreed with ANY financial harm indicator)
Psychological harm	
78.7%	Feeling stressed or anxious about money lost gambling
77.6%	Feeling regret or annoyed with oneself about the money lost gambling
66.5%	Feeling annoyed or stressed about someone else's gambling
84.8%	Overall % in aggregate (% agreed/strongly agreed with ANY psychological harm indicator)
Relationship harm	
79.3%	Prioritising or putting gambling ahead of spending time with family, friends or a partner
77.7%	Experiencing any minor strains in relationships due to gambling – like having a minor disagreement with someone over gambling
82.7%	Overall % in aggregate (% agreed/strongly agreed with ANY relationship harm indicator)
Work, study or employment harm	
77.5%	Prioritising or putting gambling ahead of work or study
75.2%	Not doing as good of a job on one's work or study as normal due to gambling
79.7%	Overall % in aggregate (agreed/strongly agreed with ANY work or study harm indicator)
Physical health harm	
75.5%	Prioritising or putting gambling ahead of looking after oneself or someone else's physical health – e.g., getting less sleep/staying up too late, eating unhealthy food as you're too busy gambling, not exercising, missing an appointment for one's health
71.1%	Experiencing a minor impact or decline in physical health due to one's own or someone else's gambling
78.4%	Overall % in aggregate (% agreed/strongly agreed with ANY physical health harm indicator)
Recreational activity harm	
76.0%	Having gambling as one's ONLY leisure activity and never looking into or doing any other activities
76.0%	Overall % in aggregate (agreed/strongly agreed with ANY recreational activity harm indicator)

Question: Please rate the extent to which you agree or disagree that the following are early signs that gambling is starting to cause harm or have a negative impact on someone's life (Base: All South Australian adults) (Weighted)

Conclusion

Around 90.4% of the South Australian adult population recognise at least one gambling harm and financial harm is most well-understood by the population. However, given that other types of harms from gambling are less understood by South Australians (i.e., harms to recreational activities, physical health and work/study/employment harms especially), general public knowledge should be further improved in these key areas.

There is also a need to improve general public awareness of harms generally and particularly 'low level' harms or smaller impacts that gambling can have on daily life.

KPI2. South Australians understand why gambling products can be harmful and know how to help and protect themselves and others from harm.

KPM1. South Australians have knowledge of harmful features of gambling products including those relevant to EGMs, sports betting and wagering and table games.

Overview

Although certain individuals are likely to be at greater risk of gambling harm due to underlying individual characteristics or vulnerabilities (Blaszczynski & Nower, 2002), gambling products often incorporate design features that increase the probability of harm arising. These features have been summarised in a number of major reviews (e.g., Delfabbro & Parke, 2021; Dowling, Smith, & Thomas, 2005), sociological analyses (Dow-Schull, 2012) and have been researched in a number of studies (e.g., Binde et al., 2017; Brosowski et al., 2020; Castren et al., 2018; Delfabbro & King 2021; Scalese et al., 2016).

Studies examining product risk similarly show that exposure to online slot games and/or EGMs is associated with the highest risk gambling and that this type of gambling is most likely to be identified as the cause of gambling problems (Delfabbro et al., 2020a).

In addition to understanding the riskiness of different gambling products, it is important to examine the factors that might reduce or mitigate gambling risk. In particular, the community needs to be educated about 'safe gambling' practices, which can be used to reduce the risk of gambling harm. Such strategies include setting clear limits on expenditure; balancing gambling with other activities; prioritising expenditure; stopping when ahead; not chasing losses; and, keeping track of how much is being spent (Hing et al., 2017).

As part of the evaluation, respondents in an online panel survey were asked to indicate if they were aware that certain aspects of gambling products were harmful or misleading and the extent they agreed/strongly agreed that certain behaviours were protective. In addition, they were asked how frequently they engaged in those same behaviours.

Evaluation results for 2021-2022

South Australians have knowledge of harmful features of gambling products

South Australian adult knowledge of harmful and misleading features of gambling products was examined in the online survey. This involved presenting respondents with EGM, sports betting, wagering and table game characteristics, which may encourage risky gambling or mislead gamblers to think that they are more likely to win.

Overall 93.8%² of South Australian adults reported awareness of at least one potentially harmful or misleading characteristic of gambling products.

For the major gambling products known to cause harm, awareness of at least one potentially harmful or misleading characteristic was as follows (Figure 2):

- EGMs – 92.9%³
- Sports betting or wagering – 85.0%⁴
- Table games - 76.9%⁵

Figure 2. Awareness of harmful or misleading characteristics of gambling products –

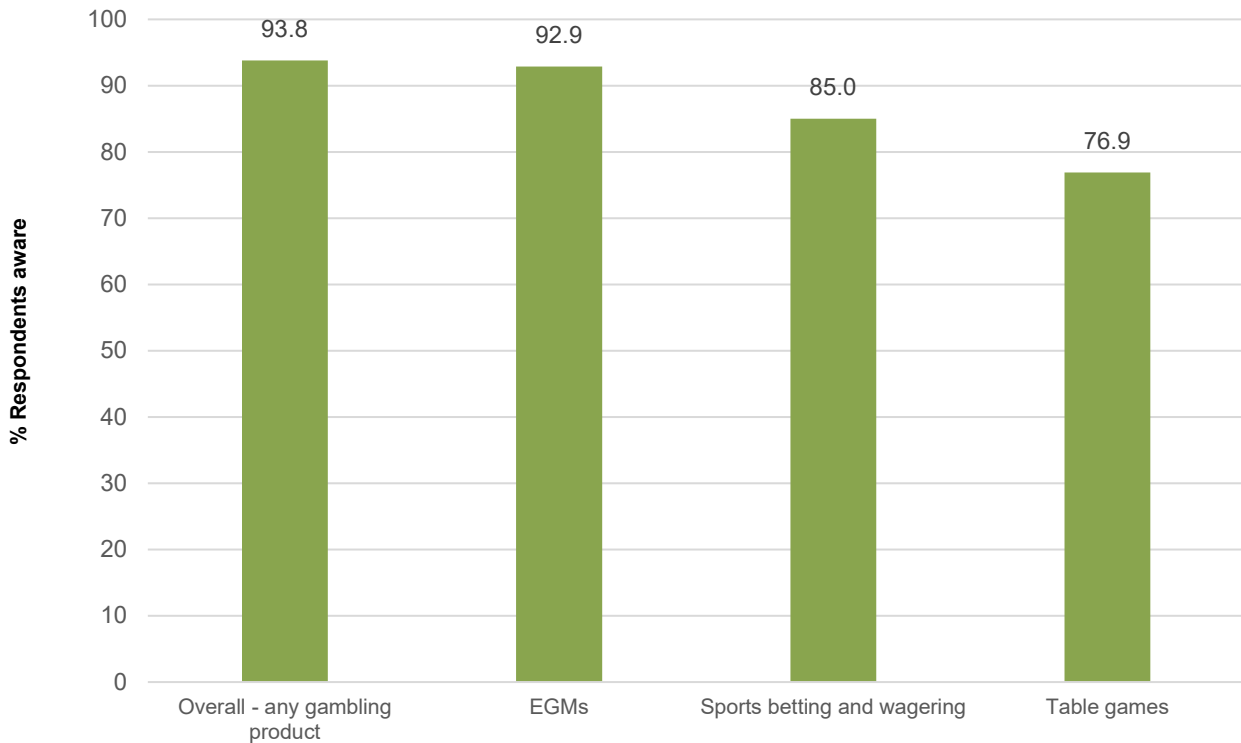
² Calculated by the count of respondents who answered 'yes' to being aware of **any** of the 14 statements asking about potentially harmful characteristics or misconceptions of gambling products (Q6_1 to Q6_14).

³ Calculated by the count of respondents who answered 'yes' to being aware of **any** of the 10 statements asking about potentially harmful characteristics or misperceptions of EGMs (Q6_1 to Q6_10).

⁴ Calculated by the count of respondents who answered 'yes' to being aware of **any** of the two statements asking about potentially harmful characteristics or misperceptions of sports betting or wagering (Q6_11 to Q6_12).

⁵ Calculated by the count of respondents who answered 'yes' to being aware of **any** of the two statements asking about potentially harmful characteristics or misperceptions of table games (Q6_13 to Q6_14).

Aggregate results (n=1,001, December 2022)



*Question: Some gambling products can harm people in the community as they have characteristics that encourage risky gambling or can lead people to think they are more likely to win. Were you aware of the following?
(Base: All South Australian adults) (Weighted)*

Across all gambling products, the highest awareness of harmful or misleading characteristics was observed for the statement 'Playing to try to win back the money you lost is a behaviour that is very common to gamblers experiencing high harm' (85.0% awareness). This highlights that loss chasing is a well-known phenomenon (Table 2).

In addition, lowest awareness was observed for the following statements:

- 'Betting multi-credit bets on poker machines cannot increase your chance of winning' (64.6%)
- 'Because it's easy to play a lot of games quickly, players can lose more than \$120 per hour on poker machines, making them the most harmful gambling product in Australia' (67.7%), and;
- 'Blackjack is a game where people over-estimate their ability to apply skill to the game' (67.8%).

Table 2. Awareness of harmful or misleading characteristics of gambling products – Detailed results (n=1,001, December 2022)

% Respondents aware of different harmful or misleading characteristics of gambling products	
Type of product	Specific characteristics of gambling products examined in the survey
EGMs	
85.0%	Playing to try to win back the money you lost is a behaviour that is very common to gamblers experiencing high harm
82.7%	Winning on poker machines once does not give you a better chance of winning again
81.4%	No special skill or strategy will give you any advantage for winning on poker machines
75.4%	A return to player percentage of 90% on poker machines will not give you 90% of your money back – They are designed so that players lose more than they win in the long run
74.4%	Playing a poker machine because it hasn't paid out for a while won't increase your chances of winning
73.5%	People with depression, anxiety and other mental health issues may often play poker machines to improve their mood, but playing typically makes them feel worse over time
72.8%	By using patterns that look like a near miss, poker machine games are designed to give players the impression that they 'nearly won' (but the odds of winning are not higher).
71.5%	Poker machines have 'losses disguised as wins' – which is where you win an amount smaller than your bet, but it makes you feel that you are 'winning' (e.g., you bet \$1 and win 50c)
67.7%	Because it's easy to play a lot of games quickly, players can lose more than \$120 per hour on poker machines, making them the most harmful gambling product in Australia
64.6%	Betting multi-credit bets on poker machines cannot increase your chance of winning (i.e., betting more than 1 credit per line)
92.9%	Overall % aware of at least one potentially harmful feature, misperception or misleading characteristic of EGMs
Sports betting and wagering	
81.1%	Sports betting mobile apps make it very easy to spend more than you can afford, because they are so accessible
76.8%	Sports betting advertising is designed to make people think that betting on a sports match must be part of your enjoyment of the game
85.0%	Overall % aware of at least one potentially harmful feature, misperception or misleading characteristic of sports betting or wagering
Table games	
70.1%	Roulette is a chance-based table game, where the house has an advantage to win (due to the 0 on the wheel)
67.8%	Blackjack is a game where people over-estimate their ability to apply skill to the game
76.9%	Overall % aware of at least one potentially harmful feature, misperception or misleading characteristic of table games

*Question: Some gambling products can harm people in the community as they have characteristics that encourage risky gambling or can lead people to think they are more likely to win. Were you aware of the following?
(Base: All South Australian adults) (Weighted)*

KPM2. South Australian (gamblers) understand and use evidence-based strategies to protect themselves and others from gambling harm.

The results showed that 93.4%⁶ of South Australian adults agreed or strongly agreed that at least one of the evidence-based strategies presented in the online survey may result in the reduction of harm or avoidance of harm from gambling.

The strategies perceived as most effective by South Australians (based on agree/strongly agree ratings) generally related to avoiding spending outside of one's means (Figure 3).

In relation to individual strategies, 'Never borrowing money from anyone or anywhere to gamble' was the most well-recognised harm-minimisation strategy (86.5% giving a agree or strongly agree rating).

Strategies that similarly received high degrees of agreement were 'Avoiding chasing losses when gambling' (85.5% agreement), 'Choosing not to gamble when you're financially strained' (85.0% agreement) and 'Avoiding the urge to continue to withdraw money from ATMs and EFTPOS to continue to gamble' (84.9% agreement).

Overall, the majority of South Australians agreed that all evidence-based strategies outlined can reduce or avoid gambling harm.

The same set of evidence-based strategies were tested for usage amongst gamblers in the survey. Gamblers were presented with the same statements and asked to indicate how often they had utilised these strategies over the past 12 months to reduce harm from gambling (i.e., 'always', 'often', 'sometimes', 'rarely' or 'never').

Overall, 80.5%⁷ of gamblers reported having employed at least one harm-minimisation strategy over the past 12 months.

