

Minimising gambling related harm

A theory of change

For the Office for Problem Gambling, SA

**THE
AUSTRALIAN
CENTRE FOR
SOCIAL
INNOVATION**

Content

Content	1
Executive Summary	3
Introduction	5
Glossary of terms	7
The South Australian gambling context	8
Consultation to inform a new strategy	9
People we spoke to	10
Service System Map	11
From stories to action	15
Introducing the ‘Theory of Change’ framework	17
Voices of people we spoke to	20
Conclusion	27





We acknowledge the traditional custodians and owners of the lands in which we work and live on across Australia. We pay our respects to Elders of the past, present and emerging. We are committed to collaboration that furthers self-determination and creates a better future for all.

We acknowledge the world is changing and that all of the challenges facing our society will be more deeply felt by Aboriginal and Torres Strait Islander communities. Embedding a cultural lens across all of our work must be a priority in any strategy that is created and implemented.

We also acknowledge people who are experiencing gambling harm and those close to them. People with lived experience have contributed their time, experience and ideas to inform a service system that better supports people into the future.

Professionals working in the gambling space from intervention and industry bodies through to health officers, gambling harm services and academics have also contributed their perspectives.

We thank everyone who has taken part.

Executive Summary

The Office for Problem Gambling (OPG) engaged The Australian Centre for Social Innovation (TACSI) to understand the challenges and opportunities for minimising gambling harm from a number of different perspectives within South Australia.

This document outlines the process, learnings and outcomes of recent conversations, led by TACSI, with key industry stakeholders, service providers and people with lived experience of gambling harm. Through a process of synthesising and prioritising, these conversations informed a Theory of Change developed by TACSI in collaboration with the OPG and the consultation group.

A Theory of Change framework is a logical, clear story about what the change is that you wish to create, why it is needed and how you intend to go about it.

During the process TACSI engaged with 24 people with experience of gambling harm, 11 Gambling Help Service staff members, 5 government employees and 3 consultants doing research to inform the OPG's strategy. These conversations focussed on understanding the experience of delivering and receiving gambling harm minimisation supports,

both informal and formal. The diversity of viewpoints led to a comprehensive understanding of the current environment, where people were strongly aligned on opportunities for change and their unique ideas for the future.

Using generative research techniques TACSI took data from the conversations (notes, recordings), analysed the data by pulling out quotes and ideas and then synthesised this into commonalities and themes. Within these themes, key opportunity areas and challenges were identified. The consultation group were then tasked during a workshop to prioritise the themes, opportunities and challenge areas with consideration of the following:

- What will have the most impact in minimising gambling harm?
- What is within our realm of influence?

The action areas that came out of this filtering process were:

- Better understand online gambling and minimising exposure to gambling advertising
- Minimise exposure to gambling
- Make the journey of gambling addiction more transparent and provide pathways away from harm at every stage
- Add questions about gambling

participation and harm to other social, financial and health sector's intake processes

- Intentionally invite loved ones to play a role in harm minimisation, while supporting them to stay well.

These action areas underpin the Theory of Change as the way to move from the current service system toward achieving a future with minimal gambling harm.

During workshops & meetings with the OPG, the Theory of Change was further detailed and refined.

We have used a narrative approach to the Theory of Change to illustrate what the challenges and opportunities are, what can be done to respond to these and then what the immediate and long term outcomes we would expect from these activities.

The Theory of Change shared in this document is a high level version, summarising the key elements. The OPG will use a more detailed version to support decision making around specific activities, and tracking progress towards goals.

In conclusion, the process of this work and the resulting Theory of Change have already impacted the relationships and actions of key stakeholders. The Theory of Change can support collaboration and cohesion in the face of ongoing tensions. The process has demonstrated the value of partnering with people with lived experience in order to minimise

gambling harm. Finally, the Theory of Change is a living document that should be adapted as ideas are tested, more is known and more voices, particularly those from Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities, are added from other work.

We recommend that this Theory of Change should be used to inform the roles and actions of all stakeholders responsible for minimising gambling harm in South Australia.

Introduction

The Office for Problem Gambling's (OPG) ambition is to minimise gambling harm in South Australia. Due to recent changes in legislation, the OPG has an opportunity to strengthen prevention and early intervention of gambling harm.

The OPG invited The Australian Centre for Social Innovation (TACSI) to:

Understand the challenges and opportunities for minimising gambling harm from a number of different perspectives.

TACSI spent time speaking with 46 people, both with lived experience of gambling harm and professional experience of preventing and minimising harm through regulation, service or research.

This report summarises what TACSI learned from the people we spoke with, and the Theory of Change developed for the OPG as a result of these discussions. These materials may be useful to you as well.

The work TACSI is sharing complements work undertaken by other expert consultants focussing on Aboriginal, Torres Strait Islander and culturally and linguistically diverse people's experiences and services available for them.

Applications for the OPG

This summary is a tool that, alongside a much more detailed Theory of Change, will support the OPG to understand key challenges facing SA and strengths and opportunities to improve. This summary may be used as a living roadmap, guide to decision making and evaluation tool.

Applications for professionals and partner organisations

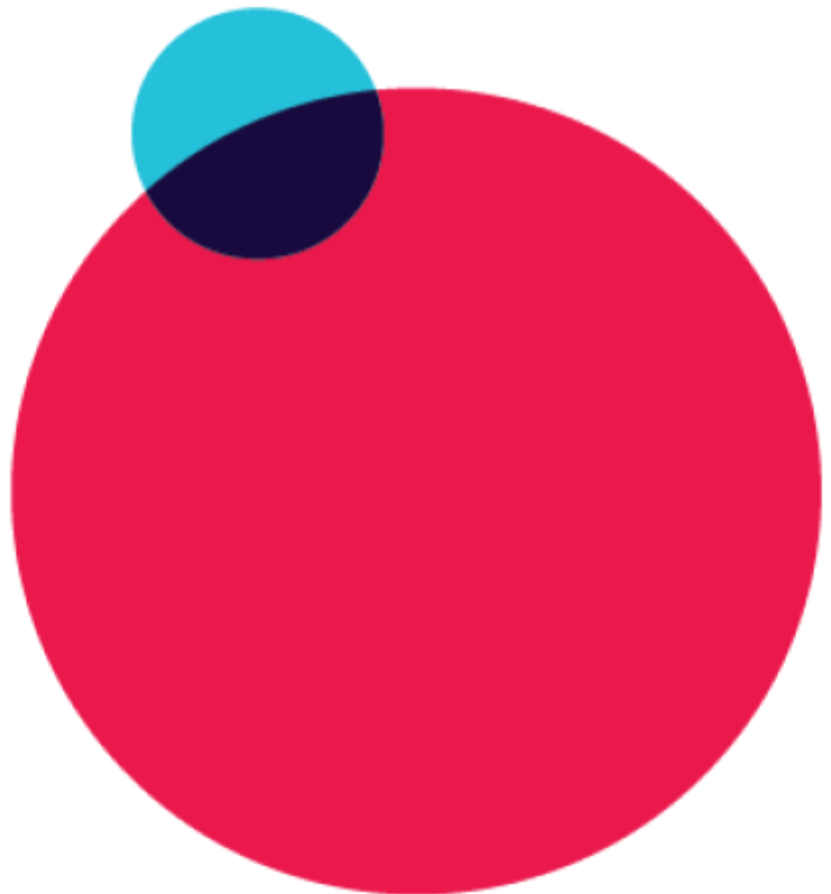
This summary would be useful to any professionals who might work with people who gamble and those close to them. It could:

- Provide some additional context to the OPG's strategy
- Help you see where you could play a role in minimising harm or influencing change
- Provide insight to the lived experience of gambling harm

Applications for people and communities

People with lived experiences of gambling harm and communities concerned about gambling harm could benefit from this summary. It may help you:

- See how your experience is unique but connected to many others
- Find your power and influence, and a role you might play in minimising harm
- Articulate to others the experience of gambling harm
- Educate others about their role in helping to prevent and minimise harm





Glossary of terms

CBS - Consumer and Business Services

DHS - The Department of Human Services

Early intervention - Early intervention is the process of providing specialist intervention and support to a person who is at-risk of experiencing gambling harm or demonstrating early symptoms of gambling harm. Intervention is not only critical for preventing or reducing the progress of gambling harm, but for improving a person's overall mental and physical health, community participation and socioeconomic outcomes far into the future¹.

Gambling harm - any negative effects of gambling on the gambler, their loved ones and their communities².

GHS - Gambling Help Services

GRF - Gamblers Rehabilitation Fund

LE - people with lived experience

RGEIA - responsible gambling early intervention agencies, particularly Club Safe, Gaming Care and Host Responsibility

The OPG - The Office for Problem Gambling

TACSI - The Australian Centre for Social Innovation

¹ Adapted from this definition for mental health early intervention

<https://www2.health.vic.gov.au/mental-health/prevention-and-promotion/early-intervention-in-mental-health>

² As described by people consulted in this process.

The South Australian gambling context

In 2018, 2.9% of the population of SA - approximately 48,430 people - were 'at-risk' or 'problem' gamblers on the Problem Gambling Severity Index (PGSI)³.

We know that gambling harm doesn't just affect the person gambling, it also has ripple effects into their loved ones and communities. We heard that gambling harm can look different to different people and can include negative impacts on the:

- Financial situation
- Relationships and social capital
- Mental health
- Physical health
- Engagement with the justice system
- Self worth, independence and confidence and
- Employment

of individuals, families and communities.

There are many programs and initiatives available in SA which aim to minimise gambling harm and offer services to those negatively affected by gambling.

Gambling help services are commissioned and coordinated by the Office for Problem Gambling (OPG) with funds from the Gamblers Rehabilitation Fund (GRF). The total budget comprises contributions from the SA Government, gaming taxes, as well as from the gambling industry.

³ Woods, A., Sproston, K., Brook, K., Delfabbro, P., and O'Neil, M. (2018) *GAMBLING PREVALENCE IN SOUTH AUSTRALIA Final Report*

Historically, the OPG has employed a procurement approach to delivering services and support across the State and to at-risk communities. However, they have identified an opportunity to evolve the approach into a sophisticated & evidence based public health informed model. A model that will enable a more strategic, long term approach that has a greater focus and intent on achieving outcomes (rather than producing outputs).

Changes in legislation governing the GRF are now creating the conditions for this vision. The changes are - "Expanding the scope of the Gamblers Rehabilitation Fund to enable investment in prevention activities to address the harms associated with gambling, public education and information programs, treatment and counselling programs for those harmed by gambling, information and advice relevant to gambling harm, and gambling research and evaluation."⁴

It is important to engage many different perspectives on the issues and opportunities in order to develop and deliver the best response.

⁴ DRAFT Wellbeing SA, (2021) *Problem gambling as a public health issue*

Consultation to inform a new strategy

The aim of this project was to hear from people with lived experience of gambling harm, as well as key professional stakeholders, to inform a harm minimisation strategy for South Australia.

The OPG invited TACSI to facilitate a process to learn from stakeholders to:

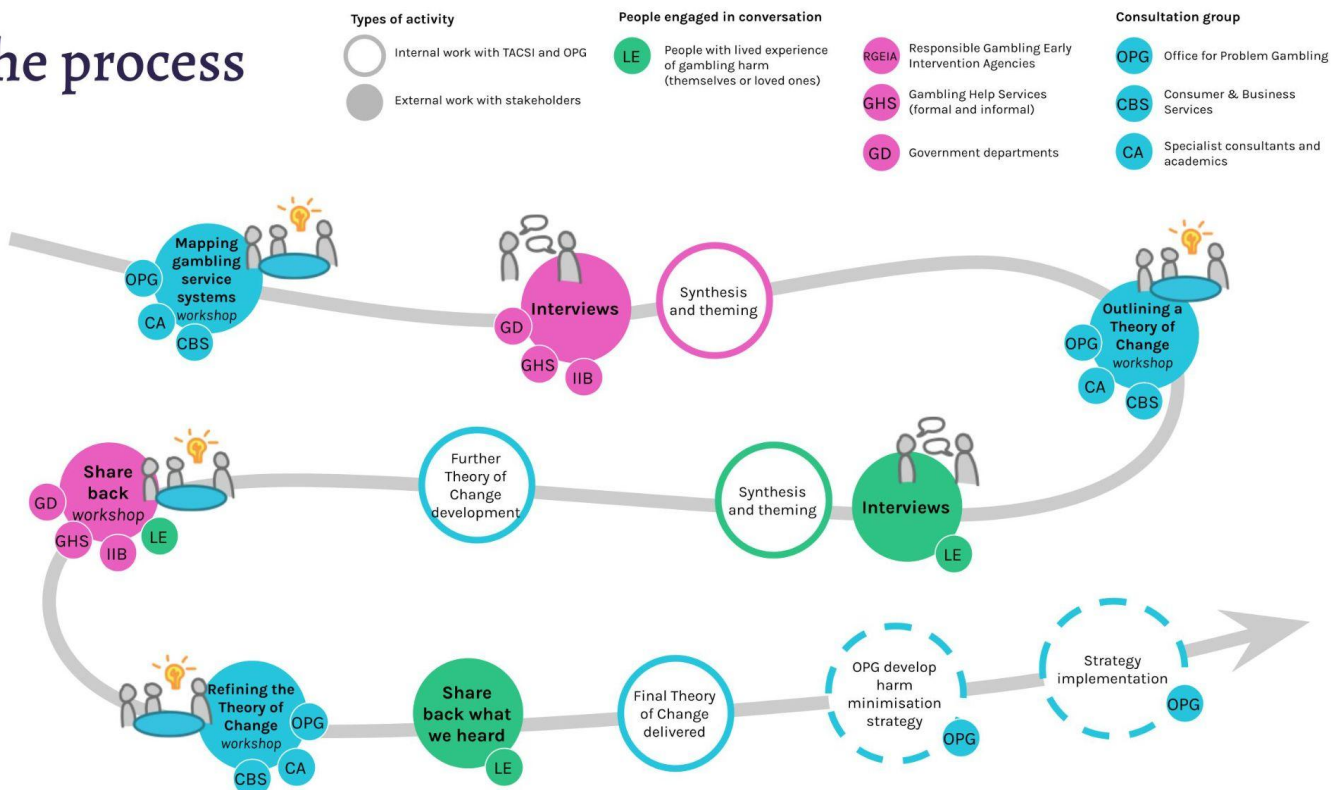
- Hear how gambling harm is understood by different people.
- Understand the current gambling harm minimisation system in South Australia, including what is and isn't working well.
- Identify what a future looks like that better minimises gambling

harm, and better defines the roles all stakeholders can play.

- Build a 'Theory of Change' that captures this information and suggests opportunities, goals and activities that different stakeholders might do to work toward this future.

A 'Theory of Change' was the chosen approach as it is a thorough but practical strategic tool that can be used in multiple ways and adapted over time as the OPG learns more about what works to minimise harm. See page 18 for more information.

The process



People we spoke to

Our focus was to understand the experience of delivering and receiving gambling harm minimisation supports, both formal and informal. We spoke to and worked with 46 people, not including the OPG team.

Lived experience

We spoke with 24 people with lived experience of gambling harm including people who identified as:

- Men and women
- Diverse culture and language groups, including Aboriginal and Vietnamese.
- Diverse ages
- Partners and children of people who gamble
- Adelaide city and regional based
- Majority pokies players, but also some lottery, sports and online gamblers
- Mostly people who have been through gambling crisis and received professional and/or peer supports, but some who were just starting on their journey

Professionals

We spoke to professionals at strategic and delivery levels of gambling harm minimisation through interviews and workshops:



24 People with lived experience



11 Gambling Help Service staff



5 Government staff

3 RGEIA staff

3 Consultants

- 11 staff from gambling help service (GHS) organisations
- 3 professionals from responsible gambling early intervention agencies (RGEIA)
- 5 professionals from Government departments including CBS and Wellbeing SA
- 3 consultants doing research to inform the OPGs strategy

The diversity of viewpoints gave us a comprehensive understanding of the current environment and where people were strongly aligned on opportunities for change or had unique ideas for the future.

Service System Map

To develop a common understanding of the environment in which gamblers access support and the OPG works and funds, we developed a service systems map with several key stakeholders in the gambling help sector.

Professionals working in harm reduction came together and described their view of the system to help build this map.

This map helps us understand and see more clearly:

- The complexity of the service system
- Tensions
- Alignments and ally-ships

It also helps to create a common language that we could move forward into conversations with.

Collective effort

Everyone represented on this map has a role to play in minimising gambling related harm. Although commissioned by the OPG, the key stakeholders involved in this process aligned around the Theory of Change goals and should contribute to undertaking the activities and working toward the outcomes.

Use this tool to...