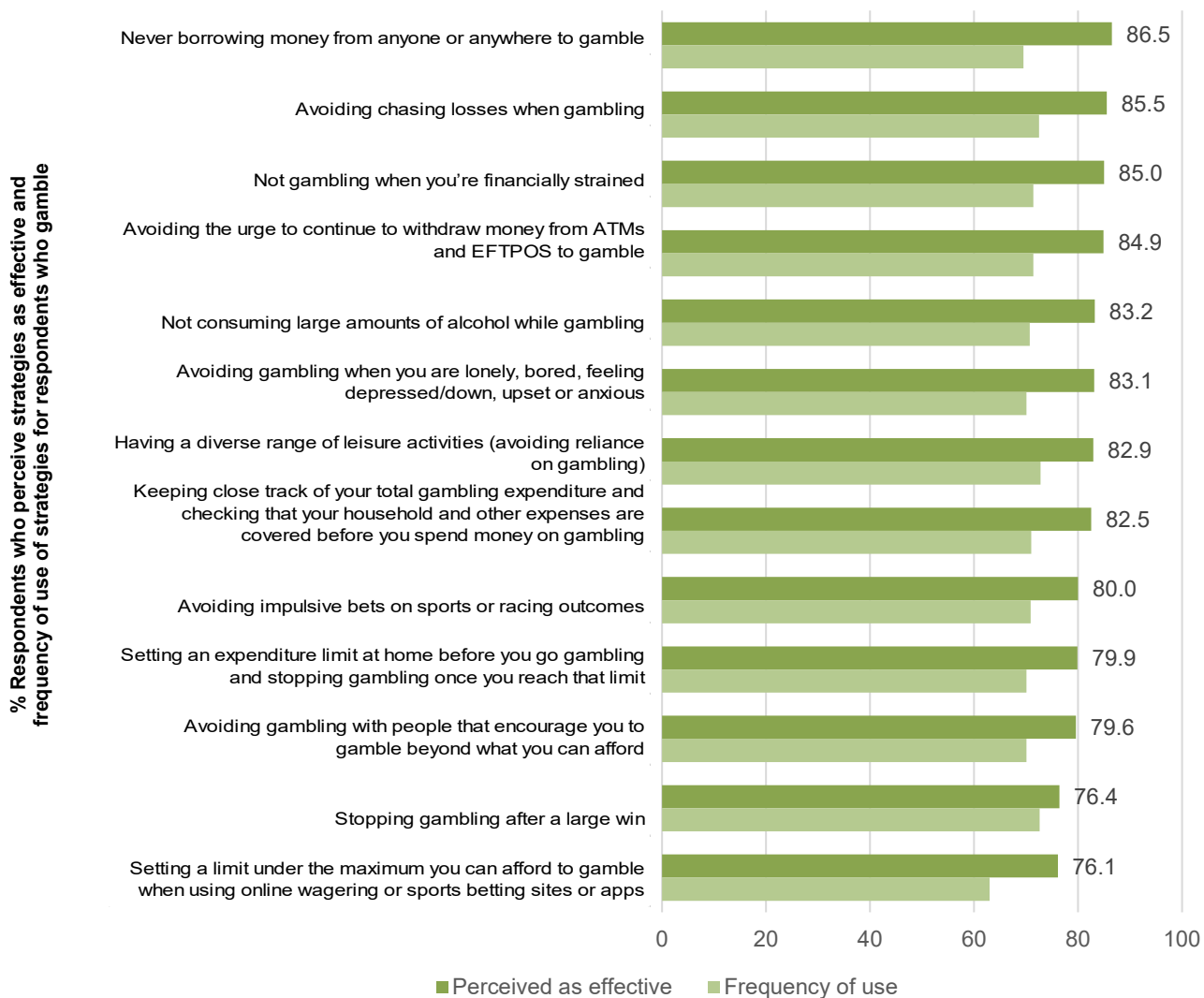
The most commonly-used strategies by gamblers (in the past 12 months) were 'Having a diverse range of leisure activities' (72.8%), 'Stopping gambling after a large win' (72.6%) and 'Avoiding chasing losses' (72.5%).

However, the least frequently used strategy related to 'Setting a limit under the maximum you can afford to gamble when using online wagering or sports betting sites or apps' (63.0%). Accordingly, this highlights a potential area for future knowledge development (though as wagering and sports betting is relatively low in the population, this may also explain this result).

⁶ Calculated by the count of respondents who answered 'agree' or 'strongly agree' to **any** of the 13 statements outlining strategies that can reduce the harm from gambling or avoid gambling harm (Q7_1 to Q7_13).

⁷ Calculated by the count of gamblers (n=745) who answered 'always', 'often', 'sometimes' or 'rarely' to **any** of the 13 statements asking how often gamblers have used harm minimization strategies over the past 12 months (Q8_1 to Q8_13).

Figure 3. Perceived effectiveness of strategies in South Australian adults (based on agree/strongly agree ratings) (n=1,001) and frequency of use of strategies in gamblers (based on ratings of always/often/sometimes/rarely) (n=745) to reduce the harm from gambling – Detailed results (December 2022)



Questions: *Perceived as effective: To what extent do you agree or disagree that the following strategies can reduce the harm from gambling or avoid gambling harm? (Base: All South Australian adults) (Weighted)*
Frequency of use: How often have you used these strategies over the past 12 months to reduce negative impacts or harm from gambling (Base: All South Australian adults who gambled in the last 12 months) (Unweighted)

Conclusion

Around 93.8% of South Australian adults are aware of at least one potentially harmful or misleading characteristic of gambling products. Awareness is also high for EGMs (92.9%) and somewhat lower for sports betting or wagering (85.0%) and table games (76.9%). However, within each type of product, there are a range of key knowledge priorities. These should therefore be a focus of future community awareness campaigns.

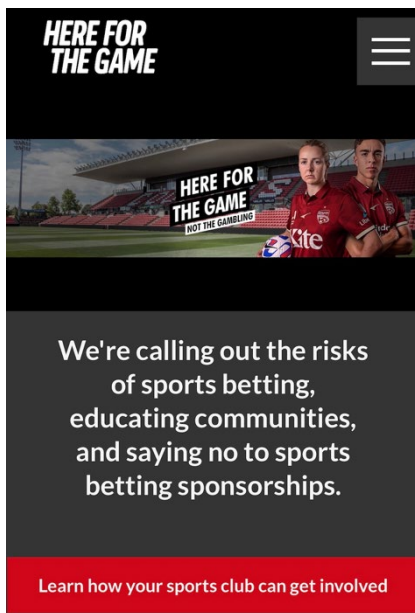
In addition, while 93.4% of South Australians acknowledge that various gambling harm-minimisation strategies are effective in reducing gambling harm, only 80.5% of gamblers are actually practising at least one strategy. This highlights the need to encourage better use of strategies amongst gamblers to minimise gambling harm.

KPI3. South Australians are aware of communications campaigns targeting gambling harm and communications campaigns are effective.

KPM1. Awareness, behavioural change and reach of communication campaigns

The second Key Performance Indicator (KPI) within Key Result Area 3 relates to community awareness of the most recent communications campaign and the behavioural changes and reach achieved from it.

Here for the Game is the comprehensive communications campaign implemented during 2021 to 2022 to call out the risks of sports betting, which targets both South Australian sports fans and South Australian sports clubs (across all codes such as AFL, Basketball, Baseball, soccer and other types of sports).



The fundamental message in *Here for the Game* is to remind audiences of all the reasons South Australians love sport independent from gambling. That is, sport and gambling are not inextricably linked. Indirectly, the campaign aimed to raise awareness of the potential harms of sports betting and gambling more generally.

Adelaide United Football Club was engaged to help spread this important message to sports fans and clubs across South Australia (Refer www.hereforthegame.com.au).

Here for the Game is about getting South Australians aware of:

- The massive growth in sports betting and sports betting losses in South Australia.
- The huge increase in sports betting advertising.
- How sports betting can cause harm, including kids, family and mates.
- How to protect yourself, the family and mates from the harms of sports betting.

The campaign included a diverse media mix including digital, radio and outdoor creative executions. These included out-of-home media displays and digital mobile location displays (targeted at audiences within a 5km radius of Coopers Stadium on game days), Broadcast Video on Demand (VoD) (e.g., ABC iView, 10play), Standard digital display advertisements online, online news site advertising and social media advertising. The *Here for the Game* web site was also a call-to-action for the campaign (with viewers presented with links for further engagement).

To measure awareness, behavioural change and the reach of the communications campaign, a range of metrics were monitored. As the media mix in communication campaigns will change from campaign to campaign, it was important to monitor metrics that captured campaign components that were likely to continue over time.

For this purpose, media impressions provide an indication of the number of people potentially exposed to each campaign creative (theoretical reach – though not all may have viewed or engaged with the advertising), while clicks provided an indication of the awareness and behavioural engagement of the campaign.

For this purpose, the key metrics above were examined for major campaign components and the social media campaign components. In addition, Google analytics were examined for the Here for the Game web site and results of a survey of United Adelaide Football Club fans (the main sponsor) were reviewed.

Major campaign components – Results

The major campaign components were considered to be the out-of-home and location digital displays (positioned within a 5km radius of Coopers Stadium on game days), Broadcast Video on Demand and Instream video displays and other Standard digital display executions (e.g., digital billboards, half page advertisements etc.).

There were 3,469,636 total impressions for these major campaign components. Of the major campaign components able to be engaged with online (i.e., excluding the digital billboard outside the stadium), there were a total of 3,371,875 impressions yielding a total of 6,488 clicks.

Major campaign components excluding social media

- All major campaign components - 3,469,636 total impressions
- Major campaign components allowing potential engagement (i.e., excluding digital billboards outside the stadium) - 3,371,875 total impressions with 6,488 clicks

Social media campaign components – Results

Social media campaign components in Facebook, Instagram, YouTube and Snapchat were also examined. Facebook and Instagram advertising achieved 3,235,268 impressions with a total of 13,603 clicks and 783 reactions, 136 comments, 12 saves and 46 shares (with the latter four indicating a total of 977 types of 'engagement').

YouTube achieved 585,294 impressions, with 278 clicks. Snapchat achieved 887,894 impressions, with 29,350 views and 8,306 swipes (which linked audiences to the *Here for the Game* web site).

This indicates that the total impressions of the social media campaign were 4,708,456 and there were a total of 22,187 clicks or swipes and 977 forms of other engagement with the social media components.

Social media campaign components

- Facebook and Instagram - 3,235,268 impressions with 13,603 clicks including 783 reactions, 136 comments, 12 saves and 46 shares (a total of 977 types of 'engagement')
- YouTube - 585,294 impressions, with 278 clicks (TrueView only – where the advertisement was viewed)
- Snapchat - 887,894 impressions, with 29,350 views and 8,306 swipes (leading to the *Here for the Game* web site).

Here for the Game web site – Results

Google analytics showed that the *Here for the Game* web site received a total of 15,673 views over the eight month period of the campaign from November 2021 to June 2022. Of this cohort, most users were unique (14,779).

Here for the Game website

- 15,673 users (of which 14,779 were unique users)
- Implies around 1,959 users per month (1,847 unique users)

Fan survey (based on the Adelaide United Football Club mailing list) – Results

At the conclusion of the 2021/2022 A-League season, a fan survey was also undertaken to measure awareness and recall of the *Here for the Game* campaign and assess changes in audience gambling attitudes and behaviour. The Adelaide United Football Club (AUFC) mailing list was used for this purpose, with 207 respondents completing the survey.

Results of the survey showed that:

- 83.1% of respondents were aware of the *Here for the Game* messaging over the past 12 months
- 44.2% of respondents took some type of action following seeing or hearing the advertising message

(i.e., 8.1% visited the web site, 12.2% reflected on their own gambling, 18% reflected on someone else's gambling, 5.8% talked to someone about their own gambling, 14% talked to someone about that person's gambling, 5.2% looked for help online and 5.2% took another form of action)

Results of the fan survey (n=207 respondents)

- 83.1% aware of the *Here for the Game*
- 44.2% took some type of action following seeing/hearing messaging

Conclusion

Together, evaluation of the main campaign and social media components highlights that, while total impressions achieved for *Here for the Game* were high, there is room to improve audience engagement with the campaign into the future.

As evidence of this, only 6,488 clicks were achieved from the main campaign components and 22,187 clicks or swipes and 977 forms of other engagement were achieved with the social media components. In addition, there is also potential to strengthen the call-to-action to visit the *Here for the Game* web site (as only 1,847 unique users per month visited the site).

However, awareness in fans of the key sponsor (AUFC), as identified through the fan survey, was positive with around 8 in 10 fans aware of the campaign, and just under half taking some form of action as a result of the campaign.

Evaluation results for 2021-2022

Key Result Area 2: South Australians talk to young people and children about the harms of gambling

KPI1. South Australians talk with young people or children about the harms of gambling.

KPM1. Proportion of South Australians who talk with young people or children about the harms of gambling

Overview

Several lines of emerging evidence support the idea that children may also be at risk of gambling harm due to the behaviour of adults in their life. Studies consistently show that young people, whose parents and/or siblings gamble, are statistically more likely to gamble themselves and to experience issues related to gambling.

Although adolescent gambling is not always predictive of subsequent adult gambling (Dowling et al., 2010), gambling at an earlier age (often without supervision) has been reported to increase the likelihood of higher-risk gambling in adulthood. This pattern is most common in young males who are more likely to develop an interest in wagering and betting on casino-style games at a younger age (Delfabbro, King, & Derevensky, 2016; Volberg et al., 2011).

Given the risk of gambling to young South Australians, one of the online survey questions asked community members, who were close to a person aged 12-17 years, if they had any discussions about topics relating to gambling (with three prompts provided). These included the risks of sports betting, the potential impacts and harms of gambling and the potential impacts and harms of poker machines.

Evaluation results for 2021-2022

Overall, the results showed that, 62.6%⁸ of South Australian adults, who were close to a young person aged 12-17 years, had engaged in a conversation about gambling for any of the three topics explored in the online survey (Figure 4).