See who's who in the service system and where you sit

Find potential partners and peers

Identify structural barriers and opportunities

The South Australian Gambling System

September 2020



System Map Key



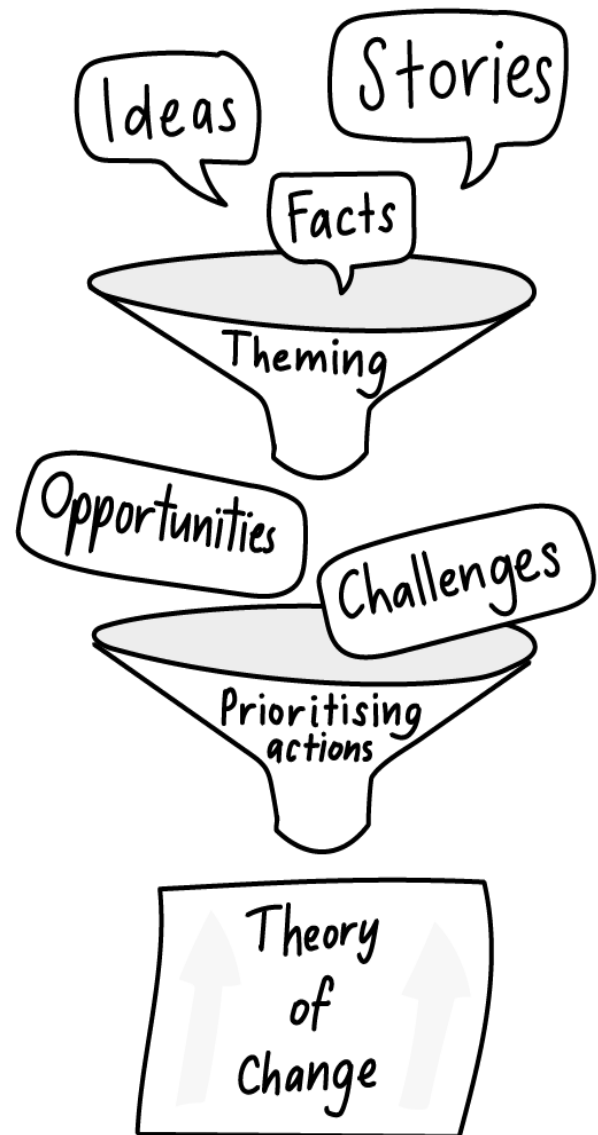
From stories to action

A generative consultation process was taken to first understand the current gambling help environment and experience, and then identify and prioritise opportunity areas for further minimising gambling harm.

TACSI drew on generative research techniques to hold conversations with the many people we heard from. In order to identify courses of action for stakeholders to take we needed to understand what they could prioritise and what would create change. We:

1. **Heard**, in interviews and discussions, diverse stories of how support is delivered and experienced, and how people want to minimise and prevent harm in the future.
2. **Identified key themes** by analysing what we heard and drawing out key quotes and other data and synthesising this information into key themes.
3. **Named key opportunity areas and challenges** in minimising harm.
4. **Prioritised opportunities and then developed actions** that people felt would most minimise and prevent harm.
5. **Refined the Theory of Change.**

See page 21 for key quotes, themes, opportunity areas and challenges.



Considerations for priorities

With many diverse stakeholders and unique experiences of gambling harm, an extensive collection of evidence and ideas was captured through the interviews and workshops, leading to many opportunities to strengthen the system of gambling help. In order to act on these effectively and have a place to start, the stakeholders needed to prioritise what they should focus on. The consultation group agreed to prioritise the research themes, opportunities and challenges within the following considerations:

1. What will provide the most impact in minimising gambling harm?
2. What is within our realm of influence?

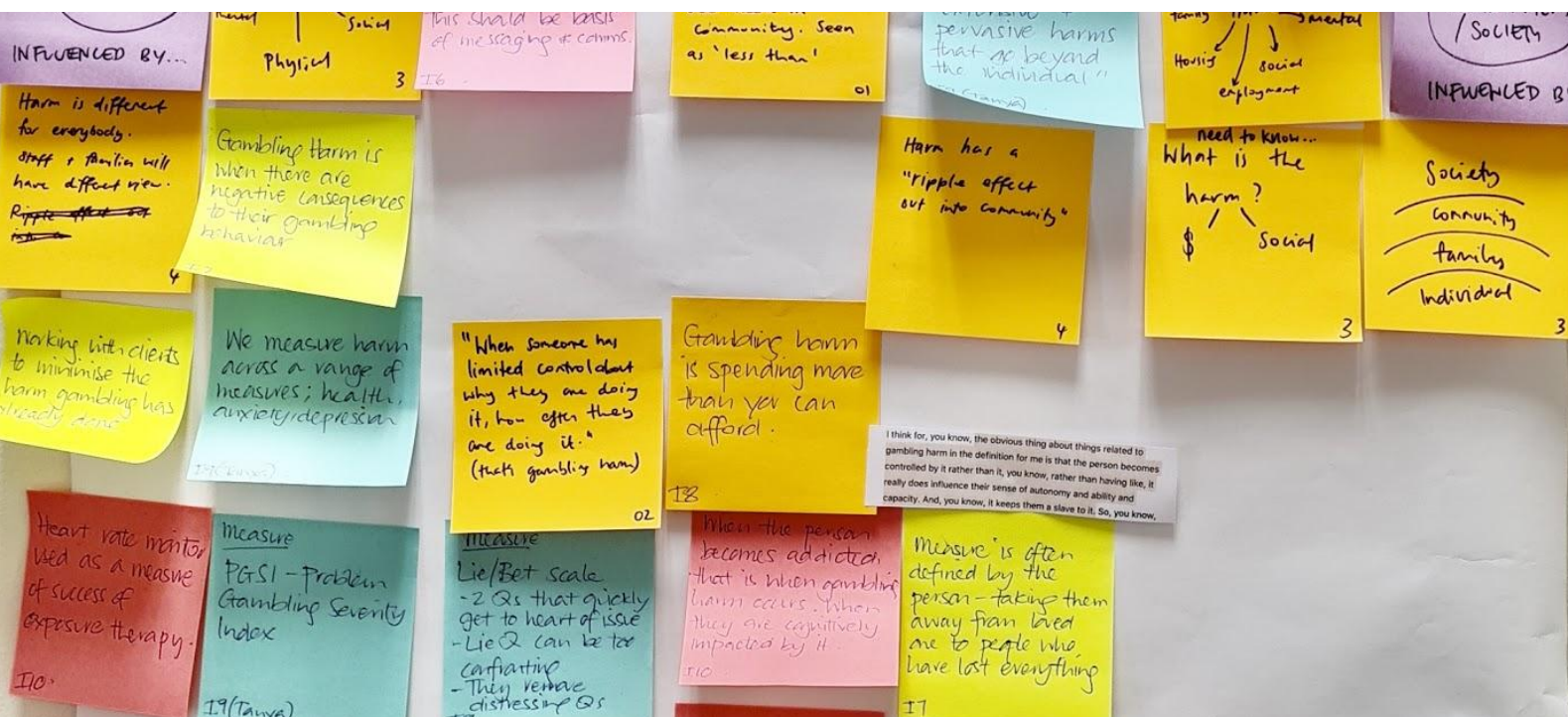
The group and TACSI then drafted areas of action in the system that could respond to the top challenges and opportunities.

Prioritised areas of action

After rounds of refining these action areas, stakeholders and professionals named the following as their priorities:

- Create more accessible and impactful support experiences at every stage
- Enable equal opportunities for support at every stage of the journey for every gambler
- Equip loved ones to play a key support role and stay well
- Understand and respond to new channels to gambling and emerging gambling markets
- Build allies in harm minimisation - communities and other social sectors
- Shift GHS, RGEIA and government toward early intervention

These areas of action underpin the Theory of Change as ways to get from our current service system to move toward achieving a future with minimal gambling harm.



Introducing the ‘Theory of Change’ framework

What a ‘Theory of Change’ is

A Theory of Change is a logical, clear story about the change that you wish to create, why this change is needed and how you intend to go about creating the change.

It can be used, among other things, as:

- A mindset
- A strategy tool
- An evaluation framework

In the context of minimising gambling harm, the Theory of Change can help by capturing the common vision that people are working towards, so they can:

- Better see their roles and avenues of action toward the goals
- Find or reconnect with allies
- Come together as the theory is implemented to reflect on what’s working and what’s not

“A lot of the value of Theory of Change as an approach comes from the process itself. Developing a Theory of Change involves key players coming together, taking a step back from their day-to-day work, thinking about what they are trying to achieve and how they might best

achieve it, and aligning themselves in purpose and approach.”⁵

Professionals who took part in this process told us they were surprised by how aligned they were with different stakeholders, and the time together was valuable relationship building and planning time. People with lived experience were energised by the opportunity to contribute to minimising harm at a strategic level and wanted to continue participating in this way.

We have taken a narrative approach to the Theory of Change, where you read from the bottom of the page to the top to illustrate what the challenges and opportunities are, what can be done to respond to these and then what the immediate and longer term outcomes we would expect from those activities.

The Theory of Change shared in the following pages is a high-level version, summarising the key elements. The Office for Problem Gambling will use a more detailed version to support decision making around specific

⁵ Abercrombie, R., Boswell, K., and Thomasoo, R., (2018), *Thinking Big: How to use Theory of Change for systems change*, page 5
<https://www.thinknpc.org/resource-hub/thinking-big-how-to-use-theory-of-change-for-systems-change/>

activities, and tracking progress toward goals.

High level Theory of Change

Theory of change key

The Theory of Change has a number of layers, and is read from the bottom up for a chronological perspective. Here we explain what each layer describes.

4. Broad Goals

The OPG would like to work with others to influence these blue-sky outcomes in the long term, though won't be able to measure this impact.

3. Future Outcomes

Future outcomes are measurable goals to which the OPG can hold themselves to account

2. Activity goals

Goals that could be achieved with actions taken by the OPG and others

1. Areas of action

Areas that have been identified as levers for minimising gambling related harm

Voices of people we spoke to

The conversations that we had with people who have experienced gambling harm and the professionals that work in harm minimisation were the most valuable part of this process.

To share some of this wisdom and powerful ideas for the future with you, we have lifted some key quotes and pieces of data from our sticky notes.

We hope that reading these raw expressions of people's experiences will inspire you on your journey to work toward the minimisation of gambling harm.

In the following pages, in the order they appear on the page, we include:

Themes

After grouping the data, these clusters of information emerged.

Evidence

Anonymous quotes, observations and desktop data that really highlighted the themes

Opportunities and challenges

Examples of best practice and people accessing support against the odds, as well as the areas for improvement and barriers to minimising harm.

Use this tool to...

Learn more about what living with gambling harm is like

Refine how your services respond to these issues

Educate others about gambling harm

Themes 1+2

Providers are waiting for an invitation to play.

Providers aspire to better relationships and more sector collaboration, but are waiting for people to come to them.

Many people spoke about wanting to reinstate activities that brought stakeholders together to build connections across the sector, build stronger relationships with government and work more in partnership. Few were actively seeking these opportunities out.

If experts struggle to see the forest for the trees, how can we expect non-professionals to find their way?

Service providers described harm minimisation systems that are complex, unclear and full of contradictions. RGEIA and GHS each see lots of gaps (particularly in referral opportunities) and have difficulty understanding and working within the complex harm minimisation system, yet we expect people seeking support to be able to navigate it themselves.

"Someone approached me once - and said 'I think you've got a problem'. I got really angry at the staff member. I told him to mind his own business. I was a problem because I felt singled out - he didn't know my situation. I started avoiding times when that staff member was there. I got money from a different place. If he had pulled me aside and gently said do you want to talk about things. It would have been better." - Person with lived experience

"People have to end up navigating and they're the very people that don't have the capacity to navigate" - Government department

"The first time he phoned up for help, the first words were so non-judgemental and welcoming...That experience was essential to enabling him to continue reaching out for help even after he relapsed and tried different types of intervention." - Person with lived experience

"We make the services and people will come' - it's not like that" - Government department

"When he had lapses, that was the time he felt most unsupported, self esteem shattered. There wasn't an easy way to get back into treatment." - Person with lived experience

Some GHS providers we spoke to didn't get referrals through venues

"Inter-referral is a problem. No one refers on." - GHS

Many GHS providers we spoke to hoped for better referral pathways and triage processes in the future, so that people can access their services more easily

"I only know one person for who seeking help worked the first time" - Person with lived experience

"Role conflict experienced by gambling venue staff and patrons alike inhibits effective referral of potential problem gamblers into treatment. Reducing the need for gambling venue staff to make a perceived moral judgement about the gambling behaviours of specific patrons may improve the reception of responsible gambling information and promote help-seeking."
Riley, B.J., Orlowski, S., Smith, D., Baigent, M., Battersby, M., and Lawn, S. (2018) Understanding the business versus care paradox in gambling venues: a qualitative study of the perspectives from gamblers, venue staff and counsellors, Harm Reduction Journal

"Each of them (GHS) have a role and obviously providing something that the person is valuing. So understanding what the person is actually getting from it is important. Your way is not the only way to do things." - Government department

"Just over a third (36%) of problem gamblers reported that they had used a gambling help service in the last 12 months, meaning the majority had not (64%)."
Woods, A., Sproston, K., Brook, K., Dellabro, P. & O'Neil, M. (2018). Gambling Prevalence in South Australia. Department of Human Services.