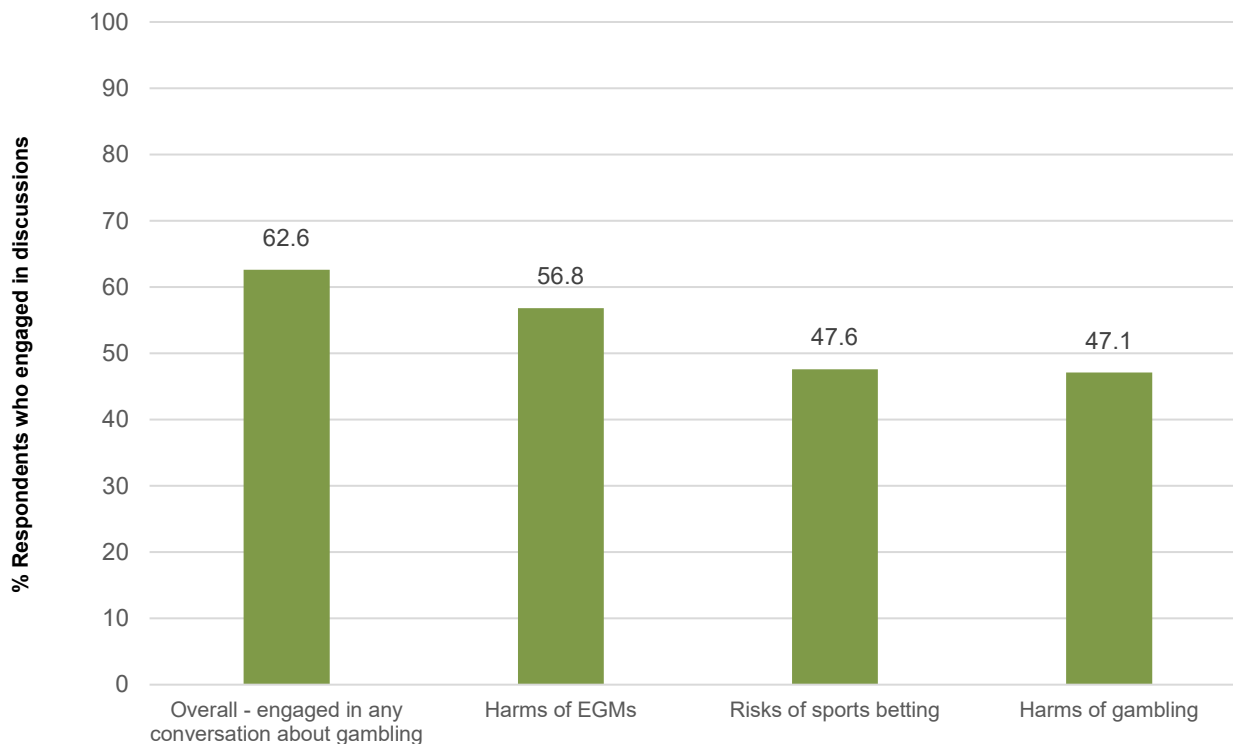
Respondents were most likely to have conversations with young people about the potential impacts and harms of EGMs (56.8% reported talking to a young person about EGM risks).

Conversations about the risks of sports betting (47.6%) and the harms or potential impacts of gambling overall (47.1%) were less common.

South Australians currently experiencing problems related to gambling (either from their own gambling or someone else's gambling) were significantly more likely to have discussions with young people related to the harms of sports betting, EGMs and gambling more generally.

⁸ Calculated by the count of respondents who indicated they are close to / have children aged 12-17 years (n=227) who said 'yes' to speaking to their children about **any** of the three topics of gambling harm outlined (Q10_1 to Q10_3).

Figure 4. Having discussions with young people about topics related to gambling harm – Detailed results (n=227, December 2022)



Question: When you talk to the child or children aged 12-17 years, have you had any discussions about the following topics relating to gambling? (Base: South Australian adults who have a child or children or are close with a young person aged 12-17 years) (Unweighted)

Conclusion

As only just over six out of ten South Australian adults, who are close to a young person aged 12-17 years are engaging in conversations about gambling, these results suggest that greater parent-child discussions around gambling should be encouraged.

As discussions about the risks of sports betting (only 47.6%) and the harms and potential impacts of gambling overall are less common (only 47.1%) than discussions about the risks of EGMs (56.8%), these highlight future priorities for the service system.

Evaluation results for 2021-2022

Key Result Area 3: There is an increasing level of understanding in the South Australian public for people harmed by gambling

KPI1. South Australians show understanding for people harmed by gambling and know how to help.

KPM1. Level of perceived stigma towards South Australians impacted by gambling harm

Overview

Stigma refers to the attribution of negative sentiments towards a particular entity, object or individual, with emotional, cognitive, or specific behaviours directed towards individuals (Corrigan, 2004; Hing, Russell, Nuske, & Gainsbury, 2015).

Stigma is thought to have several important consequences. It can make the experience of gambling harm much worse in that people feel rejected and despised by others (Dabrowska & Wieczorek, 2020; Horch & Hodgins, 2015), and this can lead to people becoming more socially isolated and likely to conceal their problems (Hing, Nuske, Gainsbury, & Russell, 2016; Hing & Russell, 2017a, b).

Given the significance of stigma as a barrier to help seeking, the online survey examined key aspects of stigma associated with people experiencing a gambling issue, as identified in the Gambling Perceived Stigma Scale (Donaldson et. al, 2015).

The overall objective was to identify the proportion of South Australians who agreed/strongly agreed with negatively worded statements that represented the stigma associated with people experiencing gambling harm.

Evaluation results for 2021-2022

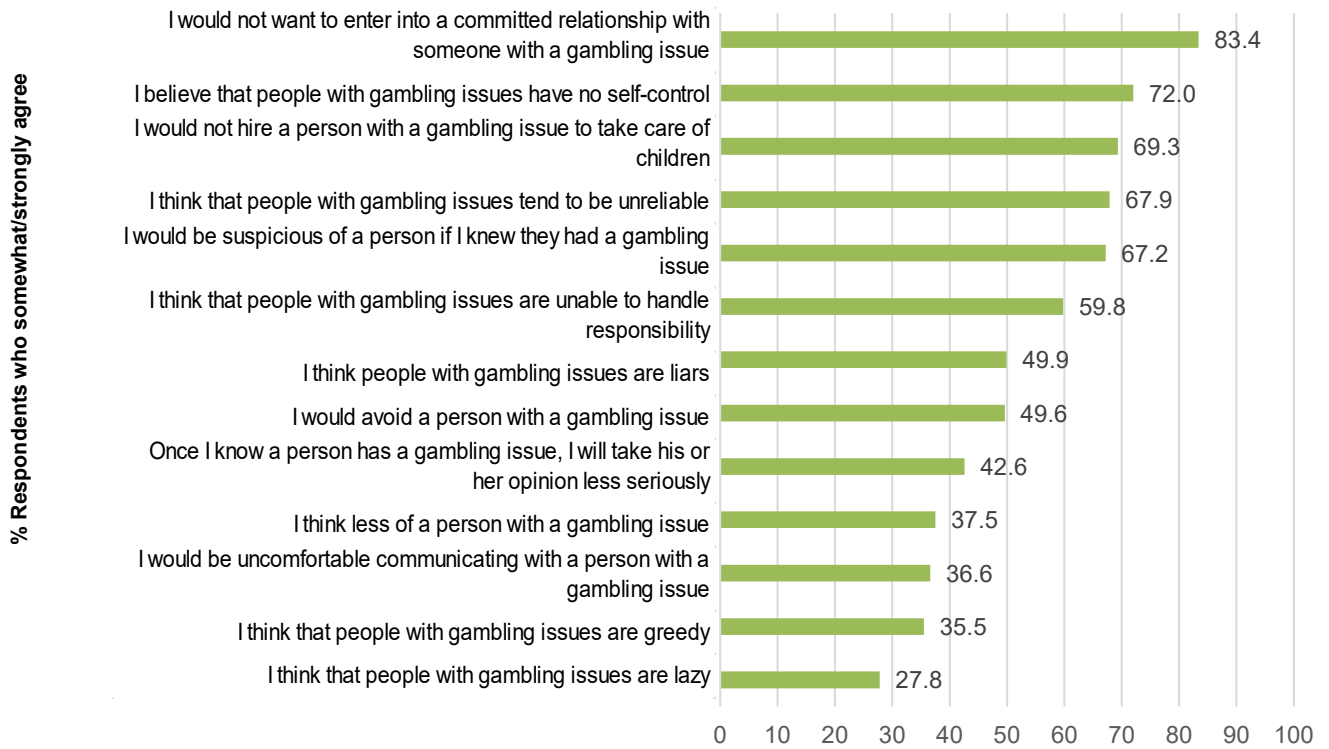
South Australians show understanding for people harmed by gambling

Overall results showed that 95.0%⁹ of the South Australian adult population agreed or strongly agreed with at least one negative statement indicating negative perceptions of people with gambling issues (i.e., stigmatised views) (Figure 5).

The strongest negative sentiment was recorded for the statement 'I would not want to enter into a committed relationship with someone with a gambling issue' (83.4%) (based on agree/strongly agree ratings). The least negative sentiment was for the statement 'I think that people with gambling issues are lazy' (27.8%) (based on agree/strongly agree ratings).

⁹ Calculated by the count of respondents who answered 'agree' or 'strongly agree' to **any** of the 13 statements outlining negative perceptions about gamblers (Q11_1 to Q11_13).

Figure 5. Respondent perceptions of people experiencing gambling issues – Detailed results (n=1,001, December 2022)



Question: We are interested in your thoughts about people with gambling issues. For each of the following statements, please consider how you perceive people with gambling issues. (Base: All South Australian adults) (Weighted)

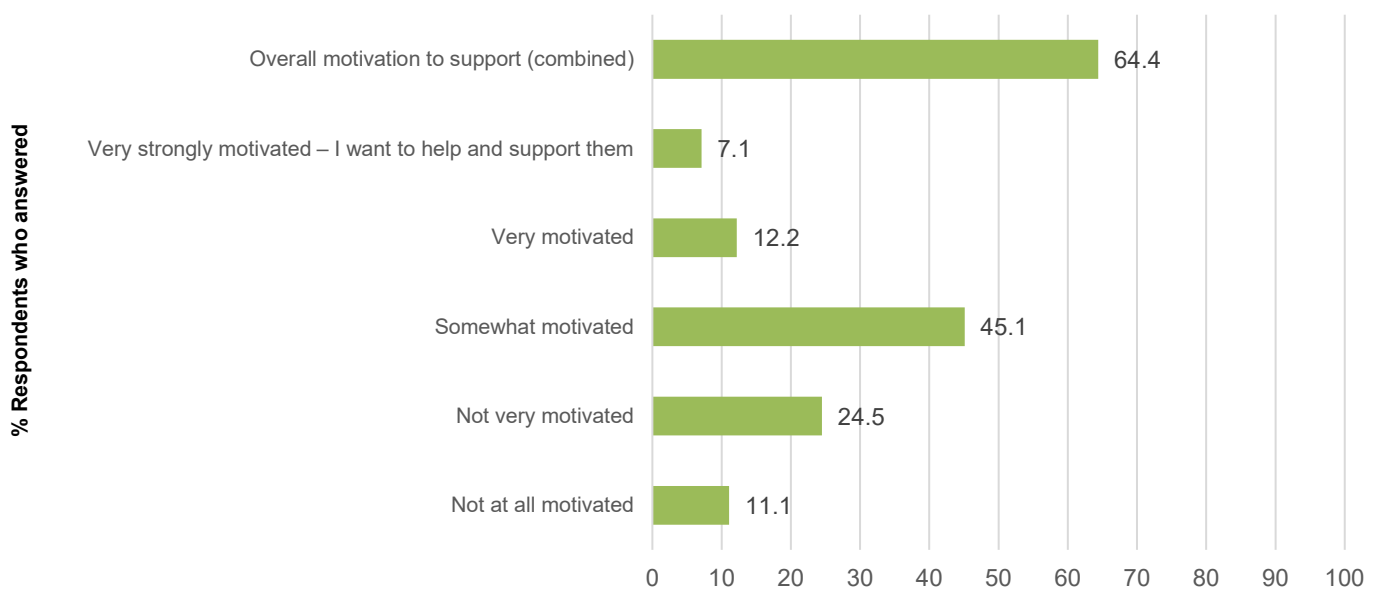
KPM2. Level of motivation of South Australians to personally provide help and support to people harmed by gambling

South Australians know how to help

The motivation of South Australians to help or support people experiencing harm from gambling was also examined. Overall, 64.4% of respondents indicated that they were ‘somewhat motivated’, ‘very motivated’ or ‘very strongly motivated’ to help people harmed by gambling (Figure 6).

However, the majority of South Australians demonstrated only a moderate degree of motivation to support people harmed by gambling, with 45.1% saying that they were ‘somewhat motivated’ and 24.5% saying that they were ‘not very motivated’.

Figure 6. Motivation to personally help or support people who are harmed by gambling – Aggregated and detailed results (n=1,001, December 2022)



Question: How motivated are you personally to help and support people who are harmed by gambling or are experiencing a gambling problem? (Base: All South Australian adults) (Weighted)

Conclusion

Most South Australians report at least one negative or stigmatised perception of people with gambling issues, suggesting that people experiencing gambling harm are likely to experience significant stigma. In addition, just under two thirds of South Australians (64.4%) are motivated to help. Together, results highlight the need to reduce the stigma associated with gambling harm in South Australia.



2021-2022
results:
*Preventing and
intervening early
in gambling harm*



Investment aligned to this strategic priority is focused towards:

- Developing targeted prevention and early intervention initiatives for those groups most at risk of experiencing gambling harm
- Building workforce capability and capacity for harm prevention and to recognise and intervene early in gambling harm, including among venue staff and allied services
- Supporting communities to offer diverse, pro-social leisure activities as an alternative to gambling
- Helping grow the evidence base for effective prevention and early intervention in gambling harm.


Strategic priority 2: Preventing and intervening early in harm

Key Performance Indicators (KPIs) Key Performance Measures (KPMs) Methods


Key Result Area 1: GHS staff and community organisations prevent and intervene early in gambling

<p>KPI1. GHS re-orient services to incorporate a stronger focus on prevention and early intervention of gambling harm.</p>	<ul style="list-style-type: none"> • GHS regularly report detailed information on prevention and intervention activities they are leading. 	 Survey
<p>KPI2. GHS staff report confidence and skills in conducting prevention and early intervention activity to respond to gambling harm.</p>	<ul style="list-style-type: none"> • GHS staff report improved confidence and access to tools to support prevention and early intervention of gambling harm. 	 GHS reporting

Key Result Area 2: Community organisations across South Australia prevent and intervene early in gambling harm

<p>KPI1. Community organisations across South Australia are engaged to conduct screening and/or low intensity treatment to respond to gambling harm.</p>	<ul style="list-style-type: none"> • A number of community organisations and clients screened for gambling harm, treated and/or referred to GHS. • Community organisations better understand gambling harm since engagement by a GHS. 	 GHS reporting
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Key Result Area 3: Reduction of reliance of people at-risk of gambling harm on gambling as a leisure activity

<p>KPI1. People at-risk of gambling harm taking part in a pilot program to reduce reliance on gambling as a leisure activity report less frequent gambling and improvements in mental health and wellbeing.</p>	<ul style="list-style-type: none"> • Number of participants identified at-risk of gambling harm engaged through the pilot program. • Improvements in mental health and wellbeing self-reported by pilot program participants. 	 Survey
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Evaluation results for 2021-2022

Key Result Area 1: GHS staff and community organisations prevent and intervene early in gambling

KPI1. GHS re-orient services to incorporate a stronger focus on prevention and early intervention of gambling harm.