Opportunity:
GHS providers would like pathways to supports to be clearer for themselves and for their clients.

Opportunity:
GHS and RGEIA providers said they wanted better relationships within their industry and the OPG. Some organisations are valuing collaboration, but they are in the minority.

Challenge:
GHSs have a lot of assumptions about the Gambling Help line and don't feel it's connecting people well. It seems people are matched to supports they come across, rather than ones that might suit them best

Challenge:
GHS know their own service best and how they can support the people who contact them. They might not refer to another service as they are unsure if this would be of benefit. However, GHS are also seeking more inter-referrals into their service.

Theme 3

The journey is familiar but each traveller is unique

Most people with lived experience faced similar or relatable challenges and characteristics of good support that helped facilitate change. However each person's motivations to gamble and to stop, urge triggers and pathways to help were uniquely their own.

"Normally, people in the Vietnamese community won't admit to problem gambling... It's seen as a bad thing to do." - Person with lived experience

"My first therapist couldn't understand why it wasn't working. Seemed like I was too hard. We ended our relationship. She wasn't supporting me." - Person with lived experience

"Cultural understanding is very important - ways of talking and understanding the world." - Aboriginal person with lived experience

"Historically if you talk to services you have your kids taken away." - Aboriginal person with lived experience

"I wanted to fix the problem. I was trying by myself. My community people were trying to make me understand this is not right for me." - Person with lived experience

"I keep saying no to my counsellor, I don't have an issue with gambling...and he acknowledged that...he took his time and I think around 7 or 8 meeting then I accepted the fact that I have the issue of gambling." - Person with lived experience

"(With some funding structures) It's so constrained. So it's difficult. But when it's because their protocols, their policies are built on what they think is best practice, but that may not fit with Aboriginal people and Aboriginal communities very well at all... (another funder) was a good space because they had more flexibility and they certainly have the social vision around Aboriginal community" - GHS

"I still feel shame." - Aboriginal person with lived experience

"We'll come across people where they know it's kind of a problem, but they're not really talking about it in that way." - GHS

"(The counsellor) didn't give up even when I asked her to leave." - Aboriginal person with lived experience

"I didn't recognise I had an issue with gambling. University recommended me to talk to a counsellor and he helped me realise I had an issue with gambling. I was playing games all the time." - Person with lived experience

"We have a saying - gambling is in our blood." - Vietnamese person with lived experience

"After the 3rd or 4th week of peer group I heard an old gambler talk about their triggers. I figured out mine was stress. That was an epiphany." - Person with lived experience

Aboriginal and Torres Strait Islander people (5.6% vs 2.9% who were non-Aboriginal or Torres Strait Islander people) were significantly more likely to be 'at risk' gamblers.

Woods, A., Sproston, K., Brook, K., Delfabbro, P. & O'Neil, M. (2018). *Gambling Prevalence in South Australia*. Department of Human Services.

"He helps me... give me the technique on how to say no to my friends if they asked me to play game again (but I still do anyway). The good thing, he ever been disappointed with me and he is very happy to see me again and again. Without him I would go back home already and I would drop out from university already." - Person with lived experience

Respondents who spoke a language other than English at home (4.2% vs 2.8% who only spoke English) were significantly more likely to be 'at risk' gamblers.

Woods, A., Sproston, K., Brook, K., Delfabbro, P. & O'Neil, M. (2018). *Gambling Prevalence in South Australia*. Department of Human Services.

"I was working with Auntie B. Like a mum to me now. She came to see me as a chaplain and put me in contact with (a good counsellor)." - Aboriginal person with lived experience

Opportunity:

The gambling journey has some clear commonalities, but services are currently available only for crisis stages. Gamblers had 'epiphanies' when they heard others stories that mirrored theirs.

Challenge:

Gamblers battle internal, perceived and external shame and stigma. Almost all gamblers we spoke to went through a period of denial, self help and 'rock-bottom' before harm was

Challenge:

Gambling harm looks different for different people, as does 'responsible gambling'. Communication around gambling harm minimisation needs to be

Theme 4

Loved ones are star players when on the pitch, but are too often kept on the bench or play rogue.

Friends, family and community are a common but incidental part of harm minimisation. Without them, treatment is less effective, so imagine what could happen if they played an intentional role.

There are many stories of children, spouses and more who were concerned for their loved one and the first to reach out for help. They've often been the ones to chase service providers and fill gaps, and while services do work with family and friends, it's not often done strategically.

"If I have strong family support around me I don't gamble. But my family is not around me at the moment." - Person with lived experience

"Support for family is so important. My wife still feels resentment regarding the lack of support available for her" - Person with lived experience

"I googled and gave my partner the (Gambling Help) number" - Person with a loved one who experienced gambling harm

"My wife keeps my cards and the receipts" - Person with lived experience

"The family needs to be strong and healthy to be able to support the gambler" - Person with lived experience

"Why was it that the therapy services didn't actually include family members more actively?" - Government department

"The family get drawn into infantilising, the person taking control of the bank cards, the money then hyper vigilance." - Government department

"(If my son started on the pokies) I would suddenly become (a counsellor) and be there every day. I'd support him." - Person with lived experience

"My auntie knew about my gambling. She introduced me to Kai (a counsellor)." - Person with lived experience

We heard many stories of children and partners having significant mental health breakdowns due to the stress of the situation.

We heard many stories of children, aunts and parents connecting their loved one to support.