KPM1. GHS regularly report detailed information on prevention and intervention activities they are leading

Overview

The Office for Problem Gambling (OPG) has commenced work to re-orient Gambling Help Services to a stronger focus on prevention and early intervention of gambling harm.

One of the key activities to support this has involved design and development of a new online system that collects data on the prevention and early intervention activities of services. This is being piloted as a trial by three targeted gambling help services from 1 January 2023 to 30 June 2023. Services provide data for each and every prevention and early intervention activity they conduct during this period. All activities are additionally aligned to the MEF.

Prevention is defined as any activity that aims to stop harm from ever occurring and is often described as a primary intervention. Prevention activities are directed towards everyone in a population.

Early intervention is defined as any activity that aims to identify and intervene in low risk gambling before it becomes more serious. Early intervention activities are targeted towards gamblers showing early signs of harm and people able to intervene in risky gambling.

The online system allows GHS to report the type of activity delivered and mode of delivery (e.g., stall or service presence at a community event, gambling harm workshop - face to face or online), the primary purpose of the activity, the reach of the activity, location and key segments targeted (e.g., young adults 18 - 24 years, gambling industry staff).

Evaluation results for 2021-2022

Results will be available following the trial in 2022-2023. Further work will also be undertaken to report to services about the activities on a statewide level and capacity building activities to build the capability of services to reduce gambling harm.

KPI2. GHS staff report confidence and skills in conducting prevention and early intervention activity to respond to gambling harm.

KPM1. GHS staff report improved confidence and access to tools to support prevention and early intervention of gambling harm.

Overview

In progress

Evaluation results for 2021-2022

In progress

Key Result Area 2: Community organisations across South Australia prevent and intervene early in gambling harm

KPI1. Community organisations across South Australia are engaged to conduct screening and/or low intensity treatment to respond to gambling harm.

KPM1. A number of community organisations and clients are screened for gambling harm, treated and/or referred to GHS

KPM2. Community organisations better understand gambling harm since engagement by a GHS.

Overview

In progress

Evaluation results for 2021-2022

In progress

Key Result Area 3: Reduction of reliance of people at-risk of gambling harm on gambling as a leisure activity

KPI1. People at-risk of gambling harm taking part in a pilot program to reduce reliance on gambling as a leisure activity report less frequent gambling and improvements in mental health and wellbeing.

KPM1. Number of participants identified at-risk of gambling harm engaged through the pilot program

KPM2. Improvements in mental health and wellbeing self-reported by pilot program participants.

Overview

A key project in the Investment Plan involves design and implementation of a pilot project to support communities to offer diverse, pro-social leisure activities as an alternative to gambling. As a new project for the service system, OPG has spent considerable time designing these activities in conjunction with the DHS Community Connections Program.

Community Connections supports people to increase their independence in the home and to build stronger social and community connections. Strong social connections have potential to, in turn, improve quality of life and provide better health outcomes for participants.

Community Connections provides short-term support for up to 12 weeks and helps connect people with longer-term support where required. Support through the Community Connections Program may include helping people to get involved in local community activities, find new support groups, meet their neighbours, or get some extra help at home. Community Connections is available across South Australia, with local program partners working with participants to determine the type of support they need to reach their goals.

As a project in the formative stages of development, a range of project activities pertaining to this project have been undertaken by OPG.

Evaluation results for 2021-2022

Work to date has included the following activities:

- OPG meetings with Community Connections program staff to discuss integration of gambling in the program
- OPG meetings with Gambling Help Services to help design the program and assess needs
- Establishment and design of a pilot project to trial offering of alternative activities to people at-risk of gambling harm
- Budget allocations to the program to ensure effective design and delivery.

Further design and implementation activities will occur during 2022-23.

3

**2021-2022
results:**
*People get the
right support at
the right time*

Investment aligned to this strategic priority is focused towards:

- Ensuring people experiencing gambling harm have access to a range of client-centred, culturally appropriate resources, services and support
- Equipping loved ones with the knowledge and skills they need to engage in appropriate self-care and minimise harm
- Establishing clear referral processes and pathways to and within the Gambling Help service system
- Identifying and addressing system-level barriers to accessing and benefitting from Gambling Help services.

Strategic priority 3: People get the right support at the right time

Key Performance Indicators (KPIs)

Key Performance Measures (KPMs) Methods

Key Result Area 1: Number of clients identified by the Gambling Helpline, Gambling Help Online, Industry and the community

KPI1. Number of clients received from different sources including the (a) Gambling Helpline (b) Gambling Help Online (c) Industry (d) the community.

- Number of client referrals by source.



Client Data set

Key Result Area 2: Gambling Help Services achieve therapeutic goals, reduce gambling harm and retain clients in treatment

KPI1. GHS clients show improvements in gambling behaviour.

- Gambling behaviours improve within GHS clients to reduce gambling harm.

KPI2. GHS clients 'fully' or 'substantially' reach their therapeutic goals at the conclusion of treatment.

- Proportion of GHS clients reaching their therapeutic goals at treatment conclusion.

KPI3. GHS clients fully complete their treatment.

- Proportion of GHS clients fully completing their treatment at GHS.

KPI4. GHS clients maintain recovery after treatment.

- Proportion of GHS clients maintaining their recovery.



Client Data set

Key Result Area 3: Access to help and awareness of available services and resources to minimise gambling harm

KPI1. South Australians are aware of the Gambling Helpline, Gambling Help Online and services and resources.

- Awareness of the Gambling Helpline, Gambling Help Online, South Australian GHS including CALD and Indigenous services.

KPI2. South Australians are aware that help resources to address gambling harm are available online.

- Awareness of South Australian resources developed to minimise gambling harm.

KPI3. South Australians harmed by gambling are getting the help they need - whatever the source (e.g., family, friends, GHS, other service).

- South Australians harmed by gambling received the help they needed to reduce gambling harm and help was provided before a crisis.



Survey

Evaluation results for 2021-2022

Key Result Area 1: Number of clients identified by the Gambling Helpline, Gambling Help Online, Industry and the community

KPI1. Number of clients received from different sources including the (a) Gambling Helpline (b) Gambling Help Online (c) Industry (d) the community.

KPM1. Number of client referrals by source

Overview

The Office for Problem Gambling (OPG), within the Department of Human Services, administers the Gamblers Rehabilitation Fund (GRF) and manages initiatives to minimise gambling harm across South Australia.

The GRF provides funding for all initiatives and programs within the Investment Plan. Since its establishment in 1994, the GRF has funded gambling help services and related harm-minimisation initiatives. Contributions to the fund are made by the South Australian Government, the gaming industry and from wagering taxation.

Legislation governing the GRF has historically mandated that at least 85 per cent of funds should be spent on programs to rehabilitate people engaging in high-risk gambling (*Gaming Machines Act, 1992*). This reflects the historical focus of investment in gambling treatment programs and related harm-minimisation initiatives.

Following significant legislative reform in 2019 to s. 73BA of the *Gaming Machines Act 1992* (SA), and an increase in state government contributions into the GRF, funding now allows for an increased focus on preventing gambling harm in addition to provision of treatment services.

Reforms additionally *mandate* investment in prevention, early intervention, public education and gambling research, while introducing new requirements for gaming operators and environments to protect the community from gambling related harm.

For this reason, a key metric of value for the Investment Plan relates to the number of clients referred to Gambling Help Services by the Gambling Helpline, Gambling Help Online, the industry and the community. Knowing the number of clients from each referral source will allow activity to be directed towards improving referrals over time.

For this reason, the Client Data Set (CDS) was analysed to identify the referral sources of clients presenting to Gambling Help (counselling services) for the 2021 to 2022 financial year. For this purpose, CDS data for the 2021-2022 financial year (based on the first client registration date during this period) was analysed for both gamblers and non-gamblers attending GHS. Only registered clients were included in the analysis (i.e., clients who established a formal relationship with the GHS).

Evaluation results for 2021-2022

For the 2021-2022 financial year, a total of 519 registrations with a Gambling Help Service for the first time. This included 472 unique clients, meaning that 47 clients first registered with more than a single service in 2021-2022 (Figure 7 and Table 3).

The majority of clients first registered by a Gambling Help Service in this period were referred from community sources (70.1%, n=364) (See Table 3 for a detailed category description). In addition, 4% came from the Gambling Helpline (n=21), 2.7% came from industry (n=14), 3.9% came from other sources (n=20) (e.g., CBS, return clients) and 19.3% of referral sources were unknown (n=100).

The relatively high proportion of unknown referral sources highlights potential for the CDS to add new data fields for collection of referral source data into the future. In particular, there is potential to differentiate client non-recall or refusal of referral sources, versus cases where referral sources were not specifically probed (e.g., due to high emotional distress of a client). Alternatively, checks should be made to ensure that the field is validated to require data entry.

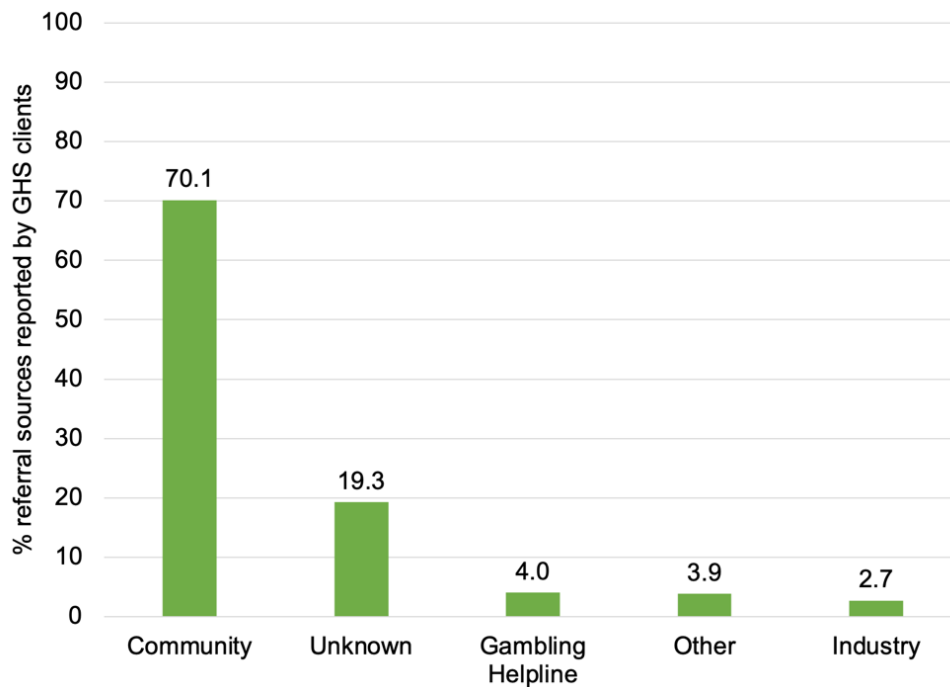
The low proportion of referrals reported by clients from the Gambling Helpline (only n=21) and industry (only n=14) highlights the potential to improve referrals from these sources.

It should also be noted in this context that the Gambling Helpline itself provides brief interventions and only makes referrals if clients agree to receiving further support. However, as the Gambling Helpline reported 279 agency referrals in 2021-2022 (South Australian Gambling Helpline Annual Report, 2021-2022), this also highlights that many clients provided with referrals may have elected *not* to present to Gambling Help Services. The disparity in referral source data between the two systems may also be the result of clients reporting a different referral source when engaging with a Gambling Help Service provider.

In addition, along the same lines, data reported in the 2021-2022 Gambling Help Online report highlights that Gambling Help Online referred 22 clients to agencies. This highlights that not a single client presenting to Gambling Help Services for counselling reported Gambling Help Online as the referral source.

This may highlight potential for greater promotion of the Gambling Helpline (and/or advertising refreshes or research into the reasons for low referral numbers) and potential for industry to conduct more referrals of patrons to GHS. As industry referrals present a significant opportunity to link clients with support, the approach to referrals in venues also warrants in-depth examination.

Figure 7. Referral sources reported by clients first registering with Gambling Help Services (GHS) in 2021-2022 (as recorded by clinicians in the CDS) (n=519 client registrations, reported by 472 unique clients) – Overall results
Source: CDS Dataset 2021-2022



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Table 3. Referral sources reported by clients first registering with Gambling Help Services (GHS) in 2021-2022 (as recorded by clinicians in the CDS) (n=519 client registrations, reported by 472 unique clients) – Detailed results
Source: CDS Dataset 2021-2022

Referral source	Referral sources in detail	Client reported referral sources (n)	% total sources
Community	Another community organization	168	70.1
	Friends/family	63	
	Internet (e.g., Google, web site, OPG web site, social media)	46	
	Another gambling help service or program	41	
	Self-referral	28	
	Advertising	18	
	Subtotal	364	
Gambling Helpline	Gambling Helpline	21	4.0
	Subtotal	21	
Industry	Casino information/staff	8	2.7
	Hotel information/staff	5	
	Club	1	
	Subtotal	14	
Other	Other - no further information	10	3.9
	CBS	7	
	Return client	3	
	Subtotal	20	
Unknown	Not Provided	100	19.3
	Subtotal	100	
Total referral sources reported by GHS		519	100

Conclusion

There is potential to increase referral numbers from all sources in 2022-2023. In particular, there is potential to increase referrals from the Gambling Helpline, Gambling Help Online and from industry sources. With GHS taking a stronger focus on prevention and early intervention, there is also significant opportunity to identify potential GHS clients through working with community organisations to build awareness of GHS, and to encourage referrals to agencies to get clients counselling where appropriate.

Key Result Area 2: Gambling Help Services achieve therapeutic goals, reduce gambling harm and retain clients in treatment

KPI1. GHS clients show improvements in gambling behaviour.

KPM1. Gambling behaviours improve within GHS clients to reduce gambling harm

Overview

Although tertiary services are a cornerstone of public health approaches to gambling, research indicates that not all types of treatment are equally effective. In particular, based on a review of evidence from controlled trials of psychological interventions for the treatment of gambling problems, Ginley et al. (2019) found some differences in the effectiveness of treatments. Similar reviews are provided by the Joanna Briggs Institute (2018), Petry, Ginley, & Rash (2017) and Riberto, Afonso, & Morgado (2021).

Support for Cognitive Behaviour Therapy (CBT) was identified in an earlier Cochrane review of psychological therapies for the treatment of pathological and problem gambling (Cowlshaw et al., 2012). Eleven of the fourteen studies reviewed compared the effects of CBT with control groups at up to three months post-treatment and found medium to very large effects of the therapy.

Four studies using motivational interviewing for less severe gambling problems similarly found a positive effect of motivational interviewing on financial loss at 0 to 3 months post-treatment (Carlbring et al., 2010; Diskin & Hodgins, 2009; Petry et al., 2008; Petry et al., 2009). Motivational interviewing was also found to reduce gambling frequency in studies comparing groups at 9 to 12 months post-treatment.

Such findings highlight the need for treatment services to both use evidence-based approaches to treatment and to ensure that clients improve as a result of gambling treatment and interventions. For this reason, a key metric in the Monitoring and Evaluation Framework involved analysis of CDS data showing client improvements for the 2021-2022 financial year.

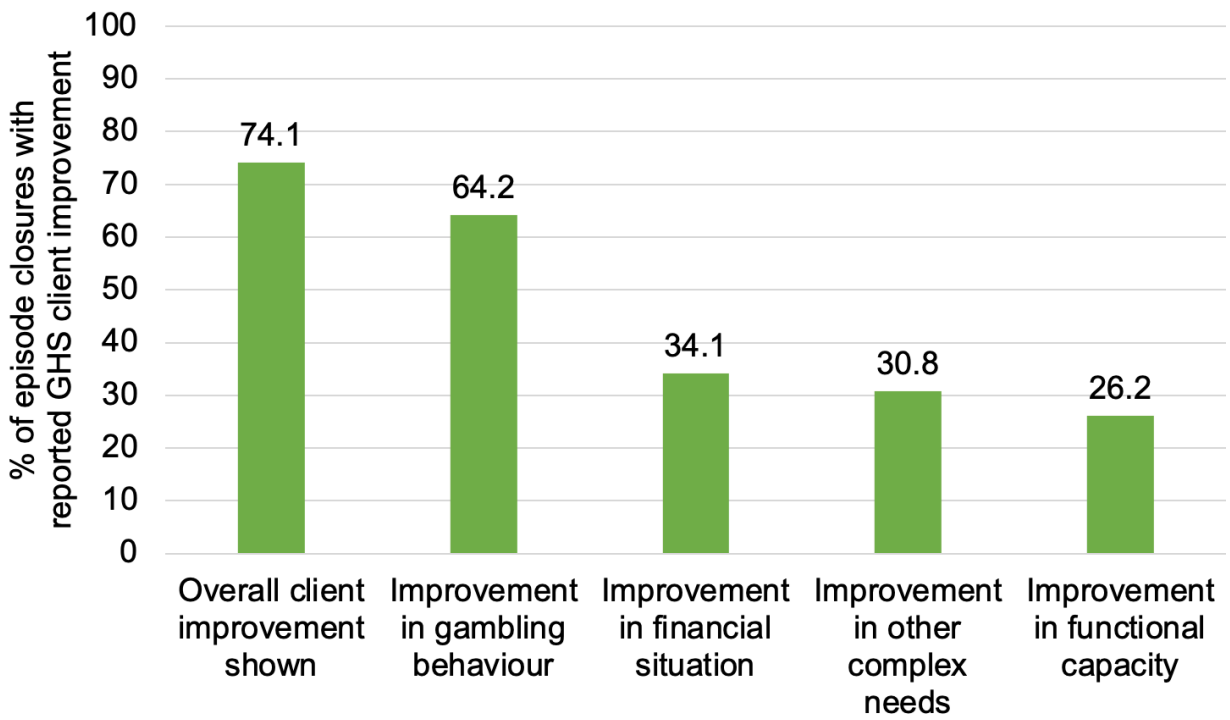
As part of the CDS, clinicians record four types of overall improvements made by clients, based on overall assessments of each client. These are based on a global overall rating and include improvements made in terms of client gambling behaviour, improvements to the client's financial situation, improvements to the client's functional capacity and improvement in other complex needs. As these are only recorded by clinicians at episode closure, data for the 2021-2022 financial year based on closed episodes was analysed. Clients not having shown any improvements were recorded as no improvements shown. Once again, only registered clients experiencing gambling harm were included in this analysis.

Evaluation results for 2021-2022

For the 2021-2022 financial year, across a total of 455 gambler treatment episode closures within 429 unique clients, 74.1% of GHS episode closures were recorded by clinicians to have experienced improvements since commencement of counselling (Figure 8). It should be noted in this context that episode closures in 2021-2022 may also include clients who first registered with a GHS in a previous year.

In addition, 64.2% of all gambler treatment episode closures (n=455) recorded improvements in gambling behaviour, 34.1% recorded improvements in their financial situation, 30.8% recorded improvements in other complex needs, and 26.2% experienced improvements in functional capacity.

Figure 8. Percent of episode closures with clinician reported GHS client improvement in the CDS – Overall results (n=455 gambler treatment episodes, n=429 unique clients)
Source: CDS Dataset 2021-2022



Conclusion

There is potential to increase the proportion of gambler clients showing improvement upon closure of treatment episodes across the South Australian gambling help services program, with around one quarter (currently) not showing improvement following treatment. The reasons for non-improvement should be further investigated.

KPI2. GHS clients ‘fully’ or ‘substantially’ reach their therapeutic goals at the conclusion of treatment.

KPM1. Proportion of GHS clients reaching their therapeutic goals at treatment conclusion

Overview

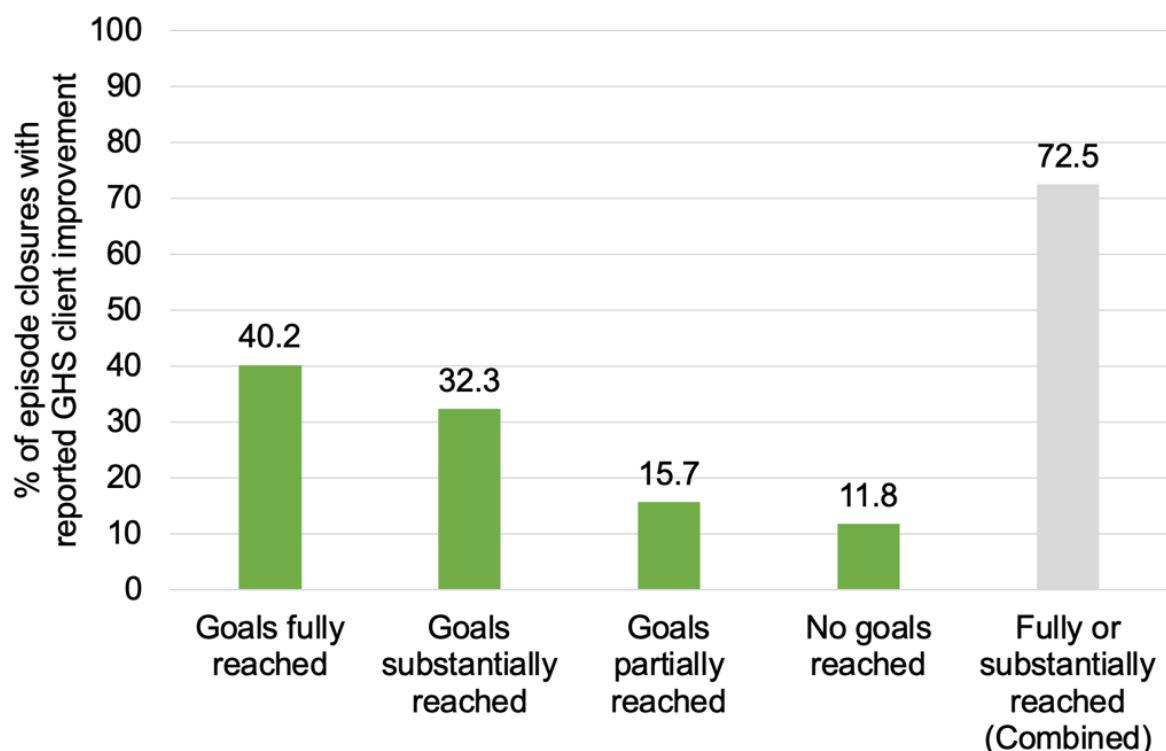
Goal setting is a fundamental part of psychological treatment and plays a particularly important role in Cognitive Behaviour Therapy (Matre et. al, 2013)¹⁰. Given the importance of ensuring that treatment aligns to the goals of clients, Gambling Help Services (GHS) in South Australia record whether treatment goals are met at episode closure of each treatment case.

This allows some reflection about whether treatment is meeting the therapeutic goals or desires of clients (i.e., what they wish to achieve in counselling), or conversely, whether treatment goals are not being met. As meeting goals has potential to influence client retention and withdrawal from treatment, these are recorded by clinicians as part of the Client Data Set (CDS).

Evaluation results for 2021-2022

For the 2021-2022 financial year, analysis of CDS data relating to goals reached by treatment cases at episode closure highlighted that a combined 72.5% of cases fully or substantially reached their treatment goals. It should also be noted that the analysis was limited to only include cases where goals were set (n=465 episode closures including n=357 relating to gamblers and n=108 relating to non-gamblers) (Figure 9).

Figure 9. Percent of treatment episodes with goals fully or substantially reached as recorded in the CDS – Overall results (n=465 treatment episodes where goals were set, n=434 unique clients) – Overall results
Source: CDS Dataset 2021-2022



(Base: Only episode closures with data recording that goals were set)

¹⁰ Matre, P. J., Dahl, K., Jensen, R., & Nordahl, H. M. (2013). Working with goals in therapy. In E. A. Locke & G. P. Latham (Eds.), *New developments in goal setting and task performance* (pp. 476–494). Routledge/Taylor & Francis Group.

A breakdown of detailed results highlighted that 40.2% of treatment episodes with goals set had goals that were fully reached, 32.3% had goals that were substantially reached, 15.7% had goals that were partially reached and 11.8% had no goals reached (Table 4).

It is also noteworthy that a number of cases also had no goals set or no goal-related outcomes recorded (a combined total of 154 cases). Accordingly, these were excluded from the analysis.

Table 4. Percent of treatment episodes with goals fully or substantially reached as recorded in the CDS – Overall results (n=465 treatment episodes where goals were set, n=434 unique clients) – Detailed results
Source: CDS Dataset 2021-2022

Whether goals were reached	Treatment episode closures (n)	Total %
Treatment cases with episode closure with goals set		
Goals fully reached	187	40.2
Goals substantially reached	150	32.3
Goals partially reached	73	15.7
No goals reached	55	11.8
Fully or substantially reached (Combined)	337	72.5
Subtotal	465	100

Conclusion

There is potential to increase the proportion of treatment cases fully or substantially reaching treatment goals at treatment episode closure. Indirectly, this also highlights the potential to examine why treatment goals are only partially reached or not reached in 27.5% of treatment cases.

KPI3. GHS clients fully complete their treatment.

KPM1. Proportion of GHS clients fully completing their treatment at GHS

Overview

Treatment completion is an important indicator of the extent to which clients are being retained by Gambling Help Services. Similar to reaching therapeutic goals, reaching the end of a treatment program is an important indicator of the extent to which treatment is effective. For this reason, the CDS dataset requires clinicians to indicate whether treatment is completed upon closure of a treatment episode.

Evaluation results for 2021-2022

For the 2021-2022 financial year (based on episode closures for that year) CDS data showed that 50.7% of treatment cases were fully completed at the time of episode closure, while 49.1% were not completed (also note that 0.2% were not recorded) (Figure 10). The treatment completion rate was very similar for gamblers and non-gamblers (i.e., significant others impacted by another person’s gambling) client cases (Table 5).