"During this time I felt really lonely. I couldn't share things with people as they were embarrassing" - Person with a loved one who experienced gambling harm

"...gamblers who had been affected by someone else's gambling" in the last 12 months "were 3.44 times more likely than those who had not been affected to be problem gamblers themselves." Woods, A., Sproston, K., Brook, K., Delfabbro, P. & O'Neil, M. (2018). Gambling Prevalence in South Australia. Department of Human Services.

"That family member doesn't want to be in that role, it's the last thing they want to do. They don't want to be the gambling police, they want a relationship." - Government department

Opportunity:

Loved ones were described as a great pathway to support, and as an effective support in their own right when well equipped and supported. Loved ones could be an active part of help services.

Challenge:

Loved ones felt responsible, alone and that they didn't get enough support, and initially didn't know it was available to them. Loved ones can take on a huge care burden, with serious consequences.

Theme 5

"The genie is out of the bottle."

Exposure to gambling has grown and expanded online. An increasingly private activity, gambling harm is harder to see and intervene early.

Exposure to all forms of gambling, but especially online & sports betting, has increased exponentially more over the past x years and our harm minimisation response has not kept up (Advocacy). Online betting has opened up a new cohort of risk with young people gaming and having access to technology. Our support has not evolved and relies on a person self identifying and exposing private and personal challenges. By its nature, online gambling is a hidden & anonymous activity.

"Traditionally we have provided tertiary services. I think the school based education is a really positive move." - GHS

GHS staff we spoke to observed that people are still not identifying with experiencing online gambling harm.

"We need to be responsive to a rapidly changing environment, particularly with the online stuff. Sports betting particularly is so normalised." - GHS

"Sports betting is very normalised" - GHS

"If I didn't want to go to the pokies I would just gamble online." - Person with lived experience

The youngest age group of 18 to 24 year olds (4.5%) were significantly more likely to be 'at risk' gamblers.

Woods, A., Sproston, K., Brook, K., Delfabbro, P. & O'Neil, M. (2018). *Gambling Prevalence in South Australia*. Department of Human Services.

"Gamblers who would bet on an activity online typically bet more frequently than those who did not bet online."

Woods, A., Sproston, K., Brook, K., Delfabbro, P. & O'Neil, M. (2018). *Gambling Prevalence in South Australia*. Department of Human Services.

"Online pokies. Spending all night online gambling. Waking up with nothing the next morning." - Person with lived experience

Many GHS providers and people with lived experience told us they wanted to see more education in schools for younger cohorts, teachers and parents.

"My friends play games and they won money, so I wanted to win money as well." - Person with lived experience

"In 2018, 13% of the SA population had gambled online on either sporting events, horse, harness or greyhound races, fantasy sports, novelty events, casino games online or purchased lottery products through the internet. This represents an eight percentage point increase on the 2012 prevalence of online gambling in SA (5%) and a 12 percentage point increase on the 2005 prevalence (1%)."

Woods, A., Sproston, K., Brook, K., Delfabbro, P. & O'Neil, M. (2018). *Gambling Prevalence in South Australia*. Department of Human Services.

Opportunity:

New legislation has enabled GHSs to work with under 18 year olds. GHSs are pursuing new ways to build resilience and educate young people and adults close to them, including in schools.

Opportunity:

For different reasons, offline gambling providers and GHS are looking to better understand online gambling and minimise exposure.

Challenge:

In SA there is little advocacy to minimise gambling exposure. Gambling providers dominate the narrative and push for increased exposure.

Challenge:

The gambling help sector is struggling to respond early to new avenues to gambling and new cohorts, such as young people, gaming and online. These practices are intentionally hidden and the pace of the sector can't keep up with the pace of gambling evolution.

Challenge:

Online and offline gambling support is the same, despite online gambling being easier to hide and perceived by gamblers as less of a problem.

Theme 6

Providers are adapting to catch people who don't identify with 'having a problem' or are seeking help in areas outside the gambling sector.

Multiple service providers are actively seeking soft referrals from non-gambling services (e.g. housing, financial, employment, family) and developing methods to provide more holistic services, and self directed care.

"There's a whole lot of people that never actually even see gambling services, and a whole lot of community concern happening in people's private spaces" - Government department

"A leadership that's very strong about community engagement, research on the ground being solidly based. I'm always able to argue that what we're doing is research cause we are adapting stuff and seeing if it works better." - GHS

"When you're wanting to really reach people that need support it is best to go through universal systems rather than have targeted systems, cause people were much more likely to be self identifying or picked up through a universal system. Cause it's de-stigmatised so that's probably why some of the gambling services, aren't very busy, because how do you know (you are experiencing harm)? You might be worried that you've got a problem, but you never going to identify because of stigmatising, but the GP might say to you, you know, how much alcohol are you drinking? Well, people usually tell their GP." - Government department

"We (now) treat everything for anxiety and depression and trauma. We've built gambling intake screening into that process. And as soon as we opened slightly opened the door... we've had a flood of referrals and we really haven't promoted yet. So I think that could be quite helpful process." - GHS

"There are many, many places where people are presenting, like hospitals, emergencies. It's not the question that gets asked because it's seen as your private financials - why would I be asking about that." - Government department

"We would always make sure it was sitting there and I never stopped wearing the hat as a gambling worker. And that kind of worked out, but that's a smallish town and you put a lot of work into engaging in that period." - GHS

"In addition to gambling and financial problems, clients reported mental health issues, family problems, issues with substance use and social isolation (all these problems were reported by over 20% of the sample)."
Delfabbro, P & Wallace, E. 2020. DRAFT *Analysis of South Australia gambling data*. Department of Human Services

"(we were) fitting in with whatever their needs were at the time and doing some direct work with community because they were finding it very difficult to get anyone to come forward and say they had a problem with gambling. So we did a whole lot of work with community to sort of make it okay to come in and say I have a bit of an issue" - GHS

"The uni wanted to send me to a doctor, but when I go there they asked for my student health cover - and if I give it to them, I am sure my mum would know what the issue I discussed in there. But with the counsellor, he did not ask me any health cover, it's free and I can even use my fake name." - Person with lived experience

"Before I realised I had a problem - I would go between the venue and the bank taking out \$50 each time. Then the tellers were waiting for me - they asked me if I have a problem and wanted help. I said I did. They helped me get a barring - and I was able to split my money across four accounts. Money for rent, money for food, money to save for the next week. Before that I couldn't afford to eat." - Person with lived experience

"I came in through financial counselling - that was the entry point. Trying to find out where my money was going. I knew where it was going but I was ashamed. I was a bit embarrassed at first because I didn't think it was a massive problem in the beginning." - Person with lived experience

"We actually set up a therapy group and I called it the gambling program, a gambling therapy group, which we just couldn't have done (before)." - GHS

Opportunity:

Service providers are exploring ways to catch more people experiencing harm in their non-gambling services, and know they're missing people accessing supports in other sectors that might not identify gambling as an issue.