Figure 10. Percent of treatment episode closures where treatment was completed as recorded in the CDS – Overall results (n=619 treatment episodes, n=582 unique clients) – Overall results
Source: CDS Dataset 2021-2022

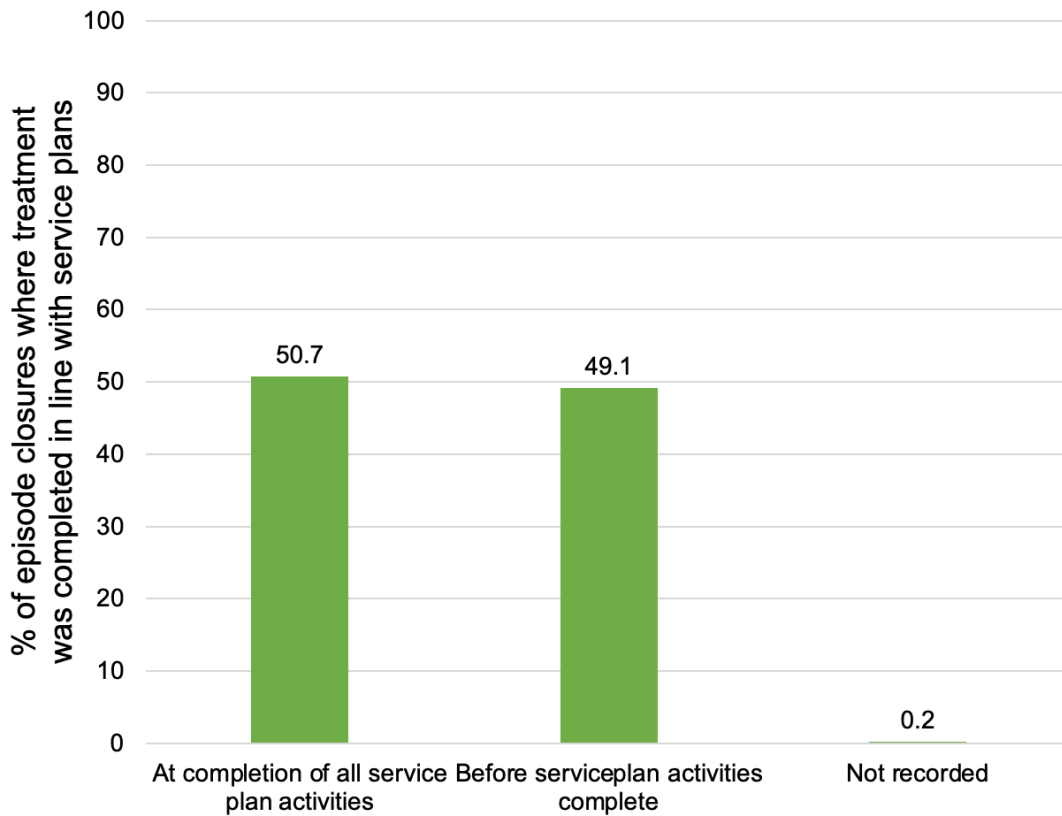


Table 5. Percent of episode closures where treatment was completed as recorded in the CDS – Overall results (n=619 treatment episodes, n=582 unique clients) – Detailed results
Source: CDS Dataset 2021-2022

Stage of episode closure	% of episode closures where treatment was completed	
	Gamblers	Non-gamblers
At completion of all service plan activities	50.8	50.6
Before service plan activities complete	49.0	49.4
Not recorded	0.2	0.0

Conclusion

As only just over half of treatment cases at episode closure were recorded as fully completed by GHS clients, this highlights the potential to increase treatment completion rates and investigate reasons for non-completion of treatment. This should be the subject of further data analysis and qualitative discussions with GHS.

KPI4. GHS clients maintain recovery after treatment.

KPM1. Proportion of GHS clients maintaining their recovery

Overview

An important indicator of treatment success is whether clients maintain their recovery and have no further need for additional service supports after a period away from services. A return to services, or a reappearance of the same client, may be indicative of relapse or the re-emergence of harmful gambling that goes beyond the person's ability to cope on their own.

Relapse is a longitudinal construct which needs to be studied over a prolonged period. Although relapse can be defined in different ways, an interval of at least 6 or 12 months between harmful gambling episodes is generally considered to be clinically meaningful.

Intervals of less than this are more likely to be considered continuations of previous service episodes, or the need for 'top-ups' to maintain the progress achieved from a previous service episode.

In this analysis, we considered any gap of at least 6 months between service episodes to constitute the cessation and commencement of a new period of support and therefore indicative of a *potential relapse* (or at least need for new supports).

This interval was defined as period in which the person was receiving no formal support service. Formally, this is defined as the difference in days between the last closure of a service episode and the commencement of a new episode (irrespective of whether the service provider was the same or different).

Evaluation results for 2021-2022

There were 427 clients who had an episode starting in the 2021-22 financial year. Of these, 60 were re-representing (i.e., their previous close before the episode that started in 2021-22 was 6 months or more). This meant that 14% of gambling clients in the 2021-22 financial year were re-presenting.

The mean duration of the service gaps was around 18 months.

This appears to be not dissimilar to previous Australian work in Victoria in which 16% were re-presentations of ANY type.

Conclusion

Only around 1 in 7 people appear to come back after a more prolonged interval to commence new service episodes.

Key Result Area 3: Access to help and awareness of available services and resources to minimise gambling harm

KPI1. South Australians are aware of the Gambling Helpline, Gambling Help Online and services and resources.

KPM1. Awareness of the Gambling Helpline, Gambling Help Online, South Australian GHS including CALD and Indigenous services

Overview

As research suggests that many people harmed by gambling do not seek help (e.g., Loy et al., 2018), it is important that service systems actively promote services to ensure that people harmed by gambling can access the right type of support at the right time.

To this end, service systems across Australia have been designed to offer those negatively affected by gambling three main types of services: Gambling Help Services that provide therapeutic treatment and financial counselling; a telephone-based Gambling Helpline (1800 858 858) that refers clients to help services and provides brief interventions; and, Gamblinghelponline.org.au, which provides online 'live chat' counselling and a number of self-help and harm-minimisation resources.

Despite such services being the cornerstone of the national Gambling Help service system, many people remain unaware of available help services. For example, as indicated by unprompted questioning in the 2018 South Australian prevalence survey (Woods et al, 2018), only 29% of adults were aware of the Gambling Helpline and 1.2% were aware of Gambling Help Online (gamblinghelponline.org.au).

Accordingly, monitoring awareness of services (and implementing strategies to improve awareness) may help ensure that a greater proportion of South Australians are aware of available help (which may in turn increase service use by some individuals).

For this reason, awareness of the Gambling Helpline (1800 858 858), Gambling Help Online and Gambling Help Services were measured in the online panel survey, along with awareness of other funded services and resources. These include financial counselling, services for people of Culturally and Linguistically Diverse (CALD) and Indigenous backgrounds and services for people involved in the criminal justice system.

Evaluation results for 2021-2022

Awareness of the Gambling Help Line, Gambling Help Online and Gambling Help Services

As part of the online survey, South Australian adults were asked to indicate their awareness of three key services offered to minimise gambling harm in the South Australian service system. Results showed that awareness within the South Australian adult population of key services was as follows (based on prompting the name of each service) (Figure 11):

- 65.2% for The Gambling Helpline (1800 858 858)
- 48.9% for Gambling Help Online
- 41.0% for Gambling Help Services

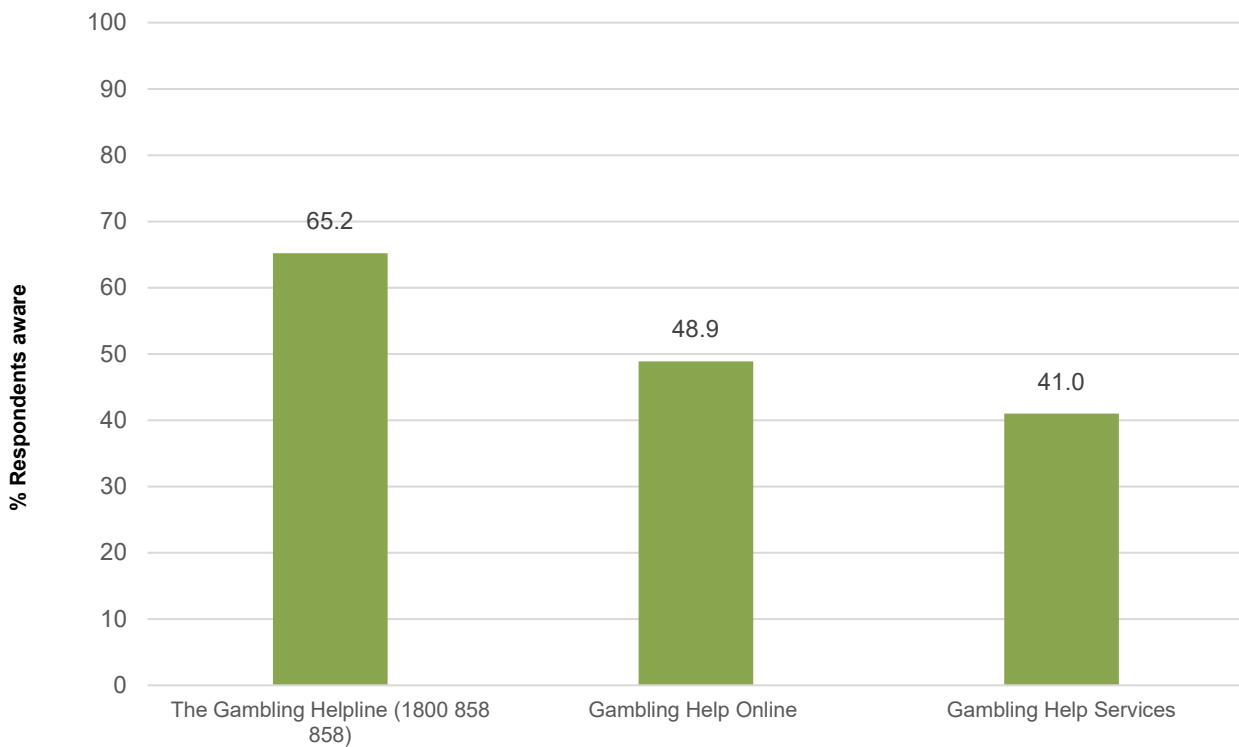
Awareness of services was significantly higher among gamblers than non-gamblers. Together, findings highlight potential to improve awareness of all services and particularly Gambling Help Services.

Awareness of other support services

Awareness of other support services was also measured in the survey. Results showed lower awareness of Indigenous and CALD Gambling Help Services (respectively, 27.7% and 20.3% awareness).

In addition, 40.5% of surveyed South Australians indicated that they were aware of financial counselling and 20.2% were aware of services specifically designed for people involved in the criminal justice system.

Figure 11. Awareness of the Gambling Helpline, Gambling Help Online and Gambling Help Services – Detailed results (prompted awareness) (n=1,001, December 2022)



Question: Were you aware that the following services are available free to support and help people harmed by gambling – including people who gamble and their friends and family? (Base: All South Australian adults) (Weighted)

Unprompted awareness of websites or services where information can be found to support people harmed by gambling was also examined by asking respondents to name *any services* they could recall prior to being prompted with a list of currently available services.

The results showed that the Gambling Helpline had the highest level of unprompted awareness, with 38.4% of South Australians able to recall its name, followed by Gamblers Anonymous (21.3% unprompted awareness) and Gambling Help Online (13.1% unprompted awareness).

Conclusion

The results indicate that there is room for improving overall awareness of major services available in the South Australian gambling harm-minimisation service system.

In particular, with less than two-thirds of the community aware of the Gambling Helpline (and only respectively 27.7% and 20.3% aware of Indigenous and CALD services), just under half aware of Gambling Help Online and only 41% aware of Gambling Help Services, there is significant potential to increase the profile of all funded services across South Australia.

KPI2. South Australians are aware that help resources to address gambling harm are available online.

KPM1. Awareness of South Australian resources developed to minimizing gambling harm.

Overview

Various types of information and resources to minimise harm are available on the OPG website. Such resources can be important to people interested in self-help or learning more about gambling harm in the community. Information is provided on how to gamble safely and prevent harm; information for significant others negatively affected by gambling; self-help information; information on the benefits of counselling and financial counselling; and, a service to assist people harmed by gambling to bar themselves or their loved ones (i.e., through the third-party barring service).

To monitor public awareness, South Australian adults in the online survey were asked to report their awareness of these different resources.

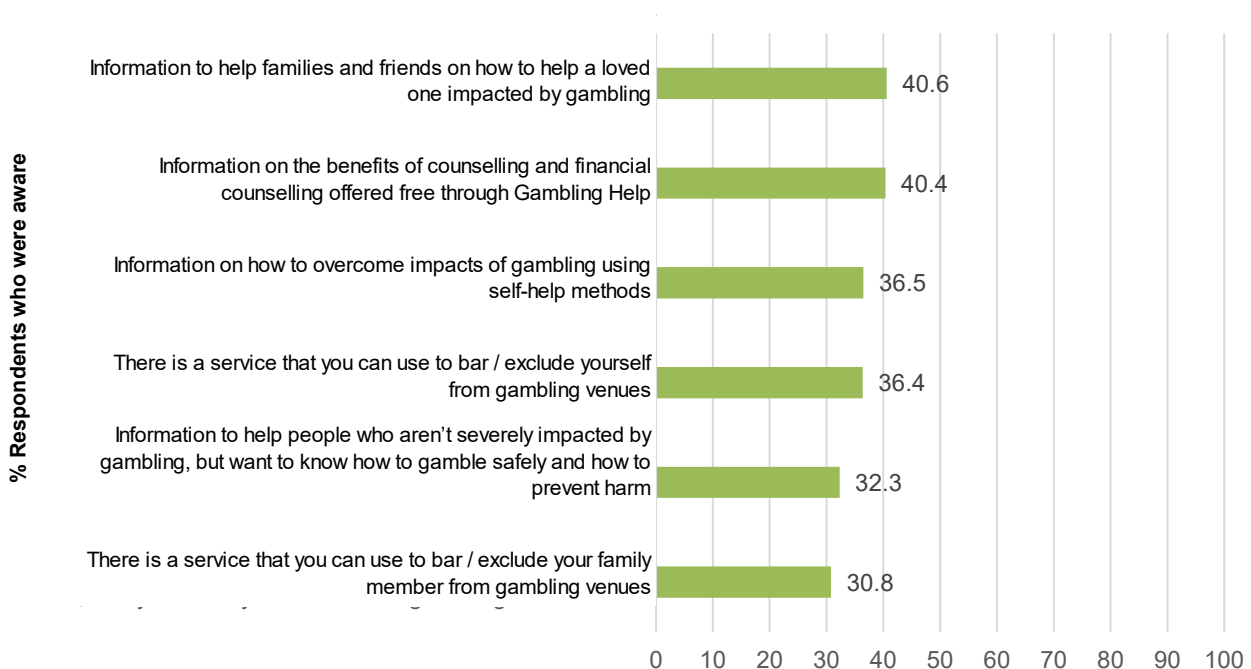
In the many types of information available online, awareness of three key information resources is particularly worthy of monitoring because of their potential value to the community. These include information on how to gamble safely; how to prevent harm; and, barring services (for both gamblers and significant others).

Evaluation results for 2021-2022

Based on the online survey, the South Australian adult population reported moderate awareness of resources available online to address gambling harm. Awareness was highest for 'information to help families and friends on how to help a loved one impacted by gambling' (40.6%) and 'information on the benefits of counselling and financial counselling offered free through Gambling Help' (40.4%) (Figure 12).

Gamblers reported significantly higher awareness of all types of online resources, as did respondents negatively affected by their own gambling or the gambling of someone close to them in the past 12 months.

Figure 12. Awareness of online resources and information available on gamblinghelponline.org.au and www.problemgambling.sa.gov.au – Detailed results (n=1,001, December 2022)



Question: Were you aware that the following online resources and information can be found on gamblinghelponline.org.au and www.problemgambling.sa.gov.au to assist people to reduce any harm they may be experiencing from gambling?
(Base: All South Australian adults) (Weighted)

KPI3. South Australians harmed by gambling are getting the help they need - whatever the source (e.g., family, friends, GHS, other service).

KPM1. South Australians harmed by gambling received the help they needed to reduce gambling harm and help was provided before a crisis.

Overview

A key goal of all gambling harm-minimisation service systems should be to ensure that all people harmed by gambling get the help and services they need. However, help seeking at a Gambling Help Service provides only one type of help that may not suit everyone or every situation.

For this reason, a key measure within the Monitoring and Evaluation Framework examined the extent that South Australians harmed by gambling received the help they needed to reduce gambling harm; and particularly whether help was available before any major problems occurred (i.e., help was received before a crisis, or before major impacts were experienced). Accordingly, this provides a global measure of the extent that South Australians harmed by gambling are getting the help they need *whatever the source*.

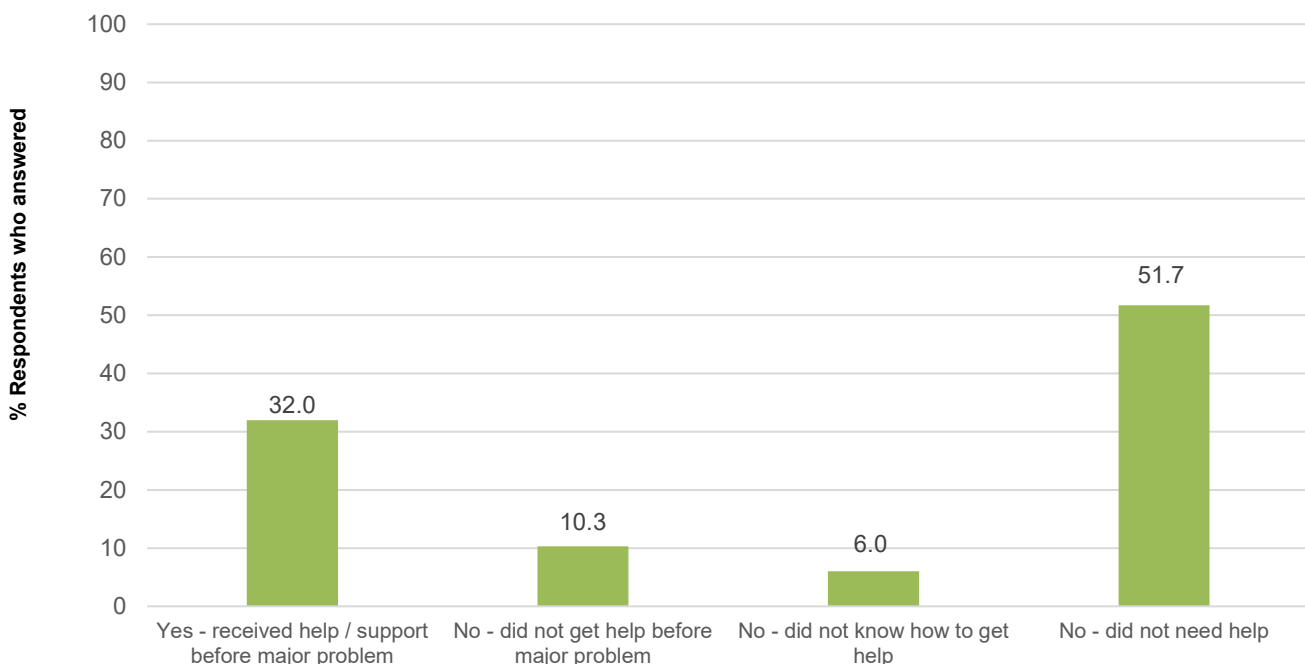
Evaluation results for 2021-2022

Overall, of surveyed South Australians who experienced harm from gambling in the past 12 months (n=435), 32.0% were able to get the help, information or support they wanted before any major problems occurred due to the impacts of gambling (Figure 13).

The majority of other South Australians (51.7%) who experienced harm from gambling indicated that they didn't feel they needed help.

Most noteworthy is that 10.3% of those experiencing harm did not get help before a major problem occurred and 6.0% did not know how to get help. Together, these latter results highlight that at least 16.3% of South Australians experiencing harm from gambling could be better supported with help to minimise the harm they experienced from gambling.

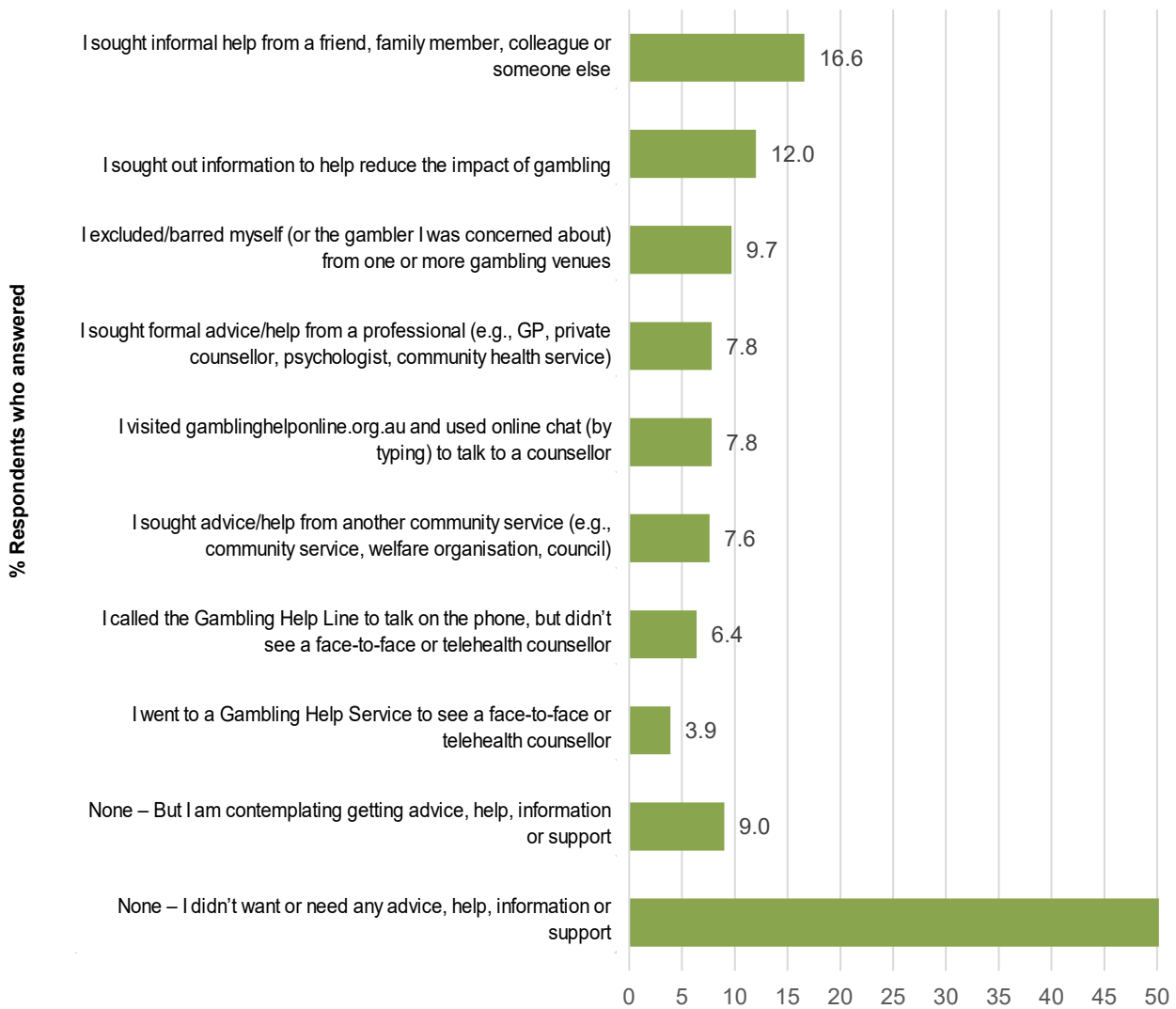
Figure 13. Whether help or support was received by people experiencing harm from gambling in the past 12 months, before major problems occurred due to the impacts of gambling – Detailed results (n=435, December 2022)



Question: Were you able to get the help, information or support that you wanted before any major problems occurred due to the impacts of the gambling? (e.g., before a crisis, or before major impacts were experienced) Note: Include formal help (e.g., from a counsellor, psychologist) or informal help (e.g., help from a friend or family member) (Base: Low risk gamblers, Moderate risk gamblers and Problem gamblers and gamblers/significant others reporting harm) (Unweighted)

Actions taken by those harmed from gambling to reduce the negative impacts experienced were also explored by prompting common channels for help seeking (Figure 14). The most commonly reported actions were seeking informal help from a friend, family member, colleague or someone else (16.6%), seeking out information to help reduce the impact of gambling (12.0%) and pursuing an exclusion/barring order (9.7%).

Figure 14. Actions taken to reduce the negative impacts experienced from gambling in the past 12 months – Detailed results (n=435 December 2022)



Question: You reported experiencing some harm from gambling in the past 12 months. What, if any, actions did you take to reduce the negative impacts you experienced from gambling over the past 12 months? (whether from your own or from someone else's gambling) (Base: Low risk gamblers, Moderate risk gamblers and Problem gamblers and Gamblers/significant others reporting harm) (Unweighted)

Conclusion

Around 1 in 6 South Australians harmed by gambling could be better supported with help to minimise the harm they experienced from gambling. Given the diversity of help channels accessed, results highlight potential to further invest in a range of services and resources including building the capacity of family and friends to provide help and self-help resources. In addition, there is also potential to raise awareness of the types of available help and how they each may support people impacted by gambling harm.



**2021-2022
results:**

*An agile system
equipped to
identify, prevent
and respond to
emerging harm
and need*

Investment aligned to this strategic priority is focused towards:

- Partnering with the regulator, help services and industry to create safer gambling environments
- Contributing to local and national efforts to design and implement coordinated action to prevent and minimise gambling harm
- Disseminating information and research to empower community participation in debate around gambling harm and decision-making at the local level
- Funding and promoting research to inform gambling harm prevention and minimisation policy, initiatives and decisions.

Strategic priority 4: An agile system equipped to identify, prevent and respond to emerging harm and need

Key Performance Indicators (KPIs)

Key Performance Measures (KPMs) Methods

Key Result Area 1: Quality and outcomes of work undertaken by OPG with key stakeholders to foster a collaborative and agile approach to harm minimisation in South Australia

KPI1. Quality and outcomes of work of OPG to partner with the (a) regulator, (b) help services and (c) industry to prevent and reduce gambling harm.

- The quality of relationship with stakeholders.
- The effectiveness of work and collaboration with stakeholders.



Key Result Area 2: Commissioning, funding and dissemination of applied research to inform gambling harm-minimisation

KPI1. Quality of knowledge translation and dissemination of GRF-funded research findings to inform the practices of key stakeholders in gambling harm-minimisation.

- All fact sheets from research reports are published on the OPG website and describe practical applications of findings for South Australian context.



KPI2. Commissioning of and completion of research projects against priority topics to improve gambling harm-minimisation in South Australia and inform GRF-funded activities and state-wide policy.

- Investment in research aligns to strategic priorities of the investment plan and research can be used to further improve the South Australian gambling harm-minimisation service system.

Evaluation results for 2021-2022

Key Result Area 1: Quality and outcomes of work undertaken by OPG with key stakeholders to foster a collaborative and agile approach to harm minimisation in South Australia

KPI1. Quality and outcomes of work of OPG to partner with the (a) regulator, (b) help services and (c) industry to prevent and reduce gambling harm.

KPM1. The quality of relationships with stakeholders

KPM2. The effectiveness of work and collaboration with stakeholders.

Overview

The Office for Problem Gambling (OPG), within the Department of Human Services, administers the Gamblers Rehabilitation Fund (GRF) and manages initiatives to minimise gambling harm across the state. The GRF provides funding for all initiatives and programs within the Investment Plan and requires OPG to make decisions about resource allocation of GRF funds to address gambling harm across the state.

Given recent legislative reform in 2019 to s. 73BA of the *Gaming Machines Act 1992 (SA)*, and an increase in state government contributions into the GRF, OPG's role will now allow for an increased focus on preventing gambling harm in addition to provision of treatment services. Reforms additionally *mandate* investment in prevention, early intervention, public education and gambling research, while introducing new requirements for gaming operators and environments to protect the community from gambling related harm.

Within this context, as a service system leader, OPG must effectively collaborate and partner with a diverse range of stakeholders to prevent and reduce gambling harm. For this purpose, a key part of the first year evaluation involved conduct of consultations with key OPG stakeholders to discuss the quality of their relationship with OPG and to better understand the effectiveness of the organisation's relationship with those stakeholders – including recent challenges and future priorities within the South Australian gambling harm program.