Challenge:

People who need support are slipping through the cracks. The onus is on the individual to identify as having a problem and seek specific gambling supports.

Challenge:

GHS is delivering extensive community engagement but only some outliers appear to be having deep connection and impact in communities.

Theme 7

Providers aspire to early intervention and deepening community engagement, but know how to walk and talk individual crises and tertiary intervention best.

Though the legislation has changed and everyone is excited for the impact, it's not familiar territory for most providers. Similarly, the current service system is geared toward supporting individuals, with fewer providers exploring a wider lens.

"There are too many pokies in Australia. It is political. It is hurting and damaging families. Especially migrant families who have little knowledge and information about what impact gambling can have." - Person with a loved one experiencing gambling harm

"And certainly when it started off...the focus was mainly on assisting with problem gambling. Now that's still very much a focus, but we've moved closer to that early intervention model of looking at low risk and medium risk gamblers rather than people that are (in crisis). Because ultimately if the venue staff can intervene or have a conversation, directing a person to help service, you will reduce the risk that that person will suffer harm because they might potentially go, 'gee, you know what? I am not enjoying myself when I come here anymore' and do something about that. So our focus in terms of minimising harm is trying to do what we can to assist in reducing the risk of that." - RGEIA

"If we're going to be looking at early intervention and doing things earlier then we need to have a look at the language. It would be good to have that consistent type of language that does encourage the person to know that 'I'm not broken. There's nothing wrong with me, but I can still get some, some help for what I'm going through and it's okay to do so'." - RGEIA

"The early intervention part is the most important cause once you get right to the other end where people are showing myriads of indicators and stuff, it becomes very, very hard to deal with because of the state the person is in at that point." - RGEIA

"So we actually got to the point where we're letting anyone who gathers comes through our door. And in that conversation I'll say 'Is there something you'd like to change'. So do you get quite a lot of people who are sort of almost pre harm or like early stages of like just starting out, it's just as important to have that conversation with somebody. And once again, looking at the function, it might be, 'sounds like you do want to make contact with your family'" - GHS

"The machines have changed, the bets have gone up. They used to be 25c" - Person with lived experience

"If the bulk of people are exposed, there is no point in addressing the bottom of the cliff" - Government department

"Traditionally we have provided tertiary services. I think the school based education is a really positive move." - GHS

"It would have been great if we got support earlier,. It would have saved us a lot of trouble." - Person with a loved one experiencing gambling harm

"We've completely let the genie out of the bottle." - Government department on accessibility of gambling

Opportunity:
Most providers agree earlier intervention would better minimise harm.

Challenge:
Most providers have been focussed on their commissioned tasks, so aren't equipped to immediately deliver early intervention and prevention services. There is no common understanding of what early intervention is and what works well at these stages.

Conclusion

Layers of impact

The depth and diversity of conversations held during this process has led to a detailed and comprehensive Theory of Change. However, the process has also highlighted how aligned key stakeholders are around the issue of minimising gambling harm, and has been an avenue for re-building and deepening relationships.

Listening, learning, testing

The OPG has been quick to respond to what was learned throughout this process, for example hosting a Community of Practice after hearing GHS and RGEIA staff describe the value of gathering regularly and connecting with each other.

We're encouraged by the OPG's willingness to put ideas and research to the test and to prototype innovative approaches to minimising harm. This, coupled with good data capture and evidence of what works and doesn't, will enable the testing of prototypes that can lead to best practice spread across the state.

Combatting tensions

We acknowledge that significant tensions continue to exist in gambling and gambling help funding; policies; and

government and community needs. We hope that the Theory of Change can be a tool to support collaboration and build alignment for better outcomes.

Role of lived experience

It has been clear to all involved the value that people with lived experience (including loved ones) bring to designing, delivering and refining approaches to harm minimisation. Almost all people with lived experience who took part were interested in continuing to be part of minimising harm at all levels.

We encourage the OPG and other key stakeholders to develop ways to partner with people with lived experience so they can be leaders of change in harm minimisation.

We hope to see increasing feedback loops, transparency and communication, inclusive decision making and accountability when it comes to gambling harm and help.

Collaboration at every level

This process has made us hopeful for increased collaboration also between the OPG, GHS and RGEIA, as well as between Australian states in order to unite and advocate for harm minimisation at every level. The issues related to online gambling and advertising in particular require this level of coordination to see change.

Building more diverse experiences into the Theory of Change

Although we had many different cultural groups reflected in our lived experience conversations, including some Aboriginal voices, this current iteration of the Theory of Change does not include the depth and complexity of Aboriginal & Torres Strait Islander experiences. We anticipate that the experience of more Aboriginal and Torres Strait Islander, as well as culturally and linguistically diverse people, will be added to the Theory of Change through work being undertaken at the time of writing this summary.

A living Theory of Change

The Theory of Change is a living document and we are looking forward to seeing how this document evolves as conversations continue and more is learned about what works to minimise harm.



**THE
AUSTRALIAN
CENTRE FOR
SOCIAL
INNOVATION**

Head office

Level 1, 279 Flinders Street
Adelaide, 5000
South Australia

+61 8 7325 4994

info@tacsi.org.au

tacsi.org.au