In total, 16 qualitative interviews, each up to one hour in length, were undertaken with stakeholders from Gambling Help Services, strategic partners (e.g., Community Connections program within DHS, Turning Point, Consumer and Business Services) and gambling industry stakeholders (e.g., ClubSafe, GamingCare) to discuss these topics. A summary of overall findings from these consultations is also outlined below.

Evaluation results for 2021-2022

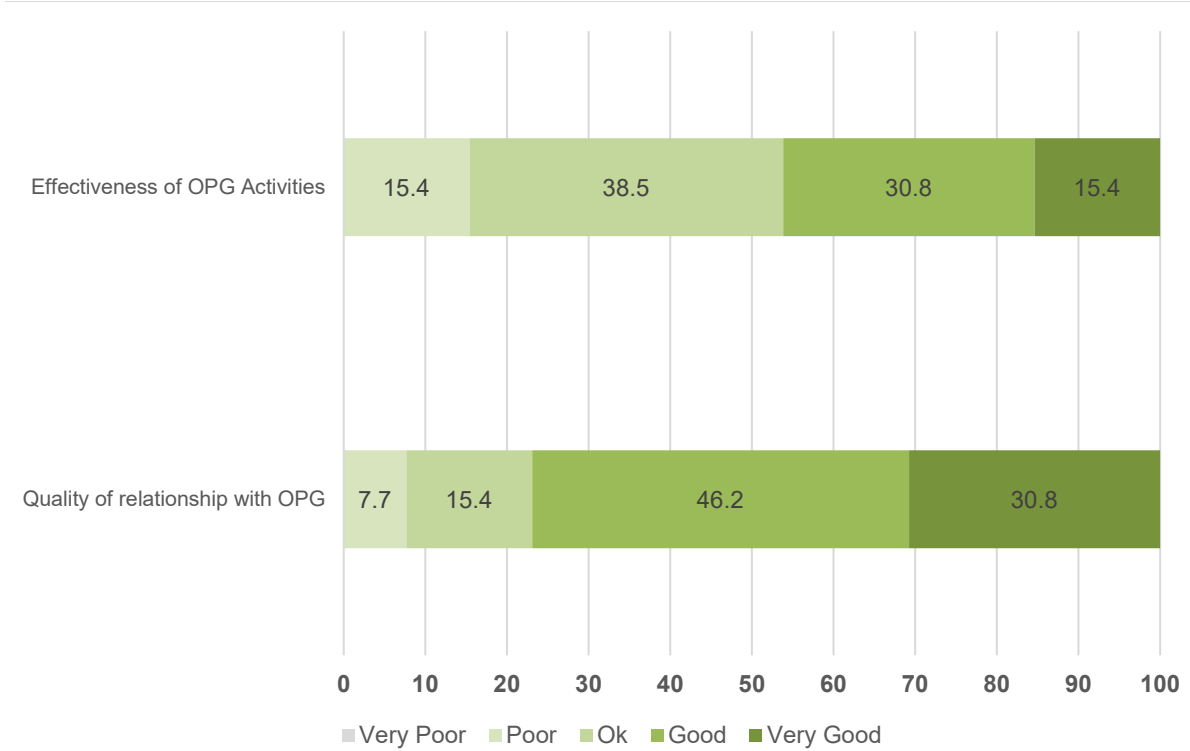
Overall stakeholder ratings of OPG

Stakeholders were asked to make two ratings of OPG in terms of both relationship quality and to rate the overall effectiveness of OPG's work in minimising gambling harm across the service system. The proportion of OK, Good and Very Good ratings for each indicator is in Figure 15.

Results showed that 77% of the thirteen stakeholders making ratings assessed the quality of the relationship they had with OPG as good or very good. In addition, 46.2% rated the effectiveness of OPG's work as good or very good.

Figure 15. Relationship with OPG in working collaboratively with stakeholders and effectiveness of OPG activities to minimize gambling harm – Stakeholder interviews (n=13, February 2023)

INTERPRET WITH CAUTION ONLY n=13 RATINGS



*Question: How would you rate the quality of your relationship with OPG in working collaboratively with your organisation to minimise gambling harm? How would you rate the effectiveness of OPG activities undertaken to minimise gambling harm across South Australia? (Base: Stakeholders taking part in qualitative interviews and providing a rating of OPG) (Unweighted)
Note that three stakeholders felt that they could not rate OPG.*

Summary themes from stakeholder discussions

Qualitative themes reported by stakeholders consulted as part of the evaluation included the following:

- Most stakeholders reported a reasonable amount of contact with OPG over the past 12 months. This generally reflected an ongoing relationship between stakeholders and OPG staff. Several stakeholders mentioned that OPG could better engage their organisation, as the contact with OPG was considered not as frequent as desired. In a limited number of cases, this led some stakeholders to describe their relationship with OPG as poor. Positive contact was attributed to the positive attitudes of key staff members at OPG and their hard work to improve the service system.
- There was a general view that all services and industry should come together with OPG at least quarterly and potentially discuss work in the sector.
- Overall feedback highlighted a general view that OPG was reasonably effective in its work in the context of the current resourcing constraints and there was acknowledgement from stakeholders of the recent work that OPG had undertaken to develop the Investment Plan and a Monitoring and Evaluation Framework.

These were both seen as a positive step towards significantly improving the overall effectiveness of the South Australian gambling harm-minimisation services system. However, in spite of this, many stakeholders saw potential to provide clear direction to the sector and regularly communicate with the sector about progress made in minimising gambling harm.

- There was a general view amongst many stakeholders that both services and industry could be more proactive in working together in the context of venues, where many people were experiencing gambling harm. There was a view of one stakeholder that GHS and venues both needed to work better together.
- Reform of the CDS data set was seen as important, as there was a view that current data collection and reports were onerous and not always accurately capturing service activities. Services wanted to see regular data output from OPG about activities across the service system and it was felt that bringing services together once a quarter would be a great way to facilitate this.
- A range of professional development priorities were identified for OPG funding including training for clinical staff or education officers in gambling harm prevention and further training on clinical best practice. Clinical supervision and shared resources to help all services perform their work were seen as useful for OPG to consider, to ensure that services did not have to replicate these in order to work in the community (e.g., presentation templates etc.).
- Gambling Help Services wanted to see a closer collaboration with OPG in relation to campaigns and events including more advance notice about Gambling Harm Awareness Week (GHAW) and major campaigns, so that they could better support these activities.
- Improving collaboration with the club and hotel sector and improving training of venue workers were similarly considered key priorities for OPG (i.e., staff wanted to see OPG to take leadership in this area, although mandatory training requirements are part of the CBS role).
- Generating more referrals from across the community was viewed as critical to increasing the number of clients presenting to GHS. In this regard, GHS felt that OPG should focus on fostering statewide relationships with useful organisations to support GHS to work with organisations.

Conclusion

Stakeholders generally reported a high quality relationship with the Office for Problem Gambling (OPG) and there was generally a view that OPG's work has improved since commencement of the Minimising Gambling Harm Investment Plan. In addition, a number of key areas for improvement were identified to enhance the effectiveness of the service system. Most notably, these included increasing contact with key stakeholders, reporting to the sector on gambling harm-minimisation activities undertaken and improving data collection and monitoring processes (including the CDS).

Key Result Area 2: Commissioning, funding and dissemination of applied research to inform gambling harm-minimisation

KPI1. Quality of knowledge translation and dissemination of GRF-funded research findings to inform the practices of key stakeholders in gambling harm-minimisation.

KPM1. All fact sheets from research report are published on the OPG web site and describe practical applications of findings for South Australian context.

Overview

The Strategic Research Agenda 2022 to 2026 describes research areas of interest to DHS aligned to the Gambling Harm Minimisation Investment Plan 2021 to 2026. As this commences from 2023, knowledge will be translated from funded projects after they are commissioned and completed.

Evaluation results for 2021-2022

To be undertaken from 2023, in line with agreed research project timelines.

KPI2. Commissioning of and completion of research projects against priority topics to improve gambling harm-minimisation in South Australia and inform GRF-funded activities and state-wide policy.

KPM1. Investment in research aligns to strategic priorities of the investment plan and research can be used to further improve the South Australian gambling harm-minimisation service system.

Overview

The Strategic Research Agenda 2022 to 2026 describes research areas of interest to DHS aligned to the Gambling Harm Minimisation Investment Plan 2021 to 2026. During 2021 to 2022, OPG identified objectives of the Strategic Research Agenda and priority research areas.

Objectives under the Strategic Research Agenda were identified as to:

- Build the evidence for what works to prevent and minimise gambling harm in South Australia
- Foster growth of the gambling research community in South Australia
- Allow for testing of novel ideas in prevention and harm minimisation
- Usefully inform policy development, regulatory action, and practice
- Priority research areas

The priority research areas identified under the Strategic Research Agenda were identified as:

- South Australians' awareness of risky gambling behaviours, harm and options to intervene
- Protective factors that prevent and minimise the risk of gambling harm
- Overcoming barriers to help-seeking and maintaining positive change
- Enhancing resources and support for people impacted by others' risky gambling
- Emerging gambling products and features that present a significant risk of harm
- Funded projects are expected to provide timely, practical advice for government, local communities, public and private sectors to help achieve reductions in gambling harm.

Strategic Research Agenda and Funding Submission Guidelines were also developed and published on the OPG web site during late 2022. These were developed in consideration of both Strategic Priorities of the Investment Plan and work undertaken on the Monitoring and Evaluation Framework for the Investment Plan up to that point.

Evaluation results for 2021-2022

During 2021-2022, both objectives and priority research areas were developed and published. Budgets for the research program were also set (\$180,000 per financial year with a maximum of \$60,000 per individual project). In line with the Strategic Research Agenda timeline, projects will be commissioned from 2023.

Appendix A – Online survey data collection methodology (2021-2022)

Sample size, sample source and data collection time frame

A total of 1,001 respondents from the South Australian population aged 18 years and older took part in the survey. Respondents were recruited via a panel database provided by Dynata. Fieldwork took place from 9 December 2022 to 25 December 2022. The survey was conducted online and was approximately 15 minutes long.

The final online survey was tested prior to main fieldwork and underwent a soft launch (n=100) between 9 December 2022 and 13 December 2022. Once the soft launch data was checked and validated, the survey was set to full launch until n=1,000 was achieved.

The research project and draft questionnaire were reviewed and approved by the University of Adelaide's School of Psychology Human Research Ethics Subcommittee.

Sample design and weighting

A target sample of 1,000 was designed, with an 80% metro and 20% regional quota. Local Government Areas (LGAs) were classified as metro or regional in consultation with the Office of Problem Gambling. Interlocking targets of age and gender were set to make the sample profile as representative of the South Australian population as possible.

Weighting was applied to the sample to ensure representativeness at a general population level. Population data for South Australia was sourced from the 2021 Census from the Australian Bureau of Statistics (ABS) website.

A cellular weighting solution was applied based on age, gender and location. For the purpose of weighting, four respondents who selected non-binary or 'prefer not to answer' for gender were randomly imputed as either male or female.

Where overall results are presented in this report, the 'general population' weighting was applied. Where sub-group results are presented, with a base less than the full sample, no weight has been applied.

Table 6 to Table 10 present a profile of the sample by location, age and gender and other demographics.

Table 6. Sample profile by location (unweighted)

Location	Sample size (n)
Metro	799
Regional	202
All respondents	1,001

Table 7. Sample profile by age and gender (unweighted)

Age	Male (n)	Female (n)	Non-binary (n)	Prefer not to say (n)	Total (n)
18-24 years	51	56	2	0	109
25-34 years	86	84	1	0	171
35-44 years	83	87	0	0	170
45-54 years	75	85	0	1	161
55-64 years	71	101	0	0	172
65-74 years	72	66	0	0	138
75+ years	49	31	0	0	80
Total	487	510	3	2	1001

Table 8. A profile of other demographics of the sample - (unweighted)

Other demographics	n
Aboriginal and/or Torres Strait Islander origin	
Yes, Aboriginal	21
Yes, Torres Strait Islander	1
Yes, Aboriginal and Torres Strait Islander	4
No	967
Prefer not to say	8
Speaks LOTE at home	
Yes	79
No	915
Prefer not to say	7
Marital status	
Single (never married)	236
In a relationship (but not married)	178
Married	442
Widowed	21
Separated/divorced	110
Prefer not to say	14
Annual household income (before tax)	
Less than \$31,199	149
\$31,200 to \$51,999	172
\$52,000 to \$64,999	99
\$65,000 to \$77,999	84
\$78,000 to \$103,999	138
\$104,000 to \$155,999	161
\$156,000 to \$207,999	73
\$208,000 to \$259,999	18
\$260,000 to \$311,999	5
\$312,000 or more	5
Don't know / prefer not to say	97
Employment status	
Working full time	345
Working part time / casual	193
Unemployed	69
Student	25
Retired	232
Home duties	77
Caring for a family member	7
Pension/disability support	42
Prefer not to say	11
Highest level of education	
Year 9 or lower	26
Year 10/11	134
Year 12	197
TAFE/Apprenticeship/Diploma	297
Undergraduate degree	194
Postgraduate degree	85
Masters/PhD	47
Other	5
Prefer not to say	16

Table 9. Population profile – Age, gender and region population of South Australia - 2022 (% of population)

Location	Male (%)			Female (%)		
	18-34	35-54	55+	18-34	35-54	55+
Metro	10.4	11.4	12.5	10.3	11.8	14.7
Regional	3.3	4.4	6.8	3.1	4.4	7.0
South Australia (Total)	13.7	15.8	19.3	13.4	16.2	21.7

Table 10. Sample profile – Age, gender and region sample (% of sample, weighted)

Location	Male (%)			Female (%)		
	18-34	35-54	55+	18-34	35-54	55+
Metro	10.2	11.4	12.5	10.2	11.7	14.7
Regional	3.3	4.4	6.8	3.1	4.3	7.0
South Australia (Total)	13.5	15.8	19.3	13.3	16.0	21.7

